Program/Department: TOP Code: Priority # Reviewer:

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| **NARRATIVE** | **Yes** | **?** | **No** | **Comments** |
| 1. Improvement plan includes clearly defined objectives related to CTEA applicable topics. |  |  |  |  |
| 1. Evidence is provided supporting workforce development needs. |  |  |  |  |
| 1. Plan describes how priority/activity will improve outcomes for special populations. |  |  |  |  |
| 1. Plan addresses required and/or permissive activities. |  |  |  |  |
| 1. Outcomes related to student learning and improvements in Core Indicators are clearly identified. |  |  |  |  |
| **SUMMARY ACTIVITY PLAN** |  |  |  |  |
| 1. Summary plan is complete. |  |  |  |  |
| 1. Summary plan is consistent with each priority/activity presented. |  |  |  |  |
| 1. Plan indicates how performance on Core Indicators will be improved and progress will be measured. |  |  |  |  |

**RECOMMENDATION**

**Full Funding**  **Partial Funding**  **No Funding**

**Please explain Partial or No Funding recommendation.**

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