

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Who is responsible for assessment in your Department/Program this academic year?

Name(s) of Assessment Representative(s)	Phone Number	E-mail Address
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>

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

Assessment Workshops & Support	Status
Would you be interested in assessment workshops this academic year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, please indicate below areas/subjects of interest or support required:	<input type="text"/>

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.