

APPENDIX B

Self-Study Report Format – Administrative Services Review- _____ Academic Year

1. Cover Sheet
2. Administrative Services Unit Description and Current Status
3. Goals of the Administrative Services Unit
4. Analysis
 - a. Staffing
 - 1) Strengths
 - 2) Areas for Improvement
 - 3) Future Directions
 - b. Equipment/Technology
 - 1) Strengths
 - 2) Areas for Improvement
 - 3) Future Directions
 - c. Facilities
 - 1) Strengths
 - 2) Areas for Improvement
 - 3) Future Directions
5. Recommendations
 - a. Staffing
 - b. Equipment/Technology
 - c. Facilities
6. Appendices
 - a. Data Elements
 - b. Other Information to Support Self-Study Review (e.g., charts, tables, etc. that are not appropriate to be included in the major sections of the report).

APPENDIX C

Cover Sheet – Administrative Services Review- _____ Academic Year

Template:

College/District: _____

Administrative Services Unit: _____

Year of Self-Study: _____

Administrative Services Review Members and Signatures:

Member Name – Printed	Member - Signature

Unit Administrator – Print Name

Unit Administrator – Signature

Presented to CHEX on: Date _____

APPENDIX D

Recommendations – Administrative Services Review- _____ Academic Year

Note: Rationale/justification and appropriate support documentation/data should be included in appropriate **major area** section, i.e. staffing, equipment, facilities, of the self-study report. As space permits, each of the recommendations for one of the aforementioned three major areas can be addressed on the same page. However, each recommendation must address all requested information. Begin a new page when addressing a recommendation in another one of the major areas.

Administrative Services Unit: _____ Year: _____

Staffing (Respond to the following for each recommendation made in this area)

Recommendation #1: (State recommendation)

Plan of Action to Implement Recommendation:

Suggested Timeline for Implementation:

Person(s) Responsible:

Budgetary Impact:

Equipment/Technology Respond to the following for each recommendation made in this area)

Recommendation #1: (State recommendation)

Plan of Action to Implement Recommendation:

Suggested Timeline for Implementation:

Person(s) Responsible:

Budgetary Impact:

Facilities (Respond to the following for each recommendation made in this area)

Recommendation #1: (State recommendation)

Plan of Action to Implement Recommendation:

Suggested Timeline for Implementation:

Person(s) Responsible:

Budgetary Impact: