

Date Received _____

**Annual Assessment Report Form
DUE JUNE 1, 2005**

Directions: Please complete a form for each of the programs within your department. This form was designed to provide a format for assessment reporting and should not be used to limit the amount of information provided. Each box that is attached to each of the sections is designed to adjust to varying lengths. If you have any questions, please contact Denise Webster at x7714. Send the report form via e-mail to devin1lk@cmich.edu.

1. Program Information:

Program	MSA—Long-Term Care Administration Graduate Certificate
Department	MSA
College	Graduate
Academic Year	2004-2005
Report Submitted by	Larry L. Smiley
Phone/e-mail	6525/ smile1ll@cmich.edu
Date Submitted	July 27, 2005

2. According to the Assessment Plan for this program, what were the planned assessment activities to be conducted during the 2004-2005 Academic Year? You may want to copy and paste from this program's assessment plan (Section 3: Evidence and Artifacts).

Outcomes assessed for this academic year	Way this assessment was carried out	Expected measures from these assessment instruments
This is a new concentration and no assessments were scheduled for 2004-2005.		

3. Results, conclusions, and discoveries. What are the results of the planned activities listed above? What conclusions or discoveries were made from these results. Describe below or attach to the form.

Results, conclusions, and discoveries

4. Use of Results. Did the results lead to program changes? If so, describe the changes made. If not, describe why changes were not needed.

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5. Dissemination of results, conclusions, and discoveries. How and with whom were the results shared?

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