**Strategic Action Plan**

**Program:**

**Date of Program Review or Accreditation Site Visit:**

**Date of Action Plan Submission:**

**Person Submitting Action Plan:**

Drawing upon your reviewers report as well as insights gained while completing your self-study, please determine the top strategic priorities to guide the department over the next 5-7 years. Below each priority, indicate the initiatives that will need to be put in place in order to make progress as well as the measures you will use to determine success. After your initial submission, you will provide annual updates for each of your strategic priorities.

* **Strategic Priority 1:**

|  |  |
| --- | --- |
| **Initiatives - How will this be achieved?** | **Measures - What will success look like?** |
|  |  |
|  |  |
|  |  |

**Annual Update (please note that this section will remain blank with your initial submission)**

* **Strategic Priority 2:**

|  |  |
| --- | --- |
| **Initiatives - What will you do to achieve this goal?** | **Measures - What will success look like?** |
|  |  |
|  |  |
|  |  |

**Annual Update (please note that this section will remain blank with your initial submission)**

* **Strategic Priority 3:**

|  |  |
| --- | --- |
| **Initiatives - What will you do to achieve this goal?** | **Measures - What will success look like?** |
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|  |  |
|  |  |

**Annual Update (please note that this section will remain blank with your initial submission)**

* **Strategic Priority 4:**

|  |  |
| --- | --- |
| **Initiatives - What will you do to achieve this goal?** | **Measures - What will success look like?** |
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**Annual Update (please note that this section will remain blank with your initial submission)**