

**Sinte Gleska University
PLO Assessment Report**

Degree Program: _____ **Semester:** _____

Department: _____ **PLO Lead:** _____

PLO Team Members: _____

Program Learning Outcome: _____

Activity	Status and Future Actions
Assessment Task/Activity: (data review/analysis, artifact analysis, transfer study, etc.)	
Information Storage: (identify physical, electronic, or other file location)	
Result of Assessment:	
Knowledge/skills/abilities/areas/topics/situations to improve:	
Recommendations for change to program or curriculum:	
Change(s) Implemented: (include date or time frame of change)	
Next Step:	
Other Notes:	

(Signature) Submitted By: _____ Date: _____