Suffolk County Community College

COMPREHENSIVE ASSESSMENT PLAN FOR INSTITUTIONAL EFFECTIVENESS [CAPIE]

August 2015 Update

Contents

I. INTRODUCTION 3
II. PURPOSE OF THE CAPIE 4
III. PRINCIPLES OF ASSESSMENT 4
IV. CONTINUAL IMPROVEMENT 4
V. GOALS OF THE CAPIE 5
VI. INSTITUTIONAL EFFECTIVENESS 5
VII. STRATEGIC PLANNING 6
Mission Statement: 7
Vision Statement 7
Institutional Goals: 7
Measurable Institutional Objectives: 7
Academic Assessment and Evaluation: 10
A. Suffolk County Community College Academic Program Review 11
B. General Education Assessment 13
C. Annual Assessment of Student Learning Outcomes 15
D. Course Assessment 16
AES Assessment and Evaluation: 17
E. AES Unit Revi ew 18
F. Annual Assessment of Outcomes in AES units 20
VIII. OPERATIONAL PLANNING 21
IX. RESOURCE ALLOCATION 24
X. INTEGRATED PLANNING 26
XI. ASSESSING THE CAPIE 27
XII. CONCLUSION 27

I. INTRODUCTION

Suffolk County Community College's (SCCC) *Comprehensive Assessment Plan for Institutional Effectiveness* (CAPIE) is grounded in the philosophy that sound assessment practices are fundamental to ensuring the College's continued efforts to achieve its mission and vision. The college community agrees with the Middle States Commission on Higher Education (MSCHE) proposition that "the effectiveness of an institution rests upon the contribution that each of the institution's programs and services makes toward achieving the goals of the institution as a whole."

Sound systematic institutional assessment practices facilitate communication and engage the College's various constituencies in a dialog that encourages continuous institutional improvement. The *Comprehensive Assessment Plan for Institutional Effectiveness* draws on collaborative processes designed to elicit the judgment of respected colleagues in assessing and improving the quality of academic programs as well as the administrative, educational, and student support units. These processes involve staff, students, faculty, alumni, community members, College administrators, and external specialists in (1) gathering information, (2) reviewing and analyzing the information, (3) synthesizing all available information and making judgments about overall quality along with recommendations for improvement, and (4) following up to ensure that the program or unit is supported in its efforts to address the outcomes of a review.

In its mission and vision statements and its *Strategic Plan* and budget process, the College commits to continually improving its programs and services. This is expressed directly in the Strategic Plan as the fourth institutional goal – *Institutional Effectiveness*. It sets the expectations for an integrated planning approach. Through the implementation of this assessment plan, the College demonstrates its belief that assessment promotes discovery and informs scholarship, development, and institutional change. Like the *Strategic Plan*, the CAPIE is a fluid document that represents the process of assessment as it develops at the College. As units develop and revise their assessment plans, the CAPIE will be updated.

Suffolk County Community College prides itself on a long tradition of assessment practices. Through program and unit reviews (i.e., evaluations of academic majors and Administrative, Education and Student Support [AES)] units), program and unit level assessments, external accreditation reviews, and a variety of surveys, the College has consistently demonstrated its commitment to maintaining itself as a College of Excellence. Building now on its existing assessment practices and philosophies, it is strengthening its ability to perform continual assessment for improvement. The College's CAPIE is based on the following:

1. Assessment methods that accurately measure those objectives valued by the units being assessed and by the institution;
2. Use of multiple assessment measures to ensure accurate data interpretation;
3. Collaboration of constituent groups in the development and implementation of assessment methods;
4. Effective communication of assessment results to appropriate constituent groups;
5. Use of assessment data to inform institutional decision-making processes;
6. Effective communication of institutional decision-making processes and their results to appropriate constituent groups;

7. Ongoing, systematic assessment processes to ensure that changes made will advance the achievement of unit and institutional goals, student learning outcomes at the institutional, program and course level, and measurable institutional objectives;
8. Ongoing, systematic evaluation of assessment measures used in decision-making processes;
9. Assessing the institutional assessment process.

II. PURPOSE OF THE CAPIE

The CAPIE is a systematic yet flexible plan designed to maintain a culture of assessment across the College in practical and measured stages. It is a plan that builds on assessment measures, relying on integrated planning and collaboration of all constituent groups. It demands multiple measures for accurate interpretation of assessment data, and it requires the College's administration and the Assessment Advisory Council (AAC) to educate constituent groups about assessment and to maintain effective communication of assessment data and decisions made as a result of those data to appropriate constituent groups. The CAPIE, therefore, assists in maintaining transparency in institutional decision-making processes. While developed to provide direction, guidance, and a framework for institutional effectiveness, and to ensure the continuous enhancement of the teaching and learning environment, the CAPIE was developed within the context of MSCHE standards.

III. PRINCIPLES OF ASSESSMENT

Assessment is the gathering of information necessary to ensure that the College is able to effectively evaluate its overall effectiveness in achieving its mission. Assessment measures teaching and learning to continue classroom and institutional processes that cultivate sound education and instruction. This analysis includes data from a variety of assessment tools and measures, including the achievement of learning outcomes, support outcomes, or administrative outcomes. Assessment results and analysis provide guidelines for faculty and administrators to make adjustments and improvements in curriculum, teaching methods, and instructional and support and administrative activities. To assist the College community in this process, an index of commonly used terms and acronyms has been included (Appendices A and B).

