

LATTC SAO / SLO Plan

AS Form 1

Program / Department: **Matriculation Department, Assessment Center**

#	Identified SAO/SLO Description	Responsible Pers.	SAO/SLO Rubric /Criteria created? (Y/N)	Created Assessment Tool? (Y/N)	SAO/SLO Assessed? (Y/N)	If 'Yes' Date?	If 'No' Plan Date?
SAO #1							
SAO #2							
SAO #3							
SAO #4							
SLO #1							
SLO #2							
SLO #3							
SLO #4							