

*Assignment Worksheet for Integrative Learning*

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Course: \_\_\_\_\_

**1. Please describe the assignment you plan to use with the General Education assessment.**

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**2. Please review the assignment and verify the assignment addresses the performance criteria by checking the box on the right. Please make sure the assignment meets the majority of the indicators below.**

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|-----------------------------------|--------------------------|
| 1. Connections to Experience      | <input type="checkbox"/> |
| 2. Connections to Discipline      | <input type="checkbox"/> |
| 3. Transfer                       | <input type="checkbox"/> |
| 4. Integrated Communication       | <input type="checkbox"/> |
| 5. Reflection and Self-Assessment | <input type="checkbox"/> |