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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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