# Program Assessment Plan

Program:

Contact Person:

Date Plan Submitted:

## 1. Program Maps

### In the table below, indicate how courses align to program outcomes. Add additional rows/columns as needed. Replace “PLO # with the actual program outcome language or provide a list of program outcomes below the table.

**Curriculum Map**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Courses | PO 1 | PO 2 | PO 3 | PO 4 | PO 5 | PO 6 |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

B= student ability to demonstrate the learning outcome is considered basic

I = student ability to demonstrate the learning outcome is considered introductory

R = student ability to demonstrate the learning outcome is reinforced, based on previous learning experiences

P= student ability to demonstrate the learning outcome is considered proficient

### In the table below, indicate how courses align to the College Learning Outcomes. Add rows as needed.

**CLO alignment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **CLOs** | | |
| **Critical Thinking**  Outcome: Students will think critically by evaluating information analytically, using ideas and data in creative and innovative ways. | **Communication**  Outcome: Students will communicate effectively, expressing ideas and information in the mode most appropriate to the audience and situation. | **Professionalism**  Outcome: Students will demonstrate professionalism in and out of the classroom, meeting current organizational or industry standards for conduct, appearance, and teamwork. |
|  |  |  |  |
|  |  |  |  |

CLOs: Critical Thinking Communication Professionalism

## 2. Assessment Plan and Schedule

### Please provide a multi-year schedule indicating when program outcome assessment will be reported and what courses will be used to assess program outcomes. The assessment cycle should be 5 years or less.

\*Programs with external accreditation should follow the assessment timeline and requirements of their accrediting body. Please share your assessment schedule (if applicable) below. Otherwise, please give a detailed response to item 3.

|  |  |  |
| --- | --- | --- |
| **Program Outcomes** | **Course(s) Used to Assess Outcome** | **Year Reported** |
|  |  |  |
|  |  |  |

## 3. Assessment Process

Individual faculty will be asked to follow the assessment plan and schedule as indicated above. Faculty will be expected to complete reflections for the courses indicated. If this does not apply to your program, please explain your alternative program reporting schedule here.

## 4. College Learning Outcomes Assessment

Please indicate here if CLOs will be assessed using any program-wide assessments or if they will be assessed by individual faculty using a tool of their choice. If different assessment methods will be used for each CLO, please specify which CLO(s) will be assessed departmentally or through individual faculty assessments.

Department/Program Assessment\_\_\_\_\_

What is the tool or assessment?

Individual Faculty Assessment\_\_\_\_\_

## 5. Opportunities for Change

Please indicate here any opportunities for change on which your department/program plans to work during the assessment cycle and how those changes will be assessed. Examples might include improving pass rates in a course, creating departmental assessments, etc.

Please return this completed form to Mandy Wright.