

Faculty SLO/PLO/ILO 3-Year Assessment Plan

Department Name: _____

| | 2023-2024 | 2024-2025 | 2025-2026 |
|--|--|--|--|
| Fall Semester | | | |
| Spring Semester | | | |
| Notes | | | |
| 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 |