

# Faculty Assessment Plan

Ellsworth Community College

Marshalltown Community College

IVCC Grinnell

Date \_\_\_\_\_

Faculty Name \_\_\_\_\_  
Last First M.I.

ID# \_\_\_\_\_

Department \_\_\_\_\_

Year \_\_\_\_\_

Course(s) to be Assessed \_\_\_\_\_

Quality Standard Assessed Measurable \_\_\_\_\_

Plan and Timeline

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Outcome (Turn in when completed)

Number of Students Assessed \_\_\_\_\_

Number of Students w/Positive Outcome \_\_\_\_\_

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