

## Instructional Programs Unit Assessment and Program Performance Report [UAR] – AY23-24

**Program Name:**

**Program Description** [List all degrees/ minors/ certificates included in 'program' along with PIF codes]:

## PREVIOUS YEAR'S WORK PLAN

List work plan elements/areas for improvement from the previous year, along with actions taken and a progress report.

Patient Information	
Full Name	
Date of Birth	
Gender	
Address	
City	
State	
Zip	
Phone	
Medical History	
Current Medications	
Previous Surgeries	
Chronic Conditions	
Family History	
Physical Examination	
Vital Signs	
General Appearance	
Head and Neck	
Chest and Lungs	
Heart and Circulation	
Abdomen	
Genitourinary	
Neurological	
Laboratory Tests	
Blood Work	
Urine Analysis	
Imaging Studies	
Treatment Plan	
Medications	
Therapies	
Follow-up	

## Program Outcomes

**Program Outcomes:** List your program outcomes (as noted in the current year catalog) in the tables below and describe the indicator(s) and assessment methods you use to determine if your program has met its outcomes, provide an analysis of data, and establish work plans for the year [One table per program outcome; copy-paste table as needed]. **Note:** all program outcomes must be listed, however, programs with extensive outcomes lists may focus each year on half of the outcomes.

<b>Outcome</b>	
<b>Indicator</b>	
<b>Assessment Method</b>	
<b>Benchmark/Target</b>	
<b>Data Sources</b>	
<b>Relevant dates</b>	
<b>Results</b> (List at least two years of data if available)	<b>Benchmark/ Target (select one):    Met            Not Met            Partially Met</b>
<b>Analysis of results</b>	
<b>Work plan actions to improve the outcome over the year</b>	

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<b>Indicator</b>	
<b>Assessment Method</b>	
<b>Benchmark/Target</b>	
<b>Data Sources</b>	
<b>Relevant dates</b>	

<b>Results</b> (List at least two years of data if available)	<b>Benchmark/ Target</b> (select one): <b>Met</b> <b>Not Met</b> <b>Partially Met</b>
<b>Analysis of results</b>	
<b>Work plan actions to improve the outcome over the year</b>	

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<b>Data Sources</b>	
<b>Relevant dates</b>	
<b>Results</b> (List at least two years of data if available)	<b>Benchmark/ Target</b> (select one): <b>Met</b> <b>Not Met</b> <b>Partially Met</b>
<b>Analysis of results</b>	
<b>Work plan actions to improve the outcome over the year</b>	

## ASSESSMENT/ PERFORMANCE REFLECTION

Other Insights/Findings/Comments: What other significant findings, opportunities, or needs have emerged over the past year?

	List dates of meetings where assessment/ performance data and/or program improvements were discussed	Location of assessment meeting minutes from previous year
ASSESSMENT MEETINGS DURING previous year		

## REVIEW

	Name	Date
Program Assessment Coordinator		
Division Chair/Director		
Dean		
Provost		