

**ATLANTIC CAPE COMMUNITY COLLEGE**

**A. SELF-ASSESSMENT OF DEPARTMENTAL GOALS AND OUTCOMES**

**(FY 2017)**

Name:

Title:

Fiscal Year:

Date:

**Goal 1:**

**Outcome:**

**Goal 2:**

**Outcome:**

**Goal 3:**

**Outcome:**

Add additional goals/outcomes (if needed).

**ATLANTIC CAPE COMMUNITY COLLEGE**  
**B. DEPARTMENTAL GOALS FOR THE COMING YEAR (FY2018)**

Name:

Title:

Fiscal Year:

Date:

**A. List departmental plans and priorities for the coming year (FY 2018).**

- 
- 
- 

**B. Briefly discuss issues/concerns regarding achievement of goals in coming year.**

- 
- 
-

**ATLANTIC CAPE COMMUNITY COLLEGE  
ANNUAL SELF-ASSESSMENT OF  
C. PROFESSIONAL DEVELOPMENT GOALS (FY2017)**

Name:

Title:

Fiscal Year:

Date:

**Professional Development Plan Item 1:**

**Update:**

**Professional Development Plan Item 2:**

**Update:**

**Professional Development Plan Item 3:**

**Update:**

Additional items (as needed).

**ATLANTIC CAPE COMMUNITY COLLEGE**

**D. PROFESSIONAL DEVELOPMENT GOALS FOR THE COMING YEAR (FY2018)**

Name:

Title:

Fiscal Year:

Date:

**A. List professional development goals for the coming year (FY 2018).**

- 
- 
-

**ATLANTIC CAPE COMMUNITY COLLEGE**  
**E. FY 2017 SUMMARY**

COMMITTEE SERVICE/MEETINGS

- 
- 
- 

PROFESSIONAL DEVELOPMENT ACTIVITIES

- 
- 
- 

COMMUNITY SERVICE ACTIVITIES

- 
- 
-

**ATLANTIC CAPE COMMUNITY COLLEGE  
ANNUAL SELF-ASSESSMENT**

Name:

Title:

Fiscal Year:

Date:

\_\_\_\_\_  
Name  
Title

Date \_\_\_\_\_

\_\_\_\_\_  
Dr. Barbara Gaba  
President

Date \_\_\_\_\_