

Assessment Submission Reviewer Form

Complete this form after reviewing an Illinois State University assessment submission, including an Annual Assessment Update, PRAAP, or Program Review. Program and workflow information will be supplied by the system.

* Required

* This form will record your name, please fill your name.

1. Learning Goals *

- ☐ Exemplary
- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Not Evident

2. Assessment Planning *

- ☐ Exemplary
- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Not Evident

3. Evidence Quality *

- ☐ Exemplary
- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Not Evident

4. Interpretation of Findings *

- ☐ Exemplary
- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Not Evident

5. Use of Results *

- ☐ Exemplary
- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Not Evident

6. Overall Rating *

- ☐ Exemplary
- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Unsatisfactory

7. Reviewer Confidence *

- ☐ High
- ☐ Moderate
- ☐ Low

8. What strengths or good practices should be highlighted?

9. Is follow-up required? *

☐ Yes

☐ No

10. Describe the recommended follow-up.

Complete this question if follow-up is required.

11. Please include additional comments here (if any).

12. Workflow ID *

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