ADMINISTRATIVE SERVICES, STUDENT SERVICES AND PRESIDENT'S CLUSTER ANNUAL PROGRAM PLAN WORKSHEET

Program: **Planning Year:**   **Last Year CPPR Completed:**

Unit: **Cluster:**

Please complete the following information. Please note that responses are not required for all elements of this document.

I. **GENERAL PROGRAM INFORMATION**

   A. Describe changes to program mission, if applicable.

   B. Describe any changes in primary relationships, internal and external, to the District.

   C. List any changes to program service, including changes and improvements, since last year, if applicable.

   D. List changes to program in the last year in reference to relevant statutory authority/program regulation and related compliance issues, if any.

II. **ANNUAL PROGRAM SUPPORT OF DISTRICT'S MISSION STATEMENT, INSTITUTIONAL GOALS, INSTITUTIONAL OBJECTIVES, AND/OR INSTITUTIONAL LEARNING OUTCOMES**

   A. Provide updates, if any, in how your program addresses or helps to achieve the District's Mission Statement in the last year.

   B. Provide updates, if any, to how your program addresses or helps to achieve the District's Institutional Goals and Objectives, and/or operational planning initiatives in the last year.

III. **ANNUAL MEASUREMENTS, ANALYSIS AND IMPROVEMENTS**

Programs are often impacted by institutional or other organizational change. Please review program-relevant institutional data sources, such as institutional enrollment trends, which along with some other relevant program data, is available on the [SLOCCCD Institutional Research and Assessment website](#). Other organizational or departmental measurements may provide useful information for planning in your program; please describe those measurements and the data below.

A. Data Summary
- Describe data collection tool(s) used.

- Include updates to program data results from the previous year, if any.

B. Data Interpretation:
- Describe results from previous improvement efforts to the program based on institutional or departmental changes.

- Identify areas if any that may need improvement for program quality and growth.

- Recommend any changes and updates to program based on the analysis above. For elements that require funding, complete the Resource Plan Worksheets.

IV. **ANNUAL PROGRAM OUTCOMES (ASOs AND SSOs), ASSESSMENT AND IMPROVEMENTS**

Your program has established either Administrative Service Outcomes or Student Service Outcomes. Those outcomes are assessed and tracked in the Course or Program Assessment Summary. Review CPAS documents for ASO or SSO assessment results for program outcomes.

A. Describe any results from improvement efforts arising from ASO or SSO assessment in the last year.

B. Recommend changes and updates to program based on assessment of program outcomes. For elements that require funding, complete the Resource Plan Worksheets and review the Resource Allocation Rubric.

V. ANTICIPATED SERVICE CHALLENGES/CHANGES

Provide a brief description of challenges or changes anticipated in the next year and any needs that have emerged as a consequence.

Suggested Elements:

A. Regulatory changes
B. Internal and external organizational changes
C. Student and staff demographic changes
D. Community economic changes – workforce demands
E. Role of technology for information, service delivery and data retrieval
F. Providing service to multiple off-campus sites
G. Anticipated staffing changes/retirements

VI. OVERALL BUDGET IMPLICATIONS

Provide a brief description of the immediate budget request(s) made in your Resource Plan (formerly called the Unit Plan). These elements will be reflected in the District planning and budget process.

Elements:

A. Personnel
B. Equipment/furniture (other than technology)
C. Technology
D. Facilities

SIGNATURE PAGE

Director(s), Manager(s), and/or Staff Associated with the Program

Student Services and Administrative Services Programs: All full-time director(s), managers, faculty and/or classified staff in the program must sign this form.

Division Chair/Director Name	Signature	Date

Name	Signature	Date

Name	Signature	Date

Name	Signature	Date

Name	Signature	Date

Name	Signature	Date

Name	Signature	Date

Name	Signature	Date

Name	Signature	Date

Approved Document to be Used for Submission Spring 2019, September 15, 2017