IV. CONTINUAL IMPROVEMENT

Suffolk County Community College's comprehensive assessment planning process ensures the systematic, ongoing assessment of the goals, objectives, and outcomes developed in support of the college's mission, and the delivery of assessment-result analyses to college decision makers and planners.

The CAPIE serves to insure that assessments at the College are continuous outcomes-focused efforts that guide planning and resource allocation encouraging the improvement of programs, services, student learning and institutional effectiveness. This plan is in compliance with several of the Middle States standards, which expect member institutions to demonstrate a documented, organized and sustained assessment process that evaluates and improves the total range of programs and services and ensures achievement of the institutional mission, goals and plans.

The CAPIE is designed to meet the following Middle States criteria:

- Institutional unit and program goals that include all programs, services and initiatives;
- Systematic (cyclical), and sustained use of various direct and indirect measures that use existing data, relate to the goals they are assessing, and are reliable;
- Faculty, staff, and administrative support that contributes to the planning and continuous improvement processes;
- Timetables that are realistic with a plan supported by suitable institutional resources;
- Sustainability due to ease, reasonableness, detail and ownership;
- Periodic evaluation of the effectiveness of the institution's assessment process.

V. GOALS OF THE CAPIE

Goal 1: To ensure that the assessment of goals, outcomes, and objectives is systematic and ongoing by specifying the processes for creating, approving, and revising assessment plans at the strategic and operational, central and campus levels.

Goal 2: To ensure that the assessment of goals, outcomes, and objectives is timely by specifying timelines for assessments at the strategic and operational, central and campus levels.

Goal 3: To ensure that assessment results are communicated to appropriate decision makers and planners by specifying processes for communicating the results of assessment.

Goal 4: To ensure that an integrated planning approach is utilized to support institutional effectiveness, link assessment, planning, and resource allocation, and to encourage a culture of assessment and continuous improvement.

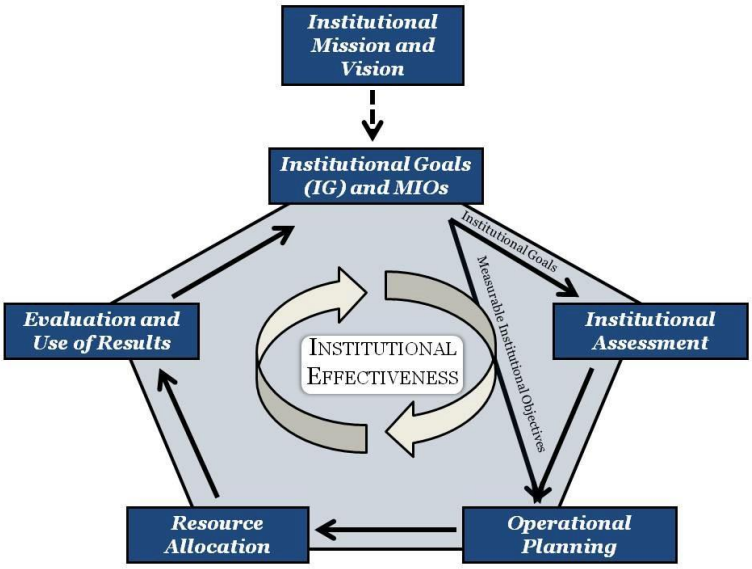


Figure 1: The Institutional Effectiveness Cycle

Goal 5: To ensure the assessment of planning and assessment processes through systematic evaluation that makes a judgment of the relevancy, appropriateness, and usefulness of these processes and provides suggested changes where necessary.

VI. INSTITUTIONAL EFFECTIVENESS

Suffolk County Community College's definition of institutional effectiveness is:

Institutional effectiveness reflects the College's ability to realize its mission as demonstrated by reaching the institutional goals. Achievement of these goals is determined by accomplishing the institution's measurable institutional objectives (MIOs) and through institutional assessment, operational planning, and resource allocation that assists in the attainment of student learning outcomes at the institutional, program, and course level as well as the Administrative, Educational and Student Support (AES) unit goals and outcomes.

The institutional effectiveness process integrates the institutional mission with planning and assessment, and with planning and budgeting cycles. Institutional effectiveness is best understood through the connection among planning, budgeting, and assessment. It is the integration of these distinct, yet interconnected processes, which provides for evaluation of institutional effectiveness. Central to institutional effectiveness are the institutional mission, vision, goals, and measurable institutional objectives (MIOs), each of which is connected to the strategic plan. With strategic planning framing the assessment of institutional effectiveness, the College engages in yearly assessment processes within academic programs as well as AES units to determine if the institutional objectives are being reached. Results from the yearly assessment processes then help departments and units establish plans for the following year to ensure continuous improvement throughout the College. Based on the established yearly action plans, units and departments base their budget requests on what the data gathered within the assessment activities indicate are priorities.

Finally, the departments and units assess whether or not changes communicated within plans lead to improvement and utilize the results in subsequent cycles. In addition to this cycle of assessment, planning, and budgeting, completed at the program and unit level, the College has a parallel process that occurs within Central Administration. Annually, the College engages in a process of operationalizing the strategic plan through yearly plans targeted at achieving the MIOs. The plans that result from this process (centrally) as well as the plans that emerge from the yearly assessment of student learning (both in academic programs and AES units) result in operational plans designed to assess institutional effectiveness.

