

**Academic Affairs**

| ***2015-16 PROGRAM ASSESSMENT REPORT***  ***DEPARTMENT NAME***  ***UNIT NAME*** *(if necessary)* |
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| **PURPOSE OF ASSESSMENT** (What do we need or want to know?) |
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| **OUTCOME STATEMENT 1** (Please use additional copies of this report for additional outcomes.) |
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| **TYPE OF OUTCOME** (Administrative or Learning) |
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| **ASSESSMENT METHOD** (Assessment tool, how it will be administered) |
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| **POPULATION** (What population was assessed?) |
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| TIMELINE and WHO IS RESPONSIBLE FOR CONDUCTING THE ASSESSMENT |
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| **CRITERIA FOR SUCCESS** |
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| **METHOD OF REPORTING** (With whom will you share the results and findings?) |
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| **FINAL RESULTS and FINDINGS** (Include what changes you will make based upon results, if any) |
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| **HOW WILL THE DATA BE USED TO IMPROVE YOUR WORK WITH STUDENTS?** |
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