**Student Services Assessment Review Summary Form**

|  |
| --- |
| **Cycle and Participants** |
| Academic Year |  |
| Area |  |
| District Liaison for Cluster |  |
| Campus Managers |  |
| Date of Review |  |
| Staff who Participated in Review |  |
| **Improvement Strategies** |
| Outcome(s) targeted for improvement |  |
| Improvement strategies |  |

|  |
| --- |
| **Review and Approval** |
|  |  |  |
|  |  |  |
| Vice President Student Services and Enrollment Management |  | Date |