



# **GUIDE TO ACADEMIC ASSESSMENT**

**2022- 2023**

August 2022

## Principles of Good Assessment

Assessment processes at Utica University are guided by accreditation requirements and best practices as defined by the National Institute for Learning Outcomes Assessment (NILOA), the Association for American Colleges & Universities (AAC & U), the Association for the Assessment of Learning in Higher Education (AALHE), and other agencies relevant to Utica University's curricular and co-curricular offerings.

Consistent with the guiding principles articulated in the University's *Guide to Institutional Effectiveness*, academic assessment is

- Governed by the faculty
- Non-punitive and used to inform improved change
- Relevant, realistic, and sustainable
- Well-planned and well-documented
- Student centered

Effective assessment processes are characterized by the following:

- They are organized around goals, not individual courses or activities.
- They use multiple methods to assess each individual goal.
- They rely primarily on direct evidence; indirect evidence is used to supplement the narrative.
- They provide specific evidence regarding areas of strength and areas needing improvement.
- They result in a compelling narrative.
- They produce results that are useful to planning and resource allocations.
- They are shared with and analyzed by all relevant stakeholders.

## Assessment Processes and Expectations

### Academic Departments and CORE

#### *Annual Goal Reports*

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

Best practice recommends assessing each learning goal twice during a 5-year review cycle. Direct methods should be used to assess student learning. Indirect methods may be used to supplement findings. Departments are urged to use assessments that measure multiple learning goals (“work smarter, not harder”) and capitalize on assessments already being done

systematically, such as internship evaluations, student teaching reviews, and clinical assessments. Both qualitative and quantitative measures are appropriate for assessing student performance.

All full-time faculty in a program should participate in the department's assessment process, from administering the assessments to interpreting the results and generating an action plan. Efforts should be made to include adjunct faculty in the process as well. When warranted, results should be shared with other stakeholders, such as students or alumni.

The Academic Assessment Committee (AAC) reviews reports and plans and provides feedback directly to departmental faculty in face-to-face meetings and/or by scored rubric. The AAC's review focuses primarily on assessment processes and their effectiveness.

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

### *Course Syllabi*

Course-level learning goals are expected to be clearly articulated in each syllabus and congruent with program-level learning goals. Syllabi should also include information about how the learning will be assessed, when the assessments will occur, and how much each assessment is worth towards the final grade.

Faculty are required to submit copies of their course syllabi to the respective school office during the first week of classes. Syllabi will be filed in the school's shared drive. Likewise, each faculty member's Summary of Professional Activities (SOPAs) should be updated and submitted to the respective school office by August 15 of each academic year.

### *5-Year Program Review*

Academic programs and departments also complete a 5-year program review. Departments scheduled for 5-year reviews should have the self-study completed by October 15 of the academic year when it is due. Policies, processes, and procedures related to the 5-year program review may be found in the *Academic Assessment Committee's Handbook* or accessed at <https://www.utica.edu/academic/Assessment/new/review.cfm>.

For programs that have specialized accreditors, the accreditation reports typically replaces the self-study. However, the University may require the program to engage in additional analyses of data, particularly with respect to enrollment trends and economic forecasts. Copies of the program's accreditation report(s) and annual updates should be submitted to the Office of Institutional Effectiveness. Program faculty are expected to meet with the Provost to discuss the accreditation report, team visit report, program goals, and resource needs.

## **Institutional Data and Indirect Assessments**

Utica University systematically collects information related to its effectiveness in achieving its mission, goals, and institutional priorities. The Office of Institutional Effectiveness conducts indirect assessments of student learning and 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.

Departments and programs are encouraged to utilize institutional data and assessments where and when appropriate. Institutional survey reports may be found at the following site: <https://www.utica.edu/ir/studentsurveys.cfm>.

In order to reduce the likelihood of survey fatigue, any unit that plans on administering a campus-wide survey beyond the scope of a program or department should contact the Office of Institutional Effectiveness to make sure the timing does not coincide with the administration of another survey. The University's survey schedule is posted on the following site: [Institutional Surveys at Utica University | Utica University](#)

## **Sharing Assessment Results**

All members of a department or program have a shared responsibility regarding assessment, both doing it and analyzing the results. Program-level assessment results must be shared with and reviewed by all departmental faculty members.

