Bayamon Central University
Institutional Assessment Office
Course Assessment Template

Professor Name:_____ Course:_____ Section: _____ Term: ____Semester ___ Part of Term ____Weekend Period ____On Line

College: Education and Behavior Professions Program: Social Work Professor Office #:_____ Days/Office Hours: _____ E-mail: _____

Date	Objetive	Activity	Discussion Topic	Assessment Criteria	Practice Behavior	Assessment Instruments		Minimum Execution Percent	Number of students achieving the expected behavior	%Achieved Domain/ Comments or Adjustments
						Direct	Indirect			
									# Masters= # No Masters=	
									# Masters= # No Masters==	
									# Masters= # No Masters==	
									# Masters= # No Masters=	
									# Masters= # No Masters=	
									# Masters= # No Masters=	
									# Masters= # No Masters=	

Bayamon Central University
Institutional Assessment Office
Course Assessment Template

Date	Objetive	Activity	Discussion Topic	Assessment Criteria	Practice Behavior	Assessment Instruments		Minimum Execution Percent	Number of students achieving the expected behavior	%Achieved Domain/ Comments or Adjustments
						Direct	Indirect			
									# Masters= # No Masters=	
									# Masters= # No Masters=	
									# Masters= # No Masters=	
									# Masters= # No Masters=	
									# Masters= # No Masters=	
									# Masters= # No Masters=	
									# Masters= # No Masters=	
									# Masters= # No Masters=	
									# Masters= # No Masters=	