Sam Houston State University
Office of Assessment

ASSESSMENT MANUAL

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THE OFFICE OF ASSESSMENT

MISSION

The Office of Assessment at Sam Houston State University champions assessment as a transformative process that enhances teaching, learning, and institutional effectiveness. Aligned with the university's commitment to Prioritizing Student Access and Success and Embodying a Culture of Excellence, we promote best practices that foster continuous improvement across academic, administrative, and support units. Through inclusive partnerships, accessible resources, ongoing training, and personalized support, we empower faculty and staff to engage meaningfully in the assessment process. Together, we cultivate a culture of data-informed innovation that drives excellence, fuels student success, and strengthens the university community.

VISION

The Office of Assessment at SHSU envisions an empowered university community where innovative assessment drives transformative learning, institutional excellence, and a shared commitment to progress.

CORE VALUES

- **Student-Centered Improvement**
  We prioritize assessment practices that enhance student access, learning, and success.

- **Collaboration**
  We foster partnerships with faculty, staff, and leadership to promote shared ownership of assessment and improvement.

- **Innovation**
  We encourage creative and forward-thinking approaches to assessment that support institutional growth and transformation.

- **Integrity**
  We uphold transparency, trust, and ethical responsibility in all aspects of assessment.

- **Excellence**
  We support high standards and continual progress in assessment processes to strengthen SHSU's culture of excellence.

- **Empowerment**
  We equip the university community with the tools, training, and support needed to use assessment data meaningfully and confidently.

ASSESSMENT MANUAL SUMMARY

This Assessment Manual provides a comprehensive, practical resource for developing, implementing, reviewing, and improving assessment plans at Sam Houston State University. Designed for academic programs and administrative and support units, the Manual supports faculty and staff in engaging in meaningful assessment that strengthens student learning, unit effectiveness, evidence-informed decision-making, and continuous improvement.

The Manual explains the foundations of assessment, roles and responsibilities, the assessment process, and the alignment of assessment plan components. It provides step-by-step guidance for creating high-quality assessment plans, complete assessment plan examples, quality and submission checklists, and guidance for understanding and using meta-assessment. Frequently asked questions and quick-reference tools provide additional support throughout the assessment cycle.

Assessment is an ongoing, shared responsibility that extends beyond documenting information in an assessment plan management system. The purpose of this Manual is to help programs and units develop assessment practices that produce meaningful evidence, encourage reflection and collaboration, inform decisions and actions, and support continuous improvement over time.

ACKNOWLEDGMENT OF GENERATIVE AI USE

Generative artificial intelligence (AI) tools were used during the development of this manual to support activities such as drafting, revising, organizing, and refining content. All AI-assisted content was reviewed, edited, and validated by Office of Assessment staff. Final decisions regarding the manual's content, terminology, recommendations, and alignment with institutional assessment practices were made by the Office of Assessment, which assumes responsibility for the final content.

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ASSESSMENT FOUNDATIONS

Assessment is an essential part of understanding how well academic programs, administrative units, and support units are achieving their intended outcomes. When conducted meaningfully, assessment provides evidence that can be used to recognize strengths, identify opportunities for improvement, make informed decisions, and improve outcomes over time.

This section introduces the foundational concepts needed to understand assessment, including the distinction between the assessment process, an assessment plan, and the assessment plan management system used to document assessment activities.

WHAT IS ASSESSMENT?

Assessment is the systematic and ongoing process of collecting, analyzing, and using evidence to evaluate performance, determine the extent to which outcomes are being achieved, and inform decisions for continuous improvement.

Assessment is a *process* of answering three questions:

1. What are we trying to accomplish?
2. How do we know whether we are accomplishing it?
3. What will we do with the information we learn?

Assessment is meaningful, consequential work—not simply a reporting requirement or the collection of data. Data become useful for assessment when they are analyzed, interpreted, and used to inform decisions. Likewise, assessment is not a one-time activity completed at the end of an assessment cycle. It is an ongoing process that includes planning, measuring performance, examining results, taking action, and determining whether those actions lead to improvement.

KEY TAKEAWAY

Assessment is an ongoing process of using evidence to understand performance, inform decisions, and support continuous improvement.

WHAT IS AN ASSESSMENT PLAN?

An Assessment Plan is a structured *framework* that documents what will be assessed, how it will be assessed, how success will be determined, and how results will be used to improve programs, services, or operations.

An Assessment Plan provides direction and structure for a unit's assessment activities throughout an assessment cycle. It establishes the relationships among what the unit intends to accomplish, how achievement will be measured, what constitutes success, what the evidence shows, and what actions will be taken as a result.

Depending on the type of unit, an assessment plan may include:

- Goals
- Learning Objectives or Performance Objectives
- Indicators and Criteria or Key Performance Indicators (KPIs) and Targets
- Findings or Results
- Actions
- Plans for Continuous Improvement

An Assessment Plan should be viewed as a working framework for assessment, not simply as information that must be entered into a reporting system. It should guide assessment activities and evolve as evidence, priorities, and improvement needs change.

WHAT IS AN ASSESSMENT PLAN MANAGEMENT SYSTEM?

An Assessment Plan Management System is a software platform used to document, organize, maintain, and report Assessment Plan information. At SHSU, this software platform is Blackboard Planning. This system provides a centralized location for recording assessment plan components, documenting findings and results, recording improvement actions, maintaining assessment history, and generating reports.

The Assessment Plan Management System (i.e., Blackboard Planning) is an important tool, but it should not be confused with assessment itself. Entering goals, objectives, measures, targets, results, and actions into the system documents assessment work. It does not replace the work of conducting assessment.

Meaningful assessment occurs when faculty and staff:

- Develop appropriate outcomes and measures.
- Collect and examine evidence.
- Discuss and interpret results.
- Make decisions based on those results.
- Implement actions for improvement.
- Evaluate whether those actions produced the intended effect.

KEY DISTINCTION

Assessment is the process.

The Assessment Plan is the framework that organizes and documents the process.

The Assessment Plan Management System is the tool used to document and manage that framework.

THE VALUE OF ASSESSMENT

Assessment is more than an accreditation or reporting requirement. It provides evidence that helps programs and units understand student learning and performance, determine whether intended outcomes are being achieved, identify strengths and opportunities for improvement, and make informed decisions. The value of assessment lies not in collecting data, completing reports, or entering information into an assessment plan management system, but in using evidence to improve outcomes and support continuous improvement.

Meaningful assessment benefits students, faculty and staff, the university, and the broader community.

ASSESSMENT AT SHSU

Assessment is an integral component of institutional effectiveness at Sam Houston State University and is a shared responsibility across the university. Through assessment, academic programs and administrative and support units evaluate their performance, identify strengths and opportunities for improvement, and use evidence to inform decision-making. Assessment supports the university's commitment to continuous improvement, accountability, and achieving its mission and strategic priorities.

At SHSU, assessment is not intended to be a standalone activity or an annual reporting exercise. Rather, it is an ongoing process that helps programs and units understand how effectively they are achieving their intended outcomes and where improvements can be made. Assessment occurs across the university, encompassing all colleges and divisions and both academic programs and administrative and support units.

Academic assessment focuses primarily on student learning and educational outcomes within degree programs, minors, and certificates. Academic programs assess the extent to which students demonstrate the knowledge, skills, abilities, and other outcomes established by the program.

Administrative and support unit assessment focuses on the performance and effectiveness of administrative and support units. These units assess outcomes associated with their programs, services, processes, operations, and other responsibilities.

At SHSU, assessment plans are maintained for:

- Academic degree programs
- Academic minors
- Academic certificates
- Administrative units
- Support units
- Other nonacademic units, as applicable

KEY TAKEAWAY

Although the outcomes and methods of measurement may differ across academic programs and administrative and support units, assessment at SHSU is guided by the same fundamental principle: Use meaningful evidence to understand performance, inform decisions, and support continuous improvement.

ROLES, RESPONSIBILITIES, AND ACCOUNTABILITY

THE ROLE OF THE OFFICE OF ASSESSMENT

The Office of Assessment provides leadership, coordination, guidance, and support for assessment activities across Sam Houston State University. The Office works with faculty, staff, academic programs, administrative units, and support units to promote meaningful assessment practices that strengthen student learning, unit effectiveness, evidence-informed decision-making, and continuous improvement.

The Office of Assessment's work extends beyond the coordination and monitoring of assessment plans. Its responsibilities include supporting academic programs and administrative and support units, providing assessment resources and professional development, offering individualized consultation and assistance, maintaining the university's assessment plan management system, coordinating institutional assessment initiatives, supporting the assessment of the Core Curriculum, disseminating assessment results, promoting effective assessment practices, and providing opportunities that encourage innovation and improvement in assessment.

Through these activities, the Office of Assessment helps build institutional capacity for meaningful assessment and supports a university-wide culture in which evidence is used to understand performance, inform decisions, and improve outcomes.

The Office of Assessment coordinates, monitors, and supports assessment; it does not conduct assessment on behalf of individual units. Academic programs and administrative and support units retain responsibility for developing, implementing, reviewing, and maintaining their assessment plans and for using assessment results to inform improvement.

Core Curriculum Projects. The Office of Assessment coordinates the university's core curriculum outcomes assessment process to evaluate student achievement of the six Texas Core Curriculum objectives: Critical Thinking Skills, Communication Skills, Empirical and Quantitative Skills, Teamwork, Personal Responsibility, and Social Responsibility. The Office works with faculty and academic units to facilitate the systematic collection, analysis, and reporting of assessment data related to these outcomes. Results are reviewed to identify strengths and opportunities for improvement in student learning.

Assessment Resources. The Office provides resources for academic programs and administrative and support units, including assessment plan guidance, definitions, flowcharts, submission checklists, the Meta-Assessment Rubric, how-to videos, AI-assisted assessment planning guidance, curriculum mapping resources, and other tools designed to support assessment throughout the assessment cycle.

Training and Professional Development. The Office offers training and workshops on assessment planning and related topics, including developing and measuring Learning Objectives, developing and measuring Performance Objectives, using the assessment plan management system, curriculum mapping, and meta-assessment. Training opportunities are available to both new and experienced faculty and staff.

Individualized Assistance. Faculty, staff, Assessment Coordinators, and unit leaders may contact the Office for individualized assistance with assessment planning. Support may include consultation, assessment plan brainstorming, assistance with developing or strengthening assessment plan components, curriculum mapping, and guidance in using the assessment plan management system. Customized presentations and workshops are also available for individuals, groups, departments, and offices.

Support for Assessment Innovation and Improvement. The Office provides additional opportunities to strengthen assessment practices, including competitive Assessment Mini-Grants that support new or ongoing assessment activities and other initiatives designed to enhance assessment and continuous improvement across the university.

Faculty and staff are encouraged to use these resources and seek assistance throughout the assessment cycle rather than waiting until assessment plan submission deadlines approach. Early consultation can help units identify potential concerns, strengthen alignment among assessment plan components, and develop assessment practices that produce meaningful and useful evidence.

KEY DISTINCTION

The Office of Assessment coordinates, monitors, and supports assessment. Responsibility for conducting meaningful assessment remains with the individual program or unit.

ASSESSMENT EXPECTATIONS

Academic programs and administrative and support units at SHSU are expected to engage in meaningful, ongoing assessment as part of their regular planning and improvement efforts. Assessment should reflect the work of the program or unit and provide useful evidence for understanding performance, making informed decisions, and supporting continuous improvement.

Each program or unit is expected to:

- Develop and maintain a meaningful assessment plan that is grounded in the unit's mission or purpose and reflects its priorities and intended outcomes.
- Ensure alignment among assessment plan components so that goals, objectives, methods of measurement, criteria or targets, findings or results, and actions work together as a coherent assessment process.

- Engage appropriate faculty and staff in assessment rather than assigning responsibility for the entire process to one individual.
- Collect appropriate evidence to determine the extent to which intended outcomes and established expectations are being achieved.
- Analyze and interpret assessment findings or results to identify strengths, areas for improvement, trends, and other meaningful findings.
- Use assessment results to inform decisions and actions, including actions taken when established criteria or targets are met as well as when they are not met.
- Implement and follow up on identified actions to determine whether changes have contributed to improvement.
- Review and update the assessment plan regularly to ensure that it remains relevant, meaningful, and useful.
- Maintain assessment documentation and continuity so that assessment activities can continue when responsibilities or personnel change.
- Document assessment activities in the assessment plan management system accurately, completely, and within established timelines.

Assessment expectations extend beyond completing required fields in the assessment plan management system. The system serves as the university's tool for documenting assessment; it does not replace the planning, collaboration, data collection, analysis, decision-making, and improvement activities that constitute meaningful assessment.

Programs and units are expected to engage faculty, staff, leadership, and others as appropriate in the assessment process. Although one individual may coordinate assessment activities and maintain information in the assessment plan management system, responsibility for meaningful assessment remains with the program or unit.

Assessment should ultimately produce evidence that can be interpreted and used. The purpose is not simply to demonstrate that assessment occurred, but to use what is learned to understand performance, inform decisions, and support continuous improvement.

ASSESSMENT IS A SHARED RESPONSIBILITY

Effective assessment is a shared responsibility. Although one individual may serve as the Assessment Coordinator and manage or facilitate the assessment process, meaningful assessment requires the participation of faculty and staff who are knowledgeable about the program, services, processes, or operations being assessed.

Assessment should not be assigned to one person with the expectation that the individual will independently develop the assessment plan, collect and analyze data, interpret findings or results, determine actions, and maintain the plan from year to year. Instead, appropriate members of the program or unit should contribute their knowledge and expertise throughout the assessment process.

A collaborative approach to assessment helps ensure that:

- Responsibility and institutional knowledge are maintained when personnel or assignments change.
- Goals and objectives reflect the priorities and intended outcomes of the unit.
- Methods of measurement provide meaningful evidence of achievement.
- Criteria and targets reflect appropriate expectations for performance.
- Assessment data are understood and interpreted within the appropriate context.
- Findings and results are discussed rather than simply reported.
- Actions are informed by the collective knowledge and experience of the unit.
- Assessment results are incorporated into planning and decision-making.

The individuals who participate and the extent of their involvement will vary according to the size, structure, and responsibilities of the unit. Shared responsibility does not require every faculty or staff member to participate equally in every assessment activity. Rather, it means that assessment should involve the appropriate individuals at the appropriate stages of the process.

For academic programs, faculty should have meaningful involvement in establishing student learning expectations, determining how learning will be assessed, reviewing findings, and identifying appropriate actions. For administrative and support units, staff with knowledge of the services, processes, or functions being assessed should contribute to establishing expectations, interpreting results, and identifying opportunities for improvement.

Unit leadership and Assessment Coordinators play important roles in facilitating this participation, but neither replaces the collective responsibility of the unit.

PROGRAM OR UNIT LEADERSHIP RESPONSIBILITIES

Unit leadership plays an essential role in establishing expectations for assessment and ensuring that assessment is integrated into the program's or unit's regular planning, decision-making, and continuous improvement efforts. Unit leaders are not expected to independently conduct every aspect of assessment. Their responsibility is to ensure that the unit has the expectations, participation, support, oversight, and accountability necessary for meaningful assessment to occur.

In short, program or unit *leadership sets the tone for assessment*. When leaders actively support, review, and use assessment, it becomes part of the unit's work and decision-making rather than an isolated task assigned to an Assessment Coordinator or other designated individual.

Depending on the structure of the unit, leadership may include deans, associate deans, department chairs, program directors or coordinators, directors, supervisors, or other administrators with responsibility for the academic program, department, office, or unit.

Program and unit leaders are responsible for:

- Establishing expectations for assessment. Communicate that assessment is an ongoing and meaningful unit responsibility and should be integrated into the regular work of the program or unit.
- Ensuring appropriate participation. Involve the faculty and staff whose knowledge and expertise are necessary to develop, implement, review, and improve the assessment plan.
- Providing leadership and oversight. Ensure that assessment activities are completed throughout the assessment cycle and that established expectations and deadlines are met.
- Ensuring coordination of assessment activities. Establish a clear process for coordinating the unit's assessment activities and ensure that responsibilities are appropriately assigned. When an Assessment Coordinator or other designated individual serves in this role, provide the information, participation, time, and support necessary for that individual to be successful.
- Reviewing the quality of assessment plans. Ensure that the plans meaningfully reflect the unit's priorities and outcomes and that their components are clear, appropriate, aligned, and useful for assessment.
- Engaging with assessment evidence. Encourage faculty and staff to review and discuss findings, identify strengths and opportunities for improvement, and consider the implications of assessment results.
- Supporting evidence-informed decision-making. Encourage the use of assessment results when making decisions about curriculum, programs, services, processes, operations, resources, and other unit priorities.
- Supporting improvement efforts. Ensure that appropriate actions are developed from assessment results, implemented as planned, and subsequently evaluated to determine their effectiveness.
- Ensuring accountability. Address incomplete, weak, or ineffective assessment practices and ensure that identified concerns are appropriately resolved.
- Maintaining continuity. Ensure that assessment knowledge, records, access, and responsibilities are transferred appropriately when leadership, Assessment Coordinators, faculty, or staff change.

REMEMBER

Leadership's role extends beyond ensuring that an Assessment Plan is submitted. Leadership sets the tone for assessment and helps create the conditions in which meaningful assessment can occur.

FACULTY AND STAFF RESPONSIBILITIES

Faculty and staff provide the knowledge and experience necessary for meaningful assessment. Because they are directly involved in delivering academic programs, services, processes, and operations, their participation helps ensure that assessment reflects the actual work of the program or unit and produces useful information for improvement.

The nature and extent of participation will vary according to an individual's role and the structure and needs of the unit. Not every faculty or staff member is expected to participate in every assessment activity. However, appropriate faculty and staff should be involved throughout the assessment process.

As applicable to their roles, faculty and staff are responsible for:

- Contributing to assessment planning. Participate in developing and reviewing the program or unit's goals, objectives, methods of measurement, and expectations for achievement.
- Supporting data collection. Collect, provide, or facilitate access to the evidence needed to assess intended outcomes.
- Reviewing assessment evidence. Examine findings and results to determine what the evidence reveals about student learning, unit performance, services, processes, or operations.
- Contributing to interpretation and discussion. Apply their knowledge and experience to help identify strengths, concerns, trends, and opportunities for improvement.
- Identifying appropriate actions. Participate in determining what, if anything, should be maintained, modified, or improved based on assessment results.
- Implementing improvement efforts. Carry out applicable actions resulting from assessment findings as part of their respective roles and responsibilities.
- Evaluating improvement efforts. Contribute to determining whether implemented actions produced the intended changes or improvements.
- Sharing assessment information. Provide relevant information and documentation to those responsible for coordinating and maintaining the unit's assessment activities.

For academic programs, faculty participation is particularly important in establishing expectations for student learning, determining appropriate methods for assessing learning, reviewing evidence of student achievement, and identifying curricular or instructional improvements.

For administrative and support units, staff who are knowledgeable about the programs, services, processes, or operations being assessed should participate in establishing performance expectations, reviewing evidence, interpreting results, and identifying opportunities for improvement.

Faculty and staff do not need to be assessment experts to participate meaningfully. Their primary contribution is their knowledge of the students, programs, services, processes, and operations being assessed. The Office of Assessment provides resources, training, and support to assist with the assessment process.

ASSESSMENT COORDINATION RESPONSIBILITIES

Each unit should have a clear process for coordinating its assessment activities. Depending on the structure and needs of the college, division, department, program, or unit, assessment coordination may be assigned to a designated Assessment Coordinator, incorporated into another individual's responsibilities, or shared among multiple faculty or staff members. Regardless of how assessment coordination is structured, responsibility for coordinating the following activities should be clearly established:

- Facilitating assessment plan development and review. Coordinate the development, review, and updating of the program or unit's assessment plan in collaboration with appropriate faculty, staff, and leadership.
- Coordinating participation. Ensure that the appropriate individuals are involved at relevant stages of the assessment process.
- Communicating assessment information. Share assessment expectations, timelines, deadlines, resources, and other relevant information with individuals involved in the assessment process.
- Coordinating data collection and reporting. Help ensure that planned assessment data are collected, analyzed, and available for review within established timelines.
- Facilitating review of findings or results. Coordinate opportunities for appropriate faculty and staff to review, discuss, and interpret assessment findings and results.
- Coordinating improvement planning. Facilitate the development and documentation of actions informed by assessment results and follow up on their implementation.
- Maintaining assessment documentation. Ensure that assessment records, supporting evidence, decisions, and other relevant documentation are maintained and accessible.
- Maintaining the assessment plan management system. Ensure that required assessment plan information is entered, updated, and accurately documented within established timelines.
- Communicating with the Office of Assessment. Serve, or ensure that someone serves, as a point of contact for assessment-related communication, questions, training, and assistance.
- Supporting continuity. Ensure that assessment information, documentation, system access, and knowledge are appropriately transferred when assessment responsibilities change.

Assessment coordination provides organization and continuity to the assessment process, but coordination does not equal ownership. Whether assessment activities are coordinated by one individual or several, assessment remains a shared responsibility of the unit.

KEY DISTINCTION

Coordination does not equal ownership. An individual may organize and facilitate the assessment process, but responsibility for assessment remains with the program or unit.

ACCOUNTABILITY AND CONTINUITY

Assessment is an ongoing program or unit responsibility. Although specific individuals may lead, coordinate, or participate in different aspects of the assessment process, responsibility for maintaining meaningful assessment remains with the college, division, department, program, or unit.

Assessment plans belong to the program or unit, not to the individual responsible for maintaining them.

Programs and units should establish practices that promote accountability and ensure that assessment can continue when leadership, faculty, staff, or assessment responsibilities change. These practices include:

- Clearly assigning responsibilities. Ensure that individuals understand their roles in developing, implementing, reviewing, coordinating, and maintaining assessment activities.
- Maintaining accessible documentation. Keep assessment plans, data sources, findings, results, supporting evidence, decisions, actions, and other relevant records organized and accessible to appropriate individuals.
- Documenting assessment processes. Maintain sufficient information about how and when assessment activities are conducted so that the process can be understood and continued by others.
- Monitoring progress. Review assessment activities throughout the cycle to ensure that data collection, analysis, reporting, and improvement efforts are occurring as planned.
- Following through on improvement efforts. Ensure that identified actions are implemented and that progress and outcomes are subsequently reviewed.
- Sharing assessment knowledge. Ensure that more than one individual understands the unit's assessment plan, major assessment activities, and current improvement efforts.
- Planning for transitions. When assessment responsibilities change, provide the incoming individual or individuals with relevant documentation, system access, timelines, prior results, current actions, and other information necessary to continue the assessment process.
- Reviewing prior assessment work. Individuals assuming assessment responsibilities should become familiar with the unit's existing assessment plan, recent results, actions, and plans for continuous improvement before making significant changes to the plan.

Changes in personnel or responsibilities should not result in the loss of assessment knowledge, abandonment of improvement efforts, or unnecessary redevelopment of an established assessment plan. New individuals may bring valuable perspectives and identify appropriate revisions, but changes should be informed by the program or unit's previous assessment work and current needs. A change in personnel should represent a transition of responsibility—not a restart of the assessment process.

REMEMBER

Assessment belongs to the program or unit—not to an individual. Changes in personnel should result in a transition of responsibility, not a restart of the assessment process.

WHEN ASSESSMENT FALLS SHORT

Meaningful assessment depends on active participation, shared responsibility, appropriate coordination, accountability, and continuity. When these elements are missing, assessment can become primarily a reporting exercise rather than a useful process for understanding performance and supporting improvement.

When assessment falls short, programs and units may miss opportunities to identify strengths, address challenges, improve student learning, strengthen programs and services, and make evidence-informed decisions. Weak assessment practices can also make it more difficult to demonstrate effectiveness, maintain continuity, and provide meaningful evidence of improvement over time.

Importantly, assessment does not fall short simply because a criterion or target is not met. Criteria and targets will not always be achieved, findings or results may reveal unexpected concerns, and improvement efforts may not always produce the intended outcomes. These situations can provide valuable information about where additional attention or change may be needed.

Similarly, meeting every criterion or target does not necessarily indicate strong assessment. Meaningful assessment requires programs and units to examine and interpret their evidence, consider what the findings or results mean, determine appropriate next steps, and use what they learn to inform future decisions.

Assessment falls short when the process does not produce meaningful reflection, learning, decision-making, or improvement.

KEY TAKEAWAY

Assessment quality is not determined by whether every criterion or target is met. What matters is how thoughtfully the evidence is interpreted and used to inform decisions and improvement.

COMMON ASSESSMENT MISTAKES

Assessment practices that can limit the usefulness and effectiveness of the assessment process include:

- Developing assessment plan components that do not align with the applicable definitions and specifications outlined in the Meta-Assessment Rubric.
- Developing an assessment plan in which the components are not clearly aligned.
- Treating assessment as simply entering information into the assessment plan management system.
- Waiting until the end of the assessment cycle to address assessment.
- Assigning the entire assessment process to one person.
- Reusing the same assessment plan without considering what should change or improve.
- Developing objectives that are vague, overly broad, or difficult to measure.
- Using Indicators or KPIs that do not clearly measure the corresponding objective.
- Establishing criteria or targets without a clear rationale.
- Reporting findings or results without interpreting what the evidence means.
- Developing actions that do not clearly follow from the findings or results.
- Failing to follow up on actions from the previous assessment cycle.
- Allowing assessment work to be disrupted when personnel or responsibilities change.

