



Lake Erie College Co-Curricular Assessment Plan

[Revised Spring 2018]

Deadline for submission to the Vice President of each area: May 1 of each year

Program:	Division:
Academic Year:	Department:
Contact Person:	Contact email address:

PROGRAM MISSION

Please add your program mission statement here...

CURRENT CO-CURRICULUM PROGRAM LEARNING OBJECTIVES

(These should match the program curriculum maps, i.e., where the learning objective is embedded)

PROGRAM LEARNING OBJECTIVES

PLO 1
PLO 2
PLO 3
PLO 4
PLO 5
PLO 6
PLO 7

PLO 8

PLO 9

PLO 10

PROGRAM LEVEL ASSESSMENT #1

Direct Method of Assessment (e.g., standardized testing service, pre/post-test, portfolio evaluation, exam, 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 Assessed Population:

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

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?

<u>Achievement Target:</u>
<u>Number of Students in Sample:</u>
<u>Summary of Results:</u>
<u>Strengths of the Program as Per Assessments :</u>
<u>Needs for Improvement and challenges presented:</u>
<u>Action Plan for Adding Quality Improvements (please see rubric for Action Plans):</u>

PROGRAM LEVEL ASSESSMENT #3

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

[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)**

<u>Outcome:</u>	
<u>Method:</u>	<u>Achievement Target:</u>
<u>Second Method (if applicable):</u>	<u>Achievement Target:</u>

Staff Member(s) Signature Representing the Program

Vice President's Signature and Date Indicating Review and Approval of Assessments