



# Outcomes Assessment Timeline

<b>Contact Person:</b> Caroline Adams		<b>Date Submitted:</b> 2/21/2018	
<b>Division:</b> Liberal Arts	<b>Discipline/Program/Department:</b> Education		<b>Program Review Year:</b> 2023

**Program Review Year of 2023**

Goal	YEAR 1			YEAR 2			YEAR 3			YEAR 4			YEAR 5		
	Fall 2017	Spring 2018	Summer 2018	Fall 2018	Spring 2019	Summer 2019	Fall 2019	Spring 2020	Summer 2020	Fall 2020	Spring 2021	Summer 2021	Fall 2021	Spring 2022	Summer 2022
<b>Goal 1</b> 11. Address all educational goals.	<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	<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	<input checked="" type="checkbox"/> I	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> P

**Comments:**

Close