|  |  |  |
| --- | --- | --- |
| **Program Code:** | **Program Title:** | **Effective Term:** |

**List the outcome(s) to be revised, and identify changes (add rows as needed):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Learning outcomes to be assessed | Assessment tool | When assessment will take place | Course/other populations | Number of students to be assessed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Scoring and analysis of assessment:**

1. Indicate how the above assessment(s) will be scored and evaluated (e.g. departmentally-developed rubric, answer key, checklist, other). Please attach rubric if available.
2. Indicate the standard of success to be used for this assessment:
3. Indicate who will score and analyze the data:

**Signatures:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewer** | Print Name | **Signature** | **Date** |
| **Initiator** |  |  |   |
| **Department Chair** |  |  |  |
| **D****ivision Dean/Administrator** |  |  |  |
| ***Please return completed form to the Office of Curriculum & Assessment, SC 257*****or by e-mail to curriculum.assessment@wccnet.edu** |
| **Curriculum Committee Chair** |  |  |  |
| **Assessment Committee Chair** |  |  |  |

**Do not write in shaded area. Entered in: Banner \_\_\_\_\_\_\_ C&A Database\_\_\_\_\_\_\_\_ Log File \_\_\_\_\_\_\_\_**