Mott Community College
CLASSROOM ASSESSMENT REPORT

Semester: _______________  Discipline: ________________________

Instructor: ________________________________

Course Title: _______________________________

Course Number & Section Code: _______________________________

Number of Students in Semester:

<table>
<thead>
<tr>
<th>Beginning</th>
<th>End</th>
<th>Incompletes</th>
<th>Withdrawals</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
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</tbody>
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1. Please include an attached sheet listing the specific, measurable outcomes desired/expected for this course.

2. Describe what assessment method you used to measure the outcomes for this course. Multiple measurements are encouraged.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Analyze and report the results from your course assessment. Indicate rate of success at achieving desired outcomes.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. Review your results and list any changes you plan to make as a result of your assessment. (Ideas for improvement)

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Keep this form with your course records, and include it in any discipline/program review documentation.