



Academic Assessment Committee

**Handbook
Policies and Procedures
2021 - 2022**

August 2021

Academic Assessment Committee (AAC)

Responsibility and Authority

The Academic Assessment Committee (AAC) is a collegial body responsible for establishing, communicating, reviewing, and reporting on assessment processes in academic programs and identifying areas where professional development is needed. The committee is further responsible for measuring the institution's progress with the MSCHE accreditation Standard V.

Responsibility

The AAC meets weekly throughout the traditional academic year. This committee's responsibilities are

1. Establish procedures, requirements, and standards for annual assessment reports and 5-year program reviews from academic departments.
2. To review academic department's assessment processes and report findings to the Provost and Faculty Senate.
3. To review and provide feedback on program assessment plans and annual goal reports.
4. To review and provide feedback on 5-year program reviews,
5. To identify professional development needs of the faculty with respect to assessment practices.
6. To advise the VP Institutional Effectiveness/Dean of Academic Assessment.

Authority

The AAC has the authority to require corrective action where necessary and may recommend to the Provost appropriate specific actions to be taken in light of reviewing assessment documentation.

Membership

- Three faculty members from each school
- A professional librarian
- The Vice President for Institutional Effectiveness/ Dean of Academic Assessment (Chair)

The Provost serves as an *Ex Officio Member*.

Faculty Terms

Faculty members are selected by their respective deans. Each serves a 3-year term with no term limits. All ACC members are voting members.

Chair Responsibilities

The Vice President for Institutional Effectiveness/ Dean of Academic Assessment serves as chair of the AAC and is responsible for

- Setting the agenda for ACC meetings and distributing the agenda in advance of the meetings.
- Chairing the ACC meetings.
- Coordinating communications between the ACC and academic programs or departments.
- Updating all materials, print or electronic, related to academic assessment at Utica College.
- Facilitating the review process for the annual goal reports.
- Generating the committee's semi-annual reports to the Provost and Faculty Senate.
- Facilitating the program review process.
- Coordinating faculty development sessions in effective assessment practices.

Secretary

A secretary of AAC will be appointed annually to record and distribute minutes.

Records

The committee's agendas and semi-annual reports will be posted on the AAC website. Minutes from meetings, assessment reports, program reviews, accreditation reports, scored rubrics, and other official records will be stored on the College's designated storage devices.

The AAC communicates a summary of its findings on a semi-annual basis in a report to the Faculty Senate and Provost. This report, as well as the agenda for each meeting, is posted on the ACC website and is accessible to faculty and staff.

Records Retention

Committee agendas, minutes and related materials will be kept for a full accreditation cycle up to ten years. Assessment documentation (including program reviews, communications with programs, and reports) are permanent records of Utica College and will be retained accordingly.

Assessment Processes

Departmental Annual Goals and Student Learning Assessment

All academic programs and departments, including Core, are expected to assess program-level student learning and operational goals on an annual basis. Plans and results should be submitted to the Vice President for Institutional Effectiveness/Dean of Academic Assessment by August 15 of each year. Departments are responsible for reporting assessment findings only for majors or minors in their programs.

Best practice recommends assessing each learning goal twice during a 5-year review cycle. All full-time faculty in a program should participate in the department's assessment process, from administering the assessments to interpreting the results and generating an action plan. Efforts should be made to include adjunct faculty in the process as well. When warranted, results should be shared with other stakeholders, such as students or alumni.

Annual goal reports and assessment plans are reviewed by the Academic Assessment Committee (AAC), and feedback is shared directly with departmental faculty in face-to-face meetings and/or by scored rubric. The AAC's review focuses primarily on assessment processes and their effectiveness.

School deans may likewise review the annual goal reports from August 15 through September 15. If the department's assessment findings suggest a need for additional or increased resources, the chairperson should make an appointment to meet with the school dean to discuss the findings and the recommended action plan/resource request. When appropriate, deans will advocate for academic departments in their school.

In addition to completing annual goal assessments, faculty are required to submit copies of their course syllabi to the respective School office during the first week of classes. Course-level learning objectives are expected to be clearly articulated in each syllabus. Syllabi will be filed in the School's shared drive. Likewise, each faculty member's Summary of Professional Activities (SOPAs) should be updated and submitted to the respective School office by August 15 of each academic year.

