

**Institutional Effectiveness Partnership Initiative**

**Partnership Resource Teams**

**Institutional Innovation and Effectiveness Plan**

Date:

**Name of Institution:**

| **Area of Focus** | **Objective** | **Responsible Person** | **Target Date for Achievement** | **Action Steps** | **Measure of Progress** | **Status (for Visit 3)****As of Date:** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Request for IEPI Resources to Support Institutional Innovation and Effectiveness Plan**

| **Applicable Area(s) of Focus*(Copy from table above.)*** | **Applicable Objective(s)*(Copy from table above.)*** | **Description of Resource Needed*(Refer to Action Steps above as appropriate.)*** | **Cost of Resource** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total IEPI Resource Request(not to exceed $200,000)** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Approval** |  | **Collegial Consultation with the Academic Senate** |
| **Chief Executive Officer** |  | **Academic Senate President***(As applicable; duplicate if needed for district-level I&EP)* |
| Name: |  | Name: |
| Signature or E-signature: | Date: |  | Signature or E-signature: | Date: |