

## UNIT / DIVISION / DEPARTMENT INFORMATION

Unit Name	Instructional Services	Department Name	Physical Therapy Services
Division Name	Student Services	School Year	2018-2019

## IDENTIFY GOALS AND ACTION STEPS

Select two areas in need of improvement from your list of concerns. Use the space below to identify the goal for each concern.

### GOAL ONE

Physical Therapy Services Department will increase timeliness of responding to school requests as evidenced by an increase of 20% in positive responses for this communication indicator within the annual Summative Assessment Survey.

<b>Action Steps</b>	Outline the internal/external communication structures to be used by departments in fielding, processing, and answering school requests for assistance; share outlined information among department administrators and support staff for implementation.
<b>Personnel Responsible</b>	Related Services Director, Occupational Therapy and Physical Therapy (OT/PT) administration
<b>Monitoring Plan (Evidence/Data the action step has occurred)</b>	Review internal customer service data monthly Sign in sheets Agendas with notes
<b>Timeline</b>	August 2018 - May 2019

### GOAL TWO

Physical Therapy Services Department will increase school perceptions of commitment by addressing school needs as evidenced by an increase of 20% in positive responses for this communication indicator within the annual Summative Assessment Survey.

<b>Action Steps</b>	Create and implement recruitment plan to minimize school assignment vacancies; periodically analyze available department data to determine patterns or trends in serving schools, with implications for improving communication practices with schools.
<b>Personnel Responsible</b>	Related Services Director, Occupational Therapy and Physical Therapy (OT/PT) administration
<b>Monitoring Plan (Evidence/Data the action step has occurred)</b>	Review internal customer service data monthly Sign in sheets Agendas with notes
<b>Timeline</b>	August 2018 - May 2019