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| **Area** | *Select your area* |

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| **Department** | *Select your department* |

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| **Author** | *Enter your name* |

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| **Partner** | *Other department, if applicable* |

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| **1.** What is your SMART Goal? |
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| *This is your* ***outcome****. Keep it brief: a SMART Goal is Specific, Measurable, Attainable, Realistic, and Time-bound. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Select Strategic Goal* *Select Strategic Objective* |

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| **2.** How do you plan to achieve this goal? |
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| *This is your* ***activity plan****. What will be done (or done differently) to help you achieve this goal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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| **3.** How will you track progress achieving this goal? |
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| *This is your* ***measurement****. What method(s) will you use to gather data relevant to your goal? Measurements can be direct (tracking program participation, utilization of services, etc.) or indirect (surveys/focus groups).\_\_\_* |

| **4.** How will you know whether your goal has been met? |
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| *This is your* ***standard****. How will you define successful achievement of the goal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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| **5.** When do you plan to have your results? |
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| When will you have your results? *Select date*  *Please now review this plan with your Dean or Supervisor, indicate the status and date of their approval in the box to the right, and* [*email*](mailto:NAC@sunycgcc.edu) *the plan to NAC for final approval.* |

| **6.** Dean/Supervisor and NAC Approval |
| --- |
| Dean/Supervisor: *Select approval status*  Dean/Supervisor: *Select approval date*  NAC Approval: *Select approval status*  NAC Approval: : *Select approval date* |

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| **7.** Did you meet your goal? Please explain. |
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| *These are the* ***results*** *of your assessment. Did you meet your goal? Was the standard of achievement met? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

| **8.** What actions will be taken based on these results? |
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| *This is your* ***action plan****. What decisions have been made or will be made based on your results? Will the results be used in budgeting/resource allocation?\_\_\_\_\_ \_\_\_\_\_* |

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| Dean/Supervisor Feedback |
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| *Once you have completed steps* ***1*** *through* ***8****, email this document to your Dean or Supervisor for their feedback* |
| *Dean/Supervisor: Please provide feedback about the results of this plan and offer guidance for their future planning efforts. Once completed, please email this document to the Author of the plan and to NAC for filing.* |