The 5-Year Program Review Process

The program review process is an opportunity to reflect on a program's effectiveness, its curricular offerings, faculty expertise, student learning and program outcomes, and the strengths and challenges facing the program. Further, it demonstrates the extent to which the program is fulfilling the mission and strategic goals of the institution.

Academic departments are required to complete a self-study as part of the the 5-year program review process. Departments scheduled for 5-year reviews should have the self-study completed by October 15 of the academic year when it is due.

For programs that have specialized accreditors, the accreditation reports typically replaces the self-study. However, the College may require the program to engage in additional analyses of data, particularly with respect to enrollment trends and economic forecasts. Copies of the program's accreditation report(s), team visit reports, accreditor's responses, and the program's annual updates should be submitted to the

Office of Institutional Effectiveness. Program faculty are expected to meet with the Provost to discuss the accreditation report, visiting team report, program goals, and resource needs.

A 5-year program review schedule is established by the AAC and posted on the assessment website. A copy is also appended to this handbook.

Procedures

1. The Academic Assessment Committee maintains the 5-year program review schedule. This schedule is updated annually and any modifications based on special circumstances are made.
2. Programs are expected to adhere to the timetable for program reviews. On occasion, a program may request to postpone the review. Circumstances meriting a change in the schedule typically involve a significant loss of program resources that makes it difficult, if not impossible, to complete an effective review. Program reorganization and external accreditation demands might also be reasons for to postpone the review.
3. If the program wishes to ask for an extended deadline, the school dean should first be notified. If the dean approves the request, he/she/they will contact the chair of the ACC to appeal for an extension. The AAC has the final authority to approve the request. If an extension is granted, it will be for no longer than one academic year.
4. The October prior to the review year, directors and/or faculty of the programs that are scheduled to submit a review the following October meet with the Vice President for Institutional Effectiveness/Dean of Academic Assessment and the appropriate school dean to review requirements, expectations, and resource/data needs. The VP Institutional Effectiveness/Dean of Academic Assessment is responsible for organizing the meeting.
5. The school dean should review the self-study report prior to the start of the spring term, when the AAC begins its review.
6. Program faculty meet with the Committee to discuss the report and the Committee's review.
7. After the meeting with the program's faculty, the Committee sends its final comments to the program faculty and respective school dean. The program faculty reviews the comments and has seven (7) business days to make corrections to errors of fact.
8. The AAC will correct any errors of fact and submit to the Provost a record of the review process (i.e. the rubric with documentation of the review meetings) and a summary of the AAC's evaluation.
9. The Provost will schedule a meeting with the program faculty after receiving the AAC's report. If the program faculty disagrees significantly with the Committee's comments, they should submit their concerns in writing to the Provost prior to the scheduled meeting.
10. The program faculty and respective dean will meet with the Provost to discuss the program review and establish goals and action plans. A record of this meeting will summarize the discussion and document what the College and/or the Provost agrees to support based on the evidence supplied in the report. The respective school dean is responsible for providing this documentation.
11. All documents related to the program review process will be electronically stored on the College's designated storage devices.
12. Post-review, the program will continue to report yearly on goals/objectives/learning outcomes.

Assessment Calendar

Date	Event	Responsible Parties
May and/or August	Academic departments hold retreats to review and analyze assessment findings and plan assessments for the following academic year.	Chairs, faculty
August 15	Annual goal assessments completed; SOPAs and syllabi submitted to the respective school office.	Department chairs, program directors, assessment coordinators
August 15-September 15	School deans meet with chairs/directors, if warranted, to discuss findings and resource needs.	School deans and department chairs/program directors
September	AAC begins its review of annual goal reports	AAC, chairs/directors, faculty
October	Departments scheduled for 5-year review in following academic year meet with respective school dean and VP Institutional Effectiveness/Dean of Academic Assessment	VP/Dean, chairs, school deans
October 15	5-Year Program Reviews completed	Department chairs, faculty
October 15 – January 1	School deans review 5-year program review self-studies	School deans
December	AAC submits its fall report	VP Institutional Effectiveness/Dean of Academic Assessment, AAC
January	AAC launches its review of 5-year program review self-studies and meets with departmental faculty and school deans; Provost meets with academic departments regarding their 5-year program reviews.	AAC, chairs/directors, faculty, school deans, Provost
May	AAC submits its spring report	VP Institutional Effectiveness/Dean of Academic Assessment, AAC

Program Review Schedule: 2020 – 2027

This schedule is subject to change pending major curriculum revisions and/or department realignment. Certificate programs will be assessed as part of the overall program assessment(s).

