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.
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**RECOMMENDATION**

**[ ]  Full Funding** **[ ]  Partial Funding** **[ ]  No Funding**

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

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