

Department/Program Assessment Plan

Department/Program:

Contact Person:

Date Plan Submitted:

1. Program Maps

Please include below or attach a curriculum map linking program outcomes to courses. Also include a map indicating where in the program College Learning Outcomes and High Impact Practices are addressed.

Curriculum Map

| Courses | PO 1 | PO 2 | PO 3 | PO 4 | PO 5 | PO 6 |
|---------|------|------|------|------|------|------|
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B= student ability to demonstrate the learning outcome is considered basic

I = student ability to demonstrate the learning outcome is considered introductory

R = student ability to demonstrate the learning outcome is reinforced, based on previous learning experiences

P= student ability to demonstrate the learning outcome is considered proficient

CLO/HIPs alignment

| Course | CLOs | | | HIPs | | | | | | | | | | |
|--------|-------------------|-------|-------|------|-----|----|-----|-----|----|-----|----|----|----|-----|
| | Critical Thinking | Comm. | Prof. | FYS | CIE | LC | WIC | CAP | UR | DGL | eP | SL | IN | CCP |
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CLOs: Critical Thinking

Communication

Professionalism

HIPS: First-Year Seminars/Experiences (FYS) Common Intellectual Experiences (CIE) Learning Community (LC) Writing-Intensive Courses (WIC) Collaborative Assignments/Projects (CAP) Undergraduate Research (UR) Diversity/Global Learning (DGL) ePortfolios (eP) Service Learning (SL)

Internships (IN)

Capstone Courses/Projects (CCP)

2. Assessment Plan and Schedule

Please provide a multi-year schedule indicating when program outcome assessment will be reported and what classes will be used to assess program outcomes. The assessment cycle should be 5 years or less.

*Programs with external accreditation should follow the assessment timeline and requirements of their accrediting body. Please share your assessment schedule (if applicable) below. Otherwise, please give a detailed response to item 3.

| Program Outcomes | Course(s) Used to Assess Outcome | Year Reported |
|------------------|----------------------------------|---------------|
| | | |
| | | |

| Course(s) Assessed | Year Reported |
|--------------------|---------------|
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| | |

3. Assessment Process

Individual faculty will be asked to follow the assessment plan and schedule as indicated above. Faculty will be expected to complete reflections for the courses indicated. Please note here 1) when reflections will be completed (e.g., end of block, end of semester, fall, spring, summer, etc.), and 2) any additional assessment processes your department/program will follow.

4. College Learning Outcomes Assessment

Please indicate here if CLOs will be assessed using any departmental/programmatic assessments or if they will be assessed by individual faculty using a tool of their choice.

Department/Program Assessment_____

What is the tool or assessment?

Individual Faculty Assessment _____

5. Opportunities for Change

Please indicate here any opportunities for change on which your department/program plans to work during the assessment cycle and how those changes will be assessed. Examples might include improving pass rates in a course, creating departmental assessments, etc.

Please return this completed form to Mandy Wright at assessment@gfcsu.edu.