AY 2021 - 2022

Program	Award	Self-Study Due
FFCI	BS	10/15/21
POLITICAL SCIENCES with IST appended	BA	10/15/21

AY 2022 - 2023

Program	Award	Self-Study Due
HEALTH STUDIES	BS	10/15/22
ENGLISH	BA	10/15/22
CYBER-SECURITY	MS	10/15/22
FOREIGN LANGUAGE	BA	10/15/22
FFCM (to include certificate programs)	MS	10/15/22

AY 2023 – 2024

Program	Award	Self-Study Due
WELLNESS AND ADVENTURE EDUCATION	BS	10/15/23
CHEMISTRY/BIOCHEMISTRY	BS	10/15/23
HISTORY	BA	10/15/23
COMPUTER SCIENCE	BS	10/15/23
SOCIOLOGY - ANTHROPOLOGY	BA	10/15/23
CRIMINAL JUSTICE AND CIA	BS	10/15/23

AY 2024 - 2025

Program	Award	Self-Study Due
COMMUNICATIONS AND MEDIA	BA	10/15/24
CYBER-SECURITY	BS & MS	10/15/24
DATA SCIENCE	MS	10/15/24
GEOSCIENCES	BA/BS	10/15/24

AY 2025 – 2026

Program	Award	Self-Study Due
PHYSICS	BA/BS	10/15/25
HEALTH SCIENCES	BS	10/15/25
PHILOSOPHY	BA	10/15/25
PPtDPT	DPT	10/15/25
BIOLOGY & ANIMAL BEHAVIOR	BS	10/15/25

AY 2026-2027

Program	Award	Self-Study Due
MATHEMATICS	BA	10/15/26
THERAPUEITC RECREATION	BS	10/15/26
PSYCHOLOGY/CHILD LIFE	BS	10/15/26
CORE/GENERAL EDUCATION	N/A	10/15/26

ACCREDITATION SCHEDULE

Program	Accreditor	Date
Dietetics and Nutrition	ACEND	2022/2009
Accounting, Business, Economics & Finance	ACBSP	2022/2026
Masters Business Administration	ACBSP	2022/2026
Construction Management	ACCE	2023/2026
Education	AAQEP	2022
Nursing	CCNE	2025
Occupational Therapy	ACOTE	2022
Doctor Physical Therapy	CAPTE	Annually/2023-2024
Masters of Social Work	CSWE	2022

