



GUIDE TO INSTITUTIONAL EFFECTIVENESS

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I. Definition of Institutional Effectiveness

Institutional effectiveness refers to how well an institution is achieving its mission and goals. An effective institution is characterized by a clearly defined mission that articulates who it serves, what it aspires to be, and what it values. Likewise, an effective institution has clear goals that are broadly communicated to its stakeholders.

Institutional effectiveness means engaging in ongoing and systematic assessment of programs and services with the goal of continuous institutional improvement. Since student learning is at the heart of an educational mission, meaningful assessment of student learning across the campus is fundamental to institutional effectiveness.

An institution demonstrates its effectiveness when it shows that planning and decision-making are *evidence-based* and mission focused. In higher education's current landscape, institutional effectiveness also links to compliance with federal and state regulations and accreditation requirements.

II. Assessment

A. Purpose

Assessment is not an end unto itself. It is a means to an end, intended to gather evidence that informs continuous improvement at all levels of an institution. Effective assessment processes include the regular and systematic collection of reliable evidence that has implications for planning decisions and resource allocations.

B. 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.** Assessments 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 and document evidence that shows how well they are achieving their individual mission and goals.

C. Glossary of Terms

A glossary of assessment terminology used by Utica University may be found on pages 8 - 11 of this guide.

II. Assessment Processes

A. Strategic Plan

The Vice President for Institutional Effectiveness, in collaboration with members of the University's Joint Cabinet, identifies parties responsible for each of the tactics and measures in the University's strategic plan. These responsible parties identify the milestones and actions steps for each tactic in order to ensure there are deliberate and intentional strategies to achieve the institutional goals.

The Vice President for Institutional gathers status updates and supporting evidence on each tactic in early November and early April. Semi-annual progress reports are published in December and June to coincide with the President's Planning Retreats. These reports are posted on the strategic plan's webpage: <https://www.utica.edu/academic/Assessment/new/sp.cfm>

Departments map their specific operational goals to the University's strategic goals to demonstrate how individual units are fulfilling the institution's strategic priorities.

B. Academic Departments, Co-Curricular Units, and Student Learning

All academic programs and departments, including the General Education Curriculum, are expected to assess student learning and operational goals on an annual basis. Plans and results are due on August 15 of each year. The Academic Assessment Committee reviews reports from academic departments on a cyclical basis; feedback is shared directly with departmental faculty in face-to-face meetings and by scored rubric.

Chairpersons are expected to meet with their respective school dean in September of each academic year to review any significant assessment findings, discuss concerns or issues related to assessment efforts, and communicate resource needs documented by assessment findings. When appropriate, deans will advocate for academic departments in their school.

Academic programs and departments are likewise required to complete a 5-year program review. Policies, processes, and procedures related to the 5-year program review may be found in the *Academic Assessment Committee's Handbook* and at the following site: [Assessment - Five-Year Program Review | Utica University](#)

The University, recognizing and valuing the learning that students gain while outside the classroom, maintains that the co-curriculum is an exceptionally important part of a student's University experience. As such, co-curricular and support units in Academic Affairs, Enrollment, Student Affairs, and Athletics are required to identify student learning goals and systematically assess these goals. Specifically, the following operations are responsible for assessing student learning in addition to operational effectiveness: Athletics, the Center for Student Success, Student Living and University Engagement, the Health and Wellness Center, the Center for Career Readiness, Student Conduct and Community Standards, Learning Services, Opportunity Programs, International Education, Library and Learning Commons (tutoring), Safe Trax, TRIO, and Undergraduate Admissions.

Assessment plans and results are due on June 30 of each year and are reviewed by the Co-Curricular Assessment Committee.

Indirect assessments of student learning and institutional effectiveness are additionally conducted by the Office of Institutional Effectiveness. Such measures include the National Survey of Student Engagement (NSSE), the Noel-Levitz Student Satisfaction Inventory (SSI), Undergraduate Student Learning Outcomes, and Undergraduate Withdrawal surveys. Reports on institutional survey results are posted at <https://www.utica.edu/ir/student-surveys.cfm>. Departments are urged to use the findings relevant to their operational and learning goals.

C. Non-Academic Administrative Units

Administrative departments should have clearly articulated operational goals and clearly identified assessment methods. Where appropriate, targets or benchmarks should be informed by the respective standards of each unit's professional association. Goals must be congruent with the appropriate divisional goals and institutional priorities. Likewise, individual performance goals should align to the department's goals.

