| Click here to enter a date. | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Baton Rouge Community College**  **Unit Institutional Effectiveness Form** | | | | | | | | | | | | | | |
|  | **2019-2020** |  | | **2020-2021** |  | **2021-2022** | | |  | **2022-2023** |  | **2023-2024** | | |
| **Unit Name:**  **Title, Unit Head:** | | | | | | | | | | | | | | |
| **GOALS AND STRATEGIES**  **To be completed at the beginning of the Academic Year** | | | | | | | | | | | | | | |
| **Institutional Goal(s)** | | | **Select the applicable Institutional Goal(s).**  Select a Goal  Select a Goal  Select a Goal  Select a Goal | | | | | | | | | | | |
| **Strategy(ies)** | | | **Select the Strategy(ies) to be undertaken to achieve the Institutional Goals selected above.**  Select a Strategy  Select a Strategy  Select a Strategy  Select a Strategy | | | | | | | | | | | |
| **OBJECTIVES AND ACTION PLANS**  **To be completed at the beginning of the Academic Year** | | | | | | | | | | | | | | |
| **Objective(s)** | | | **State *specific, measurable* Objective(s) for accomplishing the Institutional Goal(s) and Strategy(ies) selected above. Number each Objective to match the Strategy it will serve, as in the example below. The Objective numbers you specify should remain consistent throughout the sections below.**  **1.1, state specific, measurable Objective here (serves Strategy 1.1)**  **2.3, state specific, measurable Objective here (serves Strategy 2.3)** | | | | | | | | | | | |
| **Action Plans** | | | **Provide an Action Plan for each Objective stated above. Indicate which Objective is served by each action plan.** | | | | | | | | | | | |
|  | | | **Baseline (Status at start of reporting year)**  **What is the current status or baseline relative to each Objective stated above? Use the same numbering system as above. Also provide the date for when each baseline is or was established.** | | | | | | | | | | | |
|  | | | **Performance Standards (Expected Outcomes)**  **Describe the Performance Standard/Expected Outcome each Objective will achieve if it is met. Use the same numbering system as above.** | | | | | | | | | | | |
|  | | | **Assessment Method**  **Use the drop-down lists to identify the method(s) by which you will determine whether you have achieved your Performance Standards/ Expected Outcomes listed above for each Objective. If you select 'Other' from the drop-down, provide a brief description. Use the same numbering system as above.**       : Select Assessment Method       : Select Assessment Method       : Select Assessment Method       : Select Assessment Method       : Select Assessment Method | | | | | | | | | | | |
|  | | | **Estimated Cost**  **Provide estimated cost for implementation of the action plan that will serve each Objective. Use the same numbering system as above.** | | | | | | | | | | | |
|  | | | **Data Sources/Supporting Evidence**  **What data sources or supporting evidence will document achievement of your expected result(s)? For each objective you have stated, provide the Objective number and select a data source from the drop-down menu. If you select “Other,” describe the source in the field available to the right of the drop-down menu.**       : Select a data source.       : Select a data source.       : Select a data source.       : Select a data source.       : Select a data source. | | | | | | | | | | | |
|  | | | **Supporting Offices**  **On what office(s) (outside of your own) will you depend for implementation of your action plans and/or providing data? For each objective listed previously, provide the Objective number and list the Supporting Office(s).** | | | | | | | | | | | |
|  | | | | | | |  |  | | | | | | |
|  | | | | | | |  |  | | | | |  |  |
| Submitter: Print Name and Title | | | | | | |  | Submitter’s Signature | | | | |  | Date |
|  | | | | | | |  |  | | | | | | |
|  | | | | | | |  |  | | | | |  |  |
| Supervisor: Print Name and Title | | | | | | |  | Supervisor’s Signature | | | | |  | Date |
|  | | | | | | |  |  | | | | | | |

| Click here to enter a date. | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Baton Rouge Community College**  **Unit Institutional Effectiveness Form** | | | | | | | | | | | | | | |
|  | **2019-2020** |  | | **2020-2021** |  | **2021-2022** | | |  | **2022-2023** |  | **2023-2024** | | |
| **Unit Name:**  **Title, Unit Head:** | | | | | | | | | | | | | | |
| **ASSESSMENT**  **To be completed at the end of the Academic Year** | | | | | | | | | | | | | | |
| **Results** | | | **List the actual result(s) that you achieved for each Action Plan, by Action Plan/Objective number. Provide actual data where applicable.** | | | | | | | | | | | |
| **Analysis of Result(s)** | | | **a. Did you implement your Action Plan(s)? Provide the number for each Action Plan and check the appropriate box. If the box for 'No' is checked, please provide a brief explanation why the Action Plan was not implemented in the space to the right of 'No'.**  **Yes  No**  **Yes  No**  **Yes  No**  **Yes  No**  **b. Did you achieve your Objective(s)? List each Objective by number and indicate if (1) the objective was *not met*, (2) the objective was *met*, or (3) the target was *exceeded*. Provide a summary statement to support your score for each Objective.**   |  |  |  | | --- | --- | --- | | **Obj:** | **Score:** | **Summary Statement:** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   *Provide supporting documentation with this form at the end of the academic year. Submission is incomplete without supporting documentation.* | | | | | | | | | | | |
| **IMPROVEMENT PLAN**  **To be completed at the end of the Academic Year** | | | | | | | | | | | | | | |
| **Use of Results for Continuous Improvement** | | | **How will you use the result(s) identified above to improve your unit? Describe for each Objective and include the Objective number. Include in your response(s) a statement about whether the Action Plan will be implemented again in the next academic year, if the plan will be revised, or if no further action will be taken.** | | | | | | | | | | | |
|  | | | | | | |  |  | | | | | | |
|  | | | | | | |  |  | | | | |  |  |
| Submitter: Print Name and Title | | | | | | |  | Submitter’s Signature | | | | |  | Date |
|  | | | | | | |  |  | | | | | | |
|  | | | | | | |  |  | | | | |  |  |
| Supervisor: Print Name and Title | | | | | | |  | Supervisor’s Signature | | | | |  | Date |
|  | | | | | | |  |  | | | | | | |