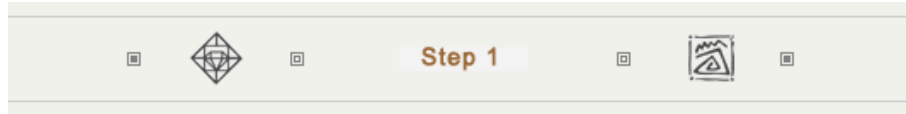




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**Student Academic Achievement Committee (SAAC) EZ**



**SAVE often** - use the "Save" button at the bottom to save the information you have entered

Enter a Title for this Assessment Study

Short Description about this Assessment Study  
 (Optional)

Course or Program to be Assessed





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**Student Academic Achievement Committee (SAAC) EZ**



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**Semester of Assessment** Fall 2008

**Participating Faculty**

If a faculty participant's name is not listed, please contact [saac@estrellamountain.edu](mailto:saac@estrellamountain.edu)

**What outcomes will be assessed?**  
Examples: Course Competencies/Learning Objectives/General Education Abilities.

**Assessment Tool - What instrument will be used for the assessment? What criteria will you use to determine the outcomes based on your instrument (e.g., rubric, cut-off scores, etc.). You may upload associated documents.**

**Add a supplement (optional)**

**Data**

**Add a supplement (optional)**

**Analysis: How did they do?**

**Add a supplement (optional)**

**Team discussion/Improvement plans (if needed)**