|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program Name:** |  | **Division / Department:** |  | | |
| **Responsible Person(s):** |  | **Supervisor:** |  | **Date:** mm/dd/yy |  |

| **1. PURPOSE — Please indicate how this program supports the mission of the College.** | | | |
| --- | --- | --- | --- |
| **College Mission Statement:** | Mississippi Delta Community College (MDCC) provides quality education through academic, career-technical, health science, adult education, and workforce training programs. MDCC enhances its communities through innovative personal and professional growth opportunities. | | |
| **Associated Mission-Specific Institutional Goal(s):** |  | | |
| **Program Purpose Statement:** |  | | |
| **Where Purpose is Stated:** *(website, catalog, P&P manual, etc.)* |  | | |
| **Budget for the Year:** | $ | **Balance in Period 11 (May):** | $ |

| **2. PERFORMANCE — Please provide assessment results for a minimum of four (4) outcomes – copy chart and attach extra sheet if needed.** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Strategic Plan Goal**  **or**  **SACSCOC**  **standard** | **Expected Outcomes** | **Assessment Benchmark** (preferred) **or Criterion** | **Assessment Results** *To include: a) # meeting benchmark b) total # assessed  c) a / b = resulting %* | **Analysis**  Was benchmark met? YES/NO  *plus discuss factors that may have influenced success or shortcoming* | **Plan for Improvement**  *based on analysis of results* |
|  |  |  | a)  b)  c) |  |  |
|  |  |  | a)  b)  c) |  |  |
|  |  |  | a)  b)  c) |  |  |
|  |  |  | a)  b)  c) |  |  |

| **3. RELEVANCE — Please list updates to efficiency/effectiveness for the reporting year, including any recent program review feedback.** |
| --- |
|  |

| **4. ENGAGEMENT — Please discuss this program’s engagement numbers or collaborations for the reporting year.** |
| --- |
|  |

| **5. STAFFING — Please discuss staff adequacy, training, and demographics for the reporting year.** |
| --- |
| ADEQUACY: |
| TRAINING: |
| DEMOGRAPHICS: |

| **6. CAPACITY — Please list projected goals for the upcoming two years.** |
| --- |
| **For Next Year’s Plan:** |
| **For Two Years Ahead:** |

| **7. DISTINCTION — Please list any specific recognitions for quality staff and/or service during the reporting year.** |
| --- |
|  |