VII. STRATEGIC PLANNING

Assessing institutional effectiveness requires numerous elements as seen in the above model. Suffolk County Community College manages the process of collecting, reporting, and communicating this pool of information through TracDat, the College's assessment management tool. TracDat is a data repository containing the institutional mission, vision, institutional goals, and MIOs as well as the student learning outcomes at the institutional (ILO), program (PLO), and course [student] (SLO) levels and the mission, goals, and outcomes of all AES units. This allows the College to document the connections among all facets of institutional assessment.

Important to the College's assessment of institutional effectiveness is the ability to establish an integrated approach to planning. Annual assessments for the purpose of operational planning and plans that emerge from the assessment activities are housed within TracDat. Integrated planning demonstrates a connection to resource allocation so that the College can document that the results from assessments are used in resource allocations though operational planning, and the effectiveness of those resource allocations on improvement.

A number of elements are necessary for the evaluation of institutional effectiveness. These include assessment of student learning in the academic programs and AES units, strategic and operational planning utilizing those assessments, and resource allocation. While all are important, strategic planning is the catalyst of the College's ability to evaluate its effectiveness. The purpose of the

strategic plan is to establish an institutional direction, rooted within the mission and vision and assessed based upon the achievement of the institutional goals, centrally through measurable institutional objectives (MIOs) and at the campus level through program-level student learning outcomes (PLOs) in the academic programs, and unit goals and outcomes in the AES units.

Strategic planning is central to evaluating institutional effectiveness. The College follows an integrated planning approach. The strategic planning process provides goals and objectives that drive assessments, operational planning, and resource allocation; integration is not possible without strategic planning. The College's 2013-2020 Strategic Plan describes these processes in detail and provides information on development, implementation, and review processes; however, given the importance of the mission, vision, goals, and MIOs to assessment of institutional effectiveness, they are presented here.

Mission Statement:
Suffolk County Community College promotes intellectual discovery, physical development, social and ethical awareness, and economic opportunities for all through an education that transforms lives, builds communities, and improves society.

Vision Statement:
Suffolk County Community College commits to maintaining high educational standards, to fostering and inspiring student success, and to creating diverse opportunities for lifelong learning. By attracting strong leadership and distinguished faculty to a college of excellence, we create an enriched learning environment that empowers students to transform their lives.

Institutional Goals:

1 – Student Success: To foster the intellectual, physical, social, and civic development of students through excellent and rigorous academic programs and comprehensive student-support services.

2 – Community Development/Societal improvement: To promote the social and economic development of the community we serve.

3 – Access and Affordability: To provide access to higher education by reducing economic, social, geographic and time barriers.

4 – Institutional Effectiveness: To monitor and assess the performance of the institution to ensure continuous improvement in achieving the mission, vision and goals of the College.

5 – Communication: To promote transparent and effective communication within the college community and between the college community and external constituencies

6 – Diversity: To reflect the ethnic, demographic, and economic composition of Suffolk County.

Measurable Institutional Objectives:

1.0: Student Success
1.1 The College will, during the period 2013-2020, increase the completion rate of first- time full-time (FTFT) students in gateway courses through enhanced engagement with faculty, academic support, and student services.

1.2 The College will, during the period 2013-2020, increase the fall-to-spring persistence rates of all credit bearing students to 75% and fall-to-fall retention rates for FTFT students to 70% by supporting students through enhanced engagement with faculty, academic support, and student services.

1.3 The College will, during the period 2013-2020, increase the three-year graduation rate of FTFT students to 20% through enhanced engagement with faculty, academic support, and student services.

2.0: Community Development/Societal Improvement

2.1 The College will enhance the local workforce by increasing partnerships with key employment sectors and offering programs to address the employment skills gap in Suffolk County.

2.2 The College will expand targeted outreach to non-traditional constituents to increase the number of non-traditional students served through continuing education and traditional academic programs.

2.3 The College will enhance community enrichment through increased participation in social and cultural events, initiatives, and activities conducted by the College or in partnership with external stakeholders.

2.4 The College will expand partnerships with local high schools, school districts, and other higher education institutions to ensure successful and smooth transitions from high school to college.

3.0: Access and Affordability

3.1 The College will improve access by developing needed facilities and reducing geographic barriers associated with campus structures and topography through the implementation of the Capital Program as evidenced by specific project completion each year.

3.2 The College will reduce the economic barriers to higher education by maximizing institutional efficiencies in order to minimize increases in College operating costs, as evidenced by the budget.

3.3 The College will reduce the economic barriers to higher education associated with limited financial aid by increasing the number of applications for and awards of both merit- and need-based scholarships, as evidenced by Foundation update reports, by Fall 2017.

3.4 The College will reduce social, geographic, and time barriers to academic success through the enhancement of online, web, and/or mobile academic and student support by increasing the availability, accuracy and currency of courses, applications and content, as well as the ease and convenience of delivery.

4.0: Institutional Effectiveness

4.1 All divisions, departments, programs, services and units of the College will, through the implementation of an integrated planning system, monitor and assess outcomes and communicate evidence that assessments have been used toward continuous improvement in achieving the College's mission, vision, and goals during the period 2013-2020.

5.0: Communication

5.1 Each year during the period 2013-2020, the College will, through written, electronic and face-to-face communication, issue college-wide communication to administrators, faculty, staff, and students in order to promote effective internal communication, In addition, each campus will develop methods to deliver and receive departmental and divisional input about their mission-related activities.

5.2 Each year during the period 2013-2020, the College will, through written, electronic, and face-to-face communication issue information to external constituents and stakeholders about College and student initiatives and accomplishments, as well as community outreach programs, in order to promote the value the College brings to Suffolk County and its citizens.

6.0: Diversity

6.1 Each year during the period 2013-2020, the College will foster and demonstrate measurable improvement in decreasing ethnic disparities within its instructional and non-instructional faculty and staff for pan-cultural groups.

6.2 Each year during the period 2013-2020, the College will decrease achievement disparities among pan-cultural groups and across socioeconomic groups by developing partnerships and approaches aimed at decreasing the need for developmental education, improving the rate of persistence, fall-to-spring, for first- time, full-time freshmen, and improving graduation and transfer rates.

ASSESSMENT OF STUDENT LEARNING

The assessment of student learning is an institutional priority. Suffolk County Community College has an institutional assessment system that includes processes for assessment of all academic programs at the institutional (general education), program-level, and course-level as well as the administrative support, educational support, and community outreach units (AES) that help shape the environment for student learning.

These processes foster a culture of assessment at Suffolk County Community College, which is comprehensive, regularized, and systematic. In the establishment of goals and outcomes, all units engage in the use of the S.M.A.R.T. model, ensuring that such goals and objectives are Specific, Measureable, Achievable, Results-oriented, and Time-bound. Responsibility for all assessment activities undertaken in each area is assigned to a specific individual (or individuals). Each assessment includes a process to review each assessment activity and reporting mechanism to encourage "closing the loop."

Suffolk County Community College maintains all assessment data in the TracDat data software application to allow for easy retrieval and management of data, scheduling of assessment activities, and effective college-wide assessment-related communication.

Distinguishing Assessment from Evaluation

At Suffolk County Community College, assessment and evaluation are treated as related, but

different concepts. Both activities, for example, require data, utilize measures, are evidence driven, and lead to action plans. The differences are apparent when one examines the rationale behind why we engage in either. The table below provides and contrasts some core characteristics of both terms:

Table 1: Assessment and Evaluation

Assessment	Evaluation
Focuses on learning and improving	Delivers a judgment about quality
Determines if outcomes have been achieved	Determines if a program or unit is achieving its goals
Offers an opportunity for substantial feedback on the process	Documents strengths, weaknesses, and effectiveness of the program/unit
Reflects a targeted examination	Reflects a comprehensive examination
There is no failure unless the assessment is never conducted	While there is no "success or failure," the process is about answering whether the program or unit is operating effectively
Occurs continuously	Occurs periodically

The same information can be used for either assessment or evaluation. What differs is how the information is used. For example, all academic programs participate in yearly assessments of outcomes in order to develop action plans. The program and unit reviews however, depend heavily on the assessment data collected over seven years to make an evaluation. Additionally, it is true that assessments can utilize evaluations and that evaluations require assessments. Whenever a program or unit employs a rubric, jury, or breakdown of correct answers on an exam or survey, they have conducted an assessment. At SCCC, assessment is reflected in the annual assessment of program level student learning outcomes, general education assessments, non-program based assessments, and the annual assessment of student learning and/or support outcomes in the AES units. Evaluation, which offers a judgment, is reflected in the academic program and AES unit reviews. These reviews take place every seven years and build upon the annual assessments.

Academic Assessment and Evaluation:

Suffolk County Community College uses course-embedded assessment as the basis for assessment of student learning outcomes, and its academic assessment plans define student learning outcomes at the course, program, and institutional levels. Consistent with the description of effective assessment found in the Middle States document *Characteristics of Excellence in Higher Education*, Suffolk County Community College has:

- Developed written statements of measureable key learning outcomes: the knowledge, skills, and competencies that students are expected to exhibit upon successful completion of a course, academic program, co-curricular program, general education requirement, or other specific set of experiences;
- Constructed courses, programs, and experiences that provide intentional opportunities for students to achieve those learning outcomes;
- Continuously and systematically assessed student achievement of key learning

outcomes; and

- Utilized the findings of those assessments to improve teaching and learning.

At the College, academic assessment is faculty driven. Faculty define outcomes at all levels, determine and design appropriate assessment activities, and examine, analyze and report data collected and, based on these assessments, faculty make recommendations to improve teaching and learning.

A. Suffolk County Community College Academic Program Review

Academic program reviews "present evidence of the program's performance in light of the aspirations defined in the vision and mission." Program reviews are *evaluations,* which lead to judgments and recommendations for action. One part of the evaluative process is *course-embedded assessment*, which attempts to determine how well students are learning. "Assessments are the methods used to collect evidence of performance that through criteria that delineate levels of quality of performance, indicate to what degree standards are being met." Annual assessment of student learning provides information helpful to the program review. Action plans developed as a result of Program Review are incorporated into the annual departmental plan, becoming part of the budgeting process.

1. Cycle/Timeline

Academic Program Reviews are performed in seven-year cycles or according to cycles prescribed by outside accreditation agents (Appendix C). Information gathered during annual assessment of student learning outcomes and general education constitutes a significant portion of the information used during program review. As part of the program review process, academic programs receive the program review, as well as the recommendations made by external reviewers. The composition of the external reviewers will vary according to program type, but includes representation from both industry and academia. In preparation for this periodic process, the College's academic programs begin planning and OPIE provides a standard data package to each program in the semester before the academic program review begins. A comprehensive timeline for assessment and planning activities can be found in Appendix H.

April/May: Chair and committee members are appointed for Academic Program Reviews to be completed in the next school year.

September: Chair convenes the committee for its initial meeting. A schedule of meetings and activities is constructed. (*If additional assessment activities are planned, the committee should take care to build in time for the Office of Planning and Institutional Effectiveness to perform analyses and provide reports.)*

September 1 –March 1: The Program Review Committee conducts the review process and prepares the initial draft of the report for submission to the appropriate deans and to the Associate Dean for Curriculum Development.

February: Committee recommends external reviewers to Associate Dean for Curriculum Development.

March 1: The initial draft of the report is submitted to the appropriate deans and the Associate Dean for Curriculum Development to review the report for completeness coherence, and clarity. The deans return the review with comments/suggestions to the chair and committee by **March 15.**

March 15 – April 15: The committee completes the final draft of the program review report and submits it to the appropriate deans and the Associate Dean for Curriculum Development. Final arrangements are made for visit by External Review Team.

April 15 – early May: External Review Team visit.

May 1 – May 31: The appropriate deans review the report and, if the report is acceptable, add their comments and recommendations and forward it to the appropriate campus Executive Dean(s) and the Associate Vice President of Academic Affairs and the Vice President for Academic Affairs. All reports are sent to the President of the College after being reviewed by the Vice President. (*If the report is not acceptable, it is returned to the chair and the committee for completion and resubmission by September 1.)* For their information, copies of the completed review are distributed to the chair and members of the review committee.

June: A summary of the Program Review report, with emphasis on outcomes assessment and inclusion of the major findings and recommendations, will be sent to the Office of the SUNY Provost.

October/November: An implementation plan for Program Review follow-up is developed and submitted by the above designated individual to the appropriate deans, Associate Dean for Curriculum Development, AVP for Academic Affairs and VP for Academic Affairs.

March/April: An implementation progress report is submitted to the deans, Associate Dean for Curriculum Development, AVP for Academic Affairs and VP for Academic Affairs.

Following October: A second implementation progress report is submitted to all of the above.

2. Assessment Model/Template

The Program Review contains the following:

I. *Introduction (including program history)*
II. *Goals and Objectives*
III. *Environmental Scan*
IV. *Curriculum*
V. *Assessments*
VI. *Students*
VII. *Resources*

VIII. *Personnel*
IX. *Major Findings and Recommendations*

A template is available on the Office of Planning and Institutional Effectiveness webpage:

3. Responsibilities

The Vice President for Academic Affairs oversees the program review process, specifically through the Associate Vice President for Academic Affairs and the Associate Dean for Curriculum Development, who work with department chairs or program directors and faculty. Reassigned time is granted, pursuant to College policies, to faculty members who undertake the responsibility for conducting program reviews. The Office of Planning and Institutional Effectiveness serves in a support role to provide data and assist in creating assessments. The Associate Vice President of Academic Affairs is responsible for working with academic chairs or program coordinators to ensure that recommended actions are addressed.

4. Review of the Process

The review of the process is conducted by the Office of Academic Affairs in collaboration with the Office of Planning and Institutional Effectiveness. The Assessment Advisory Council reports to the Joint Planning and Assessment Council (JPAC) on its review of the content and process. The President of the College is the Chair of JPAC.

5. Communication of Results

The Associate Vice President of Academic Affairs, the Associate Dean for Curriculum Development, the Program Review Coordinator, and the Vice President for Planning and Institutional Effectiveness meet with leadership in program areas to evaluate the review and propose recommendations. Results of this process are communicated to program faculty and staff by program leadership.

B. General Education Assessment

Suffolk County Community College's assessment of general education currently consists of the evaluation of the ten knowledge and skills areas and the two infused competencies prescribed by the SUNY General Education requirements. In fall 2012, the College began to develop institutional learning outcomes which will define the knowledge, skills and competencies that students will demonstrate at the completion of their degree program. This activity is driven by faculty through faculty governance bodies. At the conclusion of this process, the assessment of general education will be transitioned to assessment of institutional student learning outcomes. The process as described below is anticipated to remain essentially unchanged. Until the transition period is complete, the assessment of general education will continue as outlined.

1. Cycle/Timeline

Four of the twelve general education knowledge and skill areas as well as competencies are assessed on a three-year cycle through course embedded assessment. This periodic assessment cycle (Appendix D) uses selected high impact courses—those courses in which Suffolk students most frequently enroll. In preparation for this periodic process, the College's academic programs begin planning and data collection in the semester before the general education assessment

begins. A comprehensive timeline for assessment and planning activities can be found in Appendix H.

2. Assessment Model/Template

The General Education Assessment Template contains the following components:

I. Learning Outcomes/Objectives
II. Assessed Courses/Learning Activities
III. Assessment Measures and Methodology
IV. Performance Criteria
V. Assessment Results Action Plan
VI. Follow-up reporting

Recommended changes at the department or institutional level result in action plans that are recorded in the annual operational plan. Requests for funding related to the implementation of action plans flow through the College's budgetary process. Subsequent assessments occur in accordance with the established three-year cycle.

3. Responsibility

The Vice President for Academic Affairs has oversight of this activity. The Associate Vice President for Academic Affairs and Associate Dean for Curriculum Development are responsible for ensuring that assessment coordinators, are appointed and that the work is completed within the allotted timeframe.

Reassigned time is granted, pursuant to College policies, to faculty members who undertake the responsibility for conducting general education assessment. The Office of Planning and Institutional Effectiveness serves in a support role to provide assessment data. The Associate Vice President of Academic Affairs is responsible for working with academic chairs or program coordinators to ensure that recommended actions are addressed.

