



# Outcomes Assessment Timeline

<b>Contact Person:</b> Kim Snyder		<b>Date Submitted:</b> 10/25/2016			
<b>Division:</b> HS & HS		<b>Discipline/Program/Department:</b> Physical Therapist 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												

**Comments:**

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