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### PROGRAM QUALITY ASSESSMENT EVALUATION REPORT FORM

College	College of Education		
Programs	Bachelor of Special Needs Education	Date of Assessment:	2024-08-16
Level Applied	4	Result:	Ready

Area Evaluated	Findings	Recommendations
Area 51	Okay	Revisit
Evaluated by: _____ _____ (Signature Over Printed Name)		Approved: _____ _____ (Signature of Team Leader)