

General Education objectives for _____
Class title Class number

Date: _____

| Objective | Assessment Method | Schedule | Data Collected | Concerns/Needs/Strengths Identified by Assessment * | How data was used for improvement |
|------------------|--------------------------|-----------------|-----------------------|--|--|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |

***Include a Budget Request Form if needed**