**Student Services Assessment Review Summary Form**

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| --- | --- |
| **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 |  |

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