



If you have any questions or concerns about the form, please contact Brittany Brown at [bbrown3@framingham.edu](mailto:bbrown3@framingham.edu) or 508-626-4742.

**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

**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**

...3537303535

*Joseph Coelho*  
Submitter Signature

11/09/2021

Date

**Office of Institutional Assessment**

**Office of Institutional Assessment Only**

---

Institutional Assessment Signature

---

Date