Departmental goals should be assessed on an annual basis. Plans and reports are due on June 30. Those that are not reviewed by the Co-Curricular Assessment Committee will be reviewed by the Institutional Effectiveness Committee.

Non-academic administrative departments are further required to complete a 5-year program review. The program review schedule is established by the Institutional Effectiveness Committee. Processes and procedures related to the 5-year review may be found in the *Guide*

to Annual Assessment and Program Review: Co-Curricular and Non-Academic Departments.

D. Annual Performance Review

Employee performance is assessed annually via the performance review. This formative assessment allows supervisors to give specific feedback to their direct reports regarding work performance, skills and abilities, and commitment to institutional mission and goals.

The annual performance review requires each employee to report on progress related to goals from the previous academic year. If the goals are the same as or similar to the department's goals (i.e. they are not goals for personal performance or professional development), the employee may reference or provide a link to the departmental assessment report.

The annual performance review likewise requires employees and/or their supervisors to articulate goals for the upcoming academic year. Goals that are not personal in nature should align with the departmental goals.

V. Committee Structures and Review Processes

A. Institutional Effectiveness Committee (IEC)

The Institutional Effectiveness Committee (IEC) at Utica University fosters a culture of continuous improvement by documenting the extent to which the institution fulfills its educational mission and strategic goals. The IEC is responsible for

- Integrating the University's planning processes in support of the institution's mission, vision and strategic priorities;
- Demonstrating the alignment between strategic planning priorities and resource allocations;
- Steering the University's Middle States accreditation, to include monitoring compliance with the Standards for Accreditation and Requirements of Affiliation;
- Reviewing administrative departments' assessment processes with respect to how well results are used for continuous improvement;
- Promoting the University's ability to tell its story to diverse stakeholders, both internal and external.

The Institutional Effectiveness Committee reports to the University President on a semi-annual basis. At the President's request, the committee may further report to the Board of Trustees. Other University constituents, particularly faculty and staff, are kept informed of the IEC's work through *Morning Mention*, town hall presentations, and the Institutional Effectiveness website.

Members: Standing members include the Vice President for Institutional Effectiveness/Dean of Academic Assessment (chair) and the Assistant Vice President for Financial Planning & Analysis. Additional members serve for a 3-year term with a 2-term limit. Membership includes representation from student life/student support operations; Advancement or Marketing & Communications; Diversity, Equity, & Inclusion; an additional instructional site (Florida or New York), and 6 faculty/faculty reps (2 per school).

B. Academic Assessment Committee (AAC)

The Academic Assessment Committee is a collegial body responsible for establishing, communicating, reviewing, and reporting on assessment processes in academic departments and identifying areas where professional development is needed. Specifically, the committee reviews annual goal reports and assessment plans from academic departments and facilitates 5-year reviews. The committee is further responsible for measuring the institution's progress with the MSCHE accreditation standard V.

The AAC reports semi-annually to the Provost and Faculty Senate regarding the state of assessment at Utica University.

Members: Chaired by the Vice President for Institutional Effectiveness/Dean of Academic Assessment, the Academic Assessment Committee is comprised of 3 faculty members from each school (for a total of 9 faculty). The Provost serves as an *Ex Officio* member.

C. Co-Curricular Assessment (Co-CA)

The Co-Curricular Assessment Committee is responsible for guiding and reviewing the assessment processes in co-curricular areas. These areas include units housed under Academic Affairs, Student Affairs, Enrollment, and Athletics.

This committee is also responsible for measuring the institution's compliance with relevant criteria related to MSCHE accreditation standards IV and V.

The Co-CA reports annually on assessment processes in co-curricular and student support operations.

Members: Chaired by the Vice President for Institutional Effectiveness/Dean of Academic Assessment, the Co-CAC's membership consists of representatives from Athletics, Student Affairs, and DEI & Student Transitions. The Dean of Students serves as an *Ex Officio* member.

VI. Committee Reports

Each committee charged with assessment responsibilities is required to submit a report that includes the status of assessment processes, a summary of findings, and evidence of compliance with MSCHE accreditation standards. The outline for these reports may be found

on page 13 of this guide.

