LSU NEW ORLEANS	**Institutional Effectiveness Improvement Plan** **Academic Program:** **Date:** **Outcome developed by program faculty or faculty sub-committee? (Y/N):** ---

Action type (Select all that apply to actions below)

Revise Curriculum	☐	Revise Target	☐
Revise Instruction	☐	Adopt or Expand Technologies	☐
Restructure Outcome Statement	☐	Professional Development	☐
Revise Measurement or Assessment	☐	Collaboration with Another Department, Unit or Program	☐
Gather Additional Data	☐	Other	☐

ACTION 1:

Desired Annual Action 1:	Type: ---Choose One---	Action:

Steps	**Person(s) Responsible**	**Timeline**	**Tracking / Percent completed**			**Completed (Y/N)**
			August	December	May	

Notes Outcome 1:

ACTION 2:

Desired Annual Action 2:	Type: ---Choose One---	Action:

Steps	**Person(s) Responsible**	**Timeline**	**Tracking / Percent completed**			**Completed (Y/N)**
			August	December	May	

Notes Outcome 2: