**2015-19 Strategic Plan Review Meeting**

*Please complete this form to assist as CCCC incorporates a systematic review of institutional mission, goals and outcomes. This ongoing, integrated, and institution-wide planning and evaluation process will allow us to continue our commitment to institutional quality and continuous improvement.*

Date: Click here to enter a date.

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| --- | --- | --- | --- |
| **Committee/ Department Name** | Click here to enter text. | **Facilitator/Chair** | Click here to enter text. |
| **Goal** | Click here to enter text. | **# in Attendance** | Click here to enter text. |

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| **Attendees** | Click here to enter text. |

**Objective**: Write your objective in the box below.

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| Click here to enter the objective. |

Discussion

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| Click here to enter discussion summary from the meeting. |
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Progress of current strategies

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| Click here to enter notes on current strategies and their programs. |
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Plans for future strategies

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| --- |
| Click here to notes on future strategies. |
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| Action Items | Person Responsible | Deadline |
| Click here to enter action item. | Click here to enter name. | Click here to enter a date. |
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