

ASSESSMENT 101: ACADEMIC ASSESSMENT PLAN

Date

Your Name

Program

MISSION

Please enter your institutional mission statement below.

Please enter your department mission statement below.

Please enter your program mission statement below.

Does your department mission support the institutional mission?

Does your program mission support the department mission?

GOALS

Goal 1

Goal 2

OUTCOMES

Outcome 1

[Redacted]

Why do you believe this outcome is important to your program? *(DQP only)*

[Redacted]

Measure 1.1 (Direct)

[Redacted]

Target 1.1 (P)

[Redacted]

Target 1.1 (S)

[Redacted]

Sampling 1.1

[Redacted]

Measure 1.2 (Direct)

[Redacted]

Target 1.2 (P)

[Redacted]

Target 1.2 (S)

[Redacted]

Sampling 1.2

[Redacted]

Measure 1.3 (Indirect)

[Redacted]

Target 1.3 (P)

[Redacted]

Target 1.3 (S)

[Redacted]

Sampling 1.3

[Redacted]

Outcome 2

[Redacted]

Why do you believe this outcome is important to your program? *(DQP only)*

[Redacted]

Measure 2.1 (Direct)

[Redacted]

Target 2.1 (P)

[Redacted]

Target 2.1 (S)

[Redacted]

Sampling 2.1

[Redacted]

Measure 2.2 (Direct)

[Redacted]

Target 2.2 (P)

[Redacted]

Target 2.2 (S)

[Redacted]

Sampling 2.2

[Redacted]

Measure 2.3 (Indirect)

[Redacted]

Target 2.3 (P)

[Redacted]

Target 2.3 (S)

[Redacted]

Sampling 2.3

[Redacted]

Department Chair Review. I have reviewed this plan and agree with the findings and action plans.

[Redacted]

Signature _____ Date _____

Assessment Director Review. I have reviewed this plan and agree that it meets assessment guidelines.

[Redacted]

Signature _____ Date _____