

# GUIDE TO ANNUAL ASSESSMENT AND PROGRAM REVIEW: CO-CURRICULAR AND NON-ACADEMIC DEPARTMENTS

## I. Introduction

### Purpose of Annual Assessments and Program Reviews

MSCHE Accreditation Standard VI requires affiliated institutions “to continuously assess and improve its programs and services” and to provide evidence that assessment results are used to inform planning and continuous improvement.

Annual assessment and 5-year program review processes support this accreditation standard. More importantly, however, they provide an opportunity for departments to reflect on their practices and analyze their effectiveness, particularly with respect to professional standards and best practices. Done well, assessment processes should inform continuous improvement and evidence-based decisions regarding resource allocations.

### Expectations

As outlined in the *Guide to Institutional Effectiveness*, non-academic departments should have clearly articulated goals and clearly identified assessment methods. Where appropriate, targets or benchmarks should be informed by the respective standards of each unit’s professional association.

Specific operations and co-curricular offerings should have student learning goals as well as operational goals (See Section VI). Departmental goals (and student learning goals, if required by the unit) should be assessed on an annual basis. Plans and results need to be updated in the College’s assessment management system, TaskStream, by June 30 of each year.

Non-academic departments also complete a 5-year program review, as outlined in this guide.

## II. Guiding Principles

Assessment processes at Utica College are guided by best practices, research and scholarship, and accreditation requirements. The following are the guiding principles of assessment at UC:

- **Assessment is relevant.** It is linked to the College’s educational mission and strategic and operational goals.
- **Assessment is useful.** Assessment results are used to inform planning and budgeting decisions at both the institutional and unit level. Assessment findings are further used to improve processes, procedures, policies, and services.
- **Assessment is realistic and sustainable.** Assessment efforts should be reasonable in terms of the resources available and expectations for providing useful results. If relevant, assessment processes should capitalize on existing information sources, such

as Institutional Research surveys, clinical or student teaching evaluations, and licensing or certification examinations.

- **Assessment is non-punitive.** Assessment is a process used to identify where practices are strong and where they should be changed or improved. Effective assessment depends on reliable results and honest reflection, neither of which should be used in a punitive manner.
- **Assessment is comprehensive.** Meaningful results are derived from using multiple valid methods: direct and indirect, qualitative and quantitative, formative and summative.
- **Assessment is well documented.** Assessment findings should be documented in the College's assessment management system, TaskStream, as outlined in this guide. All departments, programs, and services are obliged to systematically collect evidence that shows how well they are achieving their individual mission and goals.

### III. Preparing the Annual Report

The annual assessment cycle includes an assessment of operational goals from the academic year that concludes on May 31 and an assessment plan for the academic year that begins on June 1. Annual assessment reports and plans from co-curricular and non-academic departments should be updated in the College's assessment management system, TaskStream, by June 30 of each year. All members of a department are expected to participate fully in the annual assessment and planning processes, but only one or two members of a department should have the responsibility of documenting the process in TaskStream.

Department heads are expected to meet with their respective vice presidents/Provost to review any significant assessment findings, discuss concerns or issues related to assessment efforts, and communicate anticipated resource needs based on assessment results.

Assessment reports from co-curricular departments responsible for student learning will be reviewed annually by the Co-Curricular Assessment Committee using a rubric that describes effective assessment processes. Reports from the remaining administrative departments or divisions will be reviewed by the Institutional Effectiveness Committee.

### IV. Preparing for the Program Review

#### Components of the Program Review

- Self-study—The self-study is an in-depth analysis of a department's effectiveness in achieving its mission and goals as well as the College's mission and strategic goals. It provides a department with the opportunity to reflect on the services it offers, the challenges it faces, the strengths it demonstrates, and the aspirational plans it has for the future. Departments completing a self-study should use the College's self-study template. However, if a professional organization has a recommended outline that achieves the purpose of the self-study, the department may request permission from the Institutional Effectiveness Committee to use that.

- The self-study process should involve key stakeholders or personnel within the department. The Institutional Effectiveness Committee has identified which operations should involve students in the process. How students participate will be the prerogative of the department. Options include having them serve on the external team, involving them in writing the self-study, or asking them to participate in a focus group.
- Internal and external reviews—The self-study will be reviewed initially by the Institutional Effectiveness Committee (IEC) to ensure that it addresses all pertinent areas and meets institutional standards. Once the IEC approves the draft, it should go to an external review team. The department head is responsible for assembling members of an external review team with final approval granted by the respective vice-president/Provost. An external team should consist of the following: one (1) expert from the field external to the College with extensive knowledge of the services/policies/activities typically associated with the department under review; one (1) member of the UC community who is familiar with and collaborates regularly with the department being reviewed. For those units under Academic Affairs, one member of the College faculty should serve as a member of the external team. The external team members will provide the department with written feedback responding to the self-study and any significant observations made during the visit.
- Quality Improvement Plan—After receiving the external reviewer’s written report, the department will devise an evidence-based Quality Improvement Plan (QIP) that articulates goals for the next 5 year review period and specifically outlines how the goals will be implemented, achieved, and supported. The QIP should be discussed with and approved by the respective vice-president/Provost and copies submitted to the IEC and President. Progress on the QIP is to be reported annually through the assessment process.

