**Gustavus Adolphus College**

**Department/Program Annual Assessment Report**

**Multiple Outcomes Assessed**

**DUE OCTOBER 1, 2019**

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| **Department/Program** | **Department Chair:** |
| **Reporting Year:** AY 2018-2019 | **Form Completed By:** |

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| **PART I: ASSESSMENT OF STUDENT WORK** |
| **Outcome(s) Assessed** | **Data/Evidence** | **Evaluation Process** | **Results &****Reflection** | **Recommendations & Planning** |
| * **Which student learning outcome was assessed? (Please provide the full outcome.)**
* **To which of the ISLOs does your SLO apply? (If it applies to something in the mission or the ISLO preamble, please indicate that):**

**\_\_\_\_Analyze enduring and contemporary questions from multiple perspectives.****\_\_\_Demonstrate the ability to reason and communicate effectively in written and oral modes.****\_\_\_Demonstrate competence with the content and methods of a particular field of study.****\_\_\_Implement an effective strategy to address an open-ended question or to solve a multi-faceted problem.** | **Please specify:*** **Sample size (# of students sampled out of relevant population)**
* **Population assessed (what courses assessed in what semester; major/non-majors etc.)**
* **Artifacts/evidence assessed (papers, projects, surveys etc.)\***
 | **What method(s) or process(es) were used to evaluate student work?** **Please specify:*** **Evaluation tool or instrument used to assess student work (please submit any evaluation tools to report)**
* **Who applied the evaluation tool**
* **Who interpreted the results of the evaluation process**
* **What was the expected level of student achievement (e.g. how many students do you expect to perform at an “acceptable” level)? How did you arrive at that benchmark?**
 |  **Please specify:*** **Direct evidence results (if appropriate, how many students performed at various levels etc.):**
* **Indirect evidence results (e.g. responses from surveys, interviews etc.)**
* **Analysis of results (e.g. patterns of strength and weakness; conclusions drawn; further questions)**
 | **Please specify:*** **Any recommendations for change based on the results (if no changes are being recommended, explain why).**
* **Timeline for implementation**
* **What, if any support from the assessment director you need to implement the change)**
* **What, if any, additional resources outside your current budget you will need to implement the change.**
* **What suggestions, if any, do you have faculty development in light of this assessment project? Are there any questions related to teaching or learning about which we should do further research?**
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| *(add more lines as needed)* |  |  |  |  |
| *(add more lines as needed)* |  |  |  |  |

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| **PART II: FOLLOW-UP ON PREVIOUS RECOMMENDATIONS** |
| **Outcome Addressed by Recommendation** | **Recommendation Implemented** | **Preliminary Impressions** | **Needed Support** |
| **Please specify the SLO and the year it was assessed.** | **Please specify what changes you made. Please submit evidence of change with this form (updated syllabi; new prompts etc.).** | * **Do you have any preliminary data or impressions about the efficacy of the change?**
 | * **Do you need any support as you continue to implement the change?**
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| *(add more lines as needed)* |  |  |  |