V. Institutional Resources

Utica University systematically collects information related to its effectiveness in achieving its mission, goals, and institutional priorities as well as its compliance with accreditation standards and governmental regulations. Institutional data sources and information may be accessed on the Institutional Effectiveness website:

<https://www.utica.edu/academic/Assessment/new/ie.cfm>

GLOSSARY OF TERMS ASSOCIATED WITH ASSESSMENT

Academic Program – According to NYS Education Department, an academic program is organized around the set of educational requirements necessary to qualify for a registered degree. The curriculum or program includes general education or specialized study in depth in a particular field, or both (NYSED, 2012).

Artifacts – The work produced by students while engaged in a learning experience.

Analysis of Findings – Examination of the data gathered during the assessment cycle, including reflective consideration about what actions, if any, should be taken.

Action Plans – Actions taken to improve the program or assessment process based on the analysis of results; “Closing the loop.”

Assessment – Measures the degree to which goals have been met; provides specific evidence of strengths and areas needing improvement.

Assessment Method – Indicates how an assessment was conducted. Examples include surveys, tracking, focus groups, performance evaluations, rubrics. Also referred to as **assessment measure**.

Assessment Process – The systematic collection, review, and use of information about student learning, educational programs, student support programs, and University services undertaken to improve teaching/learning and institutional effectiveness.

Assessment Plan – A document which outlines how and when selected outcomes will be assessed.

Assessment Report – An annual document based on the Assessment Plan that presents and explains assessment results and shows how assessment results are being used to improve the program.

Benchmark – A standard or point of reference against which things may be compared or assessed.

Closing the loop – The term used to signify the next step or ongoing steps in the assessment cycle. Also referred to as **action plan**.

Co-curricular Units – The areas outside the classroom where the University also achieves its educational mission.

Course-embedded Assessments – Direct methods to assess student-learning that are well integrated into and organic to the educational experience.

Course Student Learning Goals (CSLG) – the measurable learning/knowledge/skill expectations for all students completing an academic course, documented in the syllabi and program review

documents. Direct measures are to be used; indirect measures/results will be used to support the direct measure findings. CSGL are identified by faculty, described in the course syllabus, and it is the faculty of each course who determine what to measure and the tool to use for this faculty-driven process.

Course Operational Goals – focus on the functioning of the course, rather than the learning achieved by the students. Examples include development of new courses, deletion of a course, edits to a course, and course mapping to program goals.

Course Syllabus – A document that lays out the expectations, including the learning goals, for a single course.

Curriculum Map – A matrix representing a program's learning goals and indicating where they are developed in a program and to what extent.

Data Definitions – The definitions used by the University to ensure consistency in reporting, particularly consistency with federal and state definitions.

Direct Methods of Assessment – Measures used to document student performance. Examples of direct measures include rubrics for capstone projects, portfolios, papers, and performances.

Document Roadmap – Published by the Middle States Commission on Higher Education, the document roadmap is a tool where institutions might align specific sources of evidence with accreditation standards. The document roadmap is useful in demonstrating institutional compliance and identifying areas where the institution might need to improve.

5-Year Program Review – Required of academic departments, the 5-year program review is a self-study completed within a 5-year review cycle. The self-study requires departments to examine curriculum, student learning, faculty expertise, enrollment in the major(s) and minor(s), and other areas of relevance to the institution.

Findings – Results (evidence, data and/or information) gathered from assessment.

Formative Assessments – Assessments that occur throughout the learning process that aim to understand and, therefore, improve learning.

Institutional Effectiveness – Institutional effectiveness refers to how well an institution is achieving its mission and goals. An effective institution is characterized by a clearly defined mission that articulates who it serves, what it aspires to be, and what it values. Likewise, an effective institution has clear goals that are broadly communicated to its stakeholders.

Indirect Methods – Measures used to assess students' perceptions of their learning and educational experiences. Examples of indirect measures include surveys, focus groups, and interviews.

Institutional Priorities – In consultation with the Board of Trustees the University President identifies the University’s institutional priorities for the year. All goals are linked directly to the University’s Strategic Plan and are executed at the Divisional level. Independent divisional goals may also sometimes inform and direct new strategic initiatives or institutional goals through the established strategic planning processes.

Institutional Student Learning Goals – The measurable student learning goals that are realized in the complete educational experience, both curricular and co-curricular. At Utica University, the key intellectual skills are the institutional learning goals.

