

# PROGRAM GOALS

## A. PAST – EVALUATION OF PREVIOUS CYCLE OBJECTIVES/PROGRAM GOALS (SET IN PREVIOUS YEAR)

List your previous objectives/goals and associated Institutional Goals. All program goals must address at least one of the institutional goals.

PAST PROGRAM GOALS (Describe past program goals.)	INSTITUTIONAL GOAL(S) (Check all that apply.)
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1	PAST PROGRAM GOAL #1	INSTITUTIONAL GOAL(S)
	<b>Identify Program Goal from Last Program Review:</b> Increase the frequency of “drop-in” appointment availability and not limiting that type of appointment solely for late registration.	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met	
	1. Provide detail on any improvements/effectiveness and detail status on those not fully met:	

<b>2</b>	<b>PAST PROGRAM GOAL #2</b>	<b>INSTITUTIONAL GOAL(S)</b>
	<p><b>Identify Program Goal from Last Program Review:</b> The collection of data regarding the amount of students that make both regular appointments and “drop-in” appointments is continuous. The data is collected during the beginning of each term and will be continuous in order to ensure prompt and efficient service to all students. The Counseling Department will share ideas to adapt to the increase or decrease of enrollment.</p>	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<p> <input checked="" type="checkbox"/> Met           <input type="checkbox"/> Partially Met           <input type="checkbox"/> Not Met         </p> <p><b>Provide detail on any improvements/effectiveness and detail status on those not fully met:</b></p>	

<b>3</b>	<b>PAST PROGRAM GOAL #3</b>	<b>INSTITUTIONAL GOAL(S)</b>
	<p><b>Identify Program Goal from Last Program Review:</b> Three (3) self-serve computer kiosks installed in the waiting area with printing capabilities, which includes one for the physically limited.</p>	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<p> <input checked="" type="checkbox"/> Met           <input type="checkbox"/> Partially Met           <input type="checkbox"/> Not Met         </p> <p><b>Provide detail on any improvements/effectiveness and detail status on those not fully met:</b></p>	

Comments: