***Instructions: Fill out the form sections in light blue.***

**SECTION I: Overview**

|  |  |
| --- | --- |
| **Department:** |  |
| **SLOA/Assessment Liaison (email)** |  |
| **Completed by (include date):** |  |

**SECTION II: Cocurricular Assessment Action Plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Cocurricular Learning Outcome:** | | | | | | |
| **Rationale for selecting activity for associated Learning Outcome(s) and ILO(s):** | | | | | | |
| **Cocurricular Activity** | **ILO** | **Targeted Audience** | **Data Collection Tool** | **Performance Target** | **Timeframe for Activity** | **Responsible/Point Person** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |