**Course Name:**

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| --- |
|  |

**Instructor Name:**

|  |
| --- |
|  |

**Assessment Cycle (academic year):**

|  |
| --- |
|  |

**SLO being assessed:**

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| --- |
|  |

**ASSESSMENT PLAN**

**Title:**

*Use a title that will allow you to differentiate this assessment from others.*

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| --- |
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**Description of Assessment Method (Task) :**

*What are you doing to assess the SLO that you are assessing? This can be a description of an assignment, exam, term paper, presentation, etc.*

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**Criteria for Success:**

*What do the students need to do in order to demonstrate successful achievement of the SLO that you are assessing?*

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| --- |
|  |

**Timeline for Implementation:**

*When will you give the assignment, exam, term paper, etc.?*

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| --- |
|  |

**Key Faculty/Staff:**

*Who is responsible for giving this assessment?*

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| --- |
|  |

**ASSESSMENT FINDINGS:**

**Summary of Results:**

*Here please write a summary of the results that you obtained for the assessment described in your plan.*

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**Reflection/Analysis of Results:**

*What have you learned from the results that you summarized?*

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| --- |
|  |

**Acceptable Criteria for Success Achievement:**

*Select one: (circle) MET NOT MET EXCEEDED*

**ACTIONS TO IMPROVE LEARNING:**

**Action Details and Description:**

*What changes are you going to make based on the assessment results? If you do not think that changes need to be made describe the practices, assignments, activities that you incorporated into your class that you believe allowed your students to succeed.*

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| --- |
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**Implementation Plan (timeline):**

*When do you plan to implement the changes that you have described?*

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| --- |
|  |

**Key/Responsible Personnel:**

*Who is responsible for implementing the changes?*

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| --- |
|  |

**Expected outcome of this action:**

*How do you expect the action(s) that you’ve described to change the student’s ability to successfully meet the SLO chosen?*

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| --- |
|  |

**Budget request amount:**

*Is there a dollar amount associated with the action? If so, indicate the amount.*

|  |
| --- |
| $0.00 |

**Priority:**

*Select (circle one): LOW MEDIUM HIGH*

**STATUS REPORT:***This should be completed after the timeline given in the “Actions to Improve Learning” section.*

**Current Status:**

*What is the status of the actions that you described in the “Actions to Improve Learning” section? Circle one:*

**Not Started**

**In Progress**

**Completed**

**Not Implemented**

**Budget Status:**

*If you requested money to support the action, what is the status of your request? If no budget request was made select “other.” Circle one:*

**Approved**

**Pending Approval**

**Not Approved**

**Other**

**Additional Information / Next Steps:**

*Based on the information provided, how do you plan to proceed with the assessment of this SLO?*