Faculty SLO/PLO/ILO 3-Year Assessment Plan

Department Name: _____

	2017-2018	2018-2019	2019-2020
Fall Semester			
Spring Semester	*Program Review due Spring 2018*		*Program Review due Spring 2020*
PLOs Assessed *(Identify at least 1 PLO; identify the year & semester that the PLO will be assessed)*			
ILOs Assessed *(Map ILOs to the courses listed in the rows above)*	☐ Critical Thinking ☐ Community ☐ Communication ☐ Quantitative Reasoning ☐ Creativity	☐ Critical Thinking ☐ Community ☐ Communication ☐ Quantitative Reasoning ☐ Creativity	☐ Critical Thinking ☐ Community ☐ Communication ☐ Quantitative Reasoning ☐ Creativity