

**ANNUAL UNIT PLAN REPORT
2005-2006**

Dental Assisting

Carolyn Flippen

Program/Department/Division/Office

Academic Year

Submitted By

| Objectives (as stated on your unit plan) | (How was the objective measured?) Assessment/Evaluation Source (cite resources such as Student Survey, or CBM(002)) | Assessment Results | Use of Results (attach documentation or location site) |
|---|--|---------------------|---|
| The dental facility will be renovated to accommodate the number of students at this time and to enable student enrollment to increase | Renovation complete | New facility in use | Conducive to learning environment |
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