GRAMBLING STATE UNIVERSITY

ASSESSMENT RECORD FOR
DEPARTMENT/UNIT
OF

(Name of Administrative or Educational Support Department/Unit)

(Assessment Period Covered)       (Date Submitted)

Submitted By: ____________________________
(Unit Assessment Representative)

Form A
Expanded Statement of Institutional Purpose Linkage:

Institutional Mission/Goal(s) Reference:

Administrative or Educational Support Unit Mission Statement:

Intended Administrative Objectives:

1. 

2. 

3. 

4. 

5. 

Form B
GRAMBLING STATE UNIVERSITY

ASSESSMENT REPORT
FOR

(Administrative or Educational Support Unit)

(Assessment Period Covered)                         (Date Submitted)

Intended Administrative or Educational Support Objective:

NOTE: There should be one form C for each intended objective listed on form B. The intended unit objective should be restated in the box immediately below and the intended objective number entered in the blank spaces.

____

First Means of Assessment for Objective Identified Above:

____a. Means of Unit Assessment & Criteria for Success:

____a. Summary of Assessment Data Collected:

____a. Use of Results to Improve Unit Services:

Second Means of Assessment for Objective Identified Above:

____b. Means of Unit Assessment & Criteria for Success:

____b. Summary of Assessment Data Collected:

Form C
b. Use of Results to Improve Unit Services: