



# Outcomes Assessment Timeline

<b>Contact Person:</b> Curt Schmittling		<b>Date Submitted:</b> 12/14/2017	
<b>Division:</b> HS & HS		<b>Discipline/Program/Department:</b> Paramedic	
			<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> 6. Address all educational goals.				☑ I	☑ I	☑ R				☑ I	☑ I	☑ R			

**Comments:**