

## SLO ASSESSMENT FINDINGS - EMBEDDED

|  |  |   |  |
|--|--|---|--|
| <b>Year/Semester:</b>  | Year?  | <b>Faculty Member(s) Completing Assessment:</b>   |  |
| <b>Program:</b>  | <b>Program?</b>  | <b>Course:</b>  | <b>Modality: (required)</b> Choose an item.  |
| <b>Course-Level SLO assessed:</b>  | CSLO # _____ CSLO Name:  |   |  |
| <b>Program-Level SLO assessed:</b>   | PSLO # _____ CSLO Name:  |   |  |
| <b>Institutional/GE SLO assessed:</b>  | ISLO # Choose an item.   |   |  |
| <b>Rubric</b>  | <b>CSLO:</b> Attach course level rubric <i>and</i> send electronic copy to your department chair.                        | <b>PSLO:</b> Was the department PSLO rubric used? If not, send PSLO rubric to department chair.<br><input type="radio"/> Yes <input type="radio"/> No | <b>ISLO:</b> Was the institutional level rubric also used?<br><input type="radio"/> Yes <input type="radio"/> No         |
| <b>Assessment Tool(s)/Assignments Used by Faculty:</b> (Select one and describe briefly)   | Choose a tool. <b>Briefly</b> explain the tool you selected:   |   |  |
| <b>NOTE:</b> If you embedded, you can enter all findings on the same form. If you did not embed, just use the SLO columns that are relevant to your assessment.  |  |   |  |
| <b>STUDENT PERFORMANCE INDICATORS:</b><br>(Achievement level goal agreed upon by the faculty.)   | <b>CSLO:</b><br><b>Other:</b> Please explain below   | <b>PSLO:</b><br>Choose a target   | <b>ISLO:</b><br>Choose a target  |
| <b>Was this goal achieved?</b>   | <b>CSLO:</b><br>Yes                  No  | <b>PSLO:</b><br>Yes                  No   | <b>ISLO:</b><br>Yes                  No  |
| <b>STUDENT PERFORMANCE FINDINGS - Quantitative:</b><br>(Required)  | <b>CSLO:</b><br>Total # of students assessed<br>Total # of students meeting target<br>Total % of students meeting target | <b>PSLO:</b><br>Total # of students assessed<br>Total # of students meeting target<br>Total % of students meeting target                              | <b>ISLO:</b><br>Total # of students assessed<br>Total # of students meeting target<br>Total % of students meeting target |
| <b>FINDINGS - Qualitative</b><br>(Required):<br><br><ul style="list-style-type: none"> <li>• What did you learn from the assessment?</li> <li>• Were there any extenuating circumstances affecting student performance?</li> </ul> | <b>CSLO:</b>   | <b>PSLO:</b>  | <b>ISLO:</b>   |
| <b>SUGGESTIONS FROM FACULTY:</b><br>(Required - <u>Complete this section</u> even if students met the goal.)<br><br>What suggestions do you have to improve student learning?  | <b>CSLO:</b>   | <b>PSLO:</b>  | <b>ISLO:</b>   |

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**ACTIONS:** After reviewing your findings, please indicate what action(s) might be taken to improve student success. This section will assist you in formulating SLO initiatives, which will be listed below.

Choose an action or actions that might be taken to improve student success.

Choose an item.

Other actions (please list)

**PROGRAM INITIATIVES:** Develop initiatives for suggested actions chosen above. Initiatives are created for actions at the course or program level only. Initiatives for actions checked at the institutional level will be done separately.

**NOTE:** If you are the sole faculty member teaching this course, please complete this page by addressing what initiatives you have decided upon for each action you selected on the previous page.

If multiple faculty members teach this course, there should be faculty/department discussions of SLO findings and review of the actions that were suggested.

After you have determined your initiatives, list your highest priorities below and give them a title. (i.e. revise activities in the assignment; increase collaboration; etc.) The faculty teaching this course will determine the number of initiatives. Please place them in priority order.

The Department Chair or SLO lead faculty member will complete this section.

|  |   |
|--|---|
| <b>INITIATIVE #1 TITLE:</b>  |   |
| Provide a specific explanation for how the change will be made (e.g., course materials, method of instruction, scheduling, etc.)   |   |
| What is your timeline:   | Year?   |
| List resources required, if applicable   |   |
| <b>INITIATIVE #2 TITLE:</b>  |   |
| Provide a specific explanation for how the change will be made (e.g., course materials, method of instruction, scheduling, etc.)   |   |
| What is your timeline:   | Year?   |
| List resources required, if applicable   |   |
| If significant changes are made to address the course-level student learning outcome, it is recommended that the outcome be revisited soon rather than as part of a regular cycle. This course-level student learning outcome will be revisited: | <input type="radio"/> Fall <input type="radio"/> Spring    Year?<br><input type="checkbox"/> This course-level student learning outcome will not be revisited specifically to address the changes made. |

Other comments:

