



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

## Program Assessment

First Name: \*

Last Name: \*

Banner ID: \*

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):

\*

## 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**

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*Luce Aubrey*

Submitter Signature

11/22/2023

Date

**Office of Institutional Assessment**

**Office of Institutional Assessment Only**

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Institutional Assessment Signature

\_\_\_\_\_  
Date