

## 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 <input type="text" value="Year?"/>
<b>Program: (Click on Program?)</b>	<input type="text" value="Program?"/>
<b>Faculty and staff members in attendance at meeting:</b>	<input type="text"/>
<b>*Program-level SUO assessed:</b> <b>Note: It is acceptable to assess a portion of an SUO</b>	<input type="text"/>
<b>*PERFORMANCE INDICATORS:</b>  <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.)	<input type="text" value="___"/> % or higher will: <input type="text"/>
<b>Assessment Tool(s) Used:</b> (describe briefly)	<input type="text"/>
<b>PERFORMANCE ASSESSMENT:</b>  <b>Did you meet the performance indicators identified above?</b>	<input type="radio"/> Yes, the goal was met <input type="radio"/> Could not be determined from data <input type="radio"/> No, did not meet the goal
<b>FINDINGS:</b> <b>What did you learn from the assessment?</b>	<input type="text"/>
<b>SUGGESTIONS FROM FACULTY AND/OR STAFF</b> <b>(based on discussion)</b>	<input type="text"/>
<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.)  <b>Generate an initiative for each checked action</b>	<input type="checkbox"/> Revise workshop or session content <input type="checkbox"/> Increase number of activities in workshop or sessions <input type="checkbox"/> Provide more student access to computers <input type="checkbox"/> Provide computer assistance for students <input type="checkbox"/> Provide more student access to faculty/staff <input type="checkbox"/> Improve point of service/contact assistance <input type="checkbox"/> Other

## 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

<p><b>Generate an initiative for each checked action.</b></p>	<ul style="list-style-type: none"> <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>   <li><input type="checkbox"/> SUO revision</li>   <li><input type="checkbox"/> Revise performance indicator             <ul style="list-style-type: none"> <li>None. This was a follow-up assessment based on a prior initiative/change made this semester. (Explain fully in the "Closing the Loop" section).</li> </ul> </li> <li><input type="checkbox"/> Other actions (please list) _____</li> </ul>
---	--

**PROGRAM INITIATIVES** (What do you plan to do as a result of your assessment?)

**From the list of possible actions above, list your highest priorities below and give them a title.** (i.e. Revise the online orientation or expand outreach to high schools, etc.) **The program faculty and/or staff will determine the number of initiatives. Please place them in priority order.**

**For each action checked above, create an initiative.**

<b>INITIATIVE #1 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>INITIATIVE #2 TITLE:</b>	
<b>What steps will be taken:</b>	

## 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>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?    <input type="checkbox"/> This course-level student learning outcome will not be revisited specifically to address the changes
<b>CLOSING THE LOOP:</b>  <b>Look back at last semester’s SUO form. What is the status of the initiatives/plans you made last semester?</b>  <b>It is important to explain/show progress even if the initiative is not complete.</b>  <b>MUST BE COMPLETED.</b>	Prior SUO assessed:  Status:  

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

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