Key Performance Indicators (KPIs) – Measureable values that indicate the extent to which the institution is achieving its mission and goals.

Metrics – Standards of measurement used to assess efficiency, performance, progress, or quality.

Mission Statement – A concise statement outlining the purpose of a program, who it serves, and what distinguishes it.

Program Student Learning Goals (PSLG) – the measurable learning/knowledge/skill expectations for all students graduating from a particular curriculum/major or students being served by a particular unit.

Program Operational Goals – Goals set for and by a program, usually during the 5-year program review process. However operational goals may be set during a review for an external accreditor or in the interim between program reviews. Operational goals address the functioning of the program.

Program Review – Required self-study process completed by each academic program. It is usually conducted on a five-year rotation, unless external program accreditation cycles require a different review time line.

Rubric – Specific sets of criteria that clearly define for both student and teacher what a range of acceptable and unacceptable performance looks like. Criteria define descriptors of ability at each level of performance and assign values to each level.

Strategic Plan – The institution’s five-year plan that focuses on core principles and prepares the University to embrace the challenges and opportunities of a new era.

Target – A value that indicates whether or not a goal has been achieved.

Validity – The extent to which an assessment measures what it is supposed to measure and the extent to which inferences and actions made on the basis of test scores are appropriate and accurate.

Value added – Evidence that shows the effects educational providers have had on students during their programs of study beyond what would have occurred through natural maturation. A comparison of the knowledge and skills students bring to the educational process with the knowledge and skills they demonstrate upon completion of the educational process.

ASSESSING THE ASSESSMENT PROCESS: 3-Year Cycle

| Activity | When Assessed | How Assessed |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------|
| Annual assessment reports (academic departments) | Annually | Scored rubrics Feedback questionnaire |
| Annual assessment reports (co-curricular units) | Annually | Scored rubrics Feedback questionnaire |
| Annual assessment reports (administrative departments) | Annually | Scored rubrics |
| Program review process | Annually by responsible committee Spring 2018, Spring 2021, Spring 2024 | Scored rubrics Qualitative summary Focus groups |
| Assessment culture (faculty) | Fall 2017, Fall 2020, Fall 2023 | Survey |
| Assessment culture (co- curricular units) | Fall 2021, Fall 2024, Fall 2027 | Survey |
| Assessment culture (administrative staff) | Spring 2023, Spring 2026, Spring 2029 | Survey |
| Office of Academic Assessment/OIE | Spring 2021, Spring 2024, Spring 2027 | |
| Institutional Effectiveness | Annually | Scored rubric |



Report Template from Assessment Committees

I. Membership

Identify the members of the committee. If there have been changes to the membership or if changes are anticipated (i.e. some members' terms are expiring), please describe them here as well.

II. Meetings

Indicate how often the committee met during the academic year. Reference where agendas and minutes are filed and if they are accessible to anyone outside the committee.

III. 20XX-20XX Assessment Cycle

- **Participation**
Indicate how many units completed an assessment report. Identify those departments that did not complete an assessment and the reasons for non-compliance. What actions, if any, will be taken to move towards 100% compliance?
- **Assessment of Process**
Analyze the results of the rubric used to assess each department's process. Where is the process effective? What areas might require additional work or professional development?
- **Summary of Assessment Methods and Findings**
Report on the overall statistics for the departments. Are there any issues or concerns regarding these data?
- **Using Assessment Results**
Summarize how departments are using assessment results to make improvements or inform planning. The results may be related to student learning or operational goals.

IV. Relevant Criteria Related to MSCHE Standards

Indicate the evidence that aligns with specific criteria related to accreditation standards

V. Action Plan

What action plan or goals does the committee have for the following academic year to strengthen assessment processes and facilitate effective assessment?

