

*Western Carolina University*  
**Program Assessment Plan**  
 (Program Name)  
 (College Name)  
 Assessment Plan for 200\_ - 20\_\_

**Primary Contact Name/Info:**

Provide name and contact info for person responsible for submitting program assessment plan.

**Department Mission Statement**

Brief, concise statement of the department's purpose

**Statement on Alignment of Program Mission w/ University and College Mission**

Briefly articulate how the program's purpose aligns with the mission and strategic vision of the University and College.

**Program Goals/Objectives**

Several brief statements of the core skills and/or knowledge that students will have upon completion of the program.

Intended Learning Outcome	Curricular and/or Co-Curricular Experiences	Method(s) of Assessment
<p>What will students know or be able to do upon completion of the program?</p> <p><i>Measurable</i> statement of the desired output or what students should know, think, or be able to do upon completion of the program.</p>	<p>Where will students acquire the skills and/or knowledge identified in the outcome?</p> <p>Course(s) and/or experience(s) through which students will acquire the skills and/or knowledge identified in the outcome and what level of learning students are expected to attain, i.e., basic, intermediate, or advanced.</p> <p>If desired, use attached Outcome Delivery Matrix Template.</p>	<p>How will you determine that the students know or can do what you expect?</p> <p>Methods of assessment must address the outcome directly and identify who will be responsible for implementing the assessment measure, what data will be collected, and when the data will be collected and analyzed.</p>

**Due May 31, 2006**