

Cypress College
Student Support Services Quality Review Report

Department: _____ Manager: _____

Names of those participating in the report: _____

Date: _____ Date of previous quality review: _____

Student Satisfaction with Support Services Provided:

Please indicate the proportions (%) of students who rated each aspect as “excellent” or “good” (separately and combined). The Cypress College standard is met whenever 75% or more of responses fall in the “good” or “excellent” categories (combined).

Student satisfaction with:	Percent Responding		Percent Responding Good / Excellent (Combined %)	College Standard
	“Excellent”	“Good”		
Hours of operation				75%
Timeliness of response				75%
Clarity of procedures				75%
Quality of materials				75%
Staff helpfulness				75%
Staff knowledge				75%
Overall quality of service				75%
<i>Department-specific indicators (if applicable):</i>				

Change since last quality review

Briefly summarize the extent to which satisfaction has improved or declined since the last quality review cycle.

Narrative

Reflect on standards met and any standards not met.

Standards Met – To be used when department wants to improve on an indicator even though a standard for this indicator has been met. Use this section to briefly reflect upon major accomplishments.

Standards Not Met – Please provide any insight into significant challenges or obstacles that may have contributed to low student satisfaction. Identify the types of changes necessary for improvement.

Long-range Plan and Objectives

In the following section, identify general goals and specific, measurable objectives your area plans to achieve within the next three years. Programs should identify 3-5 goals, with at least one goal per year. Goals set for next year that require fiscal resources must also be submitted as a Budget Request and Action Plan (separate form).

I. Goal: [Insert goal statement here](#)

Supports Strategic Direction (if applicable): _____

1. Objective: [insert first objective here](#)

1.1. Person(s) responsible:

1.2. Timeframe:

1.3. Fiscal resources needed (if not applicable, indicate “NA”):

2. Objective: [insert second objective here \(if applicable\)](#)

2.1. Person(s) responsible:

2.2. Timeframe:

2.3. Fiscal resources needed (if not applicable, indicate “NA”):

Use the above outline format to add additional goals or objectives as necessary.

Reminder: If fiscal resources are needed for next year’s goals, submit a separate Budget Request and Action Plan for budget unit review.