In each school, programs or departments should schedule retreats at the close of the term in order for faculty to review and interpret recent assessment findings and develop plans of actions based on these results. Departmental faculty should also meet prior to the beginning of each term to discuss ways to implement the action plans and to finalize the assessment strategies for the upcoming semester.

Program-level assessment results, whether related to student learning or operational effectiveness, are likewise shared with the respective school dean and the Academic Assessment Committee (AAC) as part of the annual review process. The dean uses this information to determine resource needs; AAC uses it to assess the institution's assessment processes and identify faculty development needs. The Academic Assessment Committee reports at the close of each traditional semester to the Provost and the Faculty Senate on the status of assessment at Utica University. The Vice President for Institutional Effectiveness/Dean of Academic Assessment is responsible for reporting significant findings and evidence of continuous improvement to the University's Board of Trustees.

Departments are urged to look for additional ways to share assessment findings with important stakeholders, namely alumni and current students.

With all learning assessments, assessment data remains confidential and is reported only in aggregate form at the program level. Faculty and program directors should adhere to FERPA

regulations when reporting assessment results. When student artifacts are being submitted as part of the annual goal report or program review, all identifiable information should be scrubbed from the document. Likewise, if “raw” data are attached as supporting evidence for an assessment finding, all identifying information (students’ names, ID numbers) should be removed.

## **Connecting Assessment to Planning and Budgeting**

Through the annual goal report process, departments and programs indicate action plans based on assessment and other data sources and indicate resource needs. If the department’s assessment findings suggest a need for additional or increased resources, the chairperson should make an appointment to meet with the school dean to discuss the findings and the recommended action plan/resource request. When appropriate, the school dean will advocate for the department at the divisional and institutional-level.

## **Assessment Resources**

Assessment resources are available to faculty and staff on the “Assessment at Utica University ” webpage (<https://www.utica.edu/academic/Assessment/new/resources.cfm>). These resources include links to professional development materials, University documents, and rubrics to assess student learning.

The Vice President for Institutional Effectiveness/Dean for Academic Assessment is likewise a resource to support faculty and staff with their assessment processes. The Assessment Office is located in White 127. The dean may be reached at extension 2568 or by email: [aedamian@utica.edu](mailto:aedamian@utica.edu).

## 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. CSLG 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.

**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** – A plan developed through a participatory process that articulates the University’s mission and values and identifies long-term goals and the tactics to achieve them. A strategic plan reflects the institution’s priorities and informs decisions about resources.

**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.



<b>ELEMENT</b>	<b>Exemplary</b>	<b>Established</b>	<b>Developing</b>	<b>Undeveloped</b>
<b>Implemented Improvements</b>	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.
<b>Student Learning Goals</b>	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.
<b>Plan for Student Learning Assessment</b>	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.
<b>Student Learning Assessment Methods and Targets</b>	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)

<b>Student Learning Assessment Results and Analysis</b>	<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>No evidence of assessment results is reported, or the evidence is so general and so brief, it does not report anything meaningful.</p>
<b>Action Plans: Using Assessment Results</b>	<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>No evidence that the department is using assessment findings to inform planning or continuous improvement.</p>
<b>Operational Goals &amp; Evidence</b>	<p>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.</p>	<p>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.</p>	<p>Goals are articulated, but the language is vague. There is a lack of alignment between the goals and the supporting evidence.</p>	<p>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.</p>
<b>Operational Planning &amp; Resource Needs</b>	<p>Planned improvements are clearly identified; they are specific and relate directly to assessment findings. Action plans are appropriate given current resources and demonstrated need.</p>	<p>The connection between the action plan and/or resource request and the assessment results or other evidence is not readily apparent.</p>	<p>Action plans are identified, but they are vague and non-specific. Plans may not be clearly linked to evidence or assessment results.</p>	<p>No operational plan indicated.</p>

## Notes