4. Review of the Process

A review of the overall General Education Assessment Plan is conducted by the Office of Academic Affairs at the conclusion of a three-year cycle. In collaboration with the College's governance bodies, recommended changes that are approved are implemented in the subsequent three-year cycle. The Assessment Advisory Council reports on its review of each assessment to the JPAC to ensure the quality of the assessments.

5. Communication of Results

Assessment results are shared with the faculty, administrators and program review teams in each related discipline through college-wide and departmental meetings. Assessment results for infused competencies are shared with academic chairs and faculty college-wide through departmental communications, briefs from the Office of Academic Affairs, college- and campus-wide meetings, and professional development activities. In addition, reports are presented to the Assessment Advisory Council (AAC) for review and recommendation, and these reports and minutes of AAC meetings are posted on the OPIE webpages.

C. Annual Assessment of Student Learning Outcomes

The annual assessment of student learning outcomes occurs through course embedded assessment aligned with the program's program level student learning outcomes (PLOs) and corresponding course level student learning outcomes (SLOs). The process is driven by annual assessment plans for each academic program. Working in collaboration with program faculty, other departmental faculty, staff and administrators, a program assessment team submits a multi-year plan for annual assessment to the Office of Academic Affairs. Each year as course assessment occurs, the assessment team revises and updates the plan to include a subsequent year, thereby closing the loop and ensuring a process of sustained and continuous improvement. Through the use of curriculum maps, program faculty identify which courses (and related learning outcomes) contribute to achieving institutional and program-level student learning outcome(s). Each program is expected to have a comprehensive curriculum map that guides the assessment of student learning outcomes within the program.

1. Cycle/Timeline: Annual

2. Assessment Model/Template

The Program Assessment Plan includes:

a. Program-Level Student Learning Outcomes – Select one or more program-level student learning outcomes to assess for each of the five years and proceed to create a plan in which all program level outcomes are assessed within a five year timeframe through course embedded assessment.

b. Course-Level Student Learning Outcomes – Identify the course or courses to be assessed. These are courses in which the program learning outcome is introduced, reinforced or mastered as evidenced in the course learning outcomes. If a course is scheduled for assessment as part of General Education or institutional assessment, the program may choose to assess a student learning outcome closely aligned with an institutional learning outcome.

c. Assessment Tool or Activity – Specify the methodologies to be used to assess the level to which the program-level student learning outcome(s) has/have been achieved. Evaluation might occur through selected course-level learning activities, assignments, tests, etc. Identify specific data sources and potential methods of measurement to develop a manageable and sustainable data collection procedure.

d. Desired Performance – Set target for student achievement, stating desired level of student success.

e. Timeline – Establishment of a realistic assessment cycle, keeping in mind the demands of the data collection, analysis, and reporting processes.

f. Responsibility for Data Analysis/Key Findings – Team leader(s) appointed to guide the annual assessment activities action plan.

g. Use of Results/Action Items and Dissemination – Create a list of those responsible for communicating assessment results and sharing potential recommendations for improvement

and/or change. Describe how the assessment results will be used to improve student's academic performance as well as how the results were disseminated.

h. Follow Up/Actions Taken – Note how recommendations for action, if made, were applied and will be revisited for continuous quality improvement. In addition, a follow-up assessment activity is performed to gauge the efficacy of any changes made (closing the loop).

Templates are available on the OPIE website.

3. Responsibilities

The Vice President for Academic t Affairs is responsible for the oversight of the Five-Year Program Assessment Plan, specifically through the Associate Vice President for Academic Affairs and the Deans of Instruction. The Office of Planning and Institutional Effectiveness serves in a support role to provide data and assist in creating assessments. The Associate Vice President of Academic Affairs works with the Deans of Instruction and academic chairs or program coordinators to ensure that recommended actions are addressed.

4. Review of the process

In addition to the Office of Academic Affairs and each academic department involved, the Assessment Advisory Council reports on its review of the process undertaken for each assessment to ensure the quality of the assessment process and reports findings to the JPAC.

5. Communication of results

The academic chairs and/or program directors are responsible to communicate the results of each assessment activity and any follow-up activity to all departmental faculty and other stakeholders and encourage interdisciplinary communication where appropriate. The Assessment Advisory Council reports its review of the process. Reports and minutes of AAC meetings are posted on the OPIE webpages.

D. Course Assessment

Courses not assessed as part of a program, or through general education assessment (e.g. – developmental courses; Freshman Seminar), perform regular assessment activities following the same model as the Annual Assessment of Student Learning described above.

1. Cycle/Timeline

The Dean of Instruction works with the appropriate advisory committee to develop a timeline/cycle for annual course-embedded assessment in these courses (Appendix E).

2. Assessment Model/Template

Course-embedded assessment uses a model similar to that of Annual Program-level Assessment. The model includes the following components: Course-Level Student Learning Outcomes (SLO's); Assessment Tool or Activity; Desired Performance; Timeline; Responsibility for Data Analysis/Key; Use of Results/Action Items and Dissemination; Follow Up/Actions Taken (including "closing the loop" activity). Templates are available on the OPIE webpages.

3. Responsibilities

The Vice President for Academic Affairs is responsible for overseeing the Course Assessment process. The Office of Planning and Institutional Effectiveness serves in a support role to provide data and assist in creating assessments. The Vice President for Academic Affairs may designate staff, as appropriate, to ensure that recommended actions are addressed.

4. Review of the Process

The Office of Academic Affairs and each area involved reviews the process. The Assessment Advisory Council reports on its review of each assessment to the JPAC to ensure the quality of the assessments.