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

## SERVICE UNIT OUTCOME ASSESSMENT SUMMARY

The purpose of this summary form both to document the results of program outcome assessment levels and to lay part of the foundation for program review analysis. Note: \*Program –Level SUO assessed and Performance Indicators need to be completed prior to data collection and assessment

|   |  |
|---|--|
| <b>Semester/Year:(Click on Semester/Year?)</b>  | <input type="radio"/> Fall <input type="radio"/> Spring    Year?   |
| <b>Program: (Click on Program?)</b>   | Program?   |
| <b>Faculty and staff members in attendance at meeting:</b>  |  |
| <b>*Program-level SUO assessed:</b><br><b>Note: It is acceptable to assess a portion of an SUO</b>  |  |
| <b>*PERFORMANCE INDICATORS:</b><br><br><b>What achievement level has been agreed upon?</b> (i.e. ___% or higher will correctly complete their applications OR ___% will rate the workshop satisfactory or better, etc.)   | ___% or higher will: _____   |
| <b>Assessment Tool(s) Used:</b> (describe briefly)  |  |
| <b>PERFORMANCE ASSESSMENT:</b><br><br><b>Did you meet the performance indicators identified above?</b>  | <input type="radio"/> Yes, the goal was met<br><input type="radio"/> Could not be determined from data<br><input type="radio"/> No, did not meet the goal  |
| <b>FINDINGS:</b><br><b>What did you learn from the assessment?</b>  |  |
| <b>SUGGESTIONS FROM FACULTY AND/OR STAFF</b><br><b>(based on discussion)</b>  |  |
| <b>Actions that will be taken to increase student learning, program effectiveness, or service satisfaction for this SUO in future semesters:</b> (check all that apply – these are intended to be examples, and they may or may not be appropriate for your area. Space is provided for additional actions.)<br><br><b>Generate an initiative for each checked action</b> | <input type="checkbox"/> Clarify instructions<br><input type="checkbox"/> Revise workshop or session content<br><input type="checkbox"/> Increase number of activities in workshop or sessions<br><input type="checkbox"/> Create additional handouts<br><input type="checkbox"/> Provide more student access to computers<br><input type="checkbox"/> Provide computer assistance for students<br><input type="checkbox"/> Provide more student access to faculty/staff |

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|  |   |
|--|---|
| <p><b><i>Generate an initiative for each checked action.</i></b></p>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Improve point of service/contact assistance</li> <li><input type="checkbox"/> Provide documentation in another language or in an alternate format</li> <li><input type="checkbox"/> Increase website presence</li> <li><input type="checkbox"/> Create or expand online services or resources</li> <li><input type="checkbox"/> Create instructional videos for website and/or YouTube</li> <li><input type="checkbox"/> Create online “Ask a ____” (e.g. counselor, A &amp; R representative, etc.)</li> <li><input type="checkbox"/> Improve services for off-site students</li> <li><input type="checkbox"/> Increase outreach</li> <li><input type="checkbox"/> Increase outreach for online students</li> <li><input type="checkbox"/> Provide mechanism for students to email questions</li> <li><input type="checkbox"/> Collect more data</li> <br/> <li><input type="checkbox"/> SUO revision</li> <br/> <li><input type="checkbox"/> Revise performance indicator</li> </ul> <p style="margin-left: 20px;">None. This was a follow-up assessment based on a prior</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> initiative/change made this semester. (Explain fully in the "Closing the Loop" section).</li> <li><input type="checkbox"/> Other actions (please list)</li> </ul> |
| <p><b>PROGRAM INITIATIVES</b> (What do you plan to do as a result of your assessment?)</p> <p><b>From the list of possible actions above, list your highest priorities below and give them a title.</b> (i.e. Revise the online orientation or expand outreach to high schools, etc.) <b>The program faculty and/or staff will determine the number of initiatives. Please place them in priority order.</b></p> |   |
| <p><b>For each action checked above, create an initiative.</b></p>   |   |
| <p><b>INITIATIVE #1 TITLE:</b></p>   |   |
| <p><b>What steps will be taken:</b></p>  |   |
| <p><b>What is your timeline:</b></p>   | <p><input type="radio"/> Fall    <input type="radio"/> Spring    Year?</p>  |
| <p><b>What resources does your initiative require? (i.e. equipment, space, training, personnel, budget, etc.)</b></p>  |   |

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|   |   |
|---|---|
| <b>INITIATIVE #2 TITLE:</b>   |   |
| <b>What steps will be taken:</b>  |   |
| <b>What is your timeline:</b>   | <input type="radio"/> Fall <input type="radio"/> Spring    Year?  |
| <b>What resources does your initiative require? (i.e. equipment, space, training, personnel, budget, etc.)</b>  |   |
| <b>If significant changes are made to address the service unit outcome, it is recommended that the outcome be revisited soon rather than as part of a regular cycle. This service unit outcome will be revisited:</b>   | <input type="radio"/> Fall <input type="radio"/> Spring    Year?<br><br><input type="checkbox"/> This course-level student learning outcome will not be revisited specifically to address the changes |
| <b>CLOSING THE LOOP:</b><br><br>Look back at last semester’s SUO form. What is the status of the initiatives/plans you made last semester?<br><br>It is important to explain/show progress even if the initiative is not complete.<br><br><b>MUST BE COMPLETED.</b> | Prior SUO assessed:<br><br><br>Status:  |

Other comments: \_\_\_\_\_

\_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_