



If you have any questions or concerns about the form, please contact Jena Shepard at jshepard1@framingham.edu or 508-215-5884.

**Program Assessment**

First Name: \* Claudine

Last Name: \* Guild

Banner ID: \* 300907524

Email: \* cguild1@framingham.edu

**Please select the reporting period this assessment/accreditation work was completed:**

\* 2022-2023

**Please select the type of program you completed assessment/accreditation work for this reporting period:**

*Note: If changing your initial selection, please refresh this page prior to making a new selection.*

\* Graduate Program

**Please select the program you completed assessment for during this reporting period:**

\* Master of Healthcare Administration (MHA)

**Please select the option that best describes the assessment work completed during this reporting period.**

- \* ☐ Only assessed program learning objective(s)  
☒ Only completed other assessment activities (ex. assessment plan, rubrics etc.)  
☐ Assessed program learning objective(s) and completed other assessment activities (ex. assessment plan, rubrics etc.)  
☐ Did not undertake program assessment work

**Assessment Activities**

**Please list the assessment activities (other than the assessment of program learning objectives) completed during this reporting period (assessment plans, rubrics etc.).**

\* Reviewed all course syllabi prior to classes, met with instructors virtually, and observed two instructor courses via Zoom

Conducted (and continue to conduct) quality spot-checks of Canvas modules for regular and consistent engagement and real-world practicality to supplement theory and texts, as per program objectives

**Please attach the related documents produced as a result of the activities listed in above (mandatory if funding is requested for this work):**

**Funding**

**Are you seeking funding for assessment work completed in this report?**

*You can request a maximum of \$1,000 for this reporting period.*

- \* ☐ Yes  
☒ No

**Program Information**

**Enter the year of the most recent program review. If the program is new, enter the upcoming program review year or enter TBD (to be determined).**

\*2022-2023

**Insert the URL of the web page where Program Learning Objectives for this program are published:**

*NECHE requires this as part of being transparent to stakeholders.*

\*<https://www.framingham.edu/academics/graduate-studies/graduate-degree-programs/master-of-healthcare-administration/learn>

**Signatures**

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*Claudine Guild*

Submitter Signature

11/29/2022

Date

**Office of Institutional Assessment**

**Office of Institutional Assessment Only**

Institutional Assessment Signature

Date