### **Process, Procedures, and Timeline**

- A year prior to the review date, the chair of the Institutional Effectiveness Committee will notify the department director/department head and the respective vice-president/Provost about the program review. The IEC chair will review the requirements of the program review.
- Each department scheduled for a 5-year program review will receive \$500 to help fund the process. These funds are to be used for a stipend for the external reviewer, mileage reimbursement, and meals on the day of the visit. The College does not pay for hotel expenses for visiting teams. Any UC personnel serving on the review team will not receive monetary compensation.
- A draft of the self-study must be completed by August 15 of the review year and submitted to the Institutional Effectiveness Committee (IEC). A sub-committee of the IEC will review the initial draft and provide feedback to the director/department head.

This feedback must be given no later than October 31 of the review year. Directors/department heads are expected to revise the reports based on the feedback received from the internal review sub-committee.

- The director/department head will assemble an external review team in consultation with the respective vice-president/Provost. The external team should be assembled by November 1 of the review year and its visit scheduled for February/early March.
- Members of the external team should receive the revised departmental program review report by December 15 of the review year. The director/department head is required to communicate a specific charge to the external team as well as submit at least three (3) questions he/she wants the external team to focus on during their visit. The director/department head, in consultation with the respective vice-president/Provost, will arrange for a one-day visit from the external team.
- The external team member will provide the department with a written report within 30 days following the visit. The report should be a response to the self-study and any significant observations made during the visit. It should be sent to the director/department head and the divisional vice president/Provost. The College has a proposed outline for this report that the external team may opt to use.
- The director/department head will develop an evidence-based Quality Improvement Plan (QIP) which must be reviewed and approved by the respective vice-president/Provost in April/May of the review year. Once approved, a copy of the QIP should be shared with the IEC and the President.

### **Timeline for the Program Review Process**

<b>Requirement</b>	<b>Date</b>
The Chair of the Institutional Effectiveness Committee notifies the department and respective vice-president about the program review	1 Year Prior
Initial draft completed and submitted to the IEC	August 15
IEC sub-committee reviews draft and provides feedback to the department	October 31
External team selected	November 1
Report revised and sent to external team members	December 15
External review conducted	February/March
Recommendations reviewed and plan of action devised	April/May

### **V. Communicating to the External Review Team**

In an effort to ensure consistency in the program review process for non-academic departments, directors/department heads are asked to use the following template when communicating with members of the external team.

Thank you for agreeing to serve on the external review team for the [NAME OF DEPARTMENT] at Utica College. The team visit is scheduled for [DATE].

Your point of contact at Utica College is

[Name]

[ADDRESS]

[PHONE NUMBER]

[EMAIL ADDRESS]

Attached is the self-study report from the [NAME OF DEPARTMENT]. In addition to any questions or concerns you might have after reviewing this report, you are asked to address the following specific questions in your review:

[ARTICULATE QUESTIONS]

A written response to the report and any observations made during your visit and with respect to these questions should be sent to the following individuals within 30 days following the visit. The team may opt to use the College's proposed template for this report.

[NAME AND CONTACT INFORMATION OF THE DIRECTOR/DEPARTMENT HEAD]

[NAME AND CONTACT INFORMATION OF THE VICE-PRESIDENT/PROVOST]

## **VI. Administrative Units Responsible for Annual Assessment and 5-Year Program Reviews**

### **Academic Affairs**

Assessment

Art Gallery

Center for Innovation Learning

Diversity & Inclusion\*\*

International Education\*

Office of Graduate Studies

Learning Services\*

Library and Learning Commons\*

Registrar\*\*

Young Scholars

Online Design and Innovation

### **Advancement**

Alumni and Parent Relations

Corporate Programs

Development

Marketing and Communications

### **Facilities**

**Financial Affairs**

Comptroller/General Accounting  
Payroll  
Accounts Payable/Purchasing  
Mail Room/Copy Center

**IITS**

Information and Application Services  
Infrastructure Services  
User Services  
Information Security  
Web Services

**Institutional Research****Emergency Management**

Campus Safety\*\*

**Human Resources****Student Life and Enrollment**

Admissions (Graduate and Undergraduate)\*  
Athletics\*  
Counseling\*  
Career and Professional Development\*  
Enrollment Operations  
Health Center\*  
New Student Programs\*  
Opportunity Programs (CSTEP and HEOP)\*  
Peer Tutoring\*  
Student Conduct\*  
Student Living and College Engagement\*

**Center for Student Success**

Student Success\*  
Financial Aid\*  
Student Accounts  
Athletic Student Success\*

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\* Responsible for assessing student learning as well as operational effectiveness; should involve students in the 5-year program review process

\*\* Should involve students in the 5-year program review process

## VII. Schedule of Administrative Program Reviews

Program reviews for administrative departments will begin in AY 2023-2024. The schedule for these 5-year program reviews is outlined below:

### 2023-2024

Assessment  
Athletics  
Career and Professional Development  
Counseling  
Learning Services  
Opportunity Programs (CSTEP and HEOP)  
Student Living and College Engagement

### 2024-2025

Admissions (Graduate and Undergraduate)  
Enrollment Operations  
International Education  
Online Design and Innovation  
New Student Programs  
Peer Tutoring  
Student Success

### 2025-2026

Athletic Student Success  
Diversity and Inclusion  
Library and Learning Commons  
Information and Application Services  
Infrastructure Services  
User Services  
Information Security  
Web Services

### 2026-2027

Alumni and Parent Relations  
Corporate Programs  
Development  
Marketing and Communications  
Facilities  
Young Scholars  
Emergency Management & Campus Safety  
Human Resources

2027-2028

Art Gallery  
Financial Affairs  
Graduate Studies  
Health Services  
Institutional Research  
Registrar  
Student Conduct