# Department and Program Assessment Plan

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| **Department/Program Information** | |
| **Department/Program Name:** | |
| **Faculty Involved in Plan Creation:** | |
| **Department/Program Chair:** | |
| **Primary Assessment Contact:** | |
| **Plan Date:** | |
| **Department or Program Mission Statement** | |
|  | |
| **Department or Program Student Learning Outcomes** | **Evidence Used to Assess Outcome** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **Five Year Assessment Plan (2018/2019-2022/2023)** | |
| **This assessment plan should:**   * **Indicate when and how each outcome will be addressed in the five-year cycle. You may focus on an aspect of an outcome, but each outcome must be addressed.** * **Indicate how and when evidence will be gathered and assessed.** * **Indicate how and when results will be disseminated and discussed.** * **Indicate the process for instituting changes based on the data.** | |