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| **Kent State University****Assessment Report for Academic Programs** |

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| --- |
| Program Name: |

**Standing Requirements: “Mission Statement”**

|  |
| --- |
|  |

**Standing Requirements: “Learning Outcomes”**

|  |
| --- |
| Outcome (max 140 characters):Description (max 1,000 characters): |
| Outcome (max 140 characters):Description (max 1,000 characters): |
| Outcome (max 140 characters):Description (max 1,000 characters): |

**About the remainder of this document…**

The following pages contain tables for the assessment plan, findings, and action plan (if needed). You are required to have a minimum of three student learning outcomes. While the template provides space for two measures per outcome, you are only required to have one per outcome. Finally, the action plan section only needs to be completed if a measure is unmet.

**2016-2017 Assessment Cycle: “Assessment Plan”**

Method of Assessment for **Outcome #1**

|  |
| --- |
| Measure Title:  |
| Measure Type/Method: Select one* Direct – Student Artifact
* Direct – Exam
* Direct – Portfolio
* Direct – Other
* Indirect – Survey
* Indirect – Focus Group
* Indirect – Interview
* Indirect - Other
 | Measure Level: Select one* Course
* Program
* Institution
* Other
 |
| Details/Description: |
| Acceptable Target:Ideal Target (if applicable): |
| Implementation Plan (timeline): |
| Key/Responsible Personnel: |

**2016-2017 Assessment Cycle: “Assessment Findings”**

|  |
| --- |
| Summary of Findings: |
| Recommendations (how these findings may be used for program improvement): |
| Reflections/Notes (any unusual or extenuating issues that may have affected findings for this measure): |
| Acceptable Target Achievement: Select one\** Not Met
* Met
* Exceeded
 | Ideal Target Achievement: Select one* Moving Away
* Approaching
* Exceeded
 |

**\*If not met, you need to complete an action plan (end of template)**

**2016-2017 Assessment Cycle: “Assessment Plan”**

Second Method of Assessment for **Outcome #1** (if applicable)

|  |
| --- |
| Measure Title:  |
| Measure Type/Method: Select one* Direct – Student Artifact
* Direct – Exam
* Direct – Portfolio
* Direct – Other
* Indirect – Survey
* Indirect – Focus Group
* Indirect – Interview
* Indirect - Other
 | Measure Level: Select one* Course
* Program
* Institution
* Other
 |
| Details/Description: |
| Acceptable Target:Ideal Target (if applicable): |
| Implementation Plan (timeline): |
| Key/Responsible Personnel: |

**2016-2017 Assessment Cycle: “Assessment Findings”**

|  |
| --- |
| Summary of Findings: |
| Recommendations (how these findings may be used for program improvement): |
| Reflections/Notes (any unusual or extenuating issues that may have affected findings for this measure): |
| Acceptable Target Achievement: Select one\** Not Met
* Met
* Exceeded
 | Ideal Target Achievement: Select one* Moving Away
* Approaching
* Exceeded
 |

**\*If not met, you need to complete an action plan (end of template)**

**2016-2017 Assessment Cycle: “Assessment Plan”**

Method of Assessment for **Outcome #2**

|  |
| --- |
| Measure Title:  |
| Measure Type/Method: Select one* Direct – Student Artifact
* Direct – Exam
* Direct – Portfolio
* Direct – Other
* Indirect – Survey
* Indirect – Focus Group
* Indirect – Interview
* Indirect - Other
 | Measure Level: Select one* Course
* Program
* Institution
* Other
 |
| Details/Description: |
| Acceptable Target:Ideal Target (if applicable): |
| Implementation Plan (timeline): |
| Key/Responsible Personnel: |

**2016-2017 Assessment Cycle: “Assessment Findings”**

|  |
| --- |
| Summary of Findings: |
| Recommendations (how these findings may be used for program improvement): |
| Reflections/Notes (any unusual or extenuating issues that may have affected findings for this measure): |
| Acceptable Target Achievement: Select one\** Not Met
* Met
* Exceeded
 | Ideal Target Achievement: Select one* Moving Away
* Approaching
* Exceeded
 |