ANNUAL GOAL REPORT RUBRIC

ELEMENT	Exemplary	Established	Developing	Undeveloped
Implemented Improvements	Provides clear and concrete evidence of how improvements from the previous assessment cycle were implemented. Documents that appropriate actions were taken on all issues. This may include improvements made as a result of assessment or improvements made to the department's assessment processes.	Provides evidence of how some improvements based on previous assessment results were implemented. Some but not all of the recommendations for improving the department's assessment process were also implemented. If action was not taken when warranted, a reasonable explanation is given as for why.	Evidence is insufficient or not provided. Not all issues were addressed and there is little to no explanation for why this is so. Minor changes were made to strengthen assessment processes.	The report provides no evidence that any improvements to the department or its assessment processes were implemented.
Student Learning Goals	Goals are clearly articulated, observable, and measurable. They are congruent with the department's mission. Learning outcomes are clear.	Goals are observable and measurable, but the language of some is vague. Each goal is appropriate to the department's mission. The desired outcomes may lack clarity.	The goals are targets, not measurable goals. As such, they are not necessarily measurable.	Most of the goals are unclear, not measurable, and/or inadequate for meaningful assessment.
Student Learning Assessment Planning	The program has a sustainable, multi-year assessment plan that describes when and how each learning goal will be assessed and how improvements based on findings will be implemented. Plan is based on thoughtful inquiry into student learning.	The program has a multi-year assessment plan, but does not indicate how improvements will be implemented and assessed. The plan may not be sustainable and does not seem to be informed by inquiry into student learning.	The program has a multi-year assessment plan, but not all of the learning goals are included in the plan. Assessment does not appear to be ongoing or systematic in the program.	The program lacks a formal plan for assessing the student learning goals; it relies on short-term planning, such as selecting the goal or course to assess in the current year.
Student Learning Assessment Methods and Targets	Multiple methods that align with learning goals are used to assess student learning. Methods are mostly direct, and assessment processes are efficient: more than one goal is measured using a single instrument. Student learning is assessed at multiple points in the curriculum. Targets and/or benchmarks are clearly indicated and reflect reasonable but challenging expectations.	Assessment methods align with the learning goals, but not all goals are measured by multiple methods. Some goals rely too heavily on indirect methods. Students are assessed only at certain points but not throughout the curriculum. Targets and/or benchmarks are identified, but it is not clear how they were determined.	Most of the methods are indirect or non-specific (e.g. "exam"). Only one method is used to assess each learning goal. Learning is not assessed throughout the curriculum. Assessment tools are vague, poorly defined, and targets/benchmarks not indicated.	There is no clear relationship between the goals and the assessment methods. Targets are not specified, and measures are not acceptable for good assessment. (E.g. course grades)

Student Learning Assessment Results and Analysis	Program-level results are clearly presented and easy to follow. They relate directly to the goals being measured. Results are specific enough to indicate strengths and weaknesses; they show precisely where and how students are performing at or beyond expectations and where they are performing below expectations. Supporting evidence is attached.	Clear and well-organized discussion of results is presented. Some results are incomplete or findings are not yet available, and it is not entirely clear how the results have been interpreted or what they mean to the department. Trends or patterns, even when appropriate, are not noted. Supporting evidence is included.	Program-level results are presented, but the presentation is difficult to follow or the results are summative and do not identify specific areas of strength or areas where improvement is needed. There is little analysis of findings, and no interpretation is provided. Little supporting evidence is included.	No evidence of assessment results is reported, or the evidence is so general and so brief, it does not report anything meaningful.
Action Plans: Using Assessment Results	Evidence demonstrates that assessment-based discussions have led to action or recommendations have been enacted. Improvements are <i>program</i> level, not course level, and concern curriculum or pedagogy. If appropriate, the program indicated a need based on assessment and stated how this need will be addressed. If no changes are reported or necessary, an explanation is provided.	Evidences suggests that assessment-based discussions have considered action, but these actions lack specificity or are confined to a single course or assessment method—i.e. they are not really program level. The program indicated a resource need based on assessment results, but did not indicate how the need might be addressed.	An action plan has been identified, but it is not clear how it resulted from assessment findings or assessment-based discussions. No explanation provided when report concludes that no action is required.	No evidence that the department is using assessment findings to inform planning or continuous improvement.
Operational Goals & Evidence	Goals are clearly articulated and measureable; they are assessed by valid measures, and solid evidence indicates the extent to which the goals have been achieved.	Goals are clearly articulated, but there is an over-reliance on one assessment method. Evidence that the goals have been achieved may be subjective. Further documentation might be required.	Goals are articulated, but the language is vague. There is a lack of alignment between the goals and the supporting evidence.	Goals are more of a process or action step than an outcome; questionable conclusions are made regarding the extent to which the goals were achieved.
Operational Planning & Resource Needs	Planned improvements are clearly identified; they are specific and relate directly to assessment findings. Action plans are appropriate given current resources and demonstrated need.	The connection between the action plan and/or resource request and the assessment results or other evidence is not readily apparent.	Action plans are identified, but they are vague and non-specific. Plans may not be clearly linked to evidence or assessment results.	No operational plan indicated.

