Annual Department/Program Check-In Assessment Form
Assessment Subcommittee

Date: ___________________________
Name of Department/Unit: ___________________________
List of Programs (majors/concentrations) housed in the Department/Unit: ___________________________

Name of the Chair
Phone Number
E-mail Address

Who is responsible for assessment in your Department/Program this academic year?
Name(s) of Assessment Representative(s) | Phone Number | E-mail Address
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1. | | |
2. | | |
3. | | |
4. | | |

Assessment Plans
Are your program learning outcomes (PLOs) current? □ Yes □ No
- If not, will you be submitting a revised version to the Assessment Subcommittee (AS) this academic year? □ Yes □ No
Is your Curriculum Map current? □ Yes □ No
- If not, will you be submitting a revised version to the AS this academic year? □ Yes □ No
Are you using direct measures, such as in-course assignments or exams, to assess student learning related to your PLOs this academic year? □ Yes □ No
- If not, in which academic year do you plan to use direct measures to assess student learning?
Are you using indirect measures, such as surveys, to assess student learning related to your PLOs this academic year? □ Yes □ No
- If not, in which academic year do you plan to use indirect measures to assess student learning?
Do your assessment plans for this academic year follow the scheduled 5-year assessment Timeline / Cycle included in your last full assessment report? □ Yes □ No
- If not, please briefly explain below:

Assessment Workshops & Support
Would you be interested in assessment workshops this academic year? □ Yes □ No
- If yes, please indicate below areas/subjects of interest or support required:

Do you have any questions or comments for the Assessment Subcommittee?

The Assessment Subcommittee thanks the Department/Program for your continued efforts to assess student learning and to ensure that all UWSP enjoy a meaningful and enriching learning experience.