**\*If not met, you need to complete an action plan (end of template)**

**2016-2017 Assessment Cycle: “Assessment Plan”**

Second Method of Assessment for **Outcome #2** (if applicable)

|  |
| --- |
| Measure Title:  |
| Measure Type/Method: Select one* Direct – Student Artifact
* Direct – Exam
* Direct – Portfolio
* Direct – Other
* Indirect – Survey
* Indirect – Focus Group
* Indirect – Interview
* Indirect - Other
 | Measure Level: Select one* Course
* Program
* Institution
* Other
 |
| Details/Description: |
| Acceptable Target:Ideal Target (if applicable): |
| Implementation Plan (timeline): |
| Key/Responsible Personnel: |

**2016-2017 Assessment Cycle: “Assessment Findings”**

|  |
| --- |
| Summary of Findings: |
| Recommendations (how these findings may be used for program improvement): |
| Reflections/Notes (any unusual or extenuating issues that may have affected findings for this measure): |
| Acceptable Target Achievement: Select one\** Not Met
* Met
* Exceeded
 | Ideal Target Achievement: Select one* Moving Away
* Approaching
* Exceeded
 |

**\*If not met, you need to complete an action plan (end of template)**

**2016-2017 Assessment Cycle: “Assessment Plan”**

Method of Assessment for **Outcome #3**

|  |
| --- |
| Measure Title:  |
| Measure Type/Method: Select one* Direct – Student Artifact
* Direct – Exam
* Direct – Portfolio
* Direct – Other
* Indirect – Survey
* Indirect – Focus Group
* Indirect – Interview
* Indirect - Other
 | Measure Level: Select one* Course
* Program
* Institution
* Other
 |
| Details/Description: |
| Acceptable Target:Ideal Target (if applicable): |
| Implementation Plan (timeline): |
| Key/Responsible Personnel: |

**2016-2017 Assessment Cycle: “Assessment Findings”**

|  |
| --- |
| Summary of Findings: |
| Recommendations (how these findings may be used for program improvement): |
| Reflections/Notes (any unusual or extenuating issues that may have affected findings for this measure): |
| Acceptable Target Achievement: Select one\** Not Met
* Met
* Exceeded
 | Ideal Target Achievement: Select one* Moving Away
* Approaching
* Exceeded
 |

**\*If not met, you need to complete an action plan (end of template)**

**2016-2017 Assessment Cycle: “Assessment Plan”**

Second Method of Assessment for **Outcome #3** (if applicable)

|  |
| --- |
| Measure Title:  |
| Measure Type/Method: Select one* Direct – Student Artifact
* Direct – Exam
* Direct – Portfolio
* Direct – Other
* Indirect – Survey
* Indirect – Focus Group
* Indirect – Interview
* Indirect - Other
 | Measure Level: Select one* Course
* Program
* Institution
* Other
 |
| Details/Description: |
| Acceptable Target:Ideal Target (if applicable): |
| Implementation Plan (timeline): |
| Key/Responsible Personnel: |

**2016-2017 Assessment Cycle: “Assessment Findings”**

|  |
| --- |
| Summary of Findings: |
| Recommendations (how these findings may be used for program improvement): |
| Reflections/Notes (any unusual or extenuating issues that may have affected findings for this measure): |
| Acceptable Target Achievement: Select one\** Not Met
* Met
* Exceeded
 | Ideal Target Achievement: Select one* Moving Away
* Approaching
* Exceeded
 |

**\*If not met, you need to complete an action plan (end of template)**

**2016-2017 Assessment Cycle: “Action Plan”**

**ONLY complete for measures not met**

|  |
| --- |
| Measure Title/Outcome Listed as Not Met:Action Item Title: |
| Action Details: |
| Implementation Plan (timeline): |
| Key/Responsible Personnel: |
| Measures: |
| Budget Approval Required? (Describe): |
| Budget Request Amount: |
| Priority: Select one* Low
* Medium
* High
 |

**2016-2017 Assessment Cycle: “Action Plan”**

**ONLY complete for measures not met**

|  |
| --- |
| Measure Title/Outcome Listed as Not Met:Action Item Title: |
| Action Details: |
| Implementation Plan (timeline): |
| Key/Responsible Personnel: |
| Measures: |
| Budget Approval Required? (Describe): |
| Budget Request Amount: |
| Priority: Select one* Low
* Medium
* High
 |

**2016-2017 Assessment Cycle: “Action Plan”**

**ONLY complete for measures not met**

|  |
| --- |
| Measure Title/Outcome Listed as Not Met:Action Item Title: |
| Action Details: |
| Implementation Plan (timeline): |
| Key/Responsible Personnel: |
| Measures: |
| Budget Approval Required? (Describe): |
| Budget Request Amount: |
| Priority: Select one* Low
* Medium
* High
 |