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: Luce
Banner ID: 300906111
Last Name: Aubry
Email: laubry@framingham.edu

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

- 2022-2023

Please select the type of program you completed assessment/accreditation work for this reporting period:

- Undergraduate Program

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

- American Sign Language - Deaf Studies

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.).

- Developed plan for 2023-2028.

Please attach the related documents produced as a result of the activities listed in above (mandatory if funding is requested for this work):

- Assessment plan UASD 2023-2028.doc

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).

- 2021

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

Luce Aubry
Submitter Signature

11/22/2023
Date

Office of Institutional Assessment

Office of Institutional Assessment Only

Institutional Assessment Signature

Date