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| **Program Code** | **Program Name** |
| **Division** | **Department** |
| **Award**  A.A.  A.S  A.A.S.  Cert.  Adv. Cert.  Post-Assoc. Cert.  Cert. of Completion | |

**I. Review previous assessment reports submitted for this program and provide the following information.**

1. Was this program previously assessed and if so, when?

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1. Briefly describe the results of previous assessment report(s).

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1. Briefly describe the Action Plan/Intended Changes from the previous report(s), when and how changes were implemented.

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1. **Background Information**

1. Indicate the semester(s) and year(s) assessment data were collected for this report.

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| Fall (indicate years below) | Winter (indicate years below) | SP/SU (indicate years below) |
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2. Assessment tool(s) used (check all that apply):

Portfolio

Test or outcome-related test questions

Other external certification/licensure exam (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Externally evaluated performance or exhibit

External evaluation of job performance (internship, co-op, placement, other)

Capstone experience (please describe):

Graduate Survey

Employer Survey

Transfer follow-up

Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Indicate the number of students assessed/total number of students enrolled in the course(s)/program.

*# of students assessed* *Total population in course(s) or program*

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4. Describe how you selected students for the assessment.

a. Describe your sampling method.

b. Describe the population assessed (e.g. students in capstone course, graduating students, alumni, etc.).

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**III. Results**

1. State every outcome (verbatim) from the Program Proposal form or the Assessment Plan Change Form for the program. *Add more lines as needed.*

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1. Briefly describe assessment results for each outcome based on data collected during the program assessment, demonstrating the extent to which students are achieving each of the learning outcomes listed above. ***Please attach a summary of the data collected (as a separate document).*** *Add more lines as needed.*

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| 1. |
| 2. |
| 3. |

1. For each outcome assessed, indicate the standard of success used, and the number and percentage of students who achieved that level of success. ***Please attach the rubric/scoring guide used for the assessment (as a separate document).*** *Add more lines as needed.*

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| 1. |
| 2. |
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1. Describe the areas of strength and weakness in students’ achievement of the learning outcomes shown in assessment results.

Strengths:

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Weaknesses:

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1. **Changes influenced by assessment results**
2. Based on the previous assessment report Action Plan(s) identified in Section I above, please discuss how effective any changes were in improving student learning.

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1. If weaknesses were found (see above) or students did not meet expectations, describe the action that will be taken to address these weaknesses. If students met all expectations, describe your plan for continuous improvement.

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1. Identify any other intended changes that will be instituted based on results of this assessment activity. Describe changes and give rationale for change. (Check all that apply).

a.  Outcomes/assessments from Program Assessment Plan Change Form or Program Proposal form:

b.  Program Curriculum:

Course sequencing

Course deletion

Course addition

Changes to existing program courses (specify):

Other (specify):

c.  Other (specify):

4. What is the timeline for implementing these actions?

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1. **Future plans**
2. Describe the extent to which the assessment tools used were effective in measuring student achievement of learning outcomes for this program.

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1. If the assessment tools were not effective, describe the changes that will be made for future assessments.

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1. Describe when and how these assessment results will be discussed with the department and/or the faculty at large.

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**Signatures:**

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| **Reviewer** | Print Name | **Signature** | **Date** |
| **Initiator** |  |  |  |
| **Department Chair** |  |  |  |
| **D****ivision Dean/Administrator** |  |  |  |
| ***Please return completed form to the Office of Curriculum & Assessment, SC 257***  ***or by e-mail to curriculum.assessment@wccnet.edu .*** | | | |
| **Assessment Committee Chair** |  |  |  |

**Do not write in shaded area. Entered in: Banner \_\_\_\_\_\_\_ C&A Database\_\_\_\_\_\_\_\_ Log File \_\_\_\_\_\_\_\_**