

***Division of Academic Affairs***

***Annual Program Assessment Activity Report***

***AY Fall 2023/Spring 2024***

**Please e-mail this report and all supporting documents to   
Melissa Simnitt (**[**msimnitt@csusm.edu**](mailto:msimnitt@csusm.edu)**) by Nov 30.**[**http://www.csusm.edu/assessment/**](http://www.csusm.edu/assessment/)

Undergraduate Program  Graduate Program

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| Part A: Program Information | | | | | |
| Name of Program: | College: | | | Date: | |
| Assessment Coordinator for Dept/Program: | Email: | | | Ext: | |
| Team Members: | | | | | |
| Dept/Program Chair Signature: | | | | | Date: |
| Part B: Document Revisions - *If changed*, include supporting documents at the end of this report. | | | | | |
| 1. Please indicate if any of the following were revised in the past year.  (Click on the square to change the checked box option.)   PSLOs as of (date)  Curriculum Map as of (date)  Assessment Schedule as of (date)  Mission Statement as of (date)  If any changes were made, were they shared with the Catalog Specialist (Gayle)? Yes No | | | | | |
| **Part C: Indicate if this AY is year ONE of the program review cycle and skip to Part G.**  yes  no *Programs completing year one of program review are not required to conduct annual assessments but may do so if they choose. If your program conducted annual assessments during year one of program review, please continue to report activity in sections D – F.* | | | | | |
| **Part D: Methodology - Please provide as much detail as possible. Include any supporting document(s) at the end of this report.** | | | | | |
| 1. What did the learning outcomes assessment activity consist of? (Please include the entire PSLO number and wording if applicable.) | | | | | |
| 1. What did you evaluate for this assessment (e.g., final exam scores, report or project rubric, etc.)? | | | | | |
| 1. Where/how did the assessment activity occur and how many students were assessed? | | | | | |
| **Part E: Analysis and Results - Provide any supporting data, charts, etc. at the end of this report.** | | | | | |
| 1. What is the program’s goal or expectation for this activity and what led you to set that expectation? (Ex: 100% of the students should achieve >80% expectation for this PSLO.) | | | | | |
| 1. What percentage of students met your expectations for this assessment? | | | | | |
| 1. How did this activity inform your program? (Be specific!) | | | | | |
| **Part F: Closing the Loop** | | | | | |
| 1. Consider the last time you assessed this area/PSLO(s). Did this assessment activity close any loops? How? | | | | | |
| 1. If changes or actions are recommended for this AY, explain and list steps taken (*or planned to take*) to implement these changes or actions. | | | | | |
| **Action Item** | | **Who will complete?** | **Completion Date:** | | |
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| ***Complete Part G: Plans for next AY*** | | | | | |

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| ***Annual Program Assessment Activity Plans AY Fall 2024/Spring 2025*** | |
| **Part G: Planned Assessment Activity** | |
| 1. Please indicate with a checkmark if there are plans to revise any of the following during this cycle:   PSLOs  Curriculum Map  Assessment Schedule  Mission Statement | |
| 1. What learning outcomes assessment will be conducted *this year*: | |
| 1. When was this last assessed? | |
| 1. Where will the assessment occur? (e.g. class, exit survey, internship, etc.) | 1. Approximately, how many students will participate? |
| 5. What are the expectations for this outcome? | |
| 1. What tool will be used in the assessment? (e.g., rubric, exam, etc.) | |
| 1. Please describe how the assessment supporting funds will be used: | |
| **Reminder: *Annual Assessment Reports & Plans are due to Academic Programs in the Fall.*** | |
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