



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: *
Banner ID: *

Last Name: *
Email: *

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

*

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.

*

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

*

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.).

*

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 \$2,000 for this reporting period.

- * ☒ Yes
☐ No

<u>Individual Name:</u>	<u>Faculty Type:</u>	<u>Hours Worked:</u>	<u>Hourly Pay Rate:</u>	<u>Total Requested:</u>
* <input type="text"/>	* <input type="text"/> <input type="button" value="v"/>	* <input type="text"/>	* \$ <input type="text"/>	* \$ <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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).

*

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.

*

Signatures

...3237353632

Nicole Rossi

Submitter Signature

11/27/2022

Date

Office of Institutional Assessment

Office of Institutional Assessment Only

Institutional Assessment Signature

Date