

Name of Department/Program _____

Where are you in the SLOAC cycle?



Have you...

Does action need to be taken today? YES - Add item(s) to TASK LIST. NO - If not completed, indicate DATE/ SEMESTER to be addressed.

	<u>YES</u>	<u>NO</u>		
1. Created SLOs for your department/program courses?*				
2. Identified core courses in your department/program?				
3. Written assessment plan(s) for core course(s)?**				
4. Matched your SLOs to ISLOs?				
5. Collected data for your completed assessment plan(s)?				
6. If applicable, created PSLOs for your department/program?				
7. If applicable, matched your SLOs to PSLOs and PSLOs to ISLOs?				
<i>*Have you created enough SLOs to be up to date with the SLOAC timeline and institution deadlines?</i>				
<i>**Have you created enough Assessment Plans to be up to date with the SLOAC timeline and institution deadlines?</i>				

TASK LIST

<i>Action Item</i>	<i>Person/people responsible for completing action</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10	