## INTERIM REVIEW
### ASSIGNED STAFF
### STRATEGIC PRIORITIES

*Complete a separate form for each objective.*

| Name: __________________________ Administrative Unit/School: __________________________ |
| Date: __________________________ Department: __________________________ |

**Strategic Plan Year (Check):**
- [ ] 2005-2006
- [ ] 2006-2007
- [ ] 2007-2008
- [ ] 2008-2009
- [ ] 2009-2010

**Review Period (Check):**
- [ ] November/December
- [ ] March

### Department Objective:

________________________________________

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________________________________________

### Assigned Staff Objective/Project/Task:

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________________________________________

Indicate the status of the objective, project or task. If the objective, project or task is “complete” or “on schedule,” what documentation supports the status? If the objective is “behind schedule,” give a brief explanation and indicate the revised timeframe. Other significant changes should be noted.

- [ ] Complete
- [ ] On Schedule
- [ ] Behind Schedule

**Explanation:**

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### Recommended Revisions/Corrections:

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