5-Year Program Review Self-Study Rubric

	<i>Thorough</i>	<i>Adequate</i>	<i>Inadequate</i>
<i>The executive summary highlights major, significant changes that occurred over the 5-year review period.</i>	Provides a detailed, comprehensive, descriptive summary.	Provides a general summary. misses a few minor details	Does not provide a summary describing any changes.
Program Mission and Goals	<i>Thorough</i>	<i>Adequate</i>	<i>Inadequate</i>
<i>The department's mission clearly articulates what the program aims to accomplish, who it serves, and what distinguishes it. The mission in the report is the same as what is posted on the program's website.</i>	The mission is clear: it indicates who the department serves, what the program aims to achieve, and what distinguishes it from peer programs. It is consistent in all printed and electronic sources.	The mission clearly articulates what the program aims to accomplish. However, what is stated on the website is different from what the department identifies in its report.	The mission is not a mission statement, but rather a list of what the program aims to accomplish or a lengthy description about the discipline.
<i>The program's goals are clearly articulated and congruent with the College's and the program's missions.</i>	Goals are specific, clearly articulated, and consonant with both the program and institutional missions.	Learning goals too broad and vaguely worded; operational goals are a series of action steps or checklist items.	There are learning goals, but the department does not appear to have operational goals to measure its effectiveness.
<i>The report describes the extent to which it a clear, participatory process by which goals are developed, adopted, and revised.</i>	There is a detailed outline of the program's process for developing, adopting, and revising goals.	The process for developing, adopting, and revising goals is minimally outlined	There is no evidence of how the program faculty develop, adopt, and revise goals.

Curriculum	<i>Thorough</i>	<i>Adequate</i>	<i>Inadequate</i>
<i>The curriculum map shows how the required courses are properly sequenced and sufficient enough for students to achieve the learning goals.</i>	Curriculum map shows how students progress through the curriculum from lower-level to upper-level courses; students have sufficient opportunities to achieve the program-level learning goals.	The curriculum map does not indicate an obvious sequence of courses or scaffolding of curriculum; too few required courses align with the learning goals.	There is no curriculum map.
<i>The report provides evidence that shows the extent to which it supports other offerings, including Core.</i>	Detailed evidence, including enrollments and number of courses, show the extent to which the program provides service to other academic programs.	The report describes how it serves other programs, but does not provide specific evidence to substantiate its claims.	The report does not provide information, descriptive or quantitative, to show how it supports other programs.
<i>The curriculum includes diverse perspectives in each of its offerings and addresses issues relevant to diversity and inclusive excellence.</i>	The report provides a thorough and clear analysis of how the curriculum includes diverse perspectives and supports the goals of diversity. Clear evidence shows an inclusive curriculum that integrates diversity in all its offerings.	Diversity is addressed occasionally in certain courses, but it is not well-integrated throughout the required curricular offerings.	The report provides little evidence that diverse perspectives and issues relevant to diversity/inclusive excellence are addressed in the curriculum. When or if they are, it seems to be the work of a single course or instructor.
<i>There is a clear description of the curriculum changes that occurred during the review period and what informed these changes.</i>	The report provides a clear discussion of the changes made over the review period, and provides evidence supporting these changes.	The report indicates the curriculum changes, but does not identify the reasons these changes were made.	There is no discussion of curriculum changes made during the review period.

<i>There is adequate evidence that shows the department provides quality experiential learning opportunities that enrich the student experience.</i>	The department offers students a rich educational experience by offering quality experiential learning and co-curricular opportunities that are regularly tracked and included in program-level assessment.	The department provides experiential learning opportunities, but these occur at random and are not tracked.	The department does not offer any experiential or enriching co-curricular opportunities to its students.
Students	<i>Thorough</i>	<i>Adequate</i>	<i>Inadequate</i>
<i>There is a clear understanding of who the students are, their strengths and weaknesses, their educational needs now and in the foreseeable future.</i>	The program has acknowledged and incorporated the needs of the students in the design of the program, and anticipated trends in the student body.	There is some evidence that student needs are accounted for in the program.	There appears to be a disconnect between the needs of the students and the program.
<i>The department is actively involved in recruiting and enrolling students in their major(s).</i>	The department faculty participate in enrollment efforts and have formulated specific strategies to attract and retain students.	The department faculty participate in admission events, but do not have a clear plan for enrolling or retaining students.	The department's faculty do not engage in efforts to recruit, enroll, or retain students.
<i>The department provides support to its students to help achieve the goal related of diversity and equity articulated in the College's strategic plan.</i>	The department and its faculty have intentional, strategic plans to support students in order to achieve demonstrated equitable outcomes.	The department describes what it has done to support students, particularly historically marginalized, but the outcomes suggest a lack of equity in the program.	The program has not addressed and does not have a plan to address diversity and equity. Data show a lack of diversity in the program.

