DePaul Tree of Wisdom**DePaul University ⯁ School of Continuing and Professional Studies ⯁ MA Program in Educating Adults (MAEA)**

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**APPLIED INQUIRY FINAL PROJECT: Assessment Form**

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| **Student Name:** | **DePaul ID:** |
| **Cohort #:** | |
| **Name of Reviewer:** | **Date:** |

**Reviewer Role: \_\_\_ Project Advisor (PA) \_\_\_Student**

**\_\_\_Faculty Mentor \_\_\_GSPRC**

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| **Reviewer Email:** |  | **Reviewer Phone:** |  |
| **Student Email:** |  | **Student Phone:** |  |
| **Faculty Mentor Email:** |  | **Faculty Mentor Phone:** |  |
| **\* PG Email Address:** |  | | |

**Title of AIP:**

**Your assessment will assist the Graduate Student Program Review Committee (GSPRC) in its review, acceptance, and grading of this AIP. Please submit your assessment to the Faculty Mentor, who is responsible for forwarding assessments from all parties to the GSPRC. The Academic Committee must approve the AIP before submission to GSPRC. The Committee will review the AIP when the academic committee approves the work.**

1. **Title page: project title; name of student, faculty mentor, project advisor; student’s cohort #; student’s focus area; date of final submission**

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| --- | --- |
| **\_\_\_ All elements included** | **\_\_\_ Missing elements, (please specify)** |
|  | |

1. **Please note inconsistencies, if any, between the Final Product and the approved Proposal. Provide explanation, as needed.**

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| 1. **Evidence demonstrates** | ***Where located:***  ***(please check all the appropriate boxes)*** | | | **Assessment** | | | | |
|  | ***Main body*** | ***Appendices*** | ***Other*** | ***Acceptable*** | ***Needs Development*** | ***Missing*** | | **Comments:** |
| 1. **Abstract: summarizes the project** |  |  | **Abstract** |  |  |  | |  |
| 1. **Title: specifies the nature and type of project** |  |  | **Cover Page** |  |  |  | |  |
| 1. **Description: establishes the focus & scope of the project** |  |  |  |  |  |  | |  |
| 1. **Audience: identifies and is geared to primary users** |  |  |  |  |  |  | |  |
| 1. **Elements of Reflective Practice *shows application of***   **Agency**  **Collaboration**  **Flexibility**  **Inquiry** |  |  |  |  |  |  | |  |
| 1. **Literature**   **Provides thematic review of the**  **subject area topic.** |  |  |  |  |  |  | |  |
| **(Continued)**  **Evidence demonstrates-** | ***Where located:***  ***(please check all the appropriate boxes)*** | | | **Assessment** | | | | |
|  | ***Main body*** | ***Appendices*** | ***Other*** | ***Acceptable*** | ***Needs Development*** | ***Missing*** | **Comments:** | |
| 1. **Provides annotated bibliography of the type of project** |  |  |  |  |  |  |  | |
| 1. **Overall Presentation**   ***Presents the material***  ***clearly & cogently***  **Organization**  **Writing mechanics**  **APA Writing style**  **Other forms of communication**  **as relevant** |  |  |  |  |  |  |  | |
| 1. **Inquiry Design**  * **names, describes, &  references the methodology** * **names, describes, & references the Data Gathering Methods** |  |  |  |  |  |  |  | |
| 1. **Data Analysis Reporting**   **Offers interpretation and**  **‘sense-making’ that are**  **supported by the data and**  **information presented** |  |  |  |  |  |  |  | |

1. **Please comment on the overall quality of this project with regard to meeting relevant standards of the field.**

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1. **Please offer any recommendations/suggestions for this student going forward in her/his practice as an educator of adults.**

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1. **Your overall rating of this Applied Inquiry Project:**

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| --- | --- | --- | --- |
| **\_\_\_ Excellent** | **\_\_\_ Very Good** | **\_\_\_Satisfactory** | **\_\_\_ Unsatisfactory** |

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| ***Endorsement may include signature/date on form or accompanying email in lieu of signature.*** | |
| **Project Guide Endorsement:** | ***(date:\_\_\_\_\_\_\_\_)*** |
| **Student**  **Endorsement:** | ***(date:\_\_\_\_\_\_\_\_)*** |
| **Faculty Mentor Endorsement:** | ***(date:\_\_\_\_\_\_\_\_)*** |
| **GSPRC**  **Endorsement:** | ***(date:\_\_\_\_\_\_\_\_)*** |

*Updated 7.18*