

Annual Planning

Year:

Name of Discipline/Department/Planning Unit:

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Name of person preparing document:

Date of Discipline/Department/Planning Unit meeting held to review document:

Names of those who have reviewed this completed document:

Include a student and classified staff in your review if possible

_____	_____
_____	_____
_____	_____

Use data, graphs, and documentation as you answer the following questions. If data is not available, anecdotal information is acceptable. If you need assistance in identifying data, contact the Office of Research and Planning.

1. When was your last Program Review Completed: (If you are doing Program Review this year, note this here and then skip to question #9).
2. Discuss any significant changes since your review:
3. What are the areas of strength in your program/discipline/planning unit?
4. What are the areas of weakness in your program/discipline/planning unit?
5. What opportunities do you see for your program/discipline/planning unit?
6. What threats do you see for your program/discipline/planning unit?
7. List accomplishments in your area for the last year.
8. Briefly describe the use of Student Learning Outcomes (SLO's)\Program Unit Outcomes for your area. (More detail will be required in your Program Review)
9. Consider how you plan to maintain the areas of strength and address areas to improve you have identified. What does your planning unit require in order to meet its needs over the next 2 to 4 years?
 - Include a narrative that links your requests to the strength/weakness/opportunity/threat it is addressing. Include in your summary the impact the request being met or not met will have on the unit.
 - Using the table that follows, describe and prioritize the effective practices and resource requests for your planning unit. The rationale for any requests must be described within your responses to questions 3 – 6 include the question number you are responding to in the column provided.

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- **List your requests** under the appropriate type of resource. Add additional rows where necessary.
- **Rank Priority Status:** Critical (C) High (H) Medium (M) Low (L) (Critical priorities mean that your department or discipline will no longer be able to function without this item)
- **Equipment** is cost per item over \$ 200; **Supply** is cost per item less than \$ 200. If requesting multiples of one unit, indicate quantity, unit price and total cost.

Type of Resource/ Description	Rank	Budget (Cost)	Timeline	Instructional or Non-instructional	Question #
Health, Safety & Liability					
Personnel: Certificated					
Personnel: Classified					
Personnel: Hourly/short-term					
Facilities/Space					
Repairs & Maintenance					
Equipment: Min. Unit cost > \$200					
Supplies: Min Unit Cost < \$200					
Technology					
Software					
Other					