Program Learning Outcomes Template

Meeting #1 Date:_____ **Person Completing Form:** _____				
Program Learning Outcome:	1.	2.	3.	4.	5.
Outcome Assessment Plan:					
Timeline for Completion:					
Responsible Parties (Faculty):					
Meeting #2 Date: _____ **Person Completing Form:** _____					
Notes on Progress:					
Meeting #3 Date: _____ **Person Completing Form:** _____					
Assessment Completed (Y/N):					
Results:					
Action Plan:					