



Learning Outcomes I N I T I A T I V E

__ **SAO** or __ **SLO Assessment Form**

1. Unit Name:

2. SAO / SLO # & Name:

Service Area Outcome / Student Learning Outcome to be assessed:

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Assessment Criteria: (attach rubric if necessary)

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Section II: Report of Assessment

Contact person(s)	
Date of Assessment	
Assessment Instrument	
Timeline for Assessment	
Resources needed for Assessment	
Data Description	<input type="checkbox"/> Formative Assessment <input type="checkbox"/> Summative Assessment <input type="checkbox"/> One-Time Assessment <input type="checkbox"/> Direct Evidence <input type="checkbox"/> Indirect Evidence <input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative

Report of Data (Attach any record or worksheet)

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Section 3: Reflection on Assessment Results

3A. Most important findings from the data and Analysis

3B. What changes can be made to address these implications? (e.g. changes to the unit, work flow, communication, and facility)?

3C. What resources are needed to address these changes?

3D. For the next time this assessment is performed, what changes need to be made to the SAO/SAO, assignment, assessment tool, rubric/criteria, to get better results?

Additional Comments and Conclusions and improvements