

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

Outcome (Turn in when completed)

Number of Students Assessed _____

Number of Students w/Positive Outcome _____
