**APR Goal and Outcome—2018-19**

For descriptions and examples of all APR Goal and Outcome items, please refer to the APR How To Guide—2018-19

|  |
| --- |
| **Section I: APR Goal Overview** |

**IA1. Program (Select your program from the drop down list)**

|  |
| --- |
| Office of the President |

|  |  |  |  |
| --- | --- | --- | --- |
| **IA2. Other Program (If not on above list)**   |  | | --- | |  | | **IB. Program Lead (Your first and last name)**   |  | | --- | | Debra Daniels | |

|  |  |  |
| --- | --- | --- |
| **IC. APR Goal Short Title:**   |  | | --- | | Increase communication | | **ID. APR Goal Status:**  ◼ Continuing from Last Year (from student services APR)  ❑ New This Year  ❑ Fast Track |

**IE. Institutional Plan(s) Addressed**

Which Institutional Plan(s) does your goal address? Check all that apply.

|  |  |
| --- | --- |
| ◼ Educational Master Plan  ❑ Strategic Action Plan  ❑ Facilities Master Plan  ❑ Basic Skills Action Plan  ❑ Student Equity Plan | ❑ Student Success Plan  ❑ Human Resources Plan  ❑ Equal Employment Opportunity Plan  ❑ Other |

If “Other” Please indicate which plan(s).

|  |
| --- |
|  |

**IF. Institutional Plan Goal(s) Addressed**

|  |
| --- |
| Increase marketing and relationships with industry and community |

**IG. Measureable Objectives(s)**

|  |
| --- |
| Increased FTES over time |
| **Section II: APR Goal Measures, Anticipated Outcomes, and Activities** |

**IIA. APR Goal Measure**

Indicate the type of outcome measure you will use to measure this 2018-19 annual program review goal:

❑ Course Student Learning Outcome (SLO) ❑ Student Achievement Outcome (SAO)

❑ Program Student Learning Outcome (PSLO) ❑ Program Effectiveness Measures (PEM)

❑ Institutional Student Learning Outcome (ISLO) 🟓 Other outcome measure type (Describe in IVE Comments)

**IIB. APR Goal Anticipated Outcome** (Rubric Criteria 1, 2, 4, 5)

Please briefly describe what outcome you expect to achieve with this particular goal in terms of its impact on student learning, student success, student achievement or the “Goal Measure” you indicated in IIA. Be sure to include a discussion of the evidence used to support your assertion, and the “benchmark” value of the goal outcome.

|  |
| --- |
| Increased marketing efforts, contacts with industry and community partners, visibility of college and programs through media coverage which should increase the number of students attending TC and increase positive support in the community for the college. |

**IIC. APR Goal Activities** (Rubric Criterion 5)

Please briefly describe the activities you intend to implement to achieve this particular goal. Include a timeline of the activities and assessment/evaluation of outcomes.

|  |
| --- |
| Hire a Director of Communications |

|  |
| --- |
| **Section III: APR Goal and Resource Request** |

**IIIA. Required Resources Category:**

Please indicate the types of resources required to implement the activities for this APR goal.

|  |  |
| --- | --- |
| ❑ Personnel: Faculty  ❑ Personnel: Classified  ◼ Personnel: Other  ❑ Technology | ❑ Professional Development  ❑ Facilities  ❑ Equipment or Supplies  ❑ Other (Describe in IVE Comments) |

**IIIB. Required Resources Description**

Please describe any resources you will need to implement the activities associated with this goal. Requested resources should follow from the narrative in IIC above.

|  |
| --- |
| Salary and benefits |

**IIIC. One Time Start Up Costs:**

|  |
| --- |
|  |

**IIID. Annual Costs:**

|  |
| --- |
| ~$150,000 |

**IIIE. Total 5 Year Costs:**

|  |
| --- |
|  |

**IIIF. Proposed Funding Source(s):**

|  |
| --- |
| General Fund |
| **Section IV: APR Goal Additional Information** |

**IVA. Desired Start Date:**

|  |
| --- |
| 7/1/2019 |

**IVB. Expected Completion Date:**

|  |
| --- |
|  |

**IVC. Is Project Ongoing with No Expected Completion Date?**

◼ Yes

❑ No

**IVD1. Will Other Divisions or College Areas be Impacted?**

❑ Yes

❑ No

**IVD2. If Yes, then Describe how Other Divisions or College Areas Would be Impacted:**

|  |
| --- |
|  |

**IVE. Comments:**

|  |
| --- |
|  |

**IVF. Prioritization by Program Lead:**

|  |
| --- |
| 1 of 1 |