

**Program/Degree/Certificate SLO ASSESSMENT REPORT, SAC**

Division: \_\_\_\_\_ Department: \_\_\_\_\_

Program/Degree/Certificate \_\_\_\_\_

Courses: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Faculty Members: \_\_\_\_\_

<b>Institutional SLO</b>	<b>Program SLO</b>	<b>Method of Assessment</b>	<b>Outcomes</b>	<b>Plan for Implementation</b>	<b>Reassessment</b>	<b>Outcome</b>	<b>Plan for Implementation</b>

Signature Chair \_\_\_\_\_ Date \_\_\_\_\_