**Year 4**

**Student Learning Outcomes (SLOs) for Academic Programs**

Please list all of the student learning outcomes for your program as articulated in the assessment plan.

1. [SLO#1]

2. [SLO#2]

3. [SLO#3], etc.

**Overview of Measures/Instruments**

| ***SLO(s)***  *Note: Measures might be used for more than 1 SLO* | ***ULG\**** | ***Measures/Instruments***  *Please include a clear description of the instrument including when and where it is administered* | **How is the information Used?**  *(include target score(s), results, and report if target(s) were met/not met/partially met for each instrument)* |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\*Please reference any University Learning Goal(s) (ULG) that this SLO, if any, may address or assess. C=Critical Thinking, W=Writing & Critical Reading; S=Speaking and Listening; Q=Quantitative reasoning; R=Responsible Citizenship; NA=Not Applicable*

**Improvements and Changes Based on Assessment**

1. Provide a short summary (1-2 paragraphs or bullets) of any curricular actions (revisions, additions, and so on) that were approved over the past four years as a result of reflecting on the student learning outcomes data. Are there any additional future changes, revisions, or interventions proposed or still pending?

2. Please provide a brief description or bulleted list of any improvements observed/measured in student learning over the past four years. Be sure to mention any intervention made that has not yet resulted in student improvement (if applicable).

3. Using the form below, please document annual faculty and committee engagement with the assessment process (such as the review of outcomes data, revisions/updates to assessment plan, and reaffirmation of SLOs).

|  |  |  |
| --- | --- | --- |
| **History of Annual Review** | | |
| **Date of Annual Review** | **Individuals/Groups who Reviewed Plan** | **Results of the Review (i.e., reference proposed changes from #1 above, revised SLOs, etc..)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Dean Review & Feedback**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean or designee Date

**Academic Affairs – Review & Feedback**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date