



# Outcomes Assessment Timeline

<b>Contact Person:</b> Rhonda Kern		<b>Date Submitted:</b> 12/19/2016	
<b>Division:</b> HS & HS	<b>Discipline/Program/Department:</b> Radiologic Technology		<b>Program Review Year:</b> 2018

**Program Review Year of 2018**

Goal	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
<b>Goal 1</b> 1. Student will be clinically competent as an entry-level professional.	<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						
<b>Goal 2</b> 2. Student will utilize critical thinking skills.				<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			
<b>Goal 3</b> 3. Student will have effective communication skills.	<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						
<b>Goal 4</b> 4. Students will participate in professional development activities.				<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			

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<p><b>Goal 5</b></p> <p>5. Students will pass the national certification exam for Radiologic Technology</p>	<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	<input checked="" type="checkbox"/> I	<input checked="" type="checkbox"/> R

**Comments:**

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