



SCHOOL OF EDUCATION  
KEY ASSESSMENT CHANGE FORM

Department \_\_\_\_\_ Program \_\_\_\_\_

CURRENT KEY ASSESSMENT:

\_\_\_\_\_ Point of Assessment:  entry  mid  end  program  
Key assessment #      Category

Instrument \_\_\_\_\_

**ATTACH DOCUMENTS FOR NEW OR REVISED: INSTRUMENT, RUBRIC, RATIONALE**

- New key assessment**
- Request for revision to existing key assessment** (check all that apply)
  - category
  - point of assessment
  - instrument
  - rubric
  - rationale

NEW OR REVISED KEY ASSESSMENT:

\_\_\_\_\_ Point of Assessment:  entry  mid  end  program  
Key assessment #      Category

Instrument \_\_\_\_\_

IMPLEMENTATION DATE \_\_\_\_\_

Section 1: Describe change (attach separate document if needed)

Change

Will this impact any other program(s)? Please describe.

Section 2: Data Analysis

Source of information to support change, i.e., data, report, minutes, and location of information	Year
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Rationale for change based on data analysis

Section 3: Expected Improvement (impact on program, learning outcomes)

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Section 4: Results of Review

REVIEWERS (check all that apply)	RESULTS	LOCATION OF DOCUMENTATION
<input type="checkbox"/> Department		
<input type="checkbox"/> Professional Education Advisory Board (PEAB)		
<input type="checkbox"/> Professional Education Council (PEC)		
<input type="checkbox"/> Advisory Boards		
<input type="checkbox"/> Certification Committee		
<input type="checkbox"/> Other		
Assessment Committee (required)		

Required Signatures:

Department Chair \_\_\_\_\_

Date \_\_\_\_\_

Assessment Committee Chair \_\_\_\_\_

Date \_\_\_\_\_

Dean \_\_\_\_\_

Date \_\_\_\_\_

ALL APPROVED CHANGES MUST BE ENTERED INTO THE PROGRAM CHANGE HISTORY

Copy: Department Chair, Assessment Committee, and Dean's Office