Department/Office Assessment Report

**Report Date**: enter month and year here

**Report Preparer**: Click here to enter text.

**Department/Office staff**: enter names here

**Departmental Mission and Outcomes (this should remain fairly stable across years):**  
enter departmental mission/goals/objectives/functions here

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In the assessment chart below, describe departmental improvement activities being planned, in progress, or recently completed. Start by reviewing last year’s departmental assessment chart and continue reporting on all previous tasks that were in progress, on hold, or being planned. After updating those tasks, add any new tasks in later rows. If additional rows are needed, please append the chart.

***Reference #*** *- Number used to reference/link assessment item to budget.*

***DACC Matrix Goal –*** *If the activity ties to DACC’s current Strategic Planning Matrix include which item it ties (i.e. II.A.5).*

***Master Plan Goal –*** *If the activity ties to one of DACC’s Master Plan goals include which master plan and goal.*

***Departmental Outcome/Task –*** *List the improvement activity and the departmental outcome which it is tied.****Start & End Dates –*** *Approximate the time for task activity completion, which may be multiple years. If the activity becomes part of normal departmental functions rather than an improvement activity it should stop being listed in this report.*

***Fiscal Year Progress –*** *Briefly describe this fiscal year’s progress. If the project is in the planning stage or on hold, state such.****Next Steps –*** *Briefly describe the next steps, most likely taking place during the upcoming fiscal year. If complete, state such.*

***Requested Support –*** *For tasks in the planning stage, describe requested additional institutional support (funds, personnel, space).*

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| **Ref #** | **DACC Matrix Goal** | **Master Plan Goal** | **Department Outcome/Task** | **Start & End Dates** | **Fiscal Year Progress** | **Next Steps** | **Requested Support** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
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| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

Form revised: Spring 2024 **Email completed reports to your Supervisor**

**Supervisor email completed reports to respective Vice President**