

## Talladega College

### Annual Outcomes Assessment Plan and Report

#### General Information

Academic Degree Program or Non-Academic Unit:					
Department/Division:					
Unit Assessment Facilitator:	Name:			Email:	
Unit Assessment Period:	Begin Date:		End Date:		Date Submitted:

#### Mission Statement:

--

#### Goal(s):

Goal 1:	
Goal 2:	
Goal 3:	

#### Assessment Summary

Goal(s)	Student Learning Outcome(s) (SLOs) or Unit Outcome(s) (UOs):	Measure(s):	Achievement Targets	Findings/Results	Action Plan
G1	SLO 1.1 or UO 1.1				
	SLO 1.2 or UO 1.2				
G2	SLO 2.1 or UO 2.1				
	SLO 2.2 or UO 2.2				
G3	SLO 3.1 or UO 3.1				
	SLO 3.1 or UO 3.2				

#### Achievement Summary /Analysis (use of results to improve outcomes)

--

#### Review Process (unit engaged in systemic process of continuous improvement)

Academic Degree, Diploma, and Certificate Program/Unit Assessment Facilitator (Print Name)	Signature	Date
Department Chairperson/Unit Lead (Print Name):	Signature	Date
Dean/Vice President (Print Name):	Signature	Date