5. Communication of Results

The team leaders of each plan and the chairs of the advisory committees involved, are responsible for communicating the results of each assessment activity and any follow-up activity to all stakeholders involved. Reports and minutes are posted on the OPIE webpages.

AES Assessment and Evaluation:

Suffolk County Community College approaches the assessment of both student learning outcomes and the support of student learning (support outcomes) located within the College's AES units as an institutional priority. A comprehensive list of Suffolk's AES units can be found in Appendix F. The delineation of differences is:

- Administrative Support Units – units primarily responsible for administrative functions which support the environment for student learning (i.e. financial aid)
- Educational Support Units – units primarily responsible for providing direct educational support either to academic programs or students (i.e. library)
- Community Outreach Units – units primarily responsible for providing non-traditional educational opportunities to external constituents (i.e. continuing education)

Given that both regular assessment and periodic evaluation of these units is essential, Suffolk County Community College established assessment and evaluation systems to ensure continuous improvement, reflecting an institutional commitment to assessment of institutional effectiveness and ensuring alignment with Standard 7 of the MSCHE document *Characteristics of Excellence*:

- …clearly articulated written statements, expressed in observable terms, of key institutional and unit-level goals;
- …intentional objectives or strategies to achieve those goals;
- assessing achievement of those key goals; and
- using the results of those assessments to improve programs and services

The individuals units, with support from the Office of Planning and Institutional Effectiveness (OPIE) and the Assessment Advisory Council (AAC): a) conduct yearly assessments of selected student learning outcomes (SLOs)/support outcomes (SOs), b) develop plans to address the findings, c) utilize findings to impact budget requests, and d) periodically review the effectiveness of the unit.

E. AES Unit Review

The College uses a seven-year review cycle (Appendix G) for its AES units. This process presents an opportunity for the units to evaluate the impact of assessments, examine operations and staffing, communicate with external evaluators, and set a direction for the next seven years. A timeline for assessment and planning activities for the AES units can be found in Appendix R. To ensure that the College closes the loop in regards to the AES review process, units will develop action plans and incorporate these plans into the budgeting process.

1. **Cycle/Timeline:** AES Unit Reviews are conducted on a seven-year cycle.

May (semester before the AES Unit Review)
The senior leadership (central), executive deans, and unit directors are contacted by OPIE to schedule a preparation meeting. Prior to this meeting, decisions are made about the Unit Review Chairperson and a team is chosen. Also, prior to the meeting, a series of questions is provided to the team to consider. At the meeting, a brainstorming session will occur to flesh out the units functions and goals, consider what data is available to analyze, determine what the standard data package will include, and initialize discussions about potential external reviewers.

May-July
The Unit holds meetings and/or a retreat to finalize a list of data necessary for the review, to review the standard data package provided by OPIE, and to finalize a list of external reviewers.

August-October
In addition to filling out the AES Unit template, the Unit reaches out to the external reviewers to secure their participation and begin preparations for the site visit.

End of October
The external reviewers commit to an official date between January and March. The template, up to the completion of the external reviewers report is completed and forwarded to the AAC for review.

November
The AAC reviews the document utilizing a rubric and submits any recommendations to OPIE. Representatives from OPIE will set up a meeting with the committee to discuss the recommendations. Any changes need to be made quickly, depending on the visit date as a final report, up to the external reviewer response, must be provided to the reviewers no later than two weeks before their visit.

January-March
External reviewers conduct the site visit and meet with stakeholders, view operations, and observe any activities deemed to be mission critical. While the review team will provide an oral exit report, they are expected to provide a formal written report to the unit within two weeks. The unit should take all of the internal recommendations from the self-study and compare them against those from the external reviewers immediately after receiving the reports.

March
The unit should finalize the report and meet with senior leadership, executive deans, OPIE, and other appropriate stakeholders to discuss the report and action plan(s). Additionally, the report must be sent forward to the AAC subcommittee on AES Unit review prior to the end of the month.

April
At the AAC end of year meeting, the AES subcommittees will be presenting their results and individuals involved with the AES Unit review are invited to attend and provide their own evaluation of the process.

May
Any recommended changes are brought before the Joint Planning and Assessment Council (JPAC). In addition, the final reports from the AAC are sent to JPAC.

July-December
The AES Units work with the senior leadership, executive deans, OPIE, and other appropriate stakeholders to implement the action plans and will document progress using the action plan calendar and annual assessments. Templates are available on the OPIE webpages.

2. Evaluation Model/Template

The AES Unit Review contains the following:

I. *History/Context*
II. *Unit Overview*
III. *Staffing*
IV. *Assessment and Planning*
V. *External Review*
VI. *Final Conclusions*
VII. *Action Plans*

Templates are available on the OPIE webpages.

3. Responsibilities

The Vice President for Planning and Institutional Effectiveness oversees the Unit Review process, specifically through the Director for Planning and Institutional Effectiveness and the

Executive Director for Planning and Institutional Effectiveness. Vice Presidents or AES unit supervisors provide support throughout the process.

4. Review of the Process

The process used in AES unit review is assessed by the Vice President in charge of the area in collaboration with the Office of Planning and Institutional Effectiveness. The Assessment Advisory Council reports on its review of the process to the JPAC.

5. Communication of Results

The Director of Planning and Institutional Effectiveness will discuss the review and recommendations with the Vice President and/or the supervisor responsible for the unit. Results of this process are communicated to the unit by the unit supervisor.