THE ASSESSMENT PROCESS

THE ASSESSMENT CYCLE

Assessment is a systematic and ongoing process for examining student learning or unit performance and using evidence to support improvement. Although the assessment process can be described as a series of stages, those stages are interconnected rather than independent. Decisions made at one stage influence the stages that follow, and changes at one stage may require reconsideration of other stages to maintain alignment.

The assessment process includes ten interconnected stages, as illustrated in Figure 1.

Figure 1. *The Assessment Cycle*

The assessment cycle includes the following ten stages:

1. Review the mission or purpose of the program or unit
2. Establish goals
3. Develop objectives
4. Select methods of measurement
5. Establish expectations for achievement
6. Collect data
7. Analyze and report findings or results
8. Develop actions
9. Implement actions
10. Reassess and continue the cycle

These stages are interconnected. Changes made at one stage may require reconsideration of other stages to maintain alignment throughout the assessment plan. Assessment is cyclical rather than linear. The completion of one assessment cycle provides information that helps shape the next.

KEY TAKEAWAY

The stages of assessment are interconnected and cyclical. What is learned during one assessment cycle should inform decisions, improvement efforts, and assessment in the next cycle.

REVIEW THE MISSION OR PURPOSE

Assessment begins with a clear understanding of the Mission or Purpose of the program, department, office, or unit. The Mission or Purpose establishes the broader context for assessment and helps determine what the program or unit should seek to accomplish. Before beginning a new assessment cycle, programs and units should review their Mission or Purpose to ensure that it remains current and accurately reflects their primary responsibilities and priorities.

The Mission or Purpose does not need to change each assessment cycle. Instead, it serves as the foundation against which Goals and subsequent assessment activities are considered.

ESTABLISH GOALS

Goals should be grounded in the Mission or Purpose of a program or unit. Goals should address broad areas of achievement or improvement that support the Mission or Purpose. They provide direction for the assessment plan and establish the broader outcomes toward which more specific Objectives are directed. Goals should reflect meaningful priorities rather than simply describe routine activities or responsibilities. Because Goals are intentionally broad, they are typically assessed through more specific Learning Objectives

or Performance Objectives. Academic programs and administrative and support units may differ in the types of outcomes they assess, but in both settings, Goals should provide a clear connection between the Mission or Purpose and the Objectives that follow.

DEVELOP OBJECTIVES

Objectives identify the specific outcomes that will be assessed. For academic programs, Learning Objectives describe what students are expected to demonstrate as a result of their learning. For administrative and support units, Performance Objectives describe the specific improvements or changes in performance the unit intends to achieve.

Objectives provide the foundation for measurement. Each Objective should therefore be sufficiently clear and measurable to allow the program or unit to determine whether the intended outcome has been achieved.

SELECT METHODS OF MEASUREMENT

Once Objectives have been established, programs and units determine how achievement of each Objective will be measured.

For academic programs, a method of measurement consists of an Indicator and its corresponding Criterion. The Indicator identifies the evidence and process used to assess student learning, while the Criterion establishes the expected level of achievement.

For administrative and support units, a method of measurement consists of a Key Performance Indicator (KPI) and its corresponding Target. The KPI identifies the evidence and process used to assess performance, while the Target establishes the expected level of achievement.

Methods of measurement should align directly with the Objective being assessed and produce evidence that is useful for determining the extent to which the intended outcome has been achieved.

When assessing student learning, programs should consider the appropriate use of both direct and indirect methods of measurement. Direct methods provide observable evidence of what students know or can do, while indirect methods provide information about perceptions, experiences, or self-reported learning.

KEY DISTINCTION

Academic Programs: Indicator + Criterion = Method of Measurement
Administrative and Support Units: KPI + Target = Method of Measurement

ESTABLISH EXPECTATIONS FOR ACHIEVEMENT

Programs and units should establish the level of performance that will represent successful achievement. Academic programs establish a Criterion for each Indicator. Administrative and support units establish a Target for each Key Performance Indicator (KPI).

Criteria and Targets should be measurable, aligned with the corresponding Indicator or KPI and the Objective being assessed, and appropriately challenging while remaining reasonably achievable.

Establishing expectations in advance provides a basis for interpreting Findings or Results and helps reduce the likelihood that expectations will be adjusted after the evidence is known.

COLLECT DATA

After methods of measurement and expectations for achievement have been established, programs and units collect the evidence needed to assess their Objectives. Data collection should follow the method of measurement identified in the assessment plan and occur at appropriate points during the assessment cycle. Programs and units should understand what data will be collected, where the data will come from, when collection will occur, and who will be involved.

The amount of data collected should be sufficient to provide meaningful information without creating unnecessary assessment burden. More data does not automatically produce better assessment; the emphasis should be on collecting appropriate and useful evidence.

REMEMBER

More data do not necessarily mean better assessment. Focus on collecting appropriate, useful evidence that is sufficient to assess the Objective.

Programs and units should also maintain sufficient documentation to support accurate reporting, interpretation, continuity, and future comparison.

ANALYZE AND REPORT RESULTS

Once data have been collected, programs and units analyze the evidence to determine the extent to which the established Criterion or Target was achieved and what the evidence reveals about student learning or unit performance. Academic programs document assessment outcomes as Findings. Administrative and support units document them as Results.

Analysis should extend beyond simply reporting numbers. Programs and units should consider what the evidence means, identify meaningful strengths or concerns, examine relevant patterns or trends when appropriate, and determine what can be learned from the evidence. Findings or Results should be reported accurately and in sufficient context to support informed interpretation and decision-making.

An unmet Criterion or Target should not be viewed as an assessment failure. It provides evidence that may identify an opportunity for further examination or improvement.

DEVELOP ACTIONS

Findings or Results should inform decisions about what happens next.
After reviewing Findings or Results, programs and units determine an appropriate Action based on what the evidence indicates. Actions may address an identified area for improvement, strengthen an existing practice, respond to an emerging concern, build upon successful performance, or further investigate an unexpected result.

Actions should be meaningfully connected to the evidence that prompted them and sufficiently specific to guide implementation. Assessment should not result in change merely for the sake of documenting an Action. When evidence supports maintaining or continuing an effective practice, the Action should reflect a thoughtful decision based on the Findings or Results.

REMEMBER

An Action should be a thoughtful response to the evidence. Assessment does not require change simply for the sake of making a change.

IMPLEMENT ACTIONS

Developing an Action is only the beginning of improvement. Programs and units must implement the identified Action and monitor its progress. Implementation may involve changes to curriculum, instruction, programs, services, processes, procedures, resources, communication, training, or other aspects of program or unit operations, depending on the Findings or Results.

Programs and units should maintain sufficient information about what was implemented and its status so that subsequent assessment can determine whether the Action contributed to the intended improvement.

Assessment has limited value when Actions are documented but never implemented or revisited.

REASSESS AND CONTINUE THE CYCLE

The assessment process continues after an Action has been implemented. Programs and units should reassess the relevant outcome to determine whether learning or performance changed and whether the Action contributed to the intended improvement.

Information from the completed cycle should also be used to review the assessment plan itself. Programs and units may determine that Goals, Objectives, Indicators/KPIs, Criteria/Targets, or other components should be maintained, refined, or replaced based on what was learned.

The Plan for Continuous Improvement (PCI) connects assessment cycles by documenting improvement efforts and supporting follow-through over time. Reviewing previous Actions and improvement efforts helps ensure that assessment leads to sustained learning and improvement rather than a series of disconnected annual reports.

Reassessment begins the next cycle of inquiry: What are we trying to accomplish? How do we know whether we are accomplishing it? What will we do with what we learn?

KEY TAKEAWAY

Continuous improvement occurs when programs and units use what they learn from one assessment cycle to inform what they do—and what they assess—in the next cycle.

UNDERSTANDING ASSESSMENT PLAN ALIGNMENT

A strong assessment plan is built on intentional alignment among its components. Each component should connect logically to the one that precedes it, creating a clear path from the program or unit's Mission/Purpose through assessment and continuous improvement.

Alignment ensures that the assessment plan functions as a connected framework rather than as a collection of separate components. Goals should reflect the Mission/Purpose; Objectives should support the Goals; methods of measurement should assess the Objectives; Findings or Results should report what the evidence shows; and Actions should respond to those Findings or Results. The Plan for Continuous Improvement brings these components together by documenting how assessment evidence will guide future improvement.

The specific sequence of assessment plan components differs for academic programs and administrative and support units. For academic programs, the Mission/Purpose provides the foundation for Goals. Goals are supported by Learning Objectives, which are assessed through Indicators and corresponding Criteria. Findings report the evidence generated through those methods of measurement, and Actions respond to the Findings. The Update to the Previous Cycle's Plan for Continuous Improvement documents progress on prior improvement efforts, while the New Plan for Continuous Improvement brings current Actions and other planned initiatives together to guide the next assessment cycle.

For administrative and support units, the Mission/Purpose provides the foundation for Goals. Goals are supported by Performance Objectives, which are assessed through Key Performance Indicators (KPIs) and corresponding Targets. Results report the evidence generated through those methods of measurement, and Actions respond to the Results. The Update to the Previous Cycle's Plan for Continuous Improvement documents progress on prior improvement efforts, while the New Plan for Continuous Improvement brings current Actions and other planned initiatives together to guide the next assessment cycle.

Figures 2 and 3 provide visual representations of these relationships for academic programs and administrative and support units, respectively. Use the flowcharts as a visual reference when developing or reviewing an assessment plan to confirm that each component is clearly aligned with the components before and after it. (Note that the number of Goals, Objectives, etc. will vary across programs and units.)

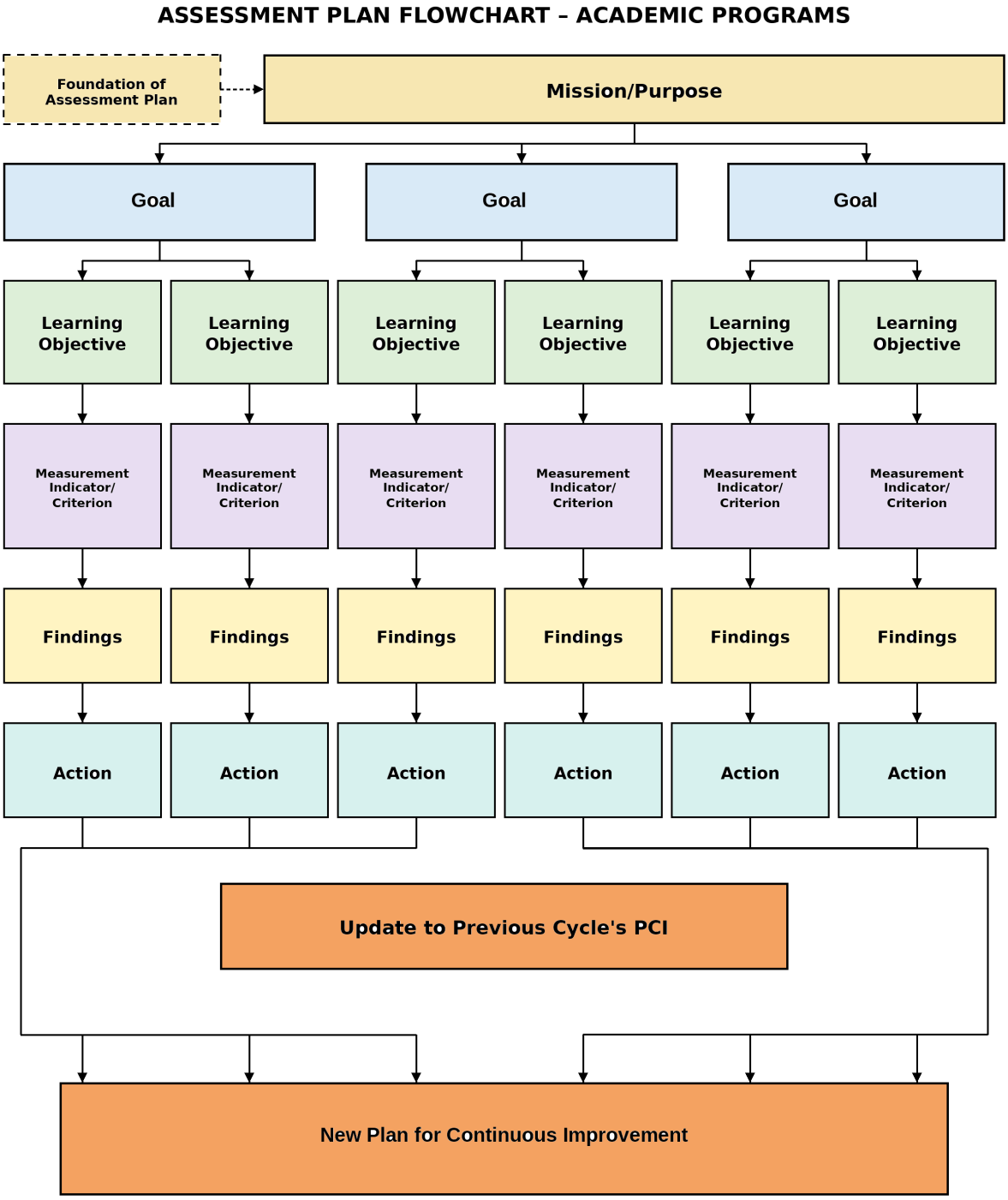

Figure 2. *Academic Program Flowchart*

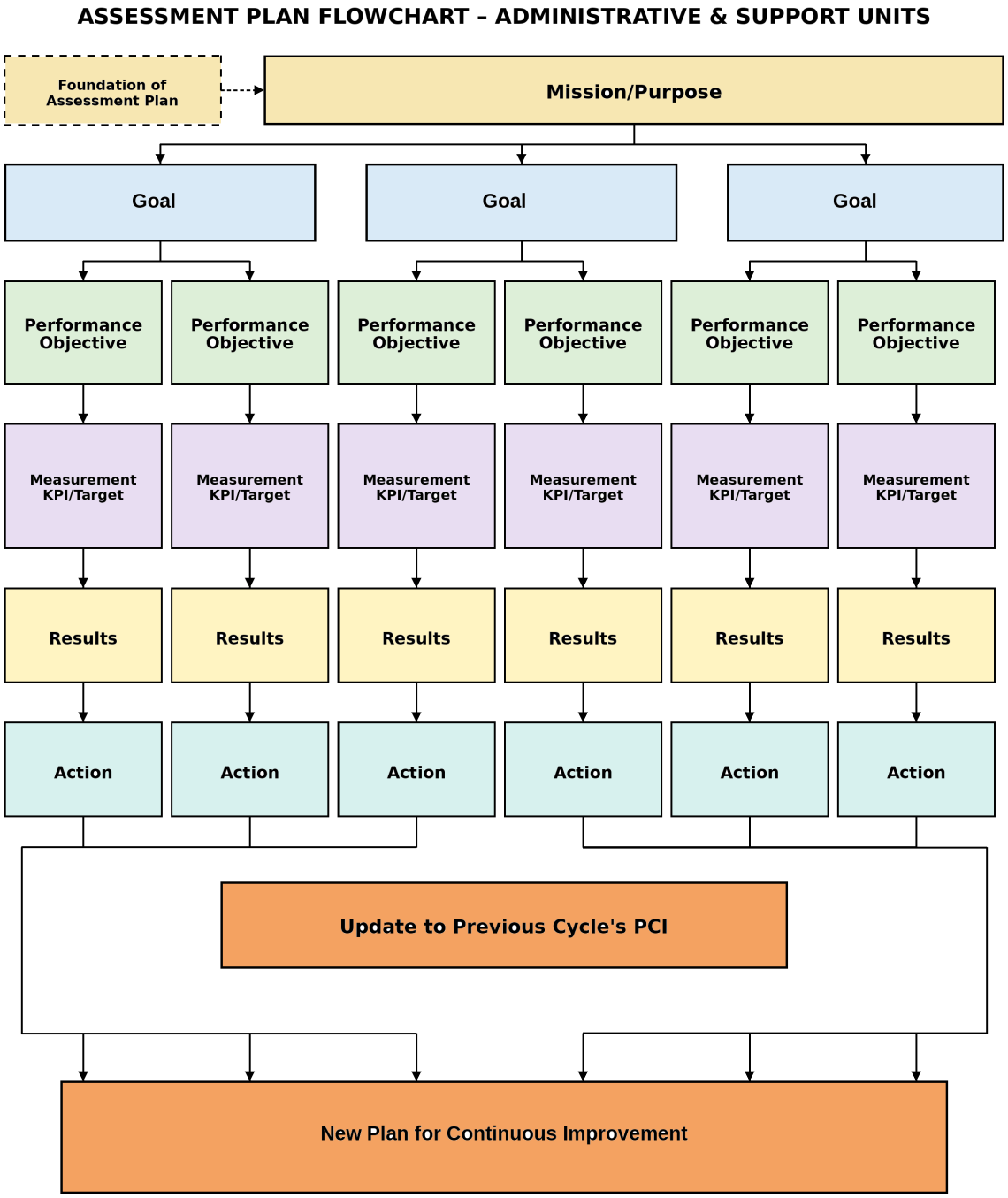

Figure 3. *Administrative & Support Unit Flowchart*

HOW TO CREATE A HIGH-QUALITY ASSESSMENT PLAN

ACADEMIC PROGRAMS

Before You Begin

It is strongly recommended that you complete your assessment plan in a word processor or use the Office of Assessment's planning template for academic programs before entering it into Blackboard Planning. Developing the plan as a whole allows you to review alignment, make revisions, and collaborate with colleagues easily. Blackboard Planning works best as a repository for your finished plan rather than a rough drafting space. Once your plan is complete, simply copy and paste the components into the system template.

Note: When copying content into Blackboard Planning, paste as plain text. Bullets, tables, and other formatting may need to be recreated manually.

Step 1—Plan to Collaborate

Assessment should reflect the collective work and priorities of the program rather than the work of a single individual. Although one person may coordinate the assessment process or enter information into the assessment plan management system, faculty and other appropriate program personnel should participate in the development, review, and use of the assessment plan.

1. Ensure that faculty and staff are aware of the assessment plan and understand its purpose.
2. Identify who will participate in developing, reviewing, and implementing the assessment plan.
3. Establish opportunities to review assessment evidence and discuss student learning.
4. Determine how improvement decisions will be made and communicated.

Step 2—Review the Program Mission or Purpose

The program's mission or purpose provides the foundation for the assessment plan. Before developing Goals, review what the program is intended to accomplish and the broader purpose it serves.

1. Review the program's mission or purpose and identify its major priorities or intended contributions.
2. Consider other program, disciplinary, accreditation, or institutional priorities that should inform the assessment plan.
3. Identify the major areas to be assessed and use them as the foundation for developing the program's Goals.

Step 3—Develop Goals

A Goal is a broad statement of mission or purpose that serves as a guiding principle of the academic program. Goals describe the program's larger intentions, aspirations, or ambitions and provide direction for the Learning Objectives that will be developed in the next step.

1. Review the program's mission or purpose and identify the major areas that should be reflected in the Goals.
2. Develop more than one Goal, with the number appropriate for the size and scope of the program.
3. Ensure that each Goal broadly states an intention, aspiration, or ambition of the program and addresses its larger impact.
4. Review the Goals together to ensure they appropriately represent the overall purpose of the program.

Step 4—Develop Learning Objectives

A Learning Objective is a specific, measurable statement of the knowledge, skill, or ability students are expected to gain or demonstrate as a result of instruction or training.

1. Review each Goal and identify the knowledge, skills, or abilities students should gain or demonstrate in support of the Goal.
2. Develop more than one Learning Objective for each Goal.
3. Ensure that each Learning Objective focuses on a single behavior and clearly states the knowledge, skill, or ability students are expected to gain or demonstrate.
4. Use one precise, measurable, and observable action verb (e.g., analyze, create, identify, solve) rather than verbs that are not observable (e.g., understand, know, be familiar with).
5. Review each Learning Objective to ensure that it clearly aligns with the related Goal and meets the definition of a Learning Objective.

Step 5—Develop Indicators

An Indicator is the method, instrument, process, or technique used to measure and evaluate a Learning Objective and gather evidence of student learning.

Note: Direct methods measure actual student learning by requiring students to demonstrate the knowledge, skills, or abilities they have gained. Indirect methods provide evidence of learning through perceptions, opinions, or other indicators, rather than through direct demonstration of student performance.

1. Review each Learning Objective and identify appropriate methods for measuring the knowledge, skill, or ability students are expected to demonstrate.

2. Develop more than one Indicator for each Learning Objective, using direct measures as the primary source of evidence and indirect measures to complement them.
3. Ensure that each Indicator clearly aligns with the related Learning Objective and will provide data that can be used to improve student learning.
4. For each Indicator, identify:
   - the source of the data;
   - how the data will be gathered, by whom, and from whom;
   - when or how often the data will be gathered;
   - who will evaluate or score the assessment;
   - the rubric or evaluation scale that will be used; and
   - who will review the results and when they will be reviewed.
5. Review each Indicator to ensure that it meets the definition of an Indicator and contains sufficient information for someone to understand how the assessment will be conducted and evaluated.

Step 6—Develop Criteria

A Criterion is the benchmark, value, or result that will represent success in achieving a Learning Objective as measured by an Indicator. Each Indicator should have one corresponding Criterion.

1. Review each Indicator and determine the level of performance that will represent successful achievement of the related Learning Objective.
2. Develop a Criterion for each Indicator that is measurable and quantifiable (e.g., a percentage, score, rating, or amount of increase).
3. Ensure that the Criterion represents a feasible and reasonable level of success that is ambitious but achievable.
4. Include contextual information explaining why the Criterion was selected and demonstrate that it is ambitious yet achievable. Context may include:
   - prior assessment results;
   - disciplinary norms; or
   - institutional benchmarks.
5. Review each Criterion to ensure that it clearly aligns with the related Indicator and Learning Objective and meets the definition of a Criterion.

Step 7—Report Findings

Findings are a clear and concise summary of the results gathered from an Indicator and evaluated against its corresponding Criterion.

Write the Findings after the Indicator has been implemented and the assessment data have been collected and analyzed, and write them in the past tense.

1. Review the data collected through the Indicator and compare the results to the corresponding Criterion.
2. Begin the Findings by clearly stating whether the Criterion was met, partially met, or not met.
3. Summarize the Findings in a concise and well-organized manner, providing enough information to clearly inform decisions about improvement.
4. Compare the current Findings to past trends, previous results, and/or existing standards, as appropriate.
5. Include supporting documentation (e.g., completed rubrics or survey results), when applicable.
6. Review the Findings to ensure that they clearly align with the related Indicator and Criterion and meet the definition of Findings.

Note: It is acceptable for a Criterion to be partially met or not met. These results provide opportunities to identify areas for improvement. Any assessment data submitted as supporting documentation must be anonymized.

Step 8—Develop Actions

An Action is a specific step the academic program will take to improve student learning or the assessment process based on analysis of the Findings. Actions describe what the program will do during the next assessment cycle.

Note: An Action should be included for every Finding unless the program provides a clear rationale for why an Action is not warranted. Write Actions in the future tense because they describe what the program will do during the next assessment cycle.

1. Review each Finding and identify an area that should be monitored, remediated, or enhanced.
2. Develop an Action that clearly follows from the Finding and describes the logical next step the program will take.
3. Focus Actions related to student learning primarily on pedagogical and/or curricular changes designed to improve student learning. Changes to the assessment process may also be appropriate when supported by the Findings.
4. For each Action, identify:
   - the specific improvement or change that will be made;
   - the person or group responsible for implementation; and
   - the anticipated completion date.
5. If the program determines that an Action is not warranted for a Finding, provide a clear rationale for that decision.
6. Review each Action to ensure that it clearly aligns with the related Finding and meets the definition of an Action.

Step 9—Update the Previous Cycle's Plan for Continuous Improvement

The PCI Update is a narrative describing the program's progress in completing the previous cycle's Plan for Continuous Improvement (PCI).

Note: Write the PCI Update in the past tense because it describes what occurred during the current assessment cycle. New programs that did not have a PCI from the previous cycle will not complete a PCI Update.

1. Review the previous cycle's PCI and identify all Actions, initiatives, and other items that were planned for implementation.
2. Provide a progress update for each item included in the previous PCI.
3. Clearly indicate whether each item was completed, partially completed, or not completed.
4. Provide relevant contextual information explaining the progress made on each item.
5. Include specific details about implementation, as appropriate, such as who was involved, what was accomplished, when and where implementation occurred, and why decisions or changes were made.
6. Review the PCI Update to ensure that it addresses all items from the previous PCI and provides a clear and accurate account of the program's progress.

Step 10—Develop the New Plan for Continuous Improvement

The New Plan for Continuous Improvement (PCI) is a narrative that brings together all Actions identified in the current assessment plan into one coherent plan for the next assessment cycle.

Note: Write the New PCI in the future tense because it describes what the program intends to implement during the next assessment cycle.

1. Review all Actions identified in the current assessment plan.
2. Summarize all Actions in the New PCI, explaining how they will contribute to continuous improvement.
3. Include any new initiatives or other items the program plans to assess during the next cycle.
4. Provide relevant contextual information about each Action or initiative, including:
   - what will be implemented;
   - how it will be implemented;
   - when it will be implemented;
   - why the Action or initiative is appropriate based on the assessment evidence; and
   - who will be responsible.
5. Review the New PCI to ensure that it includes all Actions and other initiatives the program intends to implement and assess during the next cycle and provides a clear, coherent plan for improvement.

