

Bergen Community College

ASSESSMENT REPORT FORM ADMINISTRATIVE AND EDUCATIONAL SUPPORT

Assessment Period:

AES Department/Unit:

Department/Unit Head:

Department/Unit Assessment Liaison:

Date Submitted:

❖ Mission/outcome statement or description of the Department:

❖ Department's Core Outcomes:

SEMESTER 1: CREATING A PROGRAM/UNIT LEVEL ASSESSMENT PLAN

1. **Please share the changes you made based on the results of the last assessment cycle.**

2. **Department/Unit's Outcome(s) to be assessed (from the above section):**

3. **Means of Assessment:**

- **Feedback from Vice President:**

SEMESTER 2: DEVELOPING ASSESSMENT TOOL (s) and TIMELINE

4A. Describe or attach assessment tool (s), including sources of data, timeline for data collection and how data will be analyzed.

4B. Desired results department and Vice President would like to see.

- **Feedback from CIE:**

SEMESTER 3: COLLECTING AND ANALYZING DATA

5. Summary of Results (attach aggregated data table, survey tool, etc., to support the summary)

6. Recommendations for Improvement:

- **Feedback from Vice President:**

SEMESTER 4: CLOSING THE LOOP AND SHARING KNOWLEDGE

7. Use of Results:

- **Feedback from CIE:**