NECHE Indicators of Educational Effectiveness

FRAMINGHAM STATE UNIVERSITY

If you have any questions or concerns about the form, please contact Jena Shepard at jshepard1@framingham.edu or 508-215-5884.

Program Assessment

First Name: *Steven   Last Name: *Cok

Banner ID: *100353407   Email: *scok@framingham.edu

Please select the reporting period this assessment/accreditation work was completed:

*2022-2023 ▼

Please select the type of program you completed assessment/accreditation work for this reporting period:
Note: If changing your initial selection, please refresh this page prior to making a new selection.

*Undergraduate Program ▼

Please select the program you completed assessment for during this reporting period:

*Food Science ▼

Please select the option that best describes the assessment work completed during this reporting period.

* ○ Only assessed program learning objective(s)
● Only completed other assessment activities (ex. assessment plan, rubrics etc.)
○ Assessed program learning objective(s) and completed other assessment activities (ex. assessment plan, rubrics etc.)
○ Did not undertake program assessment work

Assessment Activities

Please list the assessment activities (other than the assessment of program learning objectives) completed during this reporting period (assessment plans, rubrics etc.).

*collection of artifacts for PLO1, -2, -5, -6, -7

Please attach the related documents produced as a result of the activities listed in above (mandatory if funding is requested for this work):

Funding

Are you seeking funding for assessment work completed in this report?
You can request a maximum of $2,000 for this reporting period.

* ○ Yes
● No

Program Information

Enter the year of the most recent program review. If the program is new, enter the upcoming program review year or enter TBD (to be determined).

*TBD

Insert the URL of the web page where Program Learning Objectives for this program are published:

NECHE requires this as part of being transparent to stakeholders.

Signatures

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Steven Cok
_____
Submitter Signature

12/03/2023
_____
Date

Office of Institutional Assessment

Office of Institutional Assessment Only

_____
Institutional Assessment Signature

_____
Date