ADMINISTRATIVE AND SUPPORT UNITS

Before You Begin

It is strongly recommended that you complete your assessment plan in a word processor or use the Office of Assessment's planning template for administrative and support units before entering it into Blackboard Planning. Developing the plan as a whole allows you to review alignment, make revisions, and collaborate with colleagues easily. Blackboard Planning works best as a repository for your finished plan rather than a rough drafting space. Once your plan is complete, simply copy and paste the components into the system template.

Note: When copying content into Blackboard Planning, paste as plain text. Bullets, tables, and other formatting may need to be recreated manually.

Step 1—Plan to Collaborate

Assessment should reflect the collective work and priorities of the unit rather than the work of a single individual. Although one person may coordinate the assessment process or enter information into the assessment plan management system, all appropriate unit personnel should participate in the development, review, and use of the assessment plan.

1. Ensure that staff are aware of the assessment plan and understand its purpose.
2. Identify who will participate in developing, reviewing, and implementing the assessment plan and how they will contribute.
3. Establish opportunities to review assessment evidence and discuss their implications.
4. Determine how improvement decisions will be made and communicated.

Step 2—Review the Unit Mission or Purpose

The unit's mission or purpose provides the foundation for the assessment plan. Before developing Goals, review what the unit is intended to accomplish and the broader purpose it serves.

1. Review the unit's mission or purpose and identify its major priorities, services, or intended contributions.
2. Consider other responsibilities, strategic priorities, or expectations that should inform the assessment plan.
3. Identify the major areas that should be represented in the assessment plan and use them to develop the unit's Goals.

Step 3—Develop Goals

A Goal is a broad statement of mission or purpose that serves as a guiding principle of the administrative or support unit. Goals describe the unit's larger intentions, aspirations, or ambitions and provide direction for the Performance Objectives that will be developed in the next step.

1. Review the unit's mission or purpose and identify the major areas that should be reflected in the Goals.
2. Develop more than one Goal, with the number appropriate for the size and scope of the unit.
3. Ensure that each Goal broadly states an intention, aspiration, or ambition of the unit and addresses its larger impact.
4. Review the Goals together to ensure they appropriately represent the overall purpose of the unit.

Step 4—Develop Performance Objectives

A Performance Objective is a specific, detailed, and measurable statement of the expected attainment of a non-learning task. Performance Objectives describe the desired quality or improvement of a unit's services and identify what the unit intends to accomplish in support of its Goals.

Note: When possible, focus on meaningful outcomes rather than outputs. Outputs describe the activities or volume of work performed; outcomes provide evidence of the effect or impact of that work.

1. Review each Goal and identify the specific services, processes, functions, or other areas of performance that should be addressed in support of the Goal.
2. Develop more than one Performance Objective for each Goal.
3. Ensure that each Performance Objective focuses on a single behavior or service and clearly describes the desired quality or improvement of the unit's services.
4. Use one precise, measurable, and observable action verb (e.g., increase, decrease, reduce) rather than verbs that do not clearly identify measurable performance (e.g., enhance, promote, support, encourage, foster).
5. Review each Performance Objective to ensure that it clearly aligns with the related Goal and meets the definition of a Performance Objective.

Step 5—Develop Key Performance Indicators (KPIs)

A Key Performance Indicator (KPI) is the method, instrument, process, or technique used to measure and evaluate a Performance Objective and gather evidence of unit performance.

Note: Direct methods measure actual performance data by examining tangible outcomes, such as participation rates, processing times, or usage data. Indirect methods focus on perceptions and experiences, and are typically gathered through surveys, interviews, and focus groups.

1. Review each Performance Objective and identify appropriate methods for measuring the service, process, function, or other area of performance the unit intends to improve.
2. Develop more than one KPI for each Performance Objective using direct measures as the primary source of evidence and indirect measures to complement them.
3. Ensure that each KPI clearly aligns with the related Performance Objective and will provide data that can be used to improve unit performance.
4. For each KPI, identify:
   - the source of the data;
   - how the data will be gathered, by whom, and from whom;
   - when or how often the data will be gathered;
   - who will evaluate or score the data;
   - the evaluation scale that will be used (e.g., percentage, rating scale, Likert scale); and
   - who will review the Results and when they will be reviewed.
5. Review each KPI to ensure that it meets the definition of a KPI and contains sufficient information for someone to understand how unit performance will be measured and evaluated.

Step 6—Develop Targets

A Target is the benchmark, value, or result that will represent success in achieving a Performance Objective as measured by a KPI. Each KPI should have one corresponding Target.

1. Review each KPI and determine the level of performance that will represent successful achievement of the related Performance Objective.
2. Develop a Target for each KPI that is measurable and quantifiable (e.g., a percentage, score, rating, response time, number, or amount of increase or decrease).
3. Ensure that the Target represents a feasible and reasonable level of success that is ambitious but achievable.
4. Include contextual information explaining why the Target was selected and demonstrate that it is ambitious yet achievable. Context may include:
   - prior assessment results;
   - professional or industry standards; or
   - institutional benchmarks.

5. Review each Target to ensure that it clearly aligns with the related KPI and Performance Objective and meets the definition of a Target.

Step 7—Report Results

Results are a clear and concise summary of the data gathered from a KPI and evaluated against its corresponding Target.

Write the Results after the KPI has been implemented and the performance data have been collected and analyzed, and write them in the past tense.

1. Review the data collected through the KPI and compare the data to the corresponding Target.
2. Begin the Results by clearly stating whether the Target was met, partially met, or not met.
3. Summarize the Results in a concise and well-organized manner, providing enough information to clearly inform decisions about improvement.
4. Compare the current Results to past trends, previous results, and/or existing standards, as appropriate.
5. Include supporting documentation (e.g., survey results, reports, or other relevant data), when applicable.
6. Review the Results to ensure that they clearly align with the related KPI and Target and meet the definition of Results.

Note: It is acceptable for a Target to be partially met or not met. These results provide opportunities to identify areas for improvement. Any assessment data submitted as supporting documentation must be anonymized.

Step 8—Develop Actions

An Action is a specific step the administrative or support unit will take to improve unit performance or the assessment process based on analysis of the Results. Actions describe what the unit will do during the next assessment cycle.

Note: An Action should be included for every Result unless the unit provides a clear rationale for why an Action is not warranted. Write Actions in the future tense because they describe what the unit will do during the next assessment cycle.

1. Review each Result and identify an area that should be monitored, remediated, or enhanced.
2. Develop an Action that clearly follows from the Result and describes the logical next step the unit will take.

3. Focus Actions primarily on specific changes or improvements to the unit's services, processes, operations, or other areas of performance. Changes to the assessment process may also be appropriate when supported by the Results.
4. For each Action, identify:
   - the specific improvement or change that will be made;
   - the person or group responsible for implementation; and
   - the anticipated completion date.
5. If the unit determines that an Action is not warranted for a Result, provide a clear rationale for that decision.
6. Review each Action to ensure that it clearly aligns with the related Result and meets the definition of an Action.

Step 9—Update the Previous Cycle's Plan for Continuous Improvement

The PCI Update is a narrative describing the unit's progress in completing the previous cycle's Plan for Continuous Improvement (PCI).

Note: Write the PCI Update in the past tense because it describes what occurred during the current assessment cycle. New units that did not have a PCI from the previous cycle will not complete a PCI Update.

1. Review the previous cycle's PCI and identify all Actions, initiatives, and other items that were planned for implementation.
2. Provide a progress update for each item included in the previous PCI.
3. Clearly indicate whether each item was completed, partially completed, or not completed.
4. Provide relevant contextual information explaining the progress made on each item.
5. Include specific details about implementation, as appropriate, such as who was involved, what was accomplished, when and where implementation occurred, and why decisions or changes were made.
6. Review the PCI Update to ensure that it addresses all items from the previous PCI and provides a clear and accurate account of the unit's progress.

Step 10—Develop the New Plan for Continuous Improvement

The New Plan for Continuous Improvement (PCI) is a narrative that brings together all Actions identified in the current assessment plan into one coherent plan for the next assessment cycle.

Note: Write the New PCI in the future tense because it describes what the unit intends to implement during the next assessment cycle.

1. Review all Actions identified in the current assessment plan.
2. Summarize all Actions in the New PCI, explaining how they will contribute to continuous improvement.
3. Include any new initiatives or other items the unit plans to assess during the next cycle.
4. Provide relevant contextual information about each Action or initiative, including:
   - what will be implemented;
   - how it will be implemented;
   - when it will be implemented;
   - why the Action or initiative is appropriate based on the assessment evidence; and
   - who will be responsible.
5. Review the New PCI to ensure that it includes all Actions and other initiatives the unit intends to implement and assess during the next cycle and provides a clear, coherent plan for improvement.

HIGH-QUALITY ASSESSMENT PLAN EXAMPLES

Undergraduate Academic Program
Assessment Plan Example

Bachelor of Science in Human-Centered Automation Design

*This fictional assessment plan illustrates a strong assessment plan rated **Good** overall using the SHSU Meta-Assessment Rubric. Some components meet the Exemplary standard, while others intentionally reflect the Good level. The example demonstrates that a Good plan is clear, complete, aligned, and useful for continuous improvement, while also showing the additional evidence, justification, and implementation detail needed to reach Exemplary.*

NOTE: A high-quality assessment plan for an academic program should be grounded in the program's Mission.

Program Mission
The Bachelor of Science in Human-Centered Automation Design prepares graduates to design, evaluate, and improve innovative automated systems that effectively integrate human needs, decision-making, ethics, and technology. Through an interdisciplinary curriculum, students learn to create automation solutions that enhance human performance while maintaining safety, accessibility, transparency, and societal responsibility. Graduates are prepared to improve human experiences, support ethical decision-making, and address complex societal challenges through human-centered design and interdisciplinary problem solving.

Goal 1
Prepare graduates to address complex challenges through human-centered automation solutions.

Learning Objective 1.1
By the end of the program, students will design automation systems that incorporate four human factors principles drawn from relevant professional and industry standards: usability, accessibility, transparency, and safety and reliability.

Indicator 1.1 (Direct Measurement Method)
Senior Capstone Automation System Design Project: Students will complete a comprehensive automation system design project during the senior capstone course.

Faculty will evaluate each project using a standardized Human-Centered Automation Design Rubric that assesses students' ability to incorporate the program's four human factors principles identified in program industry standards: usability, accessibility, transparency, and safety and reliability. Each principle will be evaluated using a four-point performance scale, and an overall rubric score will be calculated for each student.

Criterion 1.1
At least 80% of students will earn an overall score of 3.0 or higher on the Human-Centered Automation Design Rubric (4-point scale) for the Senior Capstone Automation System Design Project.

An overall rubric score of 3.0 represents proficient performance and indicates that students can effectively incorporate the program's four human factors principles into an automation system design. The 80% benchmark reflects the program's expectation that the majority of graduating students will demonstrate proficiency by the completion of the curriculum while recognizing that a small percentage of students may require additional development.

Criterion Status
Met

Findings 1.1
The criterion was met. During the 2027–2028 assessment cycle, 58 graduating seniors completed the Senior Capstone Automation System Design Project. Faculty evaluated each project using the Human-Centered Automation Design Rubric. Overall, 48 of 58 students (82.8%) earned an overall rubric score of 3.0 or higher, exceeding the program's benchmark of 80%.

Students demonstrated the strongest performance in incorporating usability and accessibility principles into their designs. Performance was somewhat lower for the transparency and safety and reliability principles, where several students had difficulty

fully explaining automated decision-making processes and identifying safeguards for system failures. Although the criterion was met, these results indicate opportunities to further strengthen student understanding of transparency and system reliability within the curriculum.

Action 1.1
Faculty will revise the senior capstone course to strengthen instruction on the transparency, safety, and reliability of human factors principles. Specifically, faculty will incorporate one additional design case study focused on explainable automation and one in-class design exercise requiring students to identify potential system failures and recommend appropriate safeguards. These instructional enhancements will be implemented before the start of the 2028–2029 academic year.

The Program Coordinator will oversee implementation in collaboration with faculty teaching the senior capstone course, and student performance on the Human-Centered Automation Design Rubric will be reassessed during the next assessment cycle to determine the effectiveness of these changes.

Learning Objective 1.2
By the end of the program, students will evaluate automation systems using evidence-based criteria.

Indicator 1.2 (Direct Measurement Method)
Automation System Evaluation Case Study: Students will complete an individual case study in which they evaluate an existing automated system used in an industry or public-sector setting. Students will assess the system's effectiveness, identify strengths and limitations, evaluate potential risks, and develop evidence-supported recommendations for improvement.

Faculty will evaluate each case study using a standardized competency-based scoring guide that identifies four required competencies: Evidence-Based Analysis, Evaluation of Risks and Limitations, Recommendations, and Use of Supporting Evidence. For each competency, faculty will determine whether the student demonstrates proficiency based on established performance requirements.

Criterion 1.2
At least 85% of students will demonstrate proficiency on three of the four competencies assessed through the Automation System Evaluation Case Study: Evidence-Based Analysis, Evaluation of Risks and Limitations, Recommendations, and Use of Supporting Evidence.

Evaluating automation systems requires proficiency across multiple competencies rather than strong performance in only one area. Requiring students to demonstrate proficiency on three of the four competencies ensures that graduates can consistently apply evidence-

based evaluation skills while recognizing that proficiency may continue to develop in one area.

Criterion Status
Not Met

Findings 1.2
The criterion was not met. Overall, 47 of 60 students (78.3%) demonstrated proficiency on at least three of the four competencies, falling short of the program's benchmark of 85%. During the 2027–2028 assessment cycle, 60 graduating seniors completed the Automation System Evaluation Case Study. Faculty evaluated student performance on four competencies: Evidence-Based Analysis, Evaluation of Risks and Limitations, Recommendations, and Use of Supporting Evidence.

Students performed strongest in Evaluation of Risks and Limitations and Use of Supporting Evidence but demonstrated weaker performance in Evidence-Based Analysis and Recommendations. Several students identified system strengths and limitations but did not consistently synthesize evidence to support their conclusions or develop specific, feasible recommendations. These results indicate a need for additional instruction and practice in evidence synthesis and recommendation development.

Action 1.2
Faculty will enhance instruction on evidence-based evaluation by incorporating additional guided case analyses into the course that precedes the senior capstone experience. The revised instruction will emphasize synthesizing multiple sources of evidence, developing well-supported conclusions, and formulating specific, feasible recommendations for improving automation systems. Faculty will also revise the Automation System Evaluation Case Study assignment to include a structured evaluation framework that guides students through the evidence analysis and recommendation development process.

The Program Coordinator, in collaboration with faculty teaching the course, will implement these revisions before the start of the 2028–2029 academic year. Student performance on the Evidence-Based Analysis and Recommendations competencies will be reviewed during the next assessment cycle to determine whether the instructional changes improve student proficiency.

Goal 2
Develop graduates who can apply ethical and socially responsible decision-making principles when designing, implementing, and evaluating automation systems.

Learning Objective 2.1
By the end of the program, students will analyze the ethical implications of automation systems using established ethical frameworks.

Indicator 2.1 (Direct Measurement Method)
Ethical Position Paper: Students will prepare an individual ethical position paper in which they analyze a contemporary ethical issue involving an automation system. The paper will require students to apply one or more established ethical frameworks to examine competing stakeholder perspectives, evaluate ethical tradeoffs, and defend a recommended course of action using evidence and logical reasoning.
Faculty will evaluate each paper using a standardized Ethical Analysis Rubric that assesses students' application of ethical frameworks, quality of ethical reasoning, use of supporting evidence, consideration of stakeholder perspectives, and justification of conclusions.

Criterion 2.1
At least 80% of students will earn a rating of Proficient (3) or higher on the Application of Ethical Frameworks, Ethical Reasoning, and Justification of Conclusions dimensions of the Ethical Analysis Rubric for the Ethical Position Paper.

These three rubric dimensions represent the core competencies of ethical analysis within the program. Students must demonstrate the ability to apply established ethical frameworks, analyze complex ethical issues using logical reasoning, and defend their conclusions with well-supported arguments. The 80% benchmark reflects the program's expectation that the majority of graduating students will demonstrate proficiency in these essential competencies before entering professional practice.

Criterion Status
Met

Findings 2.1
The criterion was met. During the 2027–2028 assessment cycle, 61 graduating seniors completed the Ethical Position Paper. Faculty evaluated each paper using the Ethical Analysis Rubric. Overall, 50 of 61 students (82.0%) earned a rating of Proficient (3) or higher on the Application of Ethical Frameworks, Ethical Reasoning, and Justification of Conclusions rubric dimensions, exceeding the program's benchmark of 80%.

Students demonstrated a strong ability to identify ethical issues and apply established ethical frameworks to analyze complex automation scenarios. Most students effectively recognized competing stakeholder interests and supported their conclusions with logical reasoning and relevant evidence. While the majority met the program's expectations, several students struggled to consider alternative ethical perspectives and address potential long-term societal consequences when defending their recommendations. These results indicate that students are developing sound ethical reasoning skills and highlight opportunities to further strengthen their analysis of complex ethical trade-offs.

Action 2.1
Faculty will enhance the Ethical Position Paper assignment by incorporating a structured peer review activity that requires students to evaluate alternative ethical perspectives and provide constructive feedback on one another's analyses before submitting the final paper. In addition, faculty will develop a classroom discussion centered on emerging ethical challenges in automation to encourage students to consider long-term societal consequences and competing stakeholder viewpoints when formulating recommendations.

The Program Coordinator, in collaboration with faculty teaching the course, will implement these enhancements during the 2028–2029 academic year. Student performance on the Application of Ethical Frameworks, Ethical Reasoning, and Justification of Conclusions rubric dimensions will be reviewed during the next assessment cycle to determine whether these instructional enhancements improve students' ability to analyze complex ethical tradeoffs and defend well-reasoned conclusions.

Learning Objective 2.2
By the end of the program, students will evaluate the societal impacts of automation systems.

Indicator 2.2 (Direct Measurement Method)
Societal Impact Assessment Report: Students will prepare an individual Societal Impact Assessment Report evaluating the potential societal impacts of a proposed or existing automation system. The report will examine workforce implications, accessibility, privacy, equity, public safety, environmental sustainability, and community well-being, and conclude with evidence-based recommendations for mitigating adverse impacts.

Faculty will evaluate each report using a standardized Societal Impact Assessment Rubric that assesses students' ability to analyze societal impacts, evaluate evidence, consider diverse stakeholder perspectives, assess potential benefits and risks, and develop well-supported recommendations.

Criterion 2.2
At least 80% of students will earn a rating of Proficient (3) or higher on five of the six required sections of the Societal Impact Assessment Rubric: (1) Analysis of Societal Impacts, (2) Evaluation of Supporting Evidence, (3) Stakeholder Analysis, (4) Assessment of Benefits and Risks, (5) Recommendations for Mitigating Adverse Impacts, and (6) Overall Organization and Communication.

Evaluating the societal impacts of automation systems requires students to demonstrate competency across multiple aspects of professional impact assessment. Requiring proficiency in five of the six rubric sections ensures that students can conduct a comprehensive analysis while recognizing that graduating students may continue to refine one aspect of professional reporting as they transition into the workforce.

Criterion Status
Not Met

Findings 2.2
The criterion was not met. During the 2027–2028 assessment cycle, 59 graduating seniors completed the Societal Impact Assessment Report. Overall, 44 of 59 students (74.6%) earned a rating of Proficient (3) or higher on at least five of the six rubric sections, falling short of the program's benchmark of 80%.

Students performed strongest in Analysis of Societal Impacts and Assessment of Benefits and Risks but demonstrated weaker performance in Stakeholder Analysis and Recommendations for Mitigating Adverse Impacts. Several students identified affected stakeholder groups but did not fully evaluate how impacts differed among those groups or account for competing stakeholder interests. In addition, some recommendations were too broad or were not sufficiently supported by evidence or connected to identified risks. These findings indicate that students can identify and evaluate societal impacts but need additional instruction and practice in stakeholder analysis and the development of specific, evidence-based mitigation strategies.

Action 2.2
Faculty will revise course activities to strengthen students' ability to conduct comprehensive stakeholder analyses and develop evidence-based strategies for mitigating the societal impacts of automation systems. Prior to completing the Societal Impact Assessment Report, students will complete a scaffolded stakeholder analysis exercise that requires them to identify affected stakeholder groups, evaluate the differential impacts of automation on those groups, and consider competing societal interests. Faculty will also incorporate an instructional workshop on developing practical, evidence-based mitigation strategies using real-world examples from industry and public-sector automation initiatives.

The Program Coordinator, in collaboration with faculty teaching the course, will implement these instructional enhancements before the start of the 2028–2029 academic year. Student performance on the Stakeholder Analysis and Recommendations for Mitigating Adverse Impacts sections of the Societal Impact Assessment Rubric will be reviewed during the next assessment cycle to determine whether the revisions improve students' ability to produce comprehensive societal impact assessments.

Goal 3
Develop graduates who can communicate and collaborate effectively in interdisciplinary professional environments.

Learning Objective 3.1
By the end of the program, students will apply interdisciplinary collaboration skills in team-based projects.

Indicator 3.1 (Direct Measurement Method)
Interdisciplinary Team-Based Project: Students will participate in an interdisciplinary team-based project in which they collaborate with classmates representing different disciplinary roles to develop a proposed automation solution for a real-world problem.

At designated points during the project, faculty will use a standardized observation checklist to document each student's demonstration of five collaboration competencies: Individual Contribution, Communication Within the Team, Integration of Interdisciplinary Perspectives, Collaborative Problem-Solving, and Professional Teamwork Behaviors. For each competency, faculty will determine whether the student demonstrates proficiency based on established observable behaviors.

Criterion 3.1
At least 85% of students will demonstrate proficiency on four of the five collaboration competencies documented through the standardized faculty observation checklist: (1) Individual Contribution, (2) Communication Within the Team, (3) Integration of Interdisciplinary Perspectives, (4) Collaborative Problem-Solving, and (5) Professional Teamwork Behaviors.

Effective interdisciplinary collaboration requires students to demonstrate professional teamwork behaviors across multiple competencies rather than strength in only one area. Requiring proficiency on four of the five competencies reflects the program's expectation that graduating students will be prepared to contribute effectively in interdisciplinary professional environments while recognizing that continued growth may occur as they gain workplace experience.

Criterion Status
Met

Findings 3.1
The criterion was met. During the 2027–2028 assessment cycle, 60 graduating seniors participated in the Interdisciplinary Team-Based Project. Faculty used the standardized observation checklist at designated points during the project to document students' demonstration of the five collaboration competencies. Overall, 53 of 60 students (88.3%) demonstrated proficiency on at least four of the five competencies, exceeding the program's benchmark of 85%.

Students demonstrated strong performance in Individual Contribution, Communication Within the Team, Collaborative Problem-Solving, and Professional Teamwork Behaviors. Performance was somewhat lower in Integration of Interdisciplinary Perspectives. Some students collaborated effectively but did not consistently demonstrate how perspectives from multiple disciplines informed team decisions. These results indicate that students demonstrate effective interdisciplinary collaboration overall but would benefit from additional practice intentionally integrating diverse disciplinary perspectives into collaborative problem-solving.

Action 3.1
Although the criterion was met, faculty will strengthen students' ability to integrate interdisciplinary perspectives by incorporating a structured interdisciplinary design review into the Interdisciplinary Team-Based Project. During the review, student teams will document how perspectives from multiple disciplines informed key design decisions and explain how differing viewpoints were considered and incorporated into the proposed solution. Faculty will provide a design review template to guide this process and provide formative feedback before students complete the final project.

The Program Coordinator, in collaboration with faculty teaching the course, will implement the design review before the start of the 2028–2029 academic year. Student performance on the Integration of Interdisciplinary Perspectives competency, as documented through the standardized faculty observation checklist, will be reviewed during the next assessment cycle to determine whether the additional design review improves students' ability to intentionally integrate diverse disciplinary perspectives into collaborative problem-solving.

Learning Objective 3.2
By the end of the program, students will communicate technical information to technical and non-technical audiences.

Indicator 3.2 (Direct Measurement Method)
Client Briefing Presentation: Students will prepare and deliver a professional client briefing on an automation system or project to both a technical and a non-technical audience. The presentation will require students to accurately communicate technical concepts, organize information logically, adapt explanations to meet the needs of each audience, incorporate appropriate visual aids, and respond effectively to audience questions.

Faculty will evaluate each presentation using a standardized Technical Communication Rubric that assesses students' organization and clarity, technical accuracy, audience adaptation, effective use of presentation materials, delivery skills, and responses to audience questions.

Criterion 3.2
At least 85% of students will earn a rating of Proficient (3) or higher on four of the five core communication competencies of the Technical Communication Rubric: (1) Technical Accuracy, (2) Organization and Clarity, (3) Audience Adaptation, (4) Delivery Skills, and (5) Responses to Audience Questions.

Effective professional communication requires more than accurate technical knowledge. Graduates must be able to organize information clearly, tailor technical content to audiences with varying levels of expertise, deliver information confidently, and respond appropriately to questions. Requiring proficiency on four of the five core communication competencies reflects the program's expectation that graduating students can communicate technical information effectively in interdisciplinary professional settings while recognizing that continued growth in one competency may occur through professional experience.

Criterion Status
Met

Findings 3.2
The criterion was met. During the 2027–2028 assessment cycle, 62 graduating seniors completed the Client Briefing Presentation. Overall, 55 of 62 students (88.7%) earned a rating of Proficient (3) or higher on four of the five core communication competencies, exceeding the program's benchmark of 85%.
Students performed strongest in Technical Accuracy and in Organization and Clarity and generally communicated effectively with both technical and non-technical audiences. However, some students had difficulty simplifying complex technical concepts for non-technical audiences without relying on discipline-specific terminology or assuming prior technical knowledge. These results indicate that students communicate technical information effectively overall but would benefit from additional practice adapting complex information for non-technical audiences.

Action 3.2
Faculty will strengthen students' ability to communicate technical information to non-technical audiences by incorporating an audience adaptation exercise prior to the Client Briefing Presentation. Students will develop and present a brief explanation of a complex automation concept for a non-technical audience, receive formative feedback from faculty and peers, and revise their communication approach before completing the summative presentation. Faculty will also incorporate additional examples of effective technical communication strategies that demonstrate how to simplify complex concepts without sacrificing technical accuracy.

The Program Coordinator, in collaboration with faculty teaching the course, will implement these instructional enhancements before the start of the 2028–2029 academic year. Student performance on the Audience Adaptation and Organization and Clarity dimensions

of the Technical Communication Rubric will be reviewed during the next assessment cycle to determine whether these enhancements improve students' ability to communicate effectively with audiences possessing different levels of technical expertise.

Previous Cycle's Plan for Continuous Improvement (Do Not Modify)
During the 2026–2027 assessment cycle, the program identified a need to strengthen students' ability to integrate human-centered design principles into the development of automation systems. During the 2027–2028 academic year, faculty will revise assignments in the junior-level design course to incorporate two structured human-centered design review sessions before completion of the final project. Students will receive formative feedback during these reviews on their application of the principles of usability, accessibility, transparency, and safety and reliability.

Faculty will also revise instructional materials to include additional examples that demonstrate the effective integration of these human-centered design principles. The program will review subsequent assessment results to determine whether these changes improve students' ability to incorporate human-centered design principles into automation system development.

Update to the Previous Cycle's Plan for Continuous Improvement
During the 2026–2027 assessment cycle, the program identified the need to strengthen students' ability to integrate human-centered design principles into automation system development. The previous Plan for Continuous Improvement called for incorporating structured design review sessions, formative feedback, and additional instructional examples within the junior-level design course.

The planned improvements were fully implemented during the 2027–2028 academic year. Faculty incorporated two structured design review sessions into the course and provided students with formative feedback on the application of human-centered design principles before completion of the final project. Faculty also revised instructional materials to include additional examples illustrating effective integration of usability, accessibility, transparency, and safety considerations during the design process.

Assessment results from the current cycle indicate improvement in students' application of human-centered design principles, with the corresponding learning objective exceeding the established performance criterion. Based on these results, the program determined that the previous improvement strategy was effective and will continue incorporating these instructional practices while pursuing additional enhancements identified through the current assessment cycle.

New Plan for Continuous Improvement
Based on the results of the 2027–2028 assessment cycle, the Human-Centered Automation Design program will implement a coordinated set of instructional

improvements designed to strengthen student performance across the curriculum while reinforcing areas of demonstrated success.

Faculty will revise the senior capstone experience by incorporating additional instructional activities focused on explainable automation, system safety, and reliability. Guided case analyses and structured evaluation frameworks will be integrated into upper-division coursework to improve students' ability to synthesize evidence and develop well-supported recommendations when evaluating automation systems.

To further strengthen ethical reasoning and societal impact analysis, faculty will incorporate additional peer-review opportunities, classroom discussions addressing emerging ethical issues, stakeholder analysis exercises, and workshops focused on developing evidence-based mitigation strategies. These enhancements are intended to improve students' ability to evaluate the broader societal implications of automation technologies while considering multiple stakeholder perspectives.

To enhance professional collaboration and communication skills, faculty will implement interdisciplinary design review sessions, require student teams to explicitly document how multiple disciplinary perspectives influenced project decisions, and introduce an audience adaptation exercise prior to the Client Briefing Presentation. Additional instructional examples and formative feedback will help students more effectively communicate complex technical concepts to audiences with varying levels of technical expertise.

In addition to these instructional improvements, the program will review selected course sequencing and instructional resources to ensure students have sufficient opportunities to practice these competencies before completing their senior-level assessments. Faculty will meet at the conclusion of the 2028–2029 assessment cycle to evaluate the effectiveness of these initiatives, review assessment results, and determine whether further curricular or instructional modifications are warranted to support continuous improvement.

Graduate Academic Program
Assessment Plan Example

Master of Arts, Human Behavior and Social Dynamics

*This fictional assessment plan illustrates a strong assessment plan rated **Good** overall using the SHSU Meta-Assessment Rubric. Some components meet the Exemplary standard, while others intentionally reflect the Good level. The example demonstrates that a Good plan is clear, complete, aligned, and useful for continuous improvement, while also showing the additional evidence, justification, and implementation detail needed to reach Exemplary.*

NOTE: A high-quality assessment plan for an academic program should be grounded in the program's Mission.

Program Mission
The Master of Arts in Human Behavior and Social Dynamics prepares graduates to examine the complex interactions among individuals, groups, organizations, and communities. Through interdisciplinary study, students develop advanced skills in research, data analysis, social theory, program evaluation, ethical decision-making, professional communication, and evidence-based problem solving to address contemporary social challenges in public, private, nonprofit, professional, and scholarly settings.

Goal 1
Develop graduates who can conduct rigorous interdisciplinary research and apply analytical methods to understand and address complex human behavior and social dynamics.

Learning Objective 1.1
By the end of the program, students will design interdisciplinary social science research studies to address questions about human behavior and social dynamics.

Indicator 1.1 (Direct Measurement Method)
Interdisciplinary Research Proposal: During the capstone research course, graduating students will develop an original interdisciplinary research proposal addressing a contemporary issue in human behavior and social dynamics. The proposal will include a clearly defined research problem, a review of relevant scholarly literature, a theoretical framework, research questions, methodology, data collection procedures, and anticipated analytical methods.

A faculty evaluation committee will assess each proposal using a standardized Research Design Rubric that measures the student's ability to formulate a research problem, integrate interdisciplinary perspectives, design an appropriate research methodology, justify methodological decisions, and demonstrate scholarly rigor and feasibility.

Criterion 1.1
At least 90% of graduating students will earn an overall score of 3.0 or higher on the four-point Research Design Rubric.

Designing rigorous interdisciplinary research is a foundational outcome of the program. A score of 3.0 indicates proficient graduate-level performance, demonstrating that students can independently develop a well-designed, methodologically sound research proposal. Because research design skills are developed progressively throughout the curriculum and reinforced in multiple courses, the program expects 90% of graduating students to achieve this level of proficiency.

Criterion Status
Met

Findings 1.1
The criterion was met. Twenty-nine graduating students completed the Interdisciplinary Research Proposal during the assessment cycle. Twenty-seven students (93.1%) earned an overall score of 3.0 or higher on the four-point Research Design Rubric, exceeding the program benchmark of 90%.

Performance was strongest in the rubric dimensions evaluating problem formulation, research methodology, and study feasibility. Lower scores were observed in the integration

of interdisciplinary theoretical perspectives, indicating that some students could strengthen their ability to connect multiple social science perspectives to research design. Overall, the results indicate that graduates demonstrated proficiency in designing rigorous interdisciplinary research studies.

Action 1.1
Improvement Strategy: Revise instructional materials. Although the criterion was met, the findings identified an opportunity to further strengthen students' ability to integrate interdisciplinary theoretical perspectives into research design. The graduate research methods faculty will revise instructional materials in the Capstone Research course by incorporating additional interdisciplinary research examples and guided literature synthesis activities that model the integration of multiple theoretical perspectives. Students will use these activities to examine how theories from different social science disciplines can be connected to a common research problem and incorporated into the conceptual framework and design of a research study.

Faculty will provide feedback on students' integration of theoretical perspectives before completion of the Interdisciplinary Research Proposal. These revisions will be implemented before the next academic year under the direction of the Program Coordinator.

Learning Objective 1.2
By the end of the program, students will analyze quantitative and qualitative data using appropriate social science research methods.

Indicator 1.2 (Direct Measurement Method)
Data Analysis Project: During the Advanced Research Methods course, graduating students will complete a comprehensive data analysis project requiring the analysis of both quantitative and qualitative data related to a contemporary social issue. Students will prepare a professional analytical report that includes data preparation, analysis, interpretation of findings, and evidence-based conclusions derived from both data sources.

Faculty will evaluate each project using a standardized four-point Data Analysis Scoring Guide that assesses selection of appropriate analytical techniques, accuracy of analyses, interpretation of findings, integration of evidence into conclusions, and communication of results using accepted social science conventions.

Criterion 1.2
At least 90% of graduating students will earn an overall score of 3.0 or higher on the four-point Data Analysis Scoring Guide. The ability to analyze quantitative and qualitative data is central to graduate-level social science practice.

A score of 3.0 indicates that students can accurately apply appropriate analytical techniques and draw evidence-based conclusions. Because data analysis skills are developed across the curriculum, the program expects 90% of graduating students to demonstrate proficient performance.

Criterion Status
Not Met

Findings 1.2
The criterion was not met. Thirty graduating students completed the Data Analysis Project. Twenty-five students (83.3%) earned an overall score of 3.0 or higher on the four-point Data Analysis Scoring Guide, falling below the program benchmark of 90%.

Students generally performed well in selecting appropriate analytical techniques and conducting accurate analyses. However, lower scores occurred in the scoring areas measuring interpretation of findings and integration of evidence into conclusions, suggesting that some students experienced difficulty translating analytical results into meaningful, evidence-based interpretations. Overall, the results indicate that additional instructional support is needed to strengthen students' interpretation and synthesis of research findings.

Action 1.2
Improvement Strategy: Scaffold learning through progressive assignments. Because the criterion was not met, the Advanced Research Methods course will be revised to include two scaffolded data analysis assignments and one faculty-guided workshop that emphasizes the interpretation of quantitative and qualitative findings and the integration of evidence into well-supported conclusions. Students will receive formative feedback on each assignment before completing the final Data Analysis Project. The course instructor, in consultation with the Program Coordinator, will implement these revisions before the next assessment cycle.

Goal 2
Develop graduates who can evaluate social issues, programs, and organizational practices using evidence-based reasoning to inform effective decision-making and promote meaningful social improvement.

Learning Objective 2.1
By the end of the program, students will evaluate social programs using evidence-based evaluation frameworks.

Indicator 2.1 (Direct Measurement Method)
Program Evaluation Report: During the Program Evaluation course, graduating students will complete a comprehensive evaluation of an existing public, private, or nonprofit program using an established program evaluation framework. Students will examine program goals,

implementation, outcomes, and available evidence to determine overall effectiveness and identify opportunities for improvement.

Faculty will assess each report using a standardized Program Evaluation Form that rates performance on a four-point scale in the areas of applying evaluation frameworks, analyzing program performance, interpreting evaluation evidence, identifying strengths and limitations, and developing evidence-based conclusions.

Criterion 2.1
At least 85% of graduating students will earn an overall score of 3.0 or higher on the four-point Program Evaluation Form. Program evaluation requires students to integrate research methods, analytical reasoning, and professional judgment within authentic organizational contexts.

Because this competency requires the synthesis of multiple advanced skills, the program established a benchmark of 85% to reflect a rigorous yet attainable expectation for graduating students.

Criterion Status
Met

Findings 2.1
The criterion was met. Twenty-eight graduating students completed the Program Evaluation Report. Twenty-four students (85.7%) earned an overall score of 3.0 or higher on the four-point Program Evaluation Form, exceeding the established benchmark of 85%.

Students achieved the highest scores in the areas of the evaluation form assessing the application of evaluation frameworks and the analysis of program effectiveness. Lower performance was observed in interpreting evaluation evidence and identifying meaningful program strengths and limitations, indicating that some students experienced difficulty synthesizing evaluation findings into a comprehensive assessment of overall program performance. Overall, the findings indicate that graduates demonstrated proficiency in applying evidence-based program evaluation practices.

Action 2.1
Improvement Strategy: Structured peer review. Although the criterion was met, the findings identified an opportunity to strengthen students' ability to interpret evaluation evidence and identify meaningful program strengths and limitations. Faculty will incorporate a structured peer-review activity into the Program Evaluation course in which students review draft evaluation reports using the Program Evaluation Form to assess the interpretation of evidence, identification of program strengths and limitations, and overall evaluation conclusions before submitting their final reports. Students will revise their reports based on peer and instructor feedback to strengthen their evaluation skills. The course instructor will implement this revision during the next course offering.

Learning Objective 2.2
By the end of the program, students will formulate evidence-based recommendations that address complex social issues.

Indicator 2.2 (Direct Measurement Method)
Policy Recommendation Brief: During the applied social policy seminar, graduating students will prepare a professional policy recommendation brief addressing a contemporary social issue affecting individuals, organizations, or communities. The brief will synthesize scholarly literature, analyze relevant evidence, evaluate alternative approaches, and present well-supported recommendations for decision-makers. Faculty will evaluate each brief using a standardized Policy Recommendation Rubric that measures the student's ability to synthesize evidence, evaluate policy alternatives, formulate evidence-based recommendations, justify proposed actions, and communicate recommendations in a clear and professional format.

Criterion 2.2
At least 90% of graduating students will earn an overall score of 3.0 or higher on the four-point Policy Recommendation Rubric.

Developing evidence-based recommendations is a primary expectation of graduates entering leadership, research, and policy-related professions. A score of 3.0 demonstrates that students can formulate well-supported recommendations using credible evidence and sound reasoning. Given the emphasis placed on applied problem solving throughout the curriculum, the program expects 90% of graduating students to achieve this level of proficiency.

Criterion Status
Met

Findings 2.2
The criterion was met. Twenty-nine graduating students completed the Policy Recommendation Brief. Twenty-seven students (93.1%) earned an overall score of 3.0 or higher on the four-point Policy Recommendation Rubric, exceeding the program benchmark of 90%.

Students demonstrated consistently strong performance in synthesizing scholarly evidence, evaluating policy alternatives, and formulating evidence-based recommendations. Slightly lower scores were observed in the justification of implementation strategies; however, these differences did not affect the overall achievement of the criterion. Overall, the results indicate that graduates effectively formulated professional policy recommendations supported by appropriate evidence and analysis.

Action 2.2
Improvement Strategy: Authentic policy simulation. Although the criterion was met, the findings identified an opportunity to strengthen students' ability to justify implementation strategies within policy recommendations. The Applied Social Policy Seminar will incorporate a policy simulation requiring students to present evidence-based recommendations to a mock panel representing government, nonprofit, and community stakeholders. Students will receive instructor feedback on the feasibility and justification of their recommendations before submitting the final Policy Recommendation Brief. The course instructor will implement this activity before the next academic year.

Goal 3
Develop graduates who can apply social science knowledge ethically and communicate effectively with diverse audiences to address contemporary challenges in communities and organizations.

Learning Objective 3.1
By the end of the program, students will apply ethical principles when making professional decisions in social science contexts.

Indicator 3.1 (Direct Measurement Method)
Ethical Decision-Making Case Analysis: During the Professional Ethics Seminar, graduating students will complete a written analysis of a complex ethical case involving human behavior, organizational practice, or community-based decision-making. Students will identify ethical issues, evaluate alternative courses of action, apply appropriate ethical principles, and justify their recommended decisions using professional standards and supporting evidence.

Faculty will evaluate each analysis using a standardized Ethical Decision-Making Rating Form with a four-point performance scale assessing identification of ethical issues, application of ethical principles, justification of decisions, consideration of stakeholder perspectives, and selection of ethically appropriate actions.

Criterion 3.1
At least 90% of graduating students will earn an overall score of 3.0 or higher on the four-point Ethical Decision-Making Rating Form.

Ethical decision-making is a fundamental expectation of professional practice in the social sciences and is reinforced throughout the curriculum. A score of 3.0 indicates that students consistently apply ethical principles when analyzing professional dilemmas and making informed decisions. Because ethical competence is essential for responsible professional practice, the program expects 90% of graduating students to demonstrate proficient performance.

Criterion Status
Met

Findings 3.1
The criterion was met. Thirty graduating students completed the Ethical Decision-Making Case Analysis. Twenty-eight students (93.3%) earned an overall score of 3.0 or higher on the four-point Ethical Decision-Making Rating Form, exceeding the program benchmark of 90%.

Students earned the highest scores in the areas assessing identification of ethical issues and application of professional ethical principles to complex situations. Comparatively lower scores were observed in considering multiple stakeholder perspectives, although most students still demonstrated proficient ethical reasoning. Overall, the results indicate that graduates consistently applied ethical principles when making professional decisions in social science contexts.

Action 3.1
Improvement Strategy: Case-based learning. Although the criterion was met, the findings suggested that students would benefit from additional opportunities to consider multiple stakeholder perspectives when making ethical decisions. The Professional Ethics Seminar will expand its use of complex case studies involving competing stakeholder interests and incorporate small-group discussions followed by individual written reflections prior to the final Ethical Decision-Making Case Analysis. These activities will provide additional opportunities for students to evaluate competing perspectives before completing the summative assessment. The course instructor will implement these revisions before the next assessment cycle.

Learning Objective 3.2
By the end of the program, students will communicate social science findings to professional and public audiences.

Indicator 3.2 (Direct Measurement Method)
Professional Research Presentation: During the graduate capstone seminar, graduating students will deliver a professional presentation to an audience of faculty, peers, and community stakeholders that communicates the results of an original research study or program evaluation project. Students will present the purpose of the study, methodology, findings, implications, and recommendations while responding to audience questions.

Faculty will evaluate each presentation using a standardized Communication Rubric that measures the student's ability to organize information logically, communicate complex concepts clearly, support conclusions with evidence, tailor communication to diverse audiences, demonstrate professional presentation skills, and respond effectively to questions.

Criterion 3.2
At least 85% of graduating students will earn an overall score of 3.0 or higher on the four-point Communication Rubric.

Communicating research findings to diverse audiences is an important graduate competency requiring both content expertise and effective presentation skills. A score of 3.0 reflects clear, organized, and professional communication supported by appropriate evidence. Because presentation performance can vary across authentic speaking contexts, the program established a benchmark of 85%, representing a high yet realistic expectation for graduating students.

Criterion Status
Not Met

Findings 3.2
The criterion was not met. Twenty-nine graduating students delivered the Professional Research Presentation. Twenty-four students (82.8%) earned an overall score of 3.0 or higher on the four-point Communication Rubric, falling short of the program benchmark of 85%.

Students generally organized information effectively and supported conclusions with appropriate evidence. Lower scores occurred in the rubric dimensions evaluating adaptation of communication for diverse audiences and responses to audience questions, indicating that some students were less effective when communicating complex information to non-specialist audiences. Overall, the results suggest that additional opportunities to practice professional presentations in authentic settings would strengthen students' communication skills before graduation.

Action 3.2
Improvement Strategy: Repeated authentic practice with formative feedback. Because the criterion was not met, the Graduate Capstone Seminar will be revised to include two graded presentations prior to the final capstone presentation. One presentation will target an academic audience, while the second will require students to communicate the same research findings to a community audience. Faculty will provide structured feedback using the Communication Rubric following each presentation to strengthen students' ability to adapt communication for diverse audiences and respond effectively to audience questions before completing the final presentation. The Program Coordinator and graduate faculty will implement these revisions before the next assessment cycle.

Goal 4
Prepare graduates to apply their knowledge and skills in professional settings and contribute to scholarly discourse within the social sciences.

Learning Objective 4.1
By the end of the program, students will apply social science knowledge during a supervised practicum experience.

Indicator 4.1 (Direct Measurement Method)
Practicum Performance Evaluation: During a supervised practicum experience, students will apply social science knowledge while completing professional responsibilities in an approved public, private, or nonprofit organization. At the conclusion of the practicum, the site supervisor will complete a standardized Practicum Performance Evaluation Form assessing the student's application of relevant social science concepts and theories to professional tasks, situations, and decision-making. Performance will be rated using established categories of *Exceeds Expectations, Meets Expectations, Approaches Expectations,* or *Does Not Meet Expectations*.

Criterion 4.1
At least 90% of students completing the practicum will receive an overall rating of Meets Expectations or higher on the Practicum Performance Evaluation Form. The practicum provides an opportunity for students to apply social science knowledge in an authentic professional setting. A rating of Meets Expectations indicates that students can appropriately apply relevant social science concepts and theories to professional tasks, situations, and decision-making. Because the practicum occurs near the completion of the graduate program, the program expects 90% of students to meet or exceed this level of performance.

Criterion Status
Met

Findings 4.1
The criterion was met. Twenty-eight students completed the supervised practicum during the assessment cycle. Twenty-six students (92.9%) received an overall rating of Meets Expectations or higher on the Practicum Performance Evaluation Form, exceeding the program benchmark of 90%.

Site supervisors generally reported that students effectively applied relevant social science concepts and theories to professional tasks and situations. Lower performance was observed in applying disciplinary knowledge to unfamiliar or complex workplace situations. Overall, the results indicate that students demonstrated proficiency in applying social science knowledge during the practicum experience.

Action 4.1
Improvement Strategy: Guided practicum reflection. Although the criterion was met, the findings identified an opportunity to strengthen students' ability to apply social science knowledge to unfamiliar or complex professional situations. Students completing the practicum will participate in two faculty-guided reflection activities in which they examine challenging situations encountered during the practicum and explain how relevant social science concepts or theories can be applied. The Practicum Coordinator will implement these activities during the next practicum cycle.

Learning Objective 4.2
By the end of the program, students will produce scholarly manuscripts that meet disciplinary standards for publication in peer-reviewed social science journals.

Indicator 4.2 (Direct Measurement Method)
Scholarly Manuscript Faculty Review: During the Graduate Research Seminar, students will prepare a scholarly manuscript based on original research completed during the program. The manuscript will follow the conventions of an appropriate peer-reviewed social science journal and include the major components expected for scholarly publication.

A faculty review panel will evaluate each manuscript according to established disciplinary standards, including the quality of the scholarly argument, integration of relevant literature, presentation and interpretation of evidence, contribution to the field, organization, and adherence to disciplinary writing and publication conventions. Following the review, manuscripts will be classified as Ready for Submission, Ready for Submission with Minor Revisions, Requires Substantial Revision, or Not Ready for Submission.

Criterion 4.2
At least 85% of students completing the Scholarly Manuscript Faculty Review will have their manuscripts classified as Ready for Submission or Ready for Submission with Minor Revisions.

Producing scholarship appropriate for peer-reviewed publication requires students to integrate advanced research, analytical, and scholarly writing skills. These classifications indicate that the manuscript substantially meets disciplinary expectations for scholarly publication without requiring major revisions. Because producing publication-quality scholarship represents an advanced graduate-level competency, the program established a benchmark of 85% as a rigorous yet attainable expectation.

Criterion Status
Not Met

Findings 4.2
The criterion was not met. Twenty-nine students completed the Scholarly Manuscript Faculty Review. Twenty-three students (79.3%) had manuscripts classified as Ready for Submission or Ready for Submission with Minor Revisions, falling below the program benchmark of 85%.

Faculty reviewers identified strengths in the organization of manuscripts and integration of relevant scholarly literature. Lower performance was observed in the interpretation of evidence and articulation of the manuscript's contribution to the field, with several manuscripts requiring substantial revision in these areas. Overall, the results indicate that additional support is needed to strengthen students' ability to produce manuscripts that meet disciplinary standards for scholarly publication.

Action 4.2
Improvement Strategy: Scaffolded manuscript development. Because the criterion was not met, the Graduate Research Seminar will be revised to provide additional support for scholarly manuscript preparation. Students will complete two structured manuscript-development activities focused on interpreting research evidence and articulating the contribution of their research to the field. Graduate faculty will provide formative feedback on these activities before students submit their manuscripts for the Scholarly Manuscript Faculty Review. The Graduate Research Seminar instructor will implement these revisions during the next academic year.

Learning Objective 4.3
By the end of the program, students will construct a scholarly conference proposal that meets disciplinary standards for professional or academic conference submission.

Indicator 4.3 (Direct Measurement Method)
Scholarly Conference Proposal: During the Graduate Research Seminar, students will prepare a scholarly conference proposal based on original research completed during the program. The proposal will follow the submission requirements of an appropriate professional or academic conference and include the major components expected for scholarly conference consideration.

Graduate faculty will evaluate each proposal using a standardized Conference Proposal Scoring Guide that assigns points for the significance of the scholarly topic, clarity of purpose, presentation of relevant evidence, contribution to the field, organization, and adherence to conference submission requirements. The total score will indicate whether the proposal meets established standards for conference submission.

Criterion 4.3
At least 85% of students completing the Scholarly Conference Proposal will earn a score of 80 or higher on the 100-point Conference Proposal Scoring Guide.

Preparing a conference proposal requires students to present scholarly work clearly and concisely while meeting established disciplinary and conference submission expectations. A score of 80 indicates that the proposal meets the program's established standards for conference submission. Because constructing a submission-ready conference proposal represents an advanced graduate
level competency, the program expects at least 85% of students to achieve this level of performance.

Criterion Status
Met

Findings 4.3
The criterion was met. Thirty students completed the Scholarly Conference Proposal. Twenty-seven students (90.0%) earned a score of 80 or higher on the 100-point Conference Proposal Scoring Guide, exceeding the program benchmark of 85%.

Students generally performed well in clearly presenting the purpose and significance of their proposed scholarly work and adhering to conference submission requirements. Lower scores were observed in communicating the contribution of the proposed work to the field. Overall, the results indicate that students demonstrated proficiency in constructing scholarly conference proposals that meet established standards for conference submission.

Action 4.3
Improvement Strategy: Conference proposal workshop. Although the criterion was met, the findings identified an opportunity to strengthen students' ability to communicate the contribution of their scholarly work to the field. The Graduate Research Seminar will incorporate a faculty-guided conference proposal workshop in which students review examples of successful proposals and revise the section of their own proposal addressing the significance and contribution of their work. The course instructor will implement the workshop before students complete the final Scholarly Conference Proposal.

Previous Cycle's Plan for Continuous Improvement (Do Not Modify)
During the next assessment cycle, the graduate faculty will strengthen student learning through targeted curricular and instructional improvements across the program. Faculty will revise course materials and incorporate additional instructional activities to reinforce interdisciplinary research, data analysis, program evaluation, ethical decision-making, and professional communication. Additional opportunities for formative feedback will be incorporated into selected courses to provide students with guidance before completion of major assessments.

The program will also introduce a structured peer-review process in the Program Evaluation course, incorporate a policy simulation into the Applied Social Policy Seminar, expand case-based learning activities in the Professional Ethics Seminar, and provide students with multiple opportunities to practice professional presentations in the Graduate Capstone Seminar.

The Program Coordinator and graduate faculty will oversee implementation of these improvements during the next assessment cycle and review assessment results to determine areas requiring continued attention.

Update to the Previous Cycle's Plan for Continuous Improvement
The program implemented the majority of the planned improvements during the current assessment cycle. Faculty revised course materials, incorporated additional instructional activities, expanded opportunities for formative feedback, and implemented the planned peer-review process, policy simulation, case-based learning activities, and multiple presentation exercises.

Assessment results indicate that these improvements contributed to stronger student performance in several areas, with multiple learning objectives meeting or exceeding the established performance criteria. Faculty also observed improvements in student learning and greater consistency in assessment practices across the program.

Although the previous improvement efforts were beneficial, the current assessment results identified opportunities for continued improvement. Students would benefit from additional support in interpreting research findings, integrating evidence into conclusions, adapting professional communication for diverse audiences, applying social science knowledge in complex professional situations, and preparing scholarly work for publication and conference submission.

Based on these results, the program concluded that the previous Plan for Continuous Improvement was generally effective. The program developed new and revised actions to address the remaining areas identified through assessment and to strengthen students' professional application and scholarly engagement.

New Plan for Continuous Improvement
Based on the findings from the current assessment cycle and the evaluation of the previous Plan for Continuous Improvement, the graduate faculty developed a coordinated Plan for Continuous Improvement to strengthen research competency, analytical reasoning, evidence-based decision-making, ethical professional practice, communication skills, professional application, and scholarly engagement.

To address the opportunities identified through assessment, faculty will revise instructional materials, expand scaffolded learning activities, incorporate structured peer-review opportunities, implement authentic policy simulation experiences, increase the use of

case-based learning and reflective activities, and provide additional opportunities for students to practice professional presentations with formative feedback. Collectively, these improvements are intended to strengthen students' research, evaluation, ethical reasoning, problem-solving, and communication competencies.

The program will also strengthen students' professional and scholarly preparation by incorporating faculty-guided reflection into the practicum experience, providing scaffolded support for scholarly manuscript development, and introducing a conference proposal workshop. These improvements will provide additional support for applying social science knowledge in complex professional situations and preparing scholarly work that meets disciplinary expectations for publication and conference submission.

As a new initiative, the graduate faculty will establish an annual Graduate Scholarship and Professional Development Forum to provide students with opportunities to share practicum experiences, discuss scholarly work in progress, and learn about professional and scholarly engagement from faculty and invited practitioners.

The Program Coordinator and graduate faculty will implement these improvements during the next assessment cycle to strengthen student learning and address the opportunities for improvement identified through assessment.

Academic Department
Assessment Plan Example

Department of Community Engagement and Civic Leadership

*This fictional assessment plan illustrates a strong assessment plan rated **Good** overall using the SHSU Meta-Assessment Rubric. Some components meet the Exemplary standard, while others intentionally reflect the Good level. The example demonstrates that a Good plan is clear, complete, aligned, and useful for continuous improvement, while also showing the additional evidence, justification, and implementation detail needed to reach Exemplary.*

NOTE: A high-quality assessment plan for an academic department should be grounded in the department's Mission.

Program Mission
The mission of the Department of Community Engagement and Civic Leadership is to provide a student-centered, interdisciplinary education that promotes the study and practice of civic leadership, community engagement, and ethical public service. Through academic inquiry, experiential learning, and community partnerships, the department fosters intellectual growth, civic responsibility, and a commitment to improving the well-being of diverse communities.

Goal 1
Promote excellence in teaching, experiential learning, and academic support to foster student success and engagement.

Performance Objective 1.1
Increase the percentage of students who complete at least one department-sponsored experiential learning opportunity before graduation.

KPI 1.1 (Direct Measurement Method)
Experiential Learning Completion Report: The Experiential Learning Completion Report documents the percentage of graduating students who complete at least one department-sponsored experiential learning opportunity prior to graduation. Using graduation records and departmental experiential learning records, the Assessment Coordinator will calculate the percentage of graduating students who completed at least one qualifying experiential learning opportunity during the assessment cycle and compare the results with previous assessment cycles to identify completion trends over time. Qualifying experiences may include internships, service-learning courses, community-based research projects, or other department-approved experiential learning activities. Results will be reviewed by the Curriculum Committee to identify opportunities to expand access to experiential learning and increase student participation.

Target 1.1
By the end of the academic year, at least 90% of graduating students will complete one or more department-sponsored experiential learning opportunities prior to graduation.

Experiential learning is a defining component of the department's mission and educational model. Because the department intentionally integrates internships, service-learning, community-based research, and other applied learning experiences throughout the curriculum, the target reflects the expectation that nearly all graduates will complete at least one qualifying experiential learning opportunity before graduation. The target is intentionally ambitious, while recognizing that a small percentage of students may be unable to participate due to transfer credit, accelerated degree completion, or other documented circumstances.

Target Status
Met

Results 1.1
The target was met. The Experiential Learning Completion Report indicated that 92% (138 of 150) graduating students completed at least one department-sponsored experiential learning opportunity prior to graduation, exceeding the target of 90%. This represents a 4-percentage-point increase from the previous assessment cycle (88%). Participation remained consistently high across internships, service-learning courses, community-based research projects, and other approved experiential learning opportunities. The findings

indicate that the department's current approach to integrating experiential learning throughout the curriculum continues to support high levels of student participation. Continued monitoring of participation trends will help ensure that experiential learning opportunities remain accessible to all students.

Action 1.1
Although the target was met, the Curriculum Committee will review experiential learning participation data to identify opportunities to expand access for student populations with lower participation rates, including transfer students and students nearing graduation. The committee will collaborate with program faculty to identify additional department-sponsored experiential learning opportunities and recommend any curricular or scheduling adjustments that may increase student participation. Recommendations will be finalized and submitted to the Department Chair by May 2027.

Performance Objective 1.2
Increase the percentage of students satisfied with departmental academic advising services by the end of the academic year.

KPI 1.2 (Indirect Measurement Method)
Academic Advising Satisfaction Survey: The Academic Advising Satisfaction Survey measures student satisfaction with the department's academic advising services. At the end of each academic year, students who received academic advising during the assessment cycle will be invited to complete an anonymous survey containing standardized Likert-scale items evaluating advising availability, accessibility, accuracy, and overall quality.

The Assessment Coordinator will calculate the percentage of respondents indicating they were Satisfied or Very Satisfied, compare the results with previous assessment cycles, and identify satisfaction trends over time. Results will be reviewed by the Department Chair and academic advisors to identify opportunities to strengthen advising services and student support.

Target 1.2
By the end of the academic year, at least 85% of students responding to the Academic Advising Satisfaction Survey will indicate they are Satisfied or Very Satisfied with the department's academic advising services.

Providing high-quality academic advising is essential to the department's commitment to student success and engagement. Because advising influences academic planning, student retention, and timely degree completion, the target reflects the department's expectation that the vast majority of students will have a positive advising experience. The target establishes a high standard of service while recognizing that advising experiences may vary based on individual student needs and circumstances.

Target Status
Not Met

Results 1.2
The target was not met. Results from the Academic Advising Satisfaction Survey indicated that 81% (203 of 251) of responding students reported being Satisfied or Very Satisfied with the department's academic advising services, falling short of the target of 85%. This represents a modest improvement from the previous assessment cycle (79%). Survey responses identified concerns regarding advisor availability during peak registration periods and inconsistent communication about degree requirements. The findings suggest that although overall student satisfaction is improving, additional attention to advising accessibility and communication may further enhance the quality of advising services.

Action 1.2
The Department Chair and academic advisors will review advising appointment availability, communication practices, and student feedback to identify strategies for improving advising services. The department will develop a standardized advising communication plan, evaluate advisor availability during peak registration periods, and implement improvements before the start of the Spring 2027 registration period. Progress will be reviewed at the conclusion of the next assessment cycle.

Goal 2
Strengthen community engagement through collaborative partnerships, ethical public service, and initiatives that contribute to the well-being of diverse communities.

Performance Objective 2.1
Increase the number of active collaborative partnerships with community organizations by the end of the academic year.

KPI 2.1 (Direct Measurement Method)
Community Partnership Inventory: The Community Partnership Inventory documents the department's active collaborative partnerships with nonprofit organizations, schools, government agencies, and other community organizations. A partnership will be considered active if the department and the partner organization engaged in at least one mutually planned activity during the assessment cycle. The Department Chair will verify partnership records, calculate the total number of active partnerships, and compare the results with previous assessment cycles to identify partnership trends over time. Results will be reviewed by the Community Engagement Committee to identify opportunities to strengthen existing partnerships and cultivate new collaborations.

Target 2.1
The department will increase the number of active collaborative partnerships with community organizations from 19 in the previous assessment cycle to at least 20 during the current assessment cycle. Community partnerships are fundamental to advancing the

department's mission of civic engagement, ethical public service, and community collaboration. Increasing the number of active partnerships demonstrates the department's commitment to sustaining and expanding meaningful relationships that support experiential learning, outreach, and service initiatives. The benchmark balances the department's capacity to effectively manage partnerships while encouraging continued collaboration with diverse community organizations.

Target Status
Met

Results 2.1
The target was met. The Community Partnership Inventory documented 22 active collaborative partnerships during the assessment cycle, exceeding the target of 20 active partnerships. This represents an increase of three partnerships from the previous assessment cycle. The partnerships supported internships, service-learning experiences, community outreach initiatives, and collaborative projects that aligned with the department's mission. The findings indicate that the department continues to strengthen its network of community partners while sustaining meaningful collaborative relationships that support teaching, service, and civic engagement.

Action 2.1
Although the target was met, the Community Engagement Committee will evaluate the effectiveness of existing community partnerships to identify opportunities for expanding collaborative activities and strengthening partner engagement. The committee will develop recommendations for sustaining high-impact partnerships and cultivating new partnerships that support the department's mission. Recommendations will be presented to the Department Chair by May 2027.

Performance Objective 2.2
Increase participation in department-sponsored community engagement activities by the end of the academic year.

KPI 2.2 (Direct Measurement Method)
Community Engagement Participation Dashboard: The Community Engagement Participation Dashboard tracks student participation in department-sponsored community engagement activities across academic years. Using event registration records, volunteer logs, and attendance records, the Assessment Coordinator will calculate the percentage of enrolled students who participated in at least one qualifying community engagement activity during the assessment cycle and compare the results with previous assessment cycles to identify participation trends over time. The dashboard provides longitudinal participation data that support continuous monitoring of student engagement. Results will be reviewed by the Community Engagement Committee to identify strategies for increasing student participation in future community engagement activities.

Target 2.2
At least 80% of enrolled students will participate in one or more department-sponsored community engagement activities during the assessment cycle. Community engagement is a central component of the department's mission and reflects its commitment to civic leadership, ethical public service, and community partnerships. The benchmark establishes a high expectation for student participation by encouraging broad involvement in department-sponsored engagement activities while recognizing that individual student schedules, employment commitments, and other responsibilities may limit participation for a small percentage of students. The target is intentionally ambitious and reinforces the department's commitment to cultivating a culture of civic engagement throughout the student experience.

Target Status
Not Met

Results 2.2
The target was not met. The Community Engagement Participation Dashboard indicated that 76% (304 of 400) enrolled students participated in at least one department-sponsored community engagement activity during the assessment cycle, below the target of 80%. This represents an increase from 71% during the previous assessment cycle. Dashboard data indicated that participation was highest among first- and second-year students, while participation declined among upper-division students. The findings suggest that the department has successfully expanded overall student engagement but may benefit from strategies that encourage sustained participation throughout students' academic careers.

Action 2.2
The Community Engagement Committee will review participation data from the Community Engagement Participation Dashboard to identify factors associated with lower participation among upper-division students. Based on the findings, the committee will develop strategies to increase awareness of community engagement opportunities, improve scheduling, and reduce barriers to participation. The recommended strategies will be implemented during the 2027–2028 academic year and evaluated during the next assessment cycle.

Goal 3
Foster a collaborative and innovative departmental culture that supports scholarship, continuous improvement, and responsible stewardship of departmental resources.

Performance Objective 3.1
By the end of the academic year, increase the percentage of faculty participating in scholarly and professional activities.

KPI 3.1 (Direct Measurement Method)
Faculty Annual Activity Report: The Faculty Annual Activity Report documents scholarly

and professional activities completed by full-time faculty during each academic year. Faculty will report qualifying activities, including peer-reviewed publications, conference presentations, grant submissions, professional certifications, creative works, and leadership in professional organizations. The Department Chair will review the reports and calculate the percentage of full-time faculty who participated in at least one qualifying scholarly or professional activity during the assessment cycle. Results will be compared with previous assessment cycles to identify trends in faculty participation and reviewed by the Department Chair to identify strategies that support faculty scholarship and professional development.

Target 3.1
At least 85% of full-time faculty will participate in one or more qualifying scholarly or professional activities during the assessment cycle. Faculty scholarship and professional engagement are essential to advancing the department's mission through academic inquiry, innovation, and continuous improvement. Active participation in scholarly and professional activities strengthens teaching, contributes to disciplinary knowledge, supports meaningful community engagement, and enhances the department's academic reputation. The benchmark establishes a high expectation for faculty engagement while recognizing that scholarly productivity may vary based on faculty workload, appointment responsibilities, and the nature of individual scholarly activities.

Target Status
Met

Results 3.1
The target was met. Faculty Annual Activity Reports indicated that 89% (17 of 19) full-time faculty participated in at least one qualifying scholarly or professional activity during the assessment cycle, exceeding the target of 85%. This represents an increase from 84% during the previous assessment cycle. Reported activities included peer-reviewed publications, conference presentations, grant submissions, professional certifications, creative works, and leadership in professional organizations. The findings demonstrate continued faculty engagement in scholarly and professional activities and suggest that existing departmental support for scholarship and professional development is contributing to sustained participation.

Action 3.1
Although the target was met, the Department Chair will review faculty participation trends to identify opportunities for increasing engagement in scholarly and professional activities across all faculty ranks. The department will continue to support scholarship through professional development opportunities, mentoring, and recognition of faculty achievements while monitoring participation trends during the next assessment cycle. These activities will be completed by May 2027.

Performance Objective 3.2
For the current assessment cycle, increase the percentage of academic programs that develop assessment plans achieving an overall rating of Good, as defined by the Office of Assessment's Meta-Assessment Rubric.

KPI 3.2 (Direct Measurement Method)
Meta-Assessment Review of Program Assessment Plans: The Meta-Assessment Review of Program Assessment Plans evaluates the quality of assessment plans developed by the department's academic programs using the Office of Assessment's Meta-Assessment Rubric. During each annual assessment cycle, trained reviewers will evaluate each program's assessment plan and assign an overall rating using the established rubric, which includes the following ratings: Developing, Minimally Compliant, Good, and Exemplary. The Assessment Coordinator will calculate the percentage of assessment plans achieving an overall rating of Good, compare the results with previous assessment cycles to identify trends in assessment plan quality, and summarize the findings in an annual meta-assessment report. Results will be reviewed by the Assessment Committee to identify opportunities for professional development, assessment consultation, and process improvements that support the development of high-quality assessment plans across the department's academic programs.

Target 3.2
At least 80% of academic program assessment plans will achieve an overall rating of Good on the Office of Assessment's Meta-Assessment Rubric. Developing high-quality assessment plans reflects the department's commitment to evidence-informed decision-making, continuous improvement, and accountability. Because assessment planning is a shared responsibility supported through departmental leadership, professional development, and ongoing collaboration, the benchmark reflects the expectation that nearly all academic programs will develop assessment plans meeting institutional quality standards. The target is intentionally ambitious while recognizing that individual programs may require additional time, support, or refinement to consistently achieve the Good performance level.

Target Status
Not Met

Results 3.2
The target was not met. The Meta-Assessment Review of Program Assessment Plans found that 67% (4 of 6) academic program assessment plans achieved an overall rating of Good, falling short of the target of 80%. This represents an improvement from 50% during the previous assessment cycle. The review found that most assessment plans demonstrated clear alignment among goals, performance objectives, KPIs, and targets; however, some assessment plans did not achieve the Good standard because the results lacked sufficient interpretation, and the actions were not consistently supported by the reported results. However, the results indicated that the department has made meaningful progress in

strengthening assessment quality while identifying opportunities to further improve assessment planning across its academic programs.

Action 3.2
The Assessment Committee will review the findings from the Meta-Assessment Review of program assessment plans to identify common areas requiring improvement, with particular attention to interpreting results and aligning actions with assessment findings. The committee will develop targeted assessment resources, provide individualized consultation to program assessment coordinators, and conduct an internal peer review of draft assessment plans before annual submission. These activities will be completed prior to the 2027–2028 assessment plan submission cycle.

Previous Cycle's Plan for Continuous Improvement (Do not modify)
During the next assessment cycle, the department will strengthen experiential learning by expanding department-sponsored opportunities and community partnerships that support student participation in applied learning experiences. The department will also review academic advising resources and communication practices to identify opportunities to improve advising accessibility, consistency, and student satisfaction.

The department will continue efforts to strengthen community engagement by sustaining and expanding collaborative partnerships and increasing student participation in department-sponsored community engagement activities. Faculty scholarship and professional development will also be supported through continued opportunities, resources, and recognition intended to encourage faculty participation in scholarly and professional activities.
To strengthen assessment practices, the department will provide additional guidance and support to academic programs to improve the quality of assessment planning and promote greater consistency with institutional assessment expectations.

As a new initiative, the department will conduct a broader review of its community engagement efforts to examine how departmental activities align with the department's mission and strategic priorities. Information gathered through the review will be used to identify opportunities for future improvement and inform subsequent assessment and planning efforts.

Update to the Previous Cycle's Plan for Continuous Improvement
During the previous assessment cycle, the department implemented several initiatives designed to strengthen experiential learning, academic advising, community engagement, faculty development, and assessment practices. Overall, meaningful progress was made on each planned action, although some initiatives will continue into the next assessment cycle.

The department expanded experiential learning opportunities and strengthened community partnerships, thereby increasing student participation in these activities.

Academic advising resources and communication practices were also reviewed and updated, resulting in modest improvements in student satisfaction while identifying additional opportunities for improvement.

Efforts to strengthen community engagement resulted in an increase in active partnerships and greater student participation in department-sponsored activities. Faculty continued to engage in scholarly and professional activities, and participation increased compared to the previous assessment cycle.

The department also continued to improve the quality of assessment planning by providing additional assessment support to academic programs. The percentage of assessment plans achieving the department's expected level of quality increased from 50% in the previous assessment cycle to 67% in the current cycle. Although this improvement demonstrates progress, the department did not achieve its target of 80%, and additional improvement remains necessary.

The department also initiated a broader review of its community engagement efforts to better align departmental activities with its mission and strategic priorities. Information gathered through this review will continue to inform planning and assessment efforts during the next cycle.

New Plan for Continuous Improvement

During the next assessment cycle, the department will continue to strengthen teaching, student support, community engagement, faculty development, and assessment quality through a coordinated approach to continuous improvement. Assessment findings from the current cycle will be used to refine departmental practices, strengthen existing initiatives, and guide decisions that support student success, faculty engagement, and meaningful community partnerships.

The department will continue to expand access to experiential learning opportunities while evaluating strategies that promote greater student participation throughout the curriculum. Efforts will also focus on enhancing the quality and consistency of academic advising, increasing student participation in community engagement activities, supporting faculty scholarship and professional development, and strengthening assessment planning through continued review and assessment support. Collectively, these initiatives are intended to improve departmental effectiveness while reinforcing the department's mission of civic leadership, community engagement, and ethical public service.

As a new initiative, the department will develop a Departmental Performance Dashboard that integrates key performance indicators from across the assessment plan into a single reporting tool. The dashboard will be used to monitor performance trends, support evidence-informed decision-making, and provide department leadership and faculty with a comprehensive view of progress toward departmental goals. Information gathered through the dashboard will also be used to identify emerging priorities and inform future continuous improvement efforts.

Support Unit
Assessment Plan Example

Office of Student Success and Support

*This fictional assessment plan illustrates a strong assessment plan rated **Good** overall using the SHSU Meta-Assessment Rubric. Some components meet the Exemplary standard, while others intentionally reflect the Good level. The example demonstrates that a Good plan is clear, complete, aligned, and useful for continuous improvement, while also showing the additional evidence, justification, and implementation detail needed to reach Exemplary.*

NOTE: A high-quality assessment plan for a support unit should be grounded in the unit's mission or purpose.

Mission: The Office of Student Success and Support promotes student success by connecting students with resources, services, and opportunities that support their academic progress, personal development, engagement, and persistence. The office fosters a supportive and accessible environment that helps students navigate challenges, build connections, and progress toward their educational goals.

Goal 1: Student Success and Persistence
Promote student success and persistence by supporting students as they progress toward their educational goals.

Performance Objective 1.1
Increase student participation in academic success support services by the end of the academic year.

KPI 1.1
The Office of Student Success and Support will track the number of students who participate in academic success support services during the academic year. Participation data will be collected through the office's service-tracking system each semester and reviewed by the Director of Student Success and Support at the end of the academic year. The total number of unique students who participated in at least one academic success support service will be used to assess progress toward the Performance Objective.

Target 1.1
By the end of the current academic year, the Office of Student Success and Support will increase the number of unique students participating in academic success support services by at least 5%, from 1,250 students in the previous academic year to a minimum of 1,313 students. The previous year's participation of 1,250 students provides the baseline for assessing improvement.

Target Status
Met

Results 1.1
The target was met. During the current academic year, 1,335 unique students participated in academic success support services, compared with 1,250 students in the previous academic year. This represents an increase of 85 students, or 6.8%, exceeding the target of a 5% increase to at least 1,313 students.

Participation was higher during the fall semester than during the spring semester. Fall participation was particularly strong during the first eight weeks, when the Office conducted its most concentrated outreach and promotion efforts. Although the overall target was met, lower spring participation indicates an opportunity to strengthen outreach and promotion during the spring semester.

Action 1.1
Although the target was met, the Office of Student Success and Support will strengthen outreach and promotion of academic success support services during the spring semester to address lower spring participation. Beginning in January, the Student Success Coordinator will implement a targeted outreach campaign using student email reminders and promotion through campus partners. Spring participation will be monitored to determine whether the enhanced outreach increases student use of academic success support services.

Performance Objective 1.2
Increase the term-to-term persistence of students who receive support services from the Office of Student Success and Support by the end of the academic year.

KPI 1.2
The Office of Student Success and Support will measure the percentage of students who receive support services during the fall semester and subsequently enroll at the university for the following spring semester. At the end of each fall-to-spring enrollment period, Office staff will match service-participation records with official university enrollment records. The Director of Student Success and Support will review the percentage of eligible service recipients who persist from fall to spring at the end of each academic year to identify changes in student persistence and inform improvements to support services.

Target 1.2
By the end of the current academic year, the Office of Student Success and Support will increase the fall-to-spring persistence rate of students receiving support services by at least 2 percentage points, from 88% in the previous academic year to a minimum of 90%. Given the relatively high existing persistence rate, a 2-percentage-point increase represents a meaningful but achievable improvement for students served by the Office.

Target Status
Not met

Results 1.2
The target was not met. The fall-to-spring persistence rate for students who received support services was 89%, compared with the target of at least 90% and the previous academic year's rate of 88%. Of the 1,100 students who received support services during the fall semester, 979 enrolled for the following spring semester.

Students who participated in two or more support services had a persistence rate of 92%, compared with 86% for students who participated in only one service. These results indicate that encouraging students to engage with additional or ongoing support services may provide an opportunity to strengthen student persistence.

Action 1.2
Because the target was not met, the Office of Student Success and Support will encourage students who use only one support service to engage with additional or ongoing support. Beginning in the fall semester, Office staff will provide follow-up communication to students after their initial use of a service and provide information about additional services relevant to their needs. The Student Success Coordinator will oversee the process and review service engagement and persistence at the end of the academic year.