INSTITUTIONAL EFFECTIVENESS RUBRIC

(adapted from the SUNY Council on Assessment rubric to measure institutional effectiveness)

<https://system.suny.edu/media/suny/content-assets/documents/academic-affairs/assessment/Institutional-Effectiveness-Rubric-Branded.pdf>

| Element | Outcome | Exemplary | Established | Developing | No Evidence |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan | <i>The institution has a formal assessment plan that documents an organized, sustained assessment process covering all major administrative departments, student support services, and academic programs.</i> | A written plan specifies responsibility for conducting assessment at departmental and institutional levels. The plan further indicates timelines and procedures and notes how assessment findings are channeled into strategic planning and budgeting. | All functional areas conduct assessment systematically and may have written policies to guide the process. However, there is no institutional plan that serves to coordinate how assessment findings improve institutional effectiveness. | Some, but not all, functional areas conduct assessment systematically, and these areas have policies and procedures for their assessment processes. However, there is no coordination of or standards for assessment set by the institution. | No institutional plan for assessment. Assessment may be conducted at the institution, but on an <i>ad hoc</i> basis, usually in response to specific challenges or accreditation mandates. |
| Goals | <i>Measureable goals have been articulated for the institution and within functional areas, including courses, programs, departments and nonacademic units.</i> | All departments at the institution and the institution itself have clearly articulated, measureable goals. Expected or aspirational outcomes are inherent in the goals. | All departments have goals, but not all are clearly stated, and the desired outcomes may lack clarity | Some but not all departments have clearly stated goals and/or goals are more of an operational checklist, a “to do” list. | Neither the institution nor its departments has clearly stated, measureable goals that identify expected or aspirational outcomes. |
| Alignment/ Mapping | <i>Specific goals (e.g. course-level, department-level) are mapped to broader, “higher-level” goals (e.g. Key Intellectual Skills, strategic goals) and the institutional mission.</i> | Departments indicate how their goals and outcomes map to the institution’s mission and goals. When appropriate, they are also linked to accreditation standards. | Departments map their goals to the institutional mission and goals, but some of the linking seems arbitrary or too much of a stretch. Likewise with mapping to accreditation standards. | Not all departments have mapped their goals to the institution’s mission and goals or current accreditation standards. | There is no evidence of alignment between departmental missions and goals and the mission and goals of the institution. |

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| Culture | <i>All appropriate members of the individual department are involved in assessment activities.</i> | All members of the University are knowledgeable about assessment activities. Each department involves key stakeholders in its assessment processes, and the University’s leadership team frequently articulate the importance of assessment and its contribution to continuous improvement and decision-making. | All departments involve faculty or staff in some aspect of assessment—e.g. planning and collecting data, reviewing assessment results, implementing program-level improvements based on assessment findings. | Some departments involve faculty or staff in their assessment processes. Likewise, some but not all departments share results with key stakeholders. | In most departments, assessment is done by lone individuals charged with assessment responsibilities (usually a director or department chair). |
| Methods & Findings | <i>Assessment results are gathered from multiple sources and measures.</i> | Assessment is based on multiple measures of performance, including direct and indirect and qualitative and quantitative data. | The institution and its departments use a combination of direct and indirect measures to assess goals. | The institution and its departments rely primarily on indirect measures. Assessment tools are poorly defined, not appropriate to the goal, or poorly constructed. | Not clear how institutional or departmental goals are being assessed. Because the goals are more of a checklist or action steps, they cannot be properly measured by any assessment method |
| Sustainability | <i>Assessment is ongoing, systematic, and conducted in a manner that is sustainable over the long term.</i> | Assessment is routinely conducted in all appropriate departments. The sustainability of assessment processes is evident by the fact that they are regular, ongoing, and systematic. Assessment continues despite turnover in departments. | Assessment is routinely conducted in most but not all appropriate departments. The sustainability of assessment processes varies with respect to how regularly it occurs or how systematically goals are measured. Efforts have sometimes been thwarted by staff turnover. | The institution can document that sustainable assessment activity is regularly occurring in several departments at the University (notably, academic departments), but practices are not universal or sustainable for the long term. | There is no evidence of sustainable assessment activity occurring within any functional department at the University (academic, student services/support, athletics, and administrative offices). |

