



## **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 are due to the Office of Institutional Effectiveness 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 University 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 University’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.** All departments, programs, and services are obliged to systematically collect evidence that shows how well they are achieving their individual mission and goals. Findings should be documented in the department’s annual reports.

### 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 are due to the Office of Institutional Effectiveness by June 30 of each year. All members of a department are expected to participate fully in the annual assessment and planning processes.

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

The centerpiece of the program review is a departmental self-study report, an in-depth analysis of a department’s effectiveness in achieving its mission and goals as well as the University’s mission and strategic goals. The self-study 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 University'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 involving them in writing the self-study, asking them to participate in a focus group, including them in goal setting for the next 5-years, or inviting them to analyze and interpret data related to student and operational goals.

The 5-year program review schedule is established by the Institutional Effectiveness Committee and is included in this guide. The self-study template may also be found in this document.

## **V. Process, Procedures, and Timeline**

- A year prior to the review date, the Vice President of Institutional Effectiveness Committee will notify the department director/department head and the respective vice-president/Provost to review the requirements of the program review.
- 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. If the program wishes to ask for an extended deadline, the respective vice president should first be notified. If the vice president approves the request, the department may contact the chair of the IEC to appeal for an extension. The IEC has the final authority to approve the request. If an extension is granted, it will be for no longer than one academic year.
- The self-study must be completed by October 15 of the review year and submitted to the Vice President of Institutional Effectiveness. Courtesy dictates sharing a copy of the report in advance with the unit's vice president.
- Self-study reports will be reviewed either by the Institutional Effectiveness Committee (IEC) or the Co-Curricular Assessment Committee (Co-CA)<sup>1</sup> to ensure that they address all pertinent areas and meet institutional standards. Committees will meet with members of departments under review to discuss the report and the program review process.

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<sup>1</sup> The Institutional Effectiveness Committee reviews reports from administrative departments; the Co-Curricular Assessment Committee is responsible for reviewing reports from co-curricular and student support operations.

- Following each review, the IEC/Co-CA will draft a response to the self-study report, summarizing the report’s contents and specifying departmental strengths and areas for improvement. This report will be sent to the department. The department has seven (7) business days to correct any errors of fact in the response.
- The IEC/Co-CA will correct any errors of fact and submit all materials pertinent to the program review to the vice president overseeing the department. The department should then meet with its respective vice president to discuss the program review and develop an action plan, clarify and prioritize resource needs, and establish goals for the next five years.
- A record of this meeting will summarize the discussion and document what the University agrees to support based on the evidence supplied in the report. The vice president is responsible for providing this documentation.
- A copy of each department’s plan should be filed with the Office of Institutional Effectiveness. Progress on the action plan is to be reported annually through the assessment process.

## VI. Timeline for the Program Review Process

Requirement	Date
The Vice President of Institutional Effectiveness notifies the department and respective vice-president about the program review	1 Year Prior
Self-study report completed and submitted to the IEC	October 15
IEC/Co-CA reviews self-study report and meets with members of the department.	November through March
Department meets with respective vice president and develops goals and an action plan.	March and April
IEC report on progress to the University President	May 15

## VI. 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

Office of Institutional Effectiveness

Athletics\*

Center for Career Readiness\*

Learning Services\*

Student Living and Campus Engagement \*

2024-2025

Undergraduate Admissions\*  
Graduate Admissions  
International Education\*  
Online Design and Innovation  
Opportunity Programs (CSTEP and HEOP)\*  
Center for Innovative Learning

2025-2026

Library and Learning Commons (peer tutoring)\*  
IITS: Information and Application Services, Infrastructure Services, User Services, Information Security, & Web Services  
Conduct and Community Standards\*  
TRIO Programs\*

2026-2027

Advancement  
Emergency Management & Campus Safety  
Human Resources  
Center for Student Success\*

2027-2028

Graduate and Professional Studies  
Health and Wellness Center\*  
Registrar  
Office of Diversity, Equity, and Inclusion\*

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

## Program Review Self-Study Outline

### I. Overview of the Department (2-page limit)

- Provide a brief description of the department, highlighting major changes made in the unit over the last 5 years.
- What are the specific services or programs offered by the department, and who are the unit's chief stakeholders?
- What are the major challenges facing the department, and what are its most promising opportunities?

### II. Mission and Goals [MSCHE Standard I, criterion 3; Standard VI, criterion 1] (1 ½ page limit)

- What is the departmental mission?
- If the department is responsible for measuring student learning goals, what are these goals?
- What are the department's operational goals?
- In the following table, show how the department's goals align with the institution's strategic goals and priorities.

Strategic Goals & Priorities	Department's Goals
Increase persistence to graduation.	
Develop a more diverse, equitable, and inclusive climate.	
Grow enrollment intentionally.	
Grown net assets.	
Create a high-performing, responsive culture.	

- Describe how your department has contributed to the University’s initiatives related to diversity, equity, and inclusion. (E.g., What programs has your department sponsored, what professional development have you and members of your staff participated in, what resources has your department developed to support this initiative?)

**III. Assessment of Program Effectiveness and Analysis of Evidence** [MSCHE Standard VI, criteria 2 & 5] **(6-8 pages maximum)**

- Append to this self-study report your department’s assessment plan.
- Based on the assessment results your department gathered during the review period, what specific trends are emerging? Where is the department successfully achieving its goals? Where is it less successful?
- Summarize how your department used assessment findings to inform planning, improve services, and/or modify policies and procedures.
- Describe how assessment results are shared with stakeholders, including students, advisory boards, staff and faculty. Indicate how they are shared systematically — regularly scheduled meetings, departmental newsletters, departmental webpages, etc.

**IV. Resources** [MSCHE Standard VI, criteria 3, 4 & 8] **(2-page limit)**

- Demonstrate how your department’s resources (personnel, fiscal, technological, equipment, space) allowed for the unit to achieve its mission and goals?
- If your department anticipates needing additional resources, identify what is needed and provide an *evidence-based* justification.
- In the following table, describe the staff’s qualifications and expertise with respect the department’s mission.

Staff Person	Role within the Department	Qualifications & Expertise

- What opportunities does the department have for combining or sharing resources with another department on campus?

**V. Conclusion** **(2-page limit)**

- What are the opportunities to showcase the department’s strengths?
- Where are the opportunities for improvement in the department?
- In the following table, provide a 3-year plan for implementing strategies to strengthen the department’s services and operations.

Area to Improve	Strategies for Improvement		
	Year 1	Year 2	Year 3