Goal 2: Access and Support
Foster an accessible and supportive environment that connects students with resources and services that address their needs and help them navigate challenges.

Performance Objective 2.1
Increase student utilization of wellness support resources and services provided through the Office of Student Success and Support by the end of the academic year.

KPI 2.1
The Office of Student Success and Support will track the number of unique students who utilize wellness support resources and services provided through the Office during the academic year. Office staff will collect utilization data through the service-tracking system throughout each semester. At the end of the academic year, the Director of Student Success and Support will review the total number of unique students who utilized at least one wellness support resource or service and compare utilization with the previous academic year to identify changes in student use of available wellness support.

Target 2.1
By the end of the current academic year, the Office of Student Success and Support will increase the number of unique students utilizing wellness support resources and services by at least 6%, from 500 students in the previous academic year to a minimum of 530 students.

Target Status
Not Met

Results 2.1
The target was not met. During the current academic year, 490 unique students utilized wellness support resources and services, compared with 500 students in the previous academic year. This represents a decrease of 10 students, or 2%, and falls 40 students below the target of at least 530 students.

Utilization was lower during the spring semester than during the fall semester. These results indicate an opportunity to strengthen student awareness and use of available wellness support resources and services, particularly during the spring semester.

Action 2.1
Because the target was not met, the Office of Student Success and Support will increase promotion of wellness support resources and services. Beginning in the spring semester, the Office will use student communications, campus partner referrals, and Office programs to increase awareness of available wellness support. Utilization will be reviewed at the end of the academic year to determine whether student use of these resources and services increases.

Performance Objective 2.2
Reduce the time required to connect students with appropriate university support resources following a request for assistance by the end of the academic year.

KPI 2.2
The Office of Student Success and Support will measure the average number of business days between a student's initial request for assistance and the Office's referral of the student to an appropriate university support resource. Office staff will record the date of each request and the date of the corresponding referral in the service-tracking system throughout the academic year. At the end of each semester, the Director of Student Success and Support will review the average referral response time to identify opportunities to improve the timeliness of the referral process.

Target 2.2
By the end of the current academic year, the Office of Student Success and Support will reduce the average time required to refer students to an appropriate university support resource from 3.0 business days in the previous academic year to no more than 2.5 business days. Based on recent referral patterns, this reduction represents a reasonable improvement in the timeliness of student referrals.

Target Status
Met

Results 2.2
The target was met. During the current academic year, the average time required to refer students to an appropriate university support resource was 2.3 business days, compared with 3.0 business days in the previous academic year and the target of no more than 2.5 business days.

Although overall referral time improved, 12% of referrals required more than four business days to complete. Referrals involving multiple or complex student needs generally required more time, indicating an opportunity to improve the referral process for these students.

Action 2.2
Although the target was met, the Office of Student Success and Support will enhance the referral process for students with complex support needs. The Student Success Coordinator will review referral procedures and develop a standardized process to track referrals requiring additional coordination with campus partners. The revised process will be implemented during the fall semester, and referral data will be reviewed at the end of the academic year to determine whether delays in complex referrals decrease.

Goal 3: Student Development and Engagement
Promote student development and engagement by creating opportunities that strengthen students' connections to the university and support their overall university experience.

Performance Objective 3.1:
Increase student participation in engagement and student development opportunities offered by the Office of Student Success and Support by the end of the academic year.

KPI 3.1
The Office of Student Success and Support will track the number of unique students who participate in engagement and student development opportunities offered by the Office during the academic year. Office staff will collect participation data through event and program attendance records throughout each semester. At the end of the academic year, the Director of Student Success and Support will review the total number of unique student participants and compare participation with the previous academic year to identify changes in student engagement and inform future programming.

Target 3.1
By the end of the current academic year, the Office of Student Success and Support will increase the number of unique students participating in engagement and student development opportunities by at least 5%, from 800 students in the previous academic year to a minimum of 840 students. The previous year's participation provides a baseline for assessing improvement, and the expected increase is consistent with the Office's efforts to expand student participation.

Target Status
Not met

Results 3.1
The target was not met. During the current academic year, 792 unique students participated in engagement and student development opportunities, compared with 800 students in the previous academic year and the target of at least 840 students.

Participation in smaller student development workshops declined, with several workshops experiencing lower-than-anticipated attendance, particularly later in the semester. Programs offered in collaboration with other university offices generally attracted more students. These results indicate an opportunity to improve workshop scheduling and promotion and increase collaborative programming.

Action 3.1
Because the target was not met, the Office of Student Success and Support will revise the scheduling and promotion of lower-attended student development workshops and increase collaboration with other university offices. The Student Success Coordinator will review workshop attendance patterns and use the findings to revise the workshop schedule and promotional strategy for the next academic year. The Office will also collaborate with campus partners to offer additional student development workshops.

Performance Objective 3.2
Increase continued university engagement among students who participate in Office of Student Success and Support programs by the end of the academic year.

KPI 3.2
The Office of Student Success and Support will measure the percentage of students who, after participating in a designated Office program, subsequently participate in at least one additional university-sponsored program, activity, or support service during the same academic year. Office
staff will match program participation records with available university engagement records at the end of each semester. The Director of Student Success and Support will review the percentage of participating students who demonstrate subsequent university engagement to assess whether Office programs are associated with continued connection to the university.

Target 3.2
By the end of the current academic year, at least 65% of students who participate in designated Office of Student Success and Support programs will subsequently participate in at least one additional university-sponsored program, activity, or support service during the same academic year, compared with 60% in the previous academic year. The previous year's continued-engagement rate provides a baseline for assessing improvement.

Target Status
Not Met

Results 3.2
The target was partially met. During the current academic year, 63% of students who participated in designated Office of Student Success and Support programs subsequently participated in at least one additional university-sponsored program, activity, or support service. This represents an increase from 60% in the previous academic year but falls below the target of at least 65%.

Continued engagement was higher among students who received information about additional campus opportunities during or immediately following an Office program. These results indicate an opportunity to more consistently connect program participants with additional university opportunities and strengthen follow-up after their initial participation.

Action 3.2
Because the target was partially met, the Office of Student Success and Support will implement a more consistent follow-up process to connect program participants with additional university programs, activities, and support services. Beginning in the fall semester, Office staff will provide information about additional campus opportunities following designated programs and send follow-up communication to participants. The

Student Success Coordinator will oversee the process, and subsequent student participation will be reviewed at the end of the academic year.

Previous Cycle's Plan for Continuous Improvement (Do Not Modify)
During the next assessment cycle, the Office of Student Success and Support will implement the following improvements to strengthen student participation, access to resources, referral processes, and engagement.

1. Expand promotion of academic success support services.
   The Office will increase promotion of academic success support services through student communications, selected programs, and coordination with campus partners.

2. Develop follow-up communications for students receiving support services.
   The Office will develop follow-up communications to connect students who receive support with additional services and resources that may address their needs.

3. Increase awareness of available university support resources.
   The Office will update and expand information about academic, financial, wellness, and personal support resources and promote these resources through Office programs, communications, and referrals.

4. Improve the timeliness of student referrals.
   The Office will review referral procedures and clarify expectations for responding to student requests to improve the timeliness of referrals to appropriate university resources.

5. Expand student engagement and development programming.
   The Office will expand student development workshops and engagement opportunities and monitor participation to identify programming that may require additional promotion or adjustment.

6. New Initiative: Develop partnerships for coordinated student success programming.
   The Office will pursue partnerships with other university offices to develop coordinated student success and engagement programming and expand opportunities available to students.

Update to the Previous Cycle's PCI

1. Expand promotion of academic success support services — Completed.
   The Office expanded promotion through student emails, selected programs, and campus partners, with outreach concentrated early in each semester. Participation increased, and the Office used participation data to identify opportunities for additional outreach.

2. Develop follow-up communications for students receiving support services — Partially Completed.

The Office developed follow-up emails to connect students with additional support services and used them with selected student groups. The process was not implemented consistently across all services due to staffing limitations and differences in referral procedures.

3. Increase awareness of available university support resources — Completed.
   The Office updated and expanded promotion of academic, financial, wellness, and personal support resources through programs, communications, and referrals. Utilization increased for several resources, although use varied across service areas.

4. Improve the timeliness of student referrals — Completed.
   The Office revised referral procedures and established clearer expectations for responding to student requests. Average referral time decreased, although referrals involving multiple or complex needs continued to require additional attention.
5. Expand student engagement and development programming — Partially Completed.

   The Office expanded student development workshops and engagement opportunities, but participation varied across programs. Several workshops experienced lower-than-anticipated attendance, particularly later in the semester, indicating a need to improve scheduling and promotion.

6. New Initiative: Develop partnerships for coordinated student success programming — Not Completed.
   The Office held preliminary discussions with campus partners and collaborated informally on selected programs, but a formal partnership structure was not established due to competing priorities and scheduling challenges. The Office planned to continue pursuing more structured partnerships.

Overall, the Office completed three of the six items, partially completed two, and did not complete one. The Office made progress in outreach, resource awareness, and referral processes while identifying continued opportunities to improve student follow-up, engagement programming, and campus collaboration.

New Plan for Continuous Improvement

During the next assessment cycle, the Office of Student Success and Support will implement the following improvements based on the current year's assessment results.

1. Strengthen spring outreach for academic success support services.
   Beginning in January, the Student Success Coordinator will implement a targeted spring outreach campaign using student communications and campus partners. Spring participation will be monitored to determine whether student use of academic success support services increases.

2. Increase sustained engagement with support services.
   Beginning in the fall semester, Office staff will follow up with students after their initial use of a support service to connect them with additional or ongoing support. The Student Success Coordinator will oversee the process, and service engagement and persistence will be reviewed at the end of the academic year.

3. Increase utilization of underused support resources and services.
   Beginning in the spring semester, the Office will increase promotion of wellness and personal support resources through student communications, campus partner referrals, and Office programs. Utilization of these resources will be reviewed at the end of the academic year.

4. Improve referrals for students with complex support needs.
   The Student Success Coordinator will review referral procedures and develop a standardized process for tracking referrals involving complex student needs. The revised process will be implemented during the fall semester, and referral data will be reviewed at the end of the academic year.

5. Strengthen student development workshop participation.
   The Student Success Coordinator will review attendance patterns and revise the scheduling and promotion of lower-attended workshops. The Office will also collaborate with other university offices to offer additional student development workshops.

6. Strengthen follow-up to promote continued university engagement.
   Beginning in the fall semester, Office staff will provide program participants with information about additional university opportunities and follow up with participants after designated programs. The Student Success Coordinator will oversee the process, and subsequent participation will be reviewed at the end of the academic year.

7. New Initiative: Develop a Student Success Resource Network.
   The Director of Student Success and Support will establish a network of university offices that provide student support services. The network will meet at least once each semester to share resource information and improve coordination of referrals and outreach. The Office will review network participation and collaborative activities at the end of the assessment cycle.

   At the end of the next assessment cycle, the Office will review progress on these activities and use the results to determine which strategies should be continued, modified, or expanded.

Administrative Unit
Assessment Plan Example 1

Campus Facilities and Operations

*This fictional assessment plan illustrates a strong assessment plan rated **Good** overall using the SHSU Meta-Assessment Rubric. Some components meet the Exemplary standard, while others intentionally reflect the Good level. The example demonstrates that a Good plan is clear, complete, aligned, and useful for continuous improvement, while also showing the additional evidence, justification, and implementation detail needed to reach Exemplary.*

NOTE: A high-quality assessment plan for an academic program should be grounded in the program's Mission.

Unit Mission
Campus Facilities and Operations supports the university's mission by providing safe, functional, reliable, and well-maintained campus facilities that support teaching, learning, research, and university operations. The unit maintains and improves the campus environment through responsive facility services, preventive maintenance, effective use of resources, and continuous improvement of operational practices.

Goal 1 – Facility Reliability and Safety
Provide a safe, reliable, and well-maintained physical environment that supports the university community and its activities.

Performance Objective 1.1
Increase the timely completion of routine facility maintenance requests during the assessment cycle.

KPI 1.1 (Direct Measurement Method)
At the end of each semester, the Facilities Operations Manager will review work-order records from the computerized maintenance management system to determine the percentage of routine maintenance requests completed within five business days of assignment. Results will be reviewed by Campus Facilities and Operations leadership at the end of the assessment cycle to identify opportunities to improve maintenance services.

Target 1.1
At least 85% of routine maintenance requests will be completed within five business days. During the previous assessment cycle, 81% were completed within this timeframe.

Target Status
Met

Results 1.1
The target was met. During the assessment cycle, 87% of routine facility maintenance requests were completed within five business days, exceeding the target of 85% and improving from 81% in the previous assessment cycle. Work-order records indicated that requests requiring specialized parts or coordination with external vendors generally took longer to complete. The results indicate an opportunity to reduce delays associated with these requests.

Action 1.1
Although the target was met, Campus Facilities and Operations will improve the timely completion of routine maintenance requests by reviewing requests that exceeded the five-business-day standard and identifying opportunities to reduce delays associated with specialized parts and external vendors. During the next assessment cycle, the Facilities Operations Manager will work with maintenance staff to identify frequently needed parts that can be kept in inventory and review vendor-related delays to determine where processes can be improved. Progress will be reviewed at the end of each semester.

Performance Objective 1.2
Increase the timely correction of identified facility safety issues during the assessment cycle.

KPI 1.2 (Direct Measurement Method)
Campus Facilities and Operations will use facility inspection and work-order records to determine the percentage of identified priority safety issues corrected within three business days of notification. The Facilities Operations Manager will compile the data each semester, and unit leadership will review the annual results.

Target 1.2
At least 90% of identified priority safety issues will be corrected within three business days. The unit established this target to support timely resolution of conditions that could affect campus safety.

Target Status
Not Met

Results 1.2
The target was not met. During the assessment cycle, 84% of identified priority safety issues were corrected within three business days, falling below the target of 90%. A review of facility inspection and work-order records indicated that many of the delayed repairs required specialized materials or coordination among multiple maintenance areas. The unit will use these results to review how priority safety repairs are coordinated.

Action 1.2
Campus Facilities and Operations will improve the timely correction of priority safety issues by establishing a more consistent process for prioritizing and coordinating safety-related repairs. During the next assessment cycle, the Facilities Operations Manager will work with maintenance supervisors to review delayed safety work orders and identify opportunities to improve coordination when specialized materials or multiple maintenance areas are required. The unit will review progress at the end of each semester to determine whether the changes are reducing delays.

Goal 2 – Responsive and Effective Facility Services
Deliver responsive, effective, and dependable facility services that meet the operational needs of the university community.

Performance Objective 2.1
Reduce the average response time for priority facility service requests by the end of the academic year.

KPI 2.1 (Direct Measurement Method)

The Facilities Service Coordinator will use service-request records to calculate the average elapsed time from receipt of a priority facility service request to the initial response from facilities personnel. Data will be compiled each semester and reviewed by Campus Facilities and Operations leadership at the end of the academic year.

Target 2.1
The average initial response time for priority facility service requests will be reduced from 3.2 hours in the previous assessment cycle to 3.0 hours or less.

Target Status
Met

Results 2.1
The target was met. The average initial response time for priority facility service requests decreased from 3.2 hours in the previous cycle to 2.8 hours, meeting the target of 3.0 hours or less. Requests submitted during regular business hours generally received faster responses than those submitted during evenings and weekends. The unit identified after-hours response as an area for continued improvement.

Action 2.1
Although the target was met, Campus Facilities and Operations will focus on improving response times for priority facility service requests submitted during evenings and weekends. During the next assessment cycle, the Facilities Operations Manager will review after-hours staffing and response procedures and work with maintenance supervisors to identify opportunities to reduce delays. The unit will compare after-hours response times at the end of each semester to determine whether the changes have improved responsiveness.

Performance Objective 2.2
Increase campus-unit satisfaction with facility services by the end of the academic year.

KPI 2.2 (Indirect Measurement Method)
At the end of the assessment cycle, Campus Facilities and Operations will administer a brief survey to university employees who submitted facility service requests. Respondents will rate their overall satisfaction with the service received using a five-point scale from 1 (Very Dissatisfied) to 5 (Very Satisfied). The unit's leadership team will review the survey results to identify areas for service improvement.

Target 2.2
At least 80% of respondents will rate their overall satisfaction with facility services as either 4 (Satisfied) or 5 (Very Satisfied). In the previous assessment cycle, 76% of respondents reported being satisfied or very satisfied with facility services.

Target Status
Not Met

Results 2.2
The target was not met. During the assessment cycle, 77% of respondents rated their overall satisfaction with facility services as either 4 (Satisfied) or 5 (Very Satisfied), falling below the target of 80%. This represented a slight increase from 76% in the previous assessment cycle. Survey responses indicated that delays in receiving status updates and uncertainty about anticipated completion times contributed to some lower satisfaction ratings.

Action 2.2
Campus Facilities and Operations will improve communication with campus units throughout the facility service-request process. During the next assessment cycle, the Facilities Service Coordinator will implement more consistent status updates for requests that remain open beyond the expected completion timeframe, including information about delays and anticipated completion. The unit will review satisfaction survey results at the end of the academic year to determine whether satisfaction with facility services has improved.

Goal 3 – Operational Stewardship and Continuous Improvement
Promote responsible stewardship of university facilities and resources through efficient operations, preventive practices, and continuous improvement.

Performance Objective 3.1
Increase the completion of scheduled preventive maintenance activities by the end of the academic year.

KPI 3.1 (Direct Measurement Method)
The Preventive Maintenance Supervisor will review maintenance-system records each quarter to determine the percentage of scheduled preventive maintenance activities completed by their assigned due dates. Annual results will be reviewed by unit leadership to identify areas requiring operational improvement.

Target 3.1
At least 92% of scheduled preventive maintenance activities will be completed by their assigned due dates. The previous year's completion rate was 89%.

Target Status
Not Met

Results 3.1
The target was not met. During the academic year, 90% of scheduled preventive maintenance activities were completed by their assigned due dates, compared with the target of 92% and the previous year's completion rate of 89%. Some scheduled activities

were delayed during periods of increased corrective maintenance activity. The results indicate a need to continue improving preventive maintenance scheduling and resource coordination.

Action 3.1
Campus Facilities and Operations will improve the timely completion of scheduled preventive maintenance activities by reviewing maintenance schedules and identifying opportunities to reduce delays during periods of increased corrective maintenance activity. During the next assessment cycle, the Preventive Maintenance Supervisor will work with maintenance staff to adjust scheduling priorities and improve coordination for activities requiring specialized equipment or outside vendors. Progress will be reviewed at the end of each semester to determine whether preventive maintenance completion rates have improved.

Performance Objective 3.2
Reduce recurring facility service issues by the end of the academic year..

KPI 3.2 (Direct Measurement Method)
At the end of each semester, the Facilities Operations Manager will review work-order records to identify service requests for the same facility issue and location occurring within 60 days of the original completed request. The percentage of completed facility service requests involving recurring issues will be calculated and compared with the previous assessment cycle, and annual results will be reviewed by unit leadership.

Target 3.2
During the previous assessment cycle, 12% of completed facility service requests involved a recurring issue. During the current assessment cycle, the unit will reduce the percentage of completed service requests involving recurring issues to 10% or less.

Target Status
Met

Results 3.2
The target was met. During the assessment cycle, recurring facility service issues represented 9% of completed facility service requests, meeting the target of 10% or less and improving from 12% in the previous assessment cycle. Work-order records showed that some recurring issues continued to occur in facilities with aging equipment or systems requiring more extensive repairs.

Action 3.2
Although the target was met, Campus Facilities and Operations will continue to reduce recurring facility service issues by focusing on locations where aging equipment or systems contributed to repeated service requests. During the next assessment cycle, the Facilities Operations Manager will work with maintenance supervisors to identify frequently

recurring issues and determine whether equipment replacement, more extensive repairs, or additional preventive maintenance is appropriate. The unit will review recurring service-request data at the end of each semester to evaluate progress.

Previous Cycle's Plan for Continuous Improvement (Do Not Modify)
During the next assessment cycle, Campus Facilities and Operations will implement several improvements to strengthen facility reliability, service responsiveness, and operational efficiency. The unit will:

1. Improve routine maintenance completion by reviewing work-order assignments and scheduling practices to reduce delays and increase the percentage of routine maintenance requests completed within established service timelines.
2. Strengthen the response to facility safety issues by reviewing procedures for prioritizing safety-related work orders and improving coordination among maintenance areas when repairs require multiple trades or specialized resources.
3. Improve response times for priority service requests by reviewing service-request routing procedures and identifying opportunities to assign priority requests to appropriate personnel more quickly.
4. Strengthen communication with campus customers by reviewing how facility service-request updates are communicated and identifying opportunities to provide clearer information about request status and anticipated completion.
5. Improve preventive maintenance completion by reviewing preventive maintenance schedules and workload distribution to reduce the number of scheduled activities that are not completed by their assigned due dates.
6. Reduce recurring facility issues by reviewing repeat work orders to identify common facility problems and determine whether additional preventive maintenance or more extensive corrective repairs are needed.

Campus Facilities and Operations leadership will review progress on these initiatives Throughout the next assessment cycle and use the results to guide additional operational improvements.

Update to the Previous Cycle's Plan for Continuous Improvement
During the previous assessment cycle, Campus Facilities and Operations made progress on each of the initiatives identified in its Plan for Continuous Improvement.

1. Improve Routine Maintenance Completion — Completed. The unit reviewed work-order assignments and scheduling practices and adjusted how routine maintenance requests were distributed among maintenance staff. These changes helped reduce delays and contributed to improved completion of routine maintenance requests within established service timelines.

2. Strengthen the Response to Facility Safety Issues — Partially Completed. Procedures for prioritizing safety-related work orders were reviewed, and maintenance areas improved coordination for several types of priority repairs. However, delays continued when repairs required specialized materials or coordination among multiple maintenance areas. Additional improvements to the process were identified as necessary.
3. Improve Response Times for Priority Service Requests — Completed. The unit reviewed service-request routing procedures and modified the process for assigning priority requests to appropriate personnel. The revised process improved the initial response to priority facility requests and reduced unnecessary delays in assignment.
4. Strengthen Communication with Campus Customers — Partially Completed. The unit reviewed its communication practices and began providing more consistent updates for selected facility service requests. However, the approach was not implemented consistently across all requests, and some customers continued to experience limited communication regarding delays and anticipated completion times.
5. Improve Preventive Maintenance Completion — Partially Completed. Preventive maintenance schedules and workload distribution were reviewed, and adjustments were made to improve completion of scheduled activities. Although progress was made, periods of increased corrective maintenance continued to affect the unit's ability to complete all preventive maintenance activities by their assigned due dates.
6. Reduce Recurring Facility Issues — Completed. The unit reviewed repeat work orders to identify frequently recurring facility problems and used the information to guide preventive maintenance and corrective repairs. These efforts contributed to a reduction in recurring facility service issues during the assessment cycle.

Overall, Campus Facilities and Operations completed three of the six initiatives and made progress on the remaining three. Items that were only partially completed will continue to inform operational improvements during the next assessment cycle.

New Plan for Continuous Improvement

During the next assessment cycle, Campus Facilities and Operations will implement the following initiatives to improve facility reliability, service responsiveness, and operational effectiveness:

1. Improve Routine Maintenance Completion. The unit will review routine maintenance requests that exceed the five-business-day completion standard and identify opportunities to reduce delays associated with specialized parts and external vendors. The Facilities Operations Manager will work with maintenance staff to identify frequently needed parts that can be kept in inventory and review vendor-related delays. Progress will be reviewed each semester.

2. Improve the Timely Correction of Priority Safety Issues. The unit will establish a more consistent process for prioritizing and coordinating safety-related repairs. The Facilities

Operations Manager will work with maintenance supervisors to review delayed safety work orders and improve coordination when specialized materials or multiple maintenance areas are required.

3. Improve After-Hours Response Times. The unit will focus on reducing response times for priority facility service requests submitted during evenings and weekends. The Facilities Operations Manager will review after-hours staffing and response procedures with maintenance supervisors and identify opportunities to reduce delays. After-hours response times will be reviewed each semester.

4. Strengthen Communication with Campus Units. The unit will provide more consistent status updates for facility service requests that remain open beyond the expected completion timeframe. The Facilities Service Coordinator will implement updates that provide information about delays and anticipated completion, and satisfaction results will be reviewed at the end of the academic year.

5. Improve Preventive Maintenance Completion. The unit will review preventive maintenance schedules and identify opportunities to reduce delays during periods of increased corrective maintenance activity. The Preventive Maintenance Supervisor will work with maintenance staff to adjust scheduling priorities and improve coordination for activities requiring specialized equipment or outside vendors.

6. Further Reduce Recurring Facility Service Issues. The unit will focus on locations where aging equipment or systems contribute to repeated service requests. The Facilities Operations Manager and maintenance supervisors will identify frequently recurring issues and determine whether equipment replacement, more extensive repairs, or additional preventive maintenance is appropriate. Recurring service-request data will be reviewed each semester.

7. New Initiative — Improve Facility Service Request Information. Campus Facilities and Operations will review the information provided to faculty and staff about submitting facility service requests. The unit will develop clearer guidance regarding request categories, priority levels, and the information needed when submitting a request. The updated guidance will be implemented during the next assessment cycle, and the unit will review its effectiveness as part of its ongoing service-improvement efforts.

Together, these initiatives will guide Campus Facilities and Operations' continuous improvement efforts during the next assessment cycle and provide a basis for evaluating progress in facility reliability, responsiveness, preventive maintenance, and service delivery.

Administrative Unit
Assessment Plan Example 2

Strategic Communications and Engagement

*This fictional assessment plan illustrates a strong assessment plan rated **Good** overall using the SHSU Meta-Assessment Rubric. Some components meet the Exemplary standard, while others intentionally reflect the Good level. The example demonstrates that a Good plan is clear, complete, aligned, and useful for continuous improvement, while also showing the additional evidence, justification, and implementation detail needed to reach Exemplary.*

NOTE: A high-quality assessment plan for an academic program should be grounded in the program's Mission.

Unit Mission
The mission of Strategic Communications and Engagement is to strengthen relationships between the university and its external stakeholders through strategic, timely, and engaging communications and outreach initiatives. The unit supports the university's advancement priorities by sharing meaningful stories, promoting opportunities for engagement, and fostering connections that increase awareness, participation, and support for the university..

Goal 1
Strengthen the University's connections with external stakeholders

Performance Objective 1.1
Increase engagement with communications distributed to external stakeholders.

KPI 1.1 (Direct Measurement Method)
Strategic Communications and Engagement will use analytics from its email communication platform to determine the percentage of recipients who engage with communications distributed to external stakeholders. Engagement will be measured using the percentage of recipients who click at least one link within each communication. Data will be collected throughout the assessment cycle and compiled by Strategic Communications and Engagement staff at the end of each semester. Annual results will be reviewed by the unit director to identify communication strategies and content that may need improvement.

Target 1.1
Strategic Communications and Engagement will increase the external stakeholder communication engagement rate from 21% in the previous assessment cycle to at least 23% during the current assessment cycle. This increase will demonstrate improved engagement with links and content included in communications distributed to external stakeholders.

Target Status
Met

Results 1.1
The target was met. The external stakeholder communication engagement rate increased from 21% in the previous assessment cycle to 24% during the current assessment cycle, exceeding the target of at least 23%. Engagement was strongest for communications featuring university impact stories and upcoming engagement opportunities. Communications containing primarily informational or administrative content generally produced lower engagement rates. These results suggest that content emphasizing university impact and opportunities for involvement may be more effective in generating stakeholder engagement.

Action 1.1
Although the target was met, Strategic Communications and Engagement will build on the strong engagement associated with university impact stories and engagement opportunities by incorporating more of this content into external stakeholder communications during the next assessment cycle. Unit staff will review communication engagement data each semester to determine whether these content strategies continue to generate higher engagement. The unit director will oversee implementation and review progress at the end of the assessment cycle.

Performance Objective 1.2
Increase participation in engagement opportunities promoted to external stakeholders.

KPI 1.2 (Direct Measurement Method)
Strategic Communications and Engagement will use registration and attendance records to determine the percentage of registered external stakeholders who participate in engagement opportunities promoted by the unit. Staff will compile participation data following each designated engagement opportunity and calculate an overall participation rate at the end of the assessment cycle. The unit director will review the annual results to identify opportunities for improving promotional strategies.

Target 1.2
Strategic Communications and Engagement will increase the participation rate for registered external stakeholders from 72% in the previous assessment cycle to at least 75% during the current assessment cycle. This increase will reflect improved participation among individuals who register for engagement opportunities promoted by the unit.

Target Status
Not Met

Results 1.2
The target was not met. The participation rate for registered external stakeholders was 73% during the current assessment cycle, falling below the target of at least 75% but improving from 72% in the previous cycle. Participation rates were higher for opportunities scheduled during weekday evenings than for those scheduled during regular business hours. The results indicate that scheduling may be one factor affecting whether registered external stakeholders ultimately participate.

Action 1.2
Because the target was not met, Strategic Communications and Engagement will adjust the scheduling of selected engagement opportunities to include more weekday-evening options during the next assessment cycle. Unit staff will compare participation rates across scheduled opportunities to determine whether the revised scheduling approach improves participation among registered external stakeholders. The unit director will review the results at the end of the assessment cycle.

Goal 2
Promote awareness of the University's achievements, impact, and priorities

Performance Objective 2.1
Increase the percentage of planned strategic content completed in line with the unit's annual communication plan.

KPI 2.1 (Direct Measurement Method)
Strategic Communications and Engagement will review its annual communication plan and project-tracking records to determine the percentage of planned strategic content completed during the assessment cycle. Staff will update project completion information throughout the year, and the unit director will review the records at the end of each semester to identify planned content that was not completed and areas in which implementation may need improvement.

Target 2.1
Strategic Communications and Engagement will increase the percentage of planned strategic content completed from 84% in the previous assessment cycle to at least 90% during the current assessment cycle. This increase will reflect improved implementation of the unit's annual communication plan.

Target Status
Not Met

Results 2.1
The target was not met. Strategic Communications and Engagement completed 82% of the strategic content identified in its annual communication plan, falling below the target of at least 90% and decreasing from 84% in the previous assessment cycle. Several projects planned for the latter part of the cycle were delayed or not completed. Project-tracking records indicated that competing communication priorities and unanticipated requests contributed to these delays. The results indicate a need to improve the prioritization and scheduling of planned strategic content.

Action 2.1
Strategic Communications and Engagement will implement quarterly reviews of its annual communication plan to improve the prioritization and scheduling of planned content. During these reviews, unit staff will identify potential scheduling conflicts and adjust project timelines to account for emerging communication needs. The unit director will oversee the reviews and evaluate the content completion rate at the end of the next assessment cycle.

Performance Objective 2.2
Increase the use of strategic content across university communication channels.

KPI 2.2 (Direct Measurement Method)
Strategic Communications and Engagement will use content-distribution records to determine the percentage of strategic content produced by the unit that is published or distributed through two or more university communication channels. Staff will document distribution when content is released and compile results at the end of the assessment cycle. The unit director will review the results to identify opportunities for expanding the use of strategic content across communication channels.

Target 2.2
Target 2.2: Strategic Communications and Engagement will increase the percentage of strategic content published or distributed through two or more university communication channels from 68% in the previous assessment cycle to at least 75% during the current assessment cycle. This increase will reflect broader use of strategic content across available university communication channels.

Target Status
Met

Results 2.2
The target was met. During the current assessment cycle, 78% of strategic content produced by the unit was published or distributed through two or more university communication channels, exceeding the target of at least 75%. Content highlighting university achievements and major initiatives was most frequently distributed across multiple channels.

Action 2.2
Although the target was met, Strategic Communications and Engagement will enhance its content-distribution practices by identifying additional opportunities to use appropriate strategic content across multiple university communication channels. Unit staff will consider potential distribution channels when planning new content and will monitor distribution patterns throughout the next assessment cycle. The unit director will review the results at the end of the cycle to determine whether broader distribution is being maintained.

Goal 3
Strengthen alumni connections with the University

Performance Objective 3.1
Increase alumni participation in university engagement opportunities.

KPI 3.1 (Direct Measurement Method)
Strategic Communications and Engagement will use registration and attendance records to determine the percentage of registered alumni who participate in designated university engagement opportunities promoted by the unit. Staff will record participation following each designated opportunity and compile an overall participation rate at the end of the assessment cycle. The unit director will review the results annually to identify opportunities for strengthening alumni participation.

Target 3.1
Strategic Communications and Engagement will increase the participation rate among registered alumni from 64% in the previous assessment cycle to at least 68% during the

current assessment cycle. This increase will reflect improved participation in designated university engagement opportunities promoted to alumni.

Target Status
Not Met

Results 3.1
The target was not met. The participation rate among registered alumni was 65% during the current assessment cycle, falling below the target of at least 68% but increasing slightly from 64% in the previous cycle. Participation was higher for networking and university celebration events than for educational and informational programs. The results indicate an opportunity to examine the types of engagement opportunities promoted to alumni and identify strategies for increasing participation.

Action 3.1
Strategic Communications and Engagement will adjust its promotion of alumni engagement opportunities by placing greater emphasis on programs and messaging that reflect demonstrated alumni interests. Unit staff will review participation patterns when planning and promoting engagement opportunities during the next assessment cycle. The unit director will evaluate alumni participation results at the end of the cycle to determine whether the revised approach contributed to increased participation.

Performance Objective 3.2
Increase alumni engagement with university communications.

KPI 3.2 (Direct Measurement Method)
Strategic Communications and Engagement will use response records to determine the percentage of alumni who complete a designated call to action included in selected alumni communications. Calls to action may include registering for an alumni activity, submitting updated contact information, responding to a university initiative, or accessing a featured university resource. Staff will track completed responses throughout the assessment cycle and compile the results annually. The unit director will review the results to identify opportunities for strengthening alumni engagement through university communications.

Target 3.2
Strategic Communications and Engagement will increase the alumni communication response rate from 18% in the previous assessment cycle to at least 20% during the current assessment cycle. This increase will reflect greater alumni response to designated calls to action included in selected university communications.

Target Status
Met

Results 3.2
The target was met. The alumni communication response rate increased from 18% in the previous assessment cycle to 22% during the current assessment cycle, exceeding the target of at least 20%. Calls to action related to alumni activities and updating contact information generated the highest response rates, while those directing alumni to university resources generated lower response rates. The results indicate that alumni were more likely to respond when communications included a clear opportunity for direct participation or interaction with the university.

Action 3.2
Although the target was met, Strategic Communications and Engagement will build on the successful response rate by incorporating clearer and more participation-focused calls to action into selected alumni communications during the next assessment cycle. Unit staff will review response patterns throughout the cycle and use the findings to refine calls to action when appropriate. The unit director will review the annual results to determine whether the increased response rate is maintained.

Previous Cycle's Plan for Continuous Improvement (Do Not Modify)
During the next assessment cycle, Strategic Communications and Engagement will expand the use of university impact stories in external stakeholder communications to strengthen engagement and will review the scheduling of engagement opportunities, including the use of additional weekday-evening options to support participation. The unit will also periodically review planned strategic content to identify competing priorities and potential scheduling issues and will expand the distribution of appropriate strategic content across multiple university communication channels.

To strengthen alumni engagement, staff will review participation patterns across different types of alumni engagement opportunities and use this information to inform future planning and promotion. As a new initiative, the unit will begin tracking alumni responses to selected calls to action in university communications to establish baseline information for future assessment and improvement.

Update to the Previous Cycle's Plan for Continuous Improvement
Strategic Communications and Engagement completed the initiative to expand university impact stories in external stakeholder communications. Impact-focused content was incorporated more frequently during the assessment cycle and generated stronger engagement than primarily informational or administrative communications.

The unit partially completed its planned review of engagement opportunity scheduling. Staff offered additional weekday-evening opportunities during portions of the assessment cycle, and these generally produced higher participation rates than opportunities held during regular business hours. However, the scheduling approach was not implemented consistently across all designated opportunities.

The unit partially completed the planned periodic review of strategic content included in the annual communication plan. Project schedules were reviewed during the year, but reviews were not conducted consistently. Competing priorities and unanticipated communication requests continued to contribute to delays, and the percentage of planned strategic content completed declined from the previous cycle.

The initiative to expand the distribution of strategic content across university communication channels was completed. A greater percentage of content was distributed through two or more channels, with university achievement and major initiative content receiving the broadest distribution.

The unit completed its review of alumni participation patterns and identified differences across types of engagement opportunities. Networking and university celebration events generated stronger participation than educational and informational programs. These findings were used to inform planning and promotional decisions.

Finally, Strategic Communications and Engagement completed the new initiative to track alumni responses to selected calls to action. Response data were collected throughout the cycle and provided baseline information about the types of calls to action that generated the strongest alumni response. This information was incorporated into the unit's assessment of alumni communication engagement.

New Plan for Continuous Improvement

During the next assessment cycle, Strategic Communications and Engagement will implement several initiatives to strengthen communication and engagement efforts. The unit will build on successful external stakeholder engagement by incorporating more university impact stories and engagement opportunities into communications. Staff will also adjust the scheduling of selected engagement opportunities to include more weekday-evening options and will monitor participation rates to determine whether these changes increase participation.

To improve implementation of the annual communication plan, Strategic Communications and Engagement will conduct quarterly reviews of planned strategic content to identify scheduling conflicts, prioritize projects, and adjust timelines when competing communication needs arise. The unit will also identify additional opportunities to distribute appropriate strategic content across multiple university communication channels and will monitor distribution patterns throughout the assessment cycle.

To strengthen alumni engagement, the unit will use participation patterns to place greater emphasis on programs and promotional messaging that reflect demonstrated alumni interests. Strategic Communications and Engagement will also incorporate clearer, participation-focused calls to action into selected alumni communications and review response patterns to determine whether these strategies maintain or increase alumni engagement.

As a new initiative, Strategic Communications and Engagement will develop a standardized content-planning calendar to coordinate major communication and engagement activities

across the assessment cycle. The calendar will be used by unit staff to identify key communication periods, anticipated content needs, and potential scheduling conflicts. The unit director will review the implementation of the calendar during the year and determine whether it improves the coordination of communication activities.

ASSESSMENT PLAN QUALITY CHECKLISTS

The Assessment Plan Quality Checklists provide detailed, component-level guidance for developing and reviewing high-quality assessment plans. These checklists are aligned with the Exemplary standard of the SHSU Meta-Assessment Rubric and are intended for use throughout the development and review of an assessment plan.

Use the Quality Checklists to strengthen individual assessment plan components. Use the Submission Checklist to conduct a final review of the completed assessment plan.

ACADEMIC PROGRAMS

The checklists in this section are designed to help academic programs develop and review assessment plan components that meet the Exemplary standard of the SHSU Meta-Assessment Rubric. Each checklist incorporates the definition of the assessment plan component, all applicable specifications and notes included in the left-most column of the Meta-Assessment Rubric, and any additional requirements identified in the Exemplary performance level.

Use these checklists to review each component of the assessment plan during development and before submission. To meet the Exemplary standard, all items within a component should consistently align with the component's definition, satisfy all applicable specifications, demonstrate appropriate alignment with related assessment plan components, and meet the requirements identified for an Exemplary rating.

Important: Checking every item does not automatically result in an Exemplary rating. Meta-assessment ratings are assigned holistically based on the overall quality, consistency, alignment, and coherence of each assessment plan component.

Goals Checklist

Definition: Broad statements of mission or purpose that serve as the guiding principle of a program.

☐ All Goals align with the definition of a Goal.
☐ All Goals broadly state the intentions, aspirations, or ambitions of the program.
☐ More than one Goal is included.
☐ The number of Goals is appropriate for the size of the program.
☐ All Goals are clearly stated.
☐ Collectively, the Goals address the full purpose of the program, as reflected in its mission or official documentation.

Learning Objectives Checklist

Definition: Specific, detailed, and measurable statements of the expected knowledge, skills, or abilities gained as a result of receiving instruction or training.

☐ All Learning Objectives align with the definition of a Learning Objective.
☐ Each Learning Objective clearly aligns with an appropriate Goal.
☐ Each Learning Objective isolates a single student behavior.
☐ Each Learning Objective articulates the knowledge, skill, or ability students are expected to gain or demonstrate.
☐ Each Learning Objective uses a precise, measurable, and observable action verb.
☐ More than one Learning Objective supports each Goal.

Indicators Checklist

Definition: The methods, instruments, processes, or techniques used to measure and evaluate Learning Objectives; the means of gathering data.

☐ All Indicators align with the definition of an Indicator.
☐ Each Indicator clearly aligns with the Learning Objective it measures.
☐ Each Indicator clearly demonstrates how the data collected can provide useful information for improving student learning.
☐ Each Indicator identifies the source of the data.
☐ Each Indicator explains how the data will be gathered, by whom, and from whom.
☐ Each Indicator identifies when or how often the data will be gathered.
☐ Each Indicator identifies who will evaluate or score the assessment.
☐ Each Indicator identifies the rubric or evaluation scale used.
☐ Direct measures serve as the primary source of evidence, with indirect measures used to complement them.
☐ Each Indicator identifies who will review the Findings and when they will be reviewed.
☐ Supporting instruments are included when appropriate.
☐ More than one Indicator is used to assess each Learning Objective.
☐ A mix of direct and indirect Indicators is used for each Learning Objective.

Criterion Checklist

Definition: The benchmark, value, or result that will represent success at achieving a Learning Objective.

☐ All Criteria align with the definition of a Criterion.
☐ A Criterion is included for every Indicator.
☐ Each Criterion aligns with its corresponding Indicator and Learning Objective.
☐ Each Criterion is measurable and quantifiable.
☐ Each Criterion represents an ambitious but achievable level of success.

- ☐ Each Criterion includes contextual information demonstrating that the expected level of achievement is ambitious yet achievable.
- ☐ Appropriate contextual information is provided, such as prior results, disciplinary norms, institutional benchmarks, or other relevant evidence.

Findings Checklist

Definition: A clear and concise summary of the findings gathered from the Indicators.

- ☐ All Findings align with the definition of Findings.
- ☐ Findings are reported for all Indicators assessed during the cycle.
- ☐ Each Finding aligns with its corresponding Indicator and Criterion.
- ☐ Each Finding is concise and well-organized.
- ☐ Each Finding provides information that can clearly inform decisions about improvement.
- ☐ Findings are compared with past trends, previous results, and/or existing standards, as appropriate.
- ☐ Each Finding clearly indicates whether the corresponding Criterion was met, partially met, or not met.
- ☐ Supporting documentation is included when applicable.
- ☐ All submitted data are anonymized.

Actions Checklist

Definition: Specific steps to be taken to improve a program based on analysis of the Findings.

- ☐ All Actions align with the definition of an Action.
- ☐ Each Action clearly follows from the corresponding Finding.
- ☐ Each Action identifies an area that needs to be monitored, remediated, or enhanced.
- ☐ Each Action defines a logical next step based on the assessment evidence.
- ☐ Each Action identifies the person or group responsible for implementation.
- ☐ Each Action includes a completion date.
- ☐ When an Action addresses the assessment process itself, such as revising a KPI or Target, the change is supported by the assessment evidence.
- ☐ Actions do not focus solely on continuing current processes without justification based on the Results.
- ☐ Actions are written in future tense and describe what the program will do during the next assessment cycle.
- ☐ Actions associated with Learning Objectives are primarily focused on pedagogical and/or curricular changes intended to affect student learning.
- ☐ When an Action is not warranted for a Finding, a clear rationale is provided.

Update to the Previous Cycle's Plan for Continuous Improvement (PCI) Checklist

Definition: The narrative updating the program's relative progress in completing the Previous cycle's Plan for Continuous Improvement.

- ☐ The PCI Update aligns with the definition of an Update to the Previous Cycle's Plan for Continuous Improvement.
- ☐ The PCI Update addresses all items included in the previous cycle's PCI.
- ☐ The PCI Update provides a progress update, with relevant contextual information, for each item included in the previous PCI.
- ☐ The PCI Update clearly indicates whether each previous PCI item was completed, partially completed, or not completed.
- ☐ The PCI Update is specific and detailed.
- ☐ The PCI Update provides specific details regarding who, what, when, where, and why, as applicable.
- ☐ The PCI Update is written in past tense.

New Plan for Continuous Improvement Checklist

Definition: The narrative summarizing all Actions to be implemented into one coherent Plan for Continuous Improvement.

- ☐ The New PCI aligns with the definition of a New Plan for Continuous Improvement.
- ☐ The New PCI is specific and detailed.
- ☐ The New PCI includes all Actions identified within the current assessment plan.
- ☐ The New PCI includes any new initiatives or other items that will be assessed during the next cycle.
- ☐ The New PCI provides additional contextual information about the Actions and initiatives.
- ☐ The New PCI explains what will be implemented, how and when implementation will occur, and who will be responsible.
- ☐ The New PCI provides specific details regarding **who, what, when, where, and why**, as applicable.
- ☐ The New PCI represents all of the program's intended Actions that will be assessed during the following cycle and is presented as a clear, coherent plan for the program's continuous improvement during the next assessment cycle.
- ☐ The New PCI is written in future tense.

Completeness and Clarity Checklist

- ☐ Assessment plan components are appropriately aligned throughout the plan: Goal → Learning Objective → Indicator → Criterion → Finding → Action → Plan for Continuous Improvement.
- ☐ All required fields in each assessment plan item are completed.
- ☐ Supporting documentation is included when appropriate.

- ☐ Jargon and acronyms are avoided or defined the first time they are used.
- ☐ Information is written in clear, complete sentences.
- ☐ Sufficient context is provided so that a reader does not need prior knowledge of the program to understand the assessment plan.
- ☐ Vague language is replaced with specific information.
- ☐ The assessment plan is clear, complete, aligned, coherent, well-justified, and focused on continuous improvement.

ADMINISTRATIVE AND SUPPORT UNITS

The checklists in this section are designed to help administrative and support units develop and review assessment plan components that meet the Exemplary standard of the SHSU Meta-Assessment Rubric. Each checklist incorporates the definition of the assessment plan component, all applicable specifications and notes included in the left-most column of the Meta-Assessment Rubric, and any additional requirements identified in the Exemplary performance level.

Use these checklists to review each component of the assessment plan during development and before submission. To meet the Exemplary standard, all items within a component should consistently align with the component's definition, satisfy all applicable specifications, demonstrate appropriate alignment with related assessment plan components, and meet the requirements identified for an Exemplary rating.

Important: Checking every item does not automatically result in an Exemplary rating. Meta-assessment ratings are assigned holistically based on the overall quality, consistency, alignment, and coherence of each assessment plan component.

Goals Checklist

Definition: Broad statements of mission or purpose that serve as the guiding principle of a unit.

☐ All Goals align with the definition of a Goal.
☐ All Goals broadly state the intentions, aspirations, or ambitions of the unit.
☐ More than one Goal is included.
☐ The number of Goals is appropriate for the size of the unit.
☐ All Goals are clearly stated.
☐ Collectively, the Goals address the full purpose of the unit, as reflected in its mission or official documentation.

Performance Objectives Checklist

Definition: Specific, detailed, and measurable statements of the expected attainment of non-learning tasks.

☐ All Performance Objectives align with the definition of a Performance Objective.
☐ Each Performance Objective clearly aligns with an appropriate Goal.
☐ Each Performance Objective isolates a single behavior or service.
☐ Each Performance Objective describes the desired quality or improvement of a service, process, or experience.
☐ Each Performance Objective uses a precise, measurable, and observable verb.
☐ More than one Performance Objective supports each Goal.
☐ All Performance Objectives address all specifications for high-quality Performance Objectives.

Key Performance Indicators (KPIs) Checklist

Definition: The methods, instruments, processes, or techniques used to measure and evaluate Performance Objectives; the means of gathering data.

- ☐ All KPIs align with the definition of a KPI.
- ☐ Each KPI clearly aligns with the Performance Objective it measures.
- ☐ Each KPI clearly demonstrates how the data collected can provide useful information for improving performance.
- ☐ Each KPI identifies the source of the data.
- ☐ Each KPI explains how the data will be gathered, by whom, and from whom.
- ☐ Each KPI identifies when or how often the data will be gathered.
- ☐ Each KPI identifies who will evaluate or score the evidence.
- ☐ Each KPI identifies the rubric or evaluation scale used (e.g., percentage, 0–5 scale, pass/fail, Likert scale), as applicable.
- ☐ Direct measures serve as the primary source of evidence, with indirect measures used to complement them.
- ☐ Each KPI identifies who will review the Results and when they will be reviewed.
- ☐ Supporting instruments are included when appropriate.
- ☐ More than one KPI is used to assess each Performance Objective.
- ☐ A mix of direct and indirect KPIs is used for each Performance Objective.

Results Checklist

Definition: A clear and concise summary of the results gathered from the KPIs.

- ☐ All Results align with the definition of Results.
- ☐ Results are reported for all KPIs assessed during the cycle.
- ☐ Each Result aligns with its corresponding KPI and Target.
- ☐ Each Result is concise and well-organized.
- ☐ Each Result provides information that can clearly inform decisions about improvement.
- ☐ Results are compared with past trends, previous results, and/or existing standards, as appropriate.
- ☐ Each Result clearly indicates whether the corresponding Target was met, partially met, or not met.
- ☐ Supporting documentation is included when applicable.
- ☐ All submitted data are anonymized.

Actions Checklist

Definition: Specific steps to be taken to improve a unit based on analysis of the assessment Results.

- ☐ All Actions align with the definition of an Action.
- ☐ Each Action clearly follows from the corresponding Result.

- ☐ Each Action identifies an area that needs to be monitored, remediated, or enhanced.
- ☐ Each Action defines a logical next step based on the assessment evidence.
- ☐ Each Action identifies the person or group responsible for implementation.
- ☐ Each Action includes a completion date.
- ☐ Actions are written in future tense and describe what the unit will do during the next assessment cycle.
- ☐ When an Action addresses the assessment process itself, such as revising a KPI or Target, the change is supported by the assessment evidence.
- ☐ When an Action is not warranted for a Result, a clear rationale is provided.
- ☐ Actions do not focus solely on continuing current processes without justification based on the Results.

Update to the Previous Cycle's Plan for Continuous Improvement (PCI) Checklist

Definition: The narrative updating the unit's relative progress in completing the previous cycle's Plan for Continuous Improvement.