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| Communication | <i>Results are easily accessible. They are communicated to all relevant parties and analyzed by key stakeholders.</i> | Assessment results are disseminated to appropriate audiences at appropriate times. Data appropriate to both internal and external audiences are easily accessible. | Departments within the University share assessment findings with one another or make them accessible to others at the institution. Public disclosure is limited. | Assessment results are owned by the specific department and shared with others only via the review process. | Assessment results, if they exist, reside within the individual department and are not shared with or communicated to others. |
| Planning & Resources | <i>Assessment findings are routinely considered in planning and budgeting processes.</i> | The institution is able to demonstrate that planning and budgeting processes have routinely used assessment data in decision-making. | Assessment findings are used in planning and budgeting, but there is no clear mechanism in place to ensure this is routinely accomplished. | Assessment findings from only a few departments are used to inform planning and budgeting processes. Institutional planning and budgeting decisions are based something other than assessment findings. | Assessment findings remain within the department where they were collected. It is not clear how planning or budgeting decisions are made. |
| Using Assessment Results | <i>Assessment findings are used to inform continuous improvement.</i> | The institution is committed to using assessment to inform improvement; there is documented evidence that assessment results, especially those related to student learning, are routinely used for institutional improvement. | There is evidence that all departments regularly use assessment results to inform improvements within their own operations. | There is some evidence that assessment results are used occasionally to inform institutional improvement or departmental effectiveness. | Assessment continues to be done for compliance purposes; there is little evidence that results are used to inform institutional improvement or departmental |

Annual Program Assessment Report for Academic Departments

| 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 | 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 | 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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| | and/or benchmarks are clearly indicated and reflect reasonable but challenging expectations. | is not clear how they were determined. | | |
| 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. | 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. |

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| 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. |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|

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 | 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 | 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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| | points in the curriculum. Targets and/or benchmarks are clearly indicated and reflect reasonable but challenging expectations. | benchmarks are identified, but it is not clear how they were determined. | | |
| 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. | 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. | 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. |

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| | | Further documentation might be required. | | |
| 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. |

Annual Assessment Report from Administrative Departments

| ELEMENT | Exemplary | Established | Developing | No Evidence |
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| Mission | Clearly and concisely identifies purpose, primary functions, and stakeholders. Describes a purpose that distinguishes it from other departments or units at the University. Reflects the University's mission. | Clearly states broad aspects of the department's function. Alignment with the University's mission may be inferred. Identifies key stakeholders. | Provides a general statement or list of the department's work but does not clearly describe the department's purpose. Does not identify stakeholders. Does not provide a clear sense of how the mission aligns with the University's mission. | No formal mission statement exists. |
| Implemented Improvements | Provides clear and concrete evidence of how improvements from the previous assessment cycle were implemented. This may include improvements made as a result of assessment or improvements made to the department's assessment processes. Documents that appropriate actions were taken on all issues. | 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. |
| Goals & Outcomes | Goals are clearly articulated, observable, measurable, and, in some cases, aspirational. They are congruent with the department's mission. Goals include outcomes that indicate expected or aspirational results. | 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 more of an operational checklist or target than a measurable goal. As such, they are not necessarily measurable, and they may not indicate what strategic results the department aspires to achieve. | Most of the goals are unclear, not measurable, and/or inadequate for meaningful assessment. |
| Assessment Methods and Targets or Benchmarks | Assessment methods are appropriate measures for each goal. They are clearly described and appropriately designed. Each goal is assessed using multiple | Assessment methods are appropriate measures for each goal. Some goals are assessed using only indirect methods, and/or some goals have only one | Each goal is measured using only one assessment method, and the overall plan relies primarily on indirect measures. Assessment tools are vague, | Unclear what the assessment methods are. |

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| | methods, both direct and indirect. Targets and/or benchmarks are clearly indicated and reflect reasonable but challenging expectations. | assessment method assigned to them. Targets and/or benchmarks are identified, but it is not clear how they were determined. | poorly defined, or not appropriate to the goal. Targets/benchmarks not indicated. | |
| Analysis of Assessment Results | Clear and substantial evidence is presented that indicates whether or not the goals were achieved. Findings are specific enough to be meaningful, and a clear, succinct analysis, interpretation of, and reflection on the results are included. Trends or patterns over time are discussed. The analysis involved all appropriate members of the department or other key stakeholders. 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. | Results are reported, but they are too summative or general to be meaningful. 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 | Identifies key areas that require attention and defines next steps. Action plans are directly linked to assessment findings and reflect what was learned through the assessment process. If no changes are reported or necessary, an explanation is provided. | Identifies key areas that require attention, but burden for improvement was placed outside the department. Action plan may be overly broad or too general. No explanation provided when report concludes that no action is required. | Does not describe what was learned during the assessment process. Identifies one or two items for improvement, but these are not supported by assessment findings. | No evidence that the department is using assessment findings to inform planning or continuous improvement. |