

***Student Services Program Review
Evaluation Form***

Program/Department: _____

Evaluation Team: _____

- **Do the Action Plans support the program's goals?**

_____ Does not _____ Meets _____ Exceeds

- **Do the trends support the data?**

_____ Does not _____ Meets _____ Exceeds

- **Do the goals support the trends?**

_____ Does not _____ Meets _____ Exceeds

- **Are there Student Learning Outcomes?**

_____ Awareness _____ Development _____ Proficiency

- **Do the objectives, activities and timelines adequately support each goal?**

_____ Does not _____ Meets _____ Exceeds

- **How does the budget information reflect the overall planning and development of the program?**

_____ Does not _____ Meets _____ Exceeds

- **Were all the components of the Program Review addressed?**

(If no, please indicate the unaddressed components in the comments section)

_____ Yes _____ No

- **If there are points of the Program Review that are NOT included in this evaluation, use a separate sheet to comment and attach to this document.**

Comments: Use separate sheet

Summary: Use separate sheet

Recommendations: Use separate sheet