- ☐ The PCI Update aligns with the definition of an Update to the Previous Cycle's Plan for Continuous Improvement.
- ☐ The PCI Update addresses all items included in the previous cycle's PCI.
- ☐ The PCI Update provides a progress update, with relevant contextual information, for each item included in the previous PCI.
- ☐ The PCI Update clearly indicates whether each previous PCI item was completed, partially completed, or not completed.
- ☐ The PCI Update is specific and detailed.
- ☐ The PCI Update provides specific details regarding who, what, when, where, and why, as applicable.
- ☐ The PCI Update is written in past tense.

New Plan for Continuous Improvement Checklist

Definition: The narrative summarizing all Actions to be implemented into one coherent Plan for Continuous Improvement.

- ☐ The New PCI aligns with the definition of a New Plan for Continuous Improvement.
- ☐ The New PCI is specific and detailed.
- ☐ The New PCI represents all of the program’s intended Actions that will be assessed during the following cycle and is presented as a clear, coherent plan for the program’s continuous improvement during the next assessment cycle.
- ☐ The New PCI includes any new initiatives or other items that will be assessed during the next cycle.
- ☐ The New PCI provides additional contextual information about the Actions and initiatives.

- ☐ The New PCI explains what will be implemented, how and when implementation will occur, and who will be responsible.
- ☐ The New PCI provides specific details regarding **who, what, when, where, and why**, as applicable.
- ☐ The New PCI represents all of the unit's intended Actions that will be assessed during the following cycle.
- ☐ The New PCI is written in future tense.

Completeness and Clarity Checklist

- ☐ Assessment plan components are appropriately aligned throughout the plan: Goal → Performance Objective → KPI → Target → Result → Action → Plan for Continuous Improvement.
- ☐ All required fields in each assessment plan item are completed.
- ☐ Supporting documentation is included when appropriate.
- ☐ Jargon and acronyms are avoided or defined the first time they are used.
- ☐ Information is written in clear, complete sentences.
- ☐ Sufficient context is provided so that a reader does not need prior knowledge of the unit to understand the assessment plan.
- ☐ Vague language is replaced with specific information.
- ☐ The assessment plan is clear, complete, aligned, coherent, well-justified, and focused on continuous improvement.

ASSESSMENT PLAN SUBMISSION CHECKLISTS

The Assessment Plan Submission Checklists provide a concise, whole-plan review for academic programs and administrative and support units. These checklists are intended for use *after* the assessment plan has been developed and *before* it is submitted *to confirm that essential requirements related to alignment, completeness, and clarity have been addressed*.

Important: These checklists are intended as final-review tools and do not replace the more detailed Assessment Plan Quality Checklists or the SHSU Meta-Assessment Rubric.

ACADEMIC PROGRAMS

Use this checklist to conduct a concise final review of the completed assessment plan before submission and confirm that the plan is complete, appropriately aligned, clearly documented, and ready for submission.

Goal: Broad statement of mission or purpose that serves as a guiding principle of a program.

☐ Aligned with the definition of a Goal
☐ Aligned with the overall mission/purpose of the program
☐ The number of Goals is appropriate for the size of the program or unit.

Learning Objective: A specific, measurable statement of the knowledge or skills students are expected to gain from instruction or training.

☐ Aligned with the definition of a Learning Objective
☐ Aligned with the respective Goal.
☐ At least two Learning Objectives per Goal.
☐ Focuses on one specific behavior
☐ Written in measurable terms

Indicator: The method, instrument, process, or technique used to measure and evaluate a learning objective; the means of gathering data.

☐ Aligned with the definition of an Indicator
☐ Aligned with the Learning Objective
☐ At least one appropriate direct method of measurement per objective
☐ Type of Indicator identified
☐ Includes contextual information (data source, collection method, frequency/timeline)

Criterion: The benchmark, value, or result that will represent success at achieving a learning objective.

☐ Aligned with the definition of a Criterion
☐ Aligned with the Indicator
☐ One Criterion for each Indicator
☐ Feasible/Reasonable
☐ Includes contextual information (how/why Criterion was selected)

Findings: A clear and concise summary of the information/data gathered from an assessment indicator.

☐ Aligned with the definition of Findings
☐ Aligned with the Indicator/Criterion
☐ Findings reported for each Indicator/Criterion
☐ Clear explanation regarding why the criterion was met, partially met, or not met.
☐ Includes actionable data that can clearly be used for improvement

Action: Specific steps taken to improve a program or unit based on an analysis of assessment findings.

☐ Aligned with the definition of an Action
☐ Aligned with the Findings
☐ Identifies an area that needs to be monitored, remediated, or enhanced

Update to Previous Cycle's Plan for Continuous Improvement (PCI): A narrative describing the unit's progress in completing the previous cycle's PCI.

☐ Aligned with the definition of an Update to the Previous Cycle's Plan for Continuous Improvement
☐ Provides a progress update on all items included in the previous cycle's PCI
☐ Includes relevant contextual information
☐ Written in the past tense

New Plan for Continuous Improvement: A narrative summarizing all actions to be implemented in the next assessment cycle.

☐ Specific and detailed
☐ Includes all actions identified in the current assessment plan
☐ Includes additional initiatives or other items to be assessed in the next cycle
☐ Includes contextual information and details
☐ Written in the future tense

Completeness and Clarity

- ☐ Assessment plan items are aligned with definitions and with other relevant assessment plan items
- ☐ All fields in each assessment plan item template are completed (i.e., in Blackboard Planning)
- ☐ Avoid jargon or acronyms unless defined the first time used
- ☐ Write in full sentences
- ☐ Don't assume a reader is knowledgeable about your program or unit
- ☐ Replace vague phrases with specifics

A strong assessment plan is intentional, aligned, feasible, evidence-based, and focused on improvement.

ADMINISTRATIVE AND SUPPORT UNITS

Use this checklist to conduct a concise final review of the completed assessment plan before submission and confirm that the plan is complete, appropriately aligned, clearly documented, and ready for submission.

Goal: Broad statement of mission or purpose that serves as a guiding principle of a unit.

☐ Aligned with the definition of a Goal
☐ Aligned with the overall mission/purpose of the program
☐ The number of Goals is appropriate for the size of the program or unit.

Performance Objective: A specific, measurable statement of the expected attainment of non-learning tasks.

☐ Aligned with the definition of a Performance Objective
☐ Aligned with the respective Goal.
☐ At least two Performance Objectives per Goal.
☐ Focuses on one specific behavior or service
☐ Describes the desired quality of improvement of service
☐ Written in measurable terms

Key Performance Indicator (KPI): The method, instrument, process, or technique used to measure and evaluate a performance objective; the means of gathering data

☐ Aligned with the definition of a Key Performance Indicator
☐ Aligned with the Performance Objective
☐ At least one appropriate direct method of measurement (KPI) per objective
☐ Type of KPI identified
☐ Includes contextual information (data source, collection method, frequency/timeline)

Target: The benchmark, value, or result that will represent success at achieving a performance objective.

☐ Aligned with the definition of a Target
☐ Aligned with the KPI
☐ One Target for each KPI
☐ Feasible/Reasonable
☐ Includes contextual information (how/why Target was selected)

Results: A clear and concise summary of the information/data gathered from a KPI

☐ Aligned with the definition of Results
☐ Aligned with the KPI/Target
☐ Results reported for each KPI/Target
☐ Clear explanation regarding why the Target was met, partially met, or not met.
☐ Includes actionable data that can clearly be used for improvement

Action: Specific steps taken to improve a program or unit based on an analysis of assessment findings.

☐ Aligned with the definition of an Action
☐ Aligned with the Findings
☐ Identifies an area that needs to be monitored, remediated, or enhanced

Update to Previous Cycle's Plan for Continuous Improvement (PCI): A narrative describing the unit's progress in completing the previous cycle's PCI.

☐ Aligned with the definition of an Update to the Previous Cycle's Plan for Continuous Improvement
☐ Provides a progress update on all items included in the previous cycle's PCI
☐ Includes relevant contextual information
☐ Written in the past tense

New Plan for Continuous Improvement: A narrative summarizing all actions to be implemented in the next assessment cycle.

☐ Specific and detailed
☐ Includes all actions identified in the current assessment plan
☐ Includes additional initiatives or other items to be assessed in the next cycle
☐ Includes contextual information and details
☐ Written in the future tense

Completeness and Clarity

☐ Assessment plan items are aligned with definitions and with other relevant assessment plan items
☐ All fields in each assessment plan item template are completed (i.e., in Blackboard Planning)
☐ Avoid jargon or acronyms unless defined the first time used
☐ Write in full sentences
☐ Don't assume a reader is knowledgeable about your program or unit
☐ Replace vague phrases with specifics

A strong assessment plan is intentional, aligned, feasible, evidence-based, and focused on improvement.

META-ASSESSMENT

UNDERSTANDING META-ASSESSMENT

Meta-assessment is the process of evaluating the quality of an assessment plan and the assessment process it documents. It focuses on how well the plan is designed, documented, aligned, and capable of supporting continuous improvement. It does not evaluate the quality of the academic program, department, administrative unit, or support unit itself.

Meta-assessment also does not evaluate whether a program or unit was successful simply because its Criteria or Targets were met. Instead, it examines the quality of the assessment practices reflected in the plan. A plan may document unmet Criteria or Targets and still demonstrate strong assessment if the evidence is appropriately analyzed and used to inform improvement. The SHSU Meta-Assessment Rubric specifically recognizes that an unmet Criterion or Target represents an opportunity for future improvement rather than a failure of assessment.

Meta-assessment provides an opportunity to step back from the individual results of assessment and examine whether the assessment process itself is meaningful, coherent, and useful. It can identify strengths in assessment practice as well as opportunities to improve alignment, measurement, analysis, documentation, and the use of results.

KEY DISTINCTION

Assessment evaluates student learning or unit performance. Meta-assessment evaluates the quality of the assessment plan and the assessment process it documents.

THE SHSU META-ASSESSMENT RUBRIC

The SHSU Meta-Assessment Rubric for evaluating assessment plans is used to evaluate and enhance the quality of assessment plans. The rubric provides common expectations for evaluating the major components of academic programs and administrative and support units. The rubric evaluates eight assessment plan components:

- Goals
- Objectives
- Indicators/Key Performance Indicators (KPIs)
- Criteria/Targets
- Findings/Results
- Actions
- PCI Update
- New PCI

Academic programs are evaluated using Learning Objectives, Indicators, Criteria, and Findings, while administrative and support units are evaluated using Performance Objectives, KPIs, Targets, and Results. The four performance levels generally represent the following progression:

- Developing: Largely missing, unclear, or misaligned; substantial revision is needed.
- Minimally Compliant: Present, mostly acceptable, and aligned, but limited in quality or detail.
- Good: Clear, complete, and aligned; meets expectations.
- Exemplary: Clear, complete, aligned, and well-justified; exceeds expectations.

For each component, the rubric identifies the characteristics of a high-quality assessment plan component in the left-most column. These characteristics serve as the primary criteria for evaluating quality. The remaining columns describe four performance levels: Developing, Minimally Compliant, Good, and Exemplary.

REMEMBER

Each assessment plan component receives one holistic rating based on the overall quality of all items within that component rather than separate ratings for each individual Goal, Objective, Indicator, KPI, or other plan item.

The rubric also includes a Reviewer Feedback area for each component. Reviewers use this space to explain the rating, recognize strengths, identify opportunities for improvement, and provide recommendations for enhancement.

Importantly, the presence of all required assessment plan components does not by itself indicate a high-quality plan. Ratings should reflect the quality, alignment, completeness, and usefulness of the evidence presented, rather than simply whether required information has been entered.

META-ASSESSMENT INSTRUCTIONS

Before You Score

Step 1—Become Familiar with the Rubric

Review the entire rubric before evaluating the assessment plan. Each page of the rubric evaluates one assessment plan component. The assessment plan components are:

- Goals
- Objectives
- Indicators/Key Performance Indicators (KPIs)
- Criteria/Targets
- Findings/Results
- Actions
- PCI Update
- New PCI

Each assessment plan component receives one holistic rating. This means reviewers evaluate all items within that component together rather than rating each individual Goal, Objective, Indicator/KPI, Criterion/Target, Finding/Result, or Action separately.

Step 2—Understand the Structure of Each Rubric Component

Each assessment plan component contains three parts.

The left-most column describes the characteristics of a high-quality assessment plan component. These characteristics define what reviewers should look for during the evaluation.

The performance-level columns (Developing, Minimally Compliant, Good, and Exemplary) help reviewers determine which rating best matches the overall quality of the assessment plan component after comparing it to the characteristics in the left-most column.

The Reviewer Feedback section provides an opportunity to explain the assigned rating, recognize strengths, and offer recommendations for improvement.

Step 3—Read the Assessment Plan

Read the entire assessment plan once before assigning any ratings. During this first review, focus on understanding the assessment plan rather than evaluating it. During a second review, examine the logical relationships between assessment plan items. Within each assessment plan sequence, verify that the following items are appropriately connected:

Goal → Objective(s) → Indicator(s)/KPI(s) → Criterion/Target(s) → Findings/Results → Action(s)

High-quality assessment plans demonstrate clear alignment throughout this sequence.

The Review Process

Use the following seven-step process to evaluate each assessment plan component. Repeat this process for Goals, Objectives, Indicators/KPIs, Criteria/Targets, Findings/Results, Actions, PCI Update, and New PCI. After all components have been evaluated, proceed to Step 7 to assign the Overall Rating and complete the Overall Reviewer Feedback.

NOTE: Reviewers should begin with the assumption that a component is Minimally Compliant, meaning that it meets the minimum institutional expectations described in the rubric. Then, determine whether the evidence justifies moving the rating upward to Good or Exemplary, or downward to Developing. When in doubt, select the lower rating and explain what additional evidence or quality improvements would have justified the higher rating. Reserve Good and Exemplary for components that consistently demonstrate the characteristics described in the left-most column of the rubric.

Step 1—Read All Assessment Plan Items Within the Component

Read every assessment plan item within the component before assigning a rating. For example:

- Read every Goal before rating Goals.
- Read every Objective before rating Objectives.
- Read every Indicator/KPI before rating Indicators/KPIs.
- Read every Criteria/Target before rating Criterion/Targets.
- Read every set of Findings/Results before rating Findings/Results.
- Read every Action before rating Actions.
- Review the complete PCI Update before rating
- Review the complete New PCI before rating the New PCI

Step 2—Review the High-Quality Characteristics

Read every bullet point in the left-most column of the rubric. These bullet points define the characteristics of a high-quality assessment plan component. For each bullet point, ask yourself:

- Is this characteristic present?
- Is it clearly demonstrated?
- Is it described with sufficient detail?
- Is it consistently demonstrated throughout the component?

REMEMBER

The bullet points in the left-most column should serve as your primary evaluation criteria.

Step 3—Verify Alignment

Next, determine whether the assessment plan items are logically connected. Consider whether:

- Goals align with the Mission/Purpose of the program or unit.
- Objectives support the Goals.
- Indicators/KPIs measure the Objectives.
- Criteria/Targets define success for the Indicators/KPIs.
- Findings/Results report performance on the Criteria/Targets.
- Actions logically follow from the Findings/Results.
- The PCI Update reports progress on the previous cycle's PCI.
- The New PCI summarizes actions from the current assessment plan.

Weak alignment should influence the rating assigned to the component.

Step 4—Evaluate the Component Holistically

After reviewing the characteristics and alignment, evaluate the component as a whole. Remember that the rubric uses holistic ratings. Assess the component's overall quality using the characteristics in the left-most column.

Step 5—Apply the Performance Levels Consistently

Developing

Use this rating when the component is largely missing, unclear, or misaligned and substantial revision is needed.

Minimally Compliant

Use this rating when the component meets minimum institutional expectations but contains noticeable weaknesses, missing detail, or inconsistencies. A component that is complete but lacks sufficient quality or detail often belongs in this category.

Good

Use this rating when the component consistently demonstrates the characteristics described in the left-most column. Information is clear, complete, appropriately detailed, and well aligned. Only minor improvements should be needed.

Exemplary

Reserve this rating for components that consistently exceed institutional expectations. Exemplary components thoroughly and consistently demonstrate all of the characteristics described in the left-most column and could serve as models of assessment practice for other programs or units.

Rating Reminders

When selecting a rating:

- Do not assign Good or Exemplary simply because all required assessment plan items are present.
- Completing all required fields does not necessarily indicate quality.
- Base your rating on the quality of the evidence, not the quantity of information provided.
- When deciding between two ratings, select the rating that is most fully supported by the assessment plan.

Step 6—Select the Rating and Complete Reviewer Feedback for the Component

Compare your observations to the four performance levels in the rubric. Determine which rating best represents the component's overall quality. The performance-level descriptions help distinguish how well the assessment plan demonstrates the characteristics identified in the left-most column. Select the rating that best fits the component as a whole.

Remember: A component earns a Good or Exemplary rating because it consistently demonstrates the characteristics described in the left-most column—not because all required fields have been completed.

Step 7—Assign the Overall Rating

After evaluating all assessment plan components, assign one Overall Rating that reflects the overall quality and coherence of the assessment plan. The Overall Rating should represent your professional judgment of the assessment plan as a whole. Do not calculate the Overall Rating by averaging the ratings assigned to the individual assessment plan components.

When assigning the Overall Rating, consider whether:

- The assessment plan demonstrates a logical and connected assessment process.
- Assessment plan components are generally clear, complete, and well aligned.
- The individual component ratings support the Overall Rating.

The Overall Rating should be consistent with the overall pattern of strengths and weaknesses identified throughout the assessment plan and should not be disproportionately influenced by the quality of any single component. After assigning the Overall Rating, complete the Overall Reviewer Feedback section by summarizing the assessment plan's major strengths and identifying the most important opportunities for improvement.

USING META-ASSESSMENT RATINGS AND FEEDBACK

Meta-assessment should contribute to the same continuous improvement process that assessment is intended to support. Ratings and reviewer feedback provide information that units can use to recognize effective assessment practices and identify areas in which their assessment plans or processes can be strengthened.

After receiving their meta-assessment ratings and feedback, unit leadership and the faculty and staff involved in assessment should review the feedback collectively and consider both the identified strengths and opportunities for improvement. Reviewer feedback is intended to explain assigned ratings, recognize strengths, and provide recommendations for enhancement. Units should use meta-assessment ratings and feedback to:

- identify assessment practices that should be continued;
- identify components that need clarification, additional detail, or stronger alignment;
- strengthen methods of measurement and expectations for achievement when needed;
- improve the analysis, interpretation, and documentation of assessment findings or results;
- strengthen the connection between assessment findings or results, Actions, and continuous improvement; and
- inform revisions to future assessment plans and assessment practices.

Meta-assessment ratings should be interpreted as indicators of the quality of the assessment plan, not as ratings of the quality or effectiveness of the program or unit. A lower rating should therefore not be viewed simply as a negative outcome. Instead, it identifies opportunities to strengthen assessment practices and improve the usefulness of future assessment efforts.

The Overall Rating should be considered alongside the individual component ratings and reviewer feedback. It represents a professional judgment of the overall quality and coherence of the assessment plan and should not be calculated by averaging the ratings assigned to individual components.

Units should incorporate appropriate improvements into subsequent assessment work and revisit meta-assessment feedback as future plans are developed and reviewed. In this way, meta-assessment supports continuous improvement not only of student learning or unit performance, but also of the quality of assessment itself.

KEY TAKEAWAY

Meta-assessment is most valuable when its ratings and feedback are used to strengthen future assessment practices. The goal is not simply to earn a higher rating—it is to develop assessment that produces increasingly meaningful and useful evidence for continuous improvement.

FREQUENTLY ASKED QUESTIONS

This section addresses common questions about assessment, assessment plans, responsibilities, assessment practices, and continuous improvement. Questions are grouped by topic to help faculty and staff quickly locate the information they need.

GENERAL ASSESSMENT

- **What is assessment?**
  Assessment is an internally driven process for continuous improvement. In this process, programs and units identify objectives they want to accomplish, measure their attainment, and use the results to develop improvement actions. This process helps improve the effectiveness of programs and services provided to students and other members of the SHSU community.
- **Who benefits from assessment?**
  Everyone benefits from assessment. Students benefit when degree programs, cocurricular activities, and student services are continuously improved. Departments and programs benefit by identifying areas for improvement and taking needed actions. The University benefits by showing internal and external stakeholders that we are serious about ensuring our students receive the best possible educational experience.
- **Is assessment only required during accreditation reviews?**
  No. Assessment is an ongoing process for understanding and improving student learning and unit performance. Accreditation may require evidence of assessment, but assessment should occur routinely as part of institutional effectiveness and continuous improvement.
- **What is the difference between assessment and strategic planning?**
  Assessment examines evidence to determine the extent to which intended outcomes are being achieved and uses that evidence for improvement. Strategic planning establishes broader priorities, directions, and initiatives for the future. Assessment can provide evidence that informs strategic planning.
- **What is the difference between assessment and program review?**
  Assessment is an ongoing process focused on evaluating specific learning or performance outcomes and using the results for improvement. Program review is a broader, periodic examination of a program or unit that may consider assessment results along with other evidence about its operations, effectiveness, resources, and future direction.
- **How often should assessment activities occur?**
  Assessment should occur throughout the assessment cycle rather than as a single annual activity. The timing and frequency of individual assessment activities should be appropriate for the outcomes being assessed and the evidence being collected.

ASSESSMENT ROLES AND RESPONSIBILITIES

- **Who should create the assessment plan?**
  The assessment plan should be developed collaboratively by the faculty or staff who are knowledgeable about the program or unit and its work. One person may coordinate the process, but the plan should reflect appropriate input from faculty or staff and unit leadership rather than being created by one individual in isolation.
- **Who is required to participate in assessment?**
  Assessment is a shared responsibility. Unit leadership, faculty, staff, and those coordinating assessment should participate as appropriate to their roles. Not everyone needs to participate in every assessment activity, but assessment should not be the responsibility of one person alone.
- **Who is responsible for updating the assessment plan?**
  The program or unit is responsible for maintaining its assessment plan. One person may coordinate updates, but appropriate faculty, staff, and leadership should contribute to the assessment process and review reported information.
- **What happens when personnel change?**
  Assessment responsibility remains with the program or unit, not with a particular individual. Units should maintain accessible documentation, clearly assign responsibilities, and transfer relevant information when personnel changes so that assessment work continues without interruption.

DEVELOPING AND MAINTAINING THE ASSESSMENT PLAN

- **How often should assessment plans be reviewed?**
  Assessment plans should be reviewed before the new assessment cycle begins. This review provides an opportunity to consider what was learned during the completed cycle and determine whether revisions are needed for the upcoming cycle.
- **Can a program or unit use the same assessment plan from year to year?**
  Assessment plans should evolve as programs and units use evidence to pursue continuous improvement. While an Objective may appropriately be assessed across multiple cycles, programs and units should avoid simply continuing the same plan without considering what the results suggest should be changed, enhanced, or examined next. Each cycle should build on what was learned previously and identify meaningful opportunities for improvement.
- **How many goals and objectives should be included in an assessment plan?**
  There is no single required number that fits every program or unit. Plans should include more than one Goal, with more than one Learning Objective or Performance Objective supporting each Goal. The total number should be appropriate for the size, scope, and purpose of the program or unit.

- **Can I delete an existing assessment plan and start over?**
  Yes. However, deleting an existing assessment plan should be considered carefully because the plan contains information documenting previous assessment work. Contact the Office of Assessment for guidance before deleting an existing assessment plan or its contents.

MAKING CHANGES DURING THE ASSESSMENT CYCLE

- **Can assessment plans change during an assessment cycle?**
  Yes, when a change is necessary and appropriate. Changes should be made thoughtfully and documented so that the assessment process remains clear and the resulting evidence can be interpreted appropriately.
- **Can I change a Goal or an Objective during the cycle?**
  Changes to Goals or Objectives should be made carefully. The beginning of the assessment cycle is the best time to make revisions, before assessment activities are underway. Changes made during the middle of the cycle may affect alignment with measures and the interpretation of data already collected. Changes toward the end of the cycle should generally be avoided and considered for the next assessment cycle instead. If a significant change becomes necessary after the cycle has begun, consult the Office of Assessment for guidance.
- **Can I change the measurement method during the cycle?**
  Changes to a measurement method should be made carefully. The beginning of the assessment cycle is the best time to make revisions, before data collection begins. Changing a method mid-cycle may affect the consistency and comparability of the evidence collected. Changes toward the end of the cycle should generally be avoided and considered for the next assessment cycle instead. If a change becomes necessary after data collection has begun, consult the Office of Assessment for guidance.

ASSESSMENT RESULTS AND CONTINUOUS IMPROVEMENT

- **What if a Criterion or Target is not met?**
  An unmet Criterion or Target is not a failure of assessment. It provides information that can help identify opportunities for improvement. Examine the evidence, consider possible explanations, and determine whether an Action or additional assessment is appropriate.
- **How does assessment support continuous improvement?**
  Assessment provides evidence about what is working, what may need attention, and where opportunities for improvement exist. Programs and units use that evidence to make decisions, implement Actions, evaluate their effectiveness, and inform the next assessment cycle.

QUICK REFERENCE TOOLS

- Planning Template—Academic Programs
- Planning Template—Administrative and Support Units
- AI-Assisted Assessment Plan Guide
- SHSU Meta-Assessment Rubric
- Office of Assessment YouTube Channel
- Blackboard Planning User Guide