**Program/Department Student Learning Assessment Report to Academic Division and Student Learning Assessment Committee**

**Program/Department:**

**Name of Contact Person:**

**Report Date:**

**(*Part 1 to be completed by the end of September*)**

**Part 1:**

**Previous Assessment Cycle**

As appropriate, please outline the impact on student learning, if any, of previously recommended actions that were implemented. (If this is a first-time assessment, let us know, and instead include a brief statement explaining what you expect the assessment will show, and/or what resources your department may require to improve student learning):

**Current Assessment Cycle**

**Learning Outcomes to be assessed:**

**Related learning activities:**

**Assessment methods and criteria for success:**

**Assessment timeline:**

**(*Part 2 to be completed by the end of May*)**

**Assessment Results:**

**Actions Recommended/ Taken:**

**Institutional Resources Needed to Implement Recommendations:**

***Please indicate the SUNY General Education, Divisional, or Institutional Learning Outcomes that your assessment supports, as appropriate. (You may find these listed on the SLAC homepage:***