



**ASSESSMENT LIAISON DESIGNATION  
AND RESPONSIBILITIES FORM**  
(ASSESSMENT-01 March 2018)

Each University department must designate an employee to serve as an Assessment Liaison (AL). The AL must be at a level of management sufficient to coordinate department-level assessment activities efficiently and effectively and serve as a liaison to the University Director of Assessment. If deemed appropriate, the department head may also designate an additional employee to assist the AL and serve as an alternate.

The responsibilities of the designated Assessment Liaison include, but are not limited to, the following:

- *Act as a liaison to the University Director of Assessment.*
- *Attend and participate in assessment related training and activities.*
- *Coordinate assessment activities for the department/unit.*
- *Complete and submit the department/unit assessment report on an annual basis according to the University Assessment reporting schedule.*

If a department's AL leaves his/her position, it is the responsibility of the department supervisor to assign a new AL and communicate that information to the University Director of Assessment.

**Instructions:** Review the responsibilities listed above for an Assessment Liaison (AL). Complete and return by mail or deliver an original, typewritten, signed ASSESSMENT LIAISON DESIGNATION AND RESPONSIBILITIES FORM (ASSESSMENT-01) to the Office of Institutional Effectiveness and Assessment, Sanford Hall, Room 112.

**NEW ASSESSMENT LIAISON**

<b>1. Division, College, or School</b>	<b>2. Department or Unit</b>	<b>2a. Section or Sub-Area (if needed)</b>
<b>3. Name of Incoming Assessment Liaison</b>		
<b>4. Office/Job Title</b>		
<b>5. Direct Campus Phone Number</b> <i>(no call center/ phone tree accepted)</i>		
<b>6. E-mail Address</b>		
<b>7. Name of Department Head</b>		

**REMOVE/DELETE ASSESSMENT LIAISON**

<b>8. Name of Assessment Liaison to Remove/Delete</b>		
<b>9. E-mail Address</b>		

*By signing, we acknowledge reading and understand the responsibilities of an Assessment Liaison (AL). The department head agrees to support the Assessment Liaison in carrying out his/her responsibilities. The designated employee accepts these responsibilities and agrees to serve as an Assessment Liaison for the department/unit until this form is revoked.*

**10. Incoming Assessment Liaison (AL) (signature)**

**Date**

**11. Department Head (signature)**

**For Institutional Effectiveness & Assessment Office Use only**

- AL E-mail Distribution List
- AL Database
- AL File

DATE:

INITIALS: