**Lake Erie College**

**Program Level Assessment Plan**

**[Revised Spring 2018]**

Please forward your program level assessment plan to the dean of your school in an electronic format on or before November 1 of each year.

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| **Program:**  | **School:** |
| **Academic Year:** | **Department** |
| **Contact Faculty:**  | **Contact email address:**  |

**PROGRAM MISSION**

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| **Please add your program mission statement here…** |

**CURRENT PROGRAM LEARNING OBJECTIVES**

**(These should match the program curriculum maps)**

**PROGRAM LEARNING OBJECTIVES**

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| **PLO 1**  |
| **PLO 2** |
| **PLO 3** |
| **PLO 4** |
| **PLO 5** |
| **PLO 6** |
| **PLO 7**  |
| **PLO 8** |
| **PLO 9** |
| **PLO 10** |

**PROGRAM LEVEL ASSESSMENT #1**

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| **Direct Method of Assessment (e.g., standardized testing service, pre/post-test, portfolio evaluation, capstone course evaluation, etc.):**  |
| **Indirect Method of Assessment (e.g., student surveys, survey of graduates, graduate and retention rates, etc.)** |
| **To which PLO is this assessment aligned?** |
| **Achievement Target:**  |
| **Number of Students in Sample:** |
| **Summary of Results:** |
| **Strengths of the Program as Per Assessments :**  |
| **Needs for Improvement and challenges presented:** |
| **Action Plan for Adding Quality Improvements (please see rubric for Action Plans):**   |

**PROGRAM LEVEL ASSESSMENT #2**

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| **Direct Method of Assessment (e.g., standardized testing service, pre/post-test, portfolio evaluation, capstone course evaluation, etc.):**  |
| **Indirect Method of Assessment (e.g., student surveys, survey of graduates, graduate and retention rates, etc.)** |
| **To which PLO is this assessment aligned?** |
| **Achievement Target:**  |
| **Number of Students in Sample:** |
| **Summary of Results:** |
| **Strengths of the Program as Per Assessments :**  |
| **Needs for Improvement and challenges presented:** |
| **Action Plan for Adding Quality Improvements (please see rubric for Action Plans):**   |

**PROGRAM LEVEL ASSESSMENT #3**

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| **Direct Method of Assessment (e.g., standardized testing service, pre/post-test, portfolio evaluation, capstone course evaluation, etc.):**  |
| **Indirect Method of Assessment (e.g., student surveys, survey of graduates, graduate and retention rates, etc.)** |
| **To which PLO is this assessment aligned?** |
| **Achievement Target:**  |
| **Number of Students in Sample:** |
| **Summary of Results:** |
| **Strengths of the Program as Per Assessments :**  |
| **Needs for Improvement and challenges presented:** |
| **Action Plan for Adding Quality Improvements (please see rubric for Action Plans):**   |

**[IF MORE PROGRAM LEVEL ASSESSMENTS EXCEED WHAT IS ON THIS FORM, SIMPLY CUT AND PASTE THE FIELDS AND RENUMBER AS NECESSARY]**

**SPECIFY LEARNING OUTCOMES YOU ANTICIPATE WILL BE ASSESSED NEXT YEAR**

**(If different than current action plan listed above for each assessment)**

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| **Outcome:**  |
| **Method:**  | **Achievement Target:**  |
| **Second Method (if applicable):**  | **Achievement Target:**  |

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**Faculty Member(s) Signature Representing the Program**

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**Dean Signature and Date Indicating Review and Approval of Assessments**