# UTICA
## COLLEGE

## Co-Curricular Assessment Committee Handbook

Revised August 2021

# Co-Curricular Assessment Committee (Co-CA)

## Responsibility and Authority

The Co-Curricular Assessment Committee (Co-CA) is responsible for guiding and reviewing department-level assessment processes in co-curricular and student support operations. The committee is further charged with measuring the institution's compliance with relevant criteria related to MSCHE accreditation Standards IV and V.

### Responsibility
The committee's responsibilities are as outlined below:

1. To review and provide feedback on departmental assessment plans and annual goal reports;
2. To review and provide feedback on 5-year program reviews from co-curriular departments;
3. To assess the assessment processes in the co-curricular areas and provide a status report to the Institutional Effectiveness Committee;
4. To recommend or coordinate professional development opportunities in assessment practices for co-curricular departments.

### Authority
The Co-CA has the authority to track departmental compliance with institutional requirements and accreditation standards and report instances of non-compliance to the appropriate vice president.

## Membership

- Three representatives from Student Life and Enrollment Management
- One representative from Athletics
- The Vice President of Instititial Effectiveness/Dean of Assessment (Chair)

The Assistant Vice President of Student Affairs & Dean of Students and Campus Life serves as an *Ex Officio Member*.

### Member Terms
Members are appointed to serve on the committee by their immediate supervisors. Each member serves a 2-year term with no term limits. All Co-CA members are voting members.

### Chair Responsibilities
The chair of the Co-CA is responsible for
- Chairing the Co-CA meetings
- Setting the agenda for meetings and distributing the agenda in advance of the meetings.
- Recording and distributing the minutes from each meeting.
- Coordinating communications between the Co-CA and departments.
- Facilitating the review process for the annual goal reports.
- Generating the committee's annual report to the Institutional Effectiveness Committee.

## Records

The committee's agendas, minutes, and annual reports will be stored in the College's Google drive. Assessment reports, program reviews, accreditation reports, scored rubrics, and other official records will be stored on the College's designated storage devices.

## 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 departments are expected to assess operational goals and student learning goals on an annual basis. Plans and results should be submitted to the Office of Institutional Effectiveness by June 30 of each year.

It is expected that all members of a department participate in the assessment process, from administering the assessments to interpreting the results and generating an action plan. When warranted, results should be shared with other stakeholders, such as students or alumni.

Reports will be reviewed by the Co-Curricular Assessment Committee (Co-CA). A rubric will be used to share feedback and measure the effectiveness of assessment processes.

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

## The 5-Year Program Review Process

All co-curricular and non-academic departments are required to complete a 5-year program review. The program review schedule is established by the Institutional Effectiveness Committee.

The program review includes a self-study, which 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. The self study provides departments with the opportunity to reflect on the services they offer, the challenges they face, the strengths they demonstrate, and the aspirational plans they have for the future.

The self-study report will be reviewed by the Co-Curricular Assessment Committee. Following its review, the committee will write a "Summary of Findings" which will be sent to the department's supervisor and/or respective vice president. The department should then meet with the supervisor and/or respective vice president to discuss the program review, develop a strategic action plan, identify resource needs, and establish goals for the next 5 years.

The program review process concludes with the department articulating a strategic action plan that identifies goals for the next 5 year review period and specifically outlines how the goals will be implemented, achieved, and supported. A copy of this plan should be submitted to the respective vice-president/Provost and the Vice President of Institiutional Effectiveness.

A complete description of the 5-year program review process, including procedures and timelines, may be found in the *Guide to Annual Assessment and Program Review: Co-Curricular and Non-Academic Departments.*

# Assessment Calendar for Co-Curricular Departments

| Date | Event | Responsible Parties |
|---|---|---|
| June | Assessment workshop scheduled for first week of June to work on reporting results from the most recent assessment cycle.<br><br>Assessment findings from the recent assessment cycle are reported, analyzed, and documented. Reports are submitted to the Office of Institutional Effectiveness by June 30.<br><br>The plan for the next assessment cycle, if it does not already exist, is developed. | Department heads or assessment coordinators, Co-CA |
| July/August | Co-CA reviews and scores assessment reports and plans from each department.<br><br>Annual committee status report due to the Institutional Effectiveness Committee by August 15. | Department heads or assessment coordinators, Co-CA |
| January | Assessment liasions from Co-CA meet with their respective departments to review progress on assessment efforts. | Department heads and staff, Co-CA assessment liaisions |
| February | Assessment Showcase | Department heads or assessment coordinators, Co-CA |
| June | Process begins again | |
| | | |

# Program Review Schedule Relevant to Co-CA[1]

The program review schedule is established by the Institutional Effectiveness Committee.  Questions or concerns regarding this schedule should be addressed first to the appropriate vice president and secondly to the chair of the Institutional Effectiveness Committee.

## 2023-2024

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

## 2024-2025

Admissions (Undergraduate)
International Education

## 2025-2026

Athletic Student Success
Learning Commons
Conduct and Community Standards
TRiO Programs

## 2026-2027

Center for Student Success
Safe Trax

## 2027-2028

Health Services and Counseling

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[1] A complete schedule of all non-academic departments is listed in the *Guide to Annual Assessment and Program Review:  Co-Curricular and Non-Academic Departments.*

# Annual Assessment Report from Co-Curricular & Student Support Operations

| 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. |
| **Plan for Student Learning Assessment** | The program has a sustainable 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 an 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 an 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) |

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| **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 *program* 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. | Evidence 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 measurable; 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. |