



Outcomes Assessment Timeline

Contact Person: Dr. Caroline B. Adams		Date Submitted: 8/7/2017	
Division: Liberal Arts		Discipline/Program/Department: Education	
Program Review Year: 2018			

Program Review Year of 2018

<i>Goal</i>	YEAR 1			YEAR 2			YEAR 3			YEAR 4			YEAR 5		
	Fall 2012	Spring 2013	Summer 2013	Fall 2013	Spring 2014	Summer 2014	Fall 2014	Spring 2015	Summer 2015	Fall 2015	Spring 2016	Summer 2016	Fall 2016	Spring 2017	Summer 2017
Goal 1 <div style="border: 1px solid #ccc; padding: 5px; min-height: 40px;">11. Address all educational goals.</div>	<input checked="" type="checkbox"/> I	<input checked="" type="checkbox"/> R		<input checked="" type="checkbox"/> I	<input checked="" type="checkbox"/> I		<input checked="" type="checkbox"/> I	<input checked="" type="checkbox"/> I	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> I	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> I	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> P

Comments:

Close