Student Learning	<i>Thorough</i>	<i>Adequate</i>	<i>Inadequate</i>
<i>There is clear evidence of systematic, program-level student learning assessment.</i>	Clear and thorough evidence of meaningful, ongoing, and systematic evidence of all program-level learning goals.	Some evidence that the department has assessed student learning, but these efforts have not been systematic or are limited to course-level assessments.	Little to no evidence that program-level assessments have been systematically done.
<i>Student learning assessment results are well analyzed, have been used to inform improvements, and are shared with appropriate stakeholders.</i>	Clear, thoughtful analyses of assessment findings provide evidence supporting curricular decisions and other program-level improvements.	The report identifies curricular changes, but does not provide an analysis of student learning assessment results to support these changes.	There is no analysis of student learning results, even though results might have been reported.
Faculty	<i>Thorough</i>	<i>Adequate</i>	<i>Inadequate</i>
<i>There is clear evidence that the number of faculty meet the needs of the program.</i>	Evidence indicates number of faculty is either satisfactory or insufficient for the needs of the program. Claims of an inadequate number of faculty have been well substantiated. Evidence indicates number of faculty appears inadequate for the needs of the program.	Report indicates whether or not the number of faculty is sufficient, but the evidence is not convincing or substantial.	Report does not provide information or evidence supporting claims regarding whether or not the number of faculty is sufficient.

<i>There is clear evidence that the faculty's areas of expertise meet the program's mission and goals.</i>	Report outlines ideal fit between background/strength of faculty and the program. Faculty expertise will allow the program to develop its curricular and experiential offerings, if warranted.	Evidence of some fit between background/strength of faculty and the program.	Report provides information on faculty qualifications, but does not analyze how the faculty's expertise meets the program's mission and goals.
<i>There is clear evidence of teaching effectiveness in the department.</i>	The department measures teaching effectiveness beyond what is required by the institution, and faculty participate in professional development opportunities related to effective, innovative pedagogy.	The program measures teaching effectiveness, as per the College's requirements.	The program does not measure faculty teaching effectiveness.
Resources	<i>Thorough</i>	<i>Adequate</i>	<i>Inadequate</i>
<i>Technology, equipment, and space allow the program to meet the needs of the students and fulfil its mission and goals.</i>	The report provides compelling and convincing evidence that the resources allocated to the program are adequate/inadequate.	The report indicated that resources are less than ideal, but does not substantiate these claims.	The report does not provide a detailed analysis of resources and whether or not they are sufficient in helping the program achieve its mission and goals.

Planning	<i>Thorough</i>	<i>Adequate</i>	<i>Inadequate</i>
<i>The program engages in strategic planning in order to strengthen its quality and address possible threats, particularly those related to enrollment and retention.</i>	The report provides a comprehensive analysis of the program's strengths and weaknesses and outlines a plan focused on improvement. It addresses practical solutions to some of the problems and challenges it currently faces, and presents a coherent plan that is well informed by the evidence presented in the report.	The report describes the program's strengths and identifies challenges, but it does not develop solutions to the problems it currently faces. The 5-year plan is aspirational but not well informed by evidence in the report.	The report highlights the program's strengths and accomplishments while ignoring its weakness or the challenges it faces. If solutions are mentioned, they are regarded as someone else's responsibility. The 5-year plan is not informed by evidence and may not be realistic.
Overall Quality of the Review Document	<i>Thorough</i>	<i>Adequate</i>	<i>Inadequate</i>
<i>Review contained a candid and deliberate picture of program strengths and weaknesses.</i>	Strong evidence of a thorough and self-reflective review, incorporating input from key stakeholders was conducted.	Some evidence that a real review of program strengths and weaknesses was attempted and contains some input from key stakeholders	Little to no evidence of a real review of program strengths and weaknesses or involvement of other key stakeholders.