

AVC Basic Skills Project/Activity Report



Antelope Valley College
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 Lancaster, CA 93536
 661-722-6300
 www.avc.edu

Date: _____

Requestor: _____

Title: _____

Department: _____

Phone: _____

Email: _____

Administrator: _____

Division: _____

Phone: _____

Email: _____

To track, monitor and measure basic skills project/activity implementation, outcomes, effectiveness, and expenditures, please complete this form for each project and submit to:
Karen Lubick, Academic Development Chairperson
 Learning Center, Room 117 - Ext. 6468
 Email: klubick@avc.edu

AVC Basic Skills END OF THE YEAR Project/Activity Report Due by Friday, June 17, 2016

Type of Project/Activity:

- A. Program, Curriculum Planning & Professional Development
- B. Student Assessment
- C. Advisement & Counseling Services
- D. Supplemental Instruction & Tutoring
- E. Course Articulation
- F. Instructional Materials & Equipment
- G. Other purpose directly related to the enhancement of basic skills instructions & student services

Project/Activity Name/Title, Timeline and Personnel Involved:

Describe Project/Activity Student Outcomes, Results, Effectiveness & Success Rates: Please include number of duplicated & un-duplicated students served.

Purpose and Description of Project/Activity:

Mid-Year Expenditures: PLEASE SEPARATE BASIC SKILLS FUNDS FROM TITLE V

Summer 2015 \$	Fall 2015 \$
Intersession 2016 \$	Spring 2016 \$
TOTAL EXPENDITURES	
07/01/15 to 06/30/16	
	One Time Cost for Entire FY 15-16 (only for equipment, software & one time projects \$

Describe Implementation of Project/Activity & Evaluation Strategies:

Project/Activity Challenges & Suggestions for Improvements:

Funding Recipient
Signature:

Date:

Administrator
Signature

Date: