**Learning Outcome Review Checklist**

|  |  |
| --- | --- |
| Course Title: Click here to enter text. | Course Number: Click here to enter text. |

Your SLOs are being reviewed using the following criteria (numeral IX of course outline):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **The learning outcome:** | **SLO 1** | **SLO 2** | **SLO 3** | **SLO 4** | **SLO 5** | **SLO 6** |
| describes an overarching outcome rather than something minute; global in scope | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Comment: Click here to enter text. | | | | | | |
| describes knowledge or skills that students will use at the time of program/course completion or beyond | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Comment: Click here to enter text. | | | | | | |
| describes an outcome that can be assessed using an indirect or direct assessment method | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Comment: Click here to enter text. | | | | | | |
| use of action verbs that describe thinking skills requiring application and/or critical thinking | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Comment: Click here to enter text. | | | | | | |