

DRAFT**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 2018</i>		<i>Program Review due Spring 2020</i>
PLOs Assessed <i>(Identify at least 1 PLO; identify the year & semester that the PLO will be assessed)</i>			
ILOs Assessed <i>(Map ILOs to the courses listed in the rows above)</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