



# Outcomes Assessment Timeline

<b>Contact Person:</b> Dana Woods		<b>Date Submitted:</b> 12/19/2016	
<b>Division:</b> HS & HS	<b>Discipline/Program/Department:</b> Medical Assistant		<b>Program Review Year:</b> 2021

**Program Review Year of 2021**

Goal	YEAR 1			YEAR 2			YEAR 3			YEAR 4			YEAR 5		
	Fall 2015	Spring 2016	Summer 2016	Fall 2016	Spring 2017	Summer 2017	Fall 2017	Spring 2018	Summer 2018	Fall 2018	Spring 2019	Summer 2019	Fall 2019	Spring 2020	Summer 2020
<b>Goal 1</b> 13. Address all educational goals.		<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R		<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R		<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R		<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R		<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R
<b>Goal 2</b> 13. Address all educational goals.		<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> R

**Comments:**  
 Goal1: Pass rates of the Certification Test  
 Goal2: Survey results at the end of every course

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