

Program Assessment Action Plan

Macomb Community College | Plans to Improve Student Learning

(Program & Division)

(School Term & Year Data Collected)

(Faculty Name(s), Email Addresses)

1. During the assessment time frame, how many:
 - a. Artifacts were collected?
 - b. Course sections and students were selected?

2. Using the table, please indicate what program outcomes were assessed. For each outcome assessed provide information on the artifacts, assessment tools and findings. *(Add columns as needed)*

Program Student Learning Outcomes	Artifact & Assessment Tool <i>(Describe evidence; i.e. course project, presentation, common exam, and tools; i.e. rubric, item analysis, that were used to assess the PSLOs.)</i>	Findings <i>(Provide a brief analysis of the results.)</i>

3. Based on your assessment results, please address the next steps in your improvement strategy:

- a. What action(s) will be taken?
- b. When will the action(s) be implemented?
- c. How do you anticipate the action(s) will impact student learning?

(For the improvement strategy, please note specific changes that will be made to the program, including any curriculum revisions which could positively impact student learning and when those changes will take place. If no changes will be implemented, please provide a rationale.)

4. If known, when was this program last assessed and which PSLOs were assessed at that time? How did your area make use of the results?

(If known, please describe any changes that were made that contributed to improving student learning. If no previous assessment has occurred, please leave this question blank.)

After completing this form, please:

- submit one copy to the Academic Development Department for inclusion into the Assessment Resource Center*
 - Jillian Huot, Learning Resources Coordinator (huotj31@macomb.edu)*
- submit one copy to your Dean and/or Associate Dean for departmental records*
- disseminate findings and actions to be implemented to improve student learning to appropriate internal and external parties (adjunct faculty, advisory boards, etc.)*

Submitted by: _____

Date: _____

Next Scheduled Assessment Semester: _____