

Bergen Community College

ASSESSMENT REPORT FORM FOR ACADEMIC PROGRAM

Assessment Period:

Department/Program:

Department Chair:

Department Assessment Liaison:

Date Submitted:

❖ Program Description or mission/outcome statement of the Department /Program:

❖ Program Learning Outcomes:

SEMESTER 1: CREATING PROGRAM-LEVEL ASSESSMENT PLAN

1. Please share the changes you have made / will make based on the results of the last assessment cycle.

2. Program Learning Outcome(s) to be assessed (from the above section):

3. Means of Assessment:

- Feedback from Dean:

SEMESTER 2: DEVELOPING ASSESSMENT TOOL (s) and TIMELINE

4A. Describe or attach assessment tool (s), including sources of data, timeline for data collection and how data will be analyzed.

4B. Desired results faculty would like to see.

- Feedback from CIE:

SEMESTER 3: COLLECTING AND ANALYZING DATA

5. Summary of Results (attach aggregated data table, survey tool, etc., to support the summary)

6. Recommendations for Improvement:

- **Feedback from Dean:**

SEMESTER 4: CLOSING THE LOOP AND SHARING KNOWLEDGE

7. Use of Results:

- **Feedback from CIE:**