

2014/2015 Assessment Report Plan Update

Department or Unit	Accessible Education Center
Assessment Coordinator	Cindy Marota

Please list Department Learning Outcomes (PLOs). *Add additional rows if needed.*

Learning Outcome #1	"What is the name of your disability(ies)? If the specific name of your disability is not coming to mind, simply explain what the disability is in a few words.
Learning Outcome #2	"Provide at least one example of how your disability(ies) impacts you in your daily activities (i.e., in the classroom, studying, talking tests, reading, etc.)."

"Course" Learning Outcomes (CLOs)

If CLO [course, program, activity, event, workshop, etc.] data was collected in Fall 2014, please indicate the CLOs that were the focus of data collection and the type(s) of assessment utilized.
Add additional rows if needed.

L.O.	Type(s) of assessment utilized <i>(rubric, survey, test, focus group, employee evaluations,, etc)</i>

Please indicate the CLOs (course, program, activity, event, workshop, etc.) that are the focus of data collection for Spring 2015 and what type(s) of assessment will be utilized. *Add additional rows if needed.*

L.O.	Type(s) of assessment utilized <i>(rubric, survey, test, focus group, employee evaluation, etc)</i>
#1	Direct
#2	Direct

For 2014/2015, please indicate any other assessment activities that have taken or will take place in your department (utilization/participation, customer service/service effectiveness, etc.).