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| --- | --- |
| Program Title: Program title | Term: Enter term and year |
| Program Coordinator/Lead Faculty: Enter name(s) |
| Division Director: Enter name |

*This form is to be completed by the division director for each POG and returned to the POG author(s) and Dean of Instruction.*

1. Review the Program Outcomes and verify:
	1. Outcomes

[ ]  Outcomes are entered correctly and completely

[ ]  Outcomes are clear, concise, and measurable

* 1. Assessment

[ ]  The measures selected are appropriate to the outcome

* 1. Results

[ ]  Results are thoroughly described

[ ]  Data are included which support the conclusions

[ ]  Data interpretations and conclusions are logical

* 1. Closing the Loop: Plan for Improvement

[ ]  Plans are thoroughly described

[ ]  Plans are a logical extension of the conclusions in the results section

[ ]  Plans are actionable and represent best practices

* 1. Institutional Learning Outcomes

[ ]  ILO matrix is completed and reflects the curriculum map

[ ]  ILOs required to be assessed in this academic year were assessed if aligned

* 1. Notes

Enter any specific comments related to the items in the checklist here (e.g., outcome #2 is missing assessment measures).

1. Please provide additional feedback. For example, reflect on strengths that appeared across the program in student learning, offer suggestions for refining assessment or analysis strategies, or respond to plans for improvement.

Enter additional feedback here.