| **Outcomes/Objectives**  *(Verify that all outcomes/objectives for your Center or Program are correctly listed below. Please make sure any changes are also reflected in the appropriate work areas of Taskstream.)* | **Academic year in which assessment will occur** | | | **Source(s) from which assessment artifact(s) will be collected**  (e.g., programs, workshops, surveys, etc..) | **Method(s) to be used for assessing artifact(s)**  (e.g., rubrics, simple counts/percentages, formal (i.e., documented) discussions, etc.) | **Person(s) responsible for gathering and/or evaluating/analyzing this evidence?** | **What (if any) resources will be needed that will impact your Center’s/Program’s budget?**  (Please be specific and provide sufficient detail to justify any request for increases to the budget.) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| AY 2016 -17 | AY 2017-18 | AY 2018-19 |
| Outcome/Objective 1: |  |  |  |  |  |  |  |
| Outcome/Objective 2: |  |  |  |  |  |  |  |
| Outcome/Objective 3: |  |  |  |  |  |  |  |
| Outcome/Objective 4: |  |  |  |  |  |  |  |
| Outcome/Objective 5: |  |  |  |  |  |  |  |
| Outcome/Objective 6: |  |  |  |  |  |  |  |
| Outcome/Objective 7: |  |  |  |  |  |  |  |
| Outcome/Objective 8: |  |  |  |  |  |  |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submitted on behalf of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center/Program by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_