

Faculty SLO/PLO/ILO 3-Year Assessment Plan

Department Name: _____

	2017 - 2018	2018 - 2019	2019 - 2020
Fall Semester			
Spring Semester			
			<i>Program Review due Spring 2019</i>
PLOs Assessed <i>(Identify at least 1 PLO; identify the year & semester that the PLO will be assessed)</i>			
ILOs Assessed <i>(ILOs are listed here as a guidance tool to help you choose courses for assessment)</i>	<input type="checkbox"/> Critical Thinking <input type="checkbox"/> Community <input type="checkbox"/> Communication <input type="checkbox"/> Quantitative Reasoning <input type="checkbox"/> Creativity	<input type="checkbox"/> Critical Thinking <input type="checkbox"/> Community <input type="checkbox"/> Communication <input type="checkbox"/> Quantitative Reasoning <input type="checkbox"/> Creativity	<input type="checkbox"/> Critical Thinking <input type="checkbox"/> Community <input type="checkbox"/> Communication <input type="checkbox"/> Quantitative Reasoning <input type="checkbox"/> Creativity