

**Los Angeles Mission College
 Student Learning Outcome Development Activity
 Status Report
 Fall Semester 2007**

Department/Discipline: _____

SLO Contact Person: _____

Phone Extension: _____

Course Level SLOs			
<u>List all courses for which you have identified SLOs:</u>	<u>List the SLOs for each course:</u>	<u>List the planned and completed assessments with dates for each SLO:</u>	<u>Assessment Results</u>
<u>List all SLO meetings/activities</u>	Dates	Dept. Participants	Comments/Results

Semester SLO activity start date: _____

Date SLO assessment activity is expected to begin? _____