**2021 Student Learning Outcomes Assessment Plan**

##### Document *Student Learning Outcomes* *(SLO)* and *Assessment Plans* for each Undergraduate and Graduate Degree program, Certificate program, Minor, and Distance Education Program (offered online only). *New program submissions to Undergraduate or Graduate Councils for approval will not be considered unless SLO Assessment Plans have been approved by Assessment Committee.*

##### Please contact the Office of [Institutional Effectiveness](https://ie.tcu.edu/assessment/) (Phone: 817:257-4169) for additional tools and information for writing effective student learning outcomes. Also, please consult with the [Koehler Center for Instruction, Innovation, and Engagement Resources](https://cte.tcu.edu/) (Phone: 817:257-7434) if an online or distance learning component is proposed for the new program.

**College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Degree or Certificate Program/Minor/Online Distance Education Program:**

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**Program’s Goal or Mission Statement (*Please demonstrate alignment between program, college/school and university mission*):**

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| **Student Learning Outcome 1**  (Knowledge or Skill to be Assessed) |
| 1. |

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| **Identify and Describe the *Measure***  1. Identify the *Measure*, e.g., assignment, exam, project, paper, etc.  2. Identify the *Evaluation Tool*, e.g., rubric, itemized analysis, etc., that will be used to gauge the acquisition of this *Student Learning Outcome*, and explain how it assesses the desired knowledge or skill.  3. Attach a copy of both, the *Measure* and the *Evaluation Tool*. |
| 1.  2.  3. |
| **Identify and Describe the *Methodology***  1. List the course(s) in which the data will be collected.  2. Describe how the data will be collected.  3. Identify the frequency of the data collection (Spring, Summer, and/or Fall semester).  4. Describe how the department will use and disseminate the *Findings* to program faculty.  5. Describe how the program faculty will analyze the *Findings* to develop an *Action Plan*. |
| 1.  2.  3.  4.  5. |

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| **Establish the *Target***  Identify the percentage of students and the expected *Level of Proficiency* for the students being assessed in this *Student Learning Outcome*. Example: 80% of the students being assessed will achieve a level of proficiency of “acceptable” or higher on the Oral Presentation Scoring Rubric. |
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| **Student Learning Outcome 2**  (Knowledge or Skill to be Assessed) |
| 2. |

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| **Identify and Describe the *Measure***  1. Identify the *Measure*, e.g., assignment, exam, project, paper, etc.  2. Identify the *Evaluation Tool*, e.g., rubric, itemized analysis, etc., that will be used to gauge the acquisition of this *Student Learning Outcome*, and explain how it assesses the desired knowledge or skill.  3. Attach a copy of both, the *Measure* and the *Evaluation Tool*. |
| 1.  2.  3. |

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| **Identify and Describe the *Methodology***  1. List the course(s) in which the data will be collected.  2. Describe how the data will be collected.  3. Identify the frequency of the data collection (Spring, Summer, and/or Fall semester).  4. Describe how the department will use and disseminate the *Findings* to program faculty.  5. Describe how the program faculty will analyze the *Findings* to develop an *Action Plan*. |
| 1.  2.  3.  4.  5. |

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| **Establish the *Target***  Identify the percentage of students and the expected *Level of Proficiency* for the students being assessed in this *Student Learning Outcome*. Example: 80% of the students being assessed will achieve a level of proficiency of “acceptable” or higher on the Oral Presentation Scoring Rubric. |
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| **Student Learning Outcome 3**  (Knowledge or Skill to be Assessed) |
| 3. |

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| **Identify and Describe the *Measure***  1. Identify the *Measure*, e.g., assignment, exam, project, paper, etc.  2. Identify the *Evaluation Tool*, e.g., rubric, itemized analysis, etc., that will be used to gauge the acquisition of this *Student Learning Outcome*, and explain how it assesses the desired knowledge or skill.  3. Attach a copy of both, the *Measure* and the *Evaluation Tool*. |
| 1.  2.  3. |

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| **Identify and Describe the *Methodology***  1. List the course(s) in which the data will be collected.  2. Describe how the data will be collected.  3. Identify the frequency of the data collection (Spring, Summer, and/or Fall semester).  4. Describe how the department will use and disseminate the *Findings* to program faculty.  5. Describe how the program faculty will analyze the *Findings* to develop an *Action Plan*. |
| 1.  2.  3.  4.  5. |

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| **Establish the *Target***  Identify the percentage of students and the expected *Level of Proficiency* for the students being assessed in this *Student Learning Outcome*. Example: 80% of the students being assessed will achieve a level of proficiency of “acceptable” or higher on the Oral Presentation Scoring Rubric. |
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***\*Copy and paste the format above for additional Student Learning Outcomes as needed.***

**Provide a program curriculum map that considers all of the student learning outcomes for the program.** Curriculum mapping allows for an inventory of the links between your student learning objectives and the program curriculum. It also helps to ensure proper sequencing of courses, the degree to which the curriculum really supports student learning, and the extent to which the program’s core student learning objectives are being addressed within the program curriculum.

**Program Contact Person (person to contact with questions regarding program assessment plan):**

**Name:**

**Extension:**

**Email**

**REQUIRED SIGNATURES:**

***Director in the Koehler Center for Instruction, Innovation, and Engagement (required if program includes an online or distance learning component):***

**Name:**

**Signature:**

**Reviewed:**  Yes No

**Date Reviewed:**

***Chair of Assessment Committee:***

**Name:**

**Signature:**

**Approve:**  Yes No

**Approval Date:**