Program Assessment Form

Program name: _____

Date of assessment: _____

Assessment performed by:_____

PLO 1: (insert here)

- ➔ Success criteria:
- ➔ Results:
- ➔ Planned action/timeline: (changes, new ideas, or no changes?)
- ➔ Narrative:

PLO 2: (insert here)

- ➔ Success criteria:
- ➔ Results:
- ➔ Planned action/timeline: (changes, new ideas, or no changes?)
- ➔ Narrative:

PLO 3: (insert here)

- ➔ Success criteria:
- ➔ Results:
- ➔ Planned action/timeline: (changes, new ideas, or no changes?)
- ➔ Narrative: