

# Faculty SLO/PLO/ILO 3-Year Assessment Plan

Department Name: \_\_\_\_\_

	2017-2018	2018-2019	2019-2020
<b>Fall Semester</b>			
<b>Spring Semester</b>	<i>Program Review due Spring 2018</i>		<i>Program Review due Spring 2020</i>
<b>PLOs Assessed</b> <i>(Identify at least 1 PLO; identify the year &amp; semester that the PLO will be assessed)</i>			
<b>ILOs Assessed</b> <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