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|  | **ADMINISTRATIVE**  **ASSESSMENT PLAN**  **FY 2017-18 FEEDBACK** |

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| --- | --- | --- |
| **Accepted** | **Division:** |  |
| **Needs Some Revisions** | **Admin Unit:** |  |
| **Needs Major Revisions** | **Contact Name(s):** |  |
| **Meeting Required** | **Email:** |  |

# **Mission Statement**

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| --- | --- | --- |
|  | **Mission statement included** |  |
|  |  |  |

# **outcomes, METHODS and results**

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| --- | --- | --- |
|  | **Outcomes are specific, clear, measurable, attainable** |  |
|  | **Methods clearly indicate what is being assessed** |  |
|  | **Methods indicate assessment instrument and target** |  |

**Feedback:**

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