F. Annual Assessment of Outcomes in AES units

Given the need for continuous improvement, these units engage in an annual assessment of their learning outcomes, support or administrative outcomes. Over the period of seven years, they have an opportunity to ensure continuous improvement through assessment of these outcomes, planning based upon the results, and budget requests which are enhanced through the utilization of assessment and planning information.

1. Cycle/Timeline: Annual

2. Assessment Model/Template

The AES Assessment and Planning Template includes:

I. *Identification of institutional goals associated with the unit's mission;*
II. *Outcome(s) identified for assessment during the current year;*
III. *Methods of assessment – a description of the methods that will be used to conduct the assessment, which include both a direct and indirect measure;*
IV. *Data Collection Plan – a description of data to be collected and how it will be analyzed;*
V. *Criteria for Success – an identification of the metric that will be used to determine if the assessment was successful;*
VI. *Analysis of Results – an identification of the findings to include a comparison with the established criteria for success;*
VII. *Discussion and Conclusions – a description of what conclusions, based upon unit-wide discussions of the assessment assignment, can be made regarding the results;*
VIII. *A proposed action plan for the following year to include activities to be conducted and budget implications;*
IX. *A review of previous action plans to include an analysis of the results, conclusions, and further actions;*

Upon completion, units will utilize the AES Annual Assessment Action Planning Template to track progress. The template is available on the OPIE webpages.

3. Responsibilities

The Vice President for Planning and Institutional Effectiveness is responsible for the oversight of the annual assessment within AES units, specifically through the Executive Director for Planning and Institutional Effectiveness. Vice Presidents or AES unit supervisors provide support throughout the process. This office is also responsible for providing support to units in the development and analysis of assessment assignments.

4. Review of the Process

In addition to the Office of Planning and Institutional Effectiveness and each unit involved, the Assessment Advisory Council reports on its review of the assessment process to the JPAC.

5. Communication of Results

The unit supervisor or his/her official designee for assessment is responsible for communicating the results of each assessment activity and any follow-up activity to the unit as well as to OPIE.

VIII. OPERATIONAL PLANNING

An assessment cycle requires more than collecting and reporting data; the information must be used as a basis for action directed at improving outcomes. Within the College's institutional effectiveness model, this planning process is labeled operational planning. Suffolk County Community College has two parallel operational planning processes. The first process represents the yearly operationalizing of the strategic plan and is implemented centrally. Currently, the College has 16 MIOs and the annual development of operational plans at this level is based upon implementing a plan to accomplish these MIOs or an IG in the absence of an MIO. These plans are monitored by the Vice Presidents with responsibilities that fall under the given MIO or IG and they identify administrators within their areas to develop operational initiatives and assess the impact and effectiveness of these plans. The template designed to streamline and guide this process and the guidelines for Operational Planning can be found on the Strategic Planning section of the OPIE webpages.

In examining the template, central operational planning includes the following:

1. Timeline

Operational planning centrally, given its intricate connection to the budgeting is aligned to the fiscal calendar (September – August). The operational planning year is broken into three segments to allow for the tracking of progress of the action plans. Expectations for each segment are as follows:

September-October

The responsible executives are charged with developing an inventory of action plans that are associated with achievement of the specific MIOs. Early in the process, a meeting is held with all responsible executives and OPIE to discuss alignment of the goals and outcomes. It is expected that the executives will go back to their teams to discuss potential collaborations and to determine a final list of ***prioritized*** plans to be included in the Operational Plan. During the first week in October, OPIE meet with the executives to evaluate the linkage to the MIOs and to determine which plans connect to performance indicators. The executives then complete the

first template, send it to OPIE for inclusion in a comprehensive first segment plan, and each then meet with the President in a one-on-one meeting to discuss the plans. Only after the President has reviewed the plans will the Operational Plan be deemed official. The plan is sent forward to the SPC for review.

October-January
After plan has been approved, the responsible executives track progress on each of the action items. They consider the impact of the plans, where potential problems lie, what solutions are in place to remedy concerns, and incorporate, where applicable, recommendations from the SPC. A template for completing the first report is forwarded to the executives at the beginning of January and they are expected to forward their information to OPIE before the end of the month so that a comprehensive first report can be sent to the President. This information will be discussed with the President and forwarded to the SPC for review. The information in this report may be used to inform budgeting and resource allocation in each division as budgets are prepared for the next fiscal year.

February-May
The second report is similar in that it presents an opportunity to track and communicate progress. Information, based on a completed template, will be sent to OPIE to assemble the second report, forwarded to the President, and sent to the SPC.

June-August
While the first two reports track progress, the third report is evaluative in nature. The responsible executives are expected to identify the overall success (meeting of criteria) for each of the action plans. They will discuss the impact and potential of the plans that succeeded, to identify why certain plans did not work and develop action plans, where appropriate, to remedy the problems, and to speak to a general direction that can be established based upon an overall evaluation of the plans. This information will be sent to OPIE for inclusion in a yearly institutional effectiveness report that details the progress of the College's various planning and assessment efforts. Finally, the SPC will be providing an independent reaction to the results and will present this information to the President. Information gleaned from the completion of the final reporting template and subsequent SPC report should be utilized in the budgeting process for the next fiscal year. The timeline of assessment and planning activities, and their connection to the budgeting cycle are found in Appendix H.

2. Planning Model/Template
In addition to the associated goal, objective and responsible administrator, the operational planning template consists of two sections: *Operational Initiatives* and *Assessment*.

The Operational Initiatives section provides:

a. A description of the activity undertaken to accomplish the listed objective and the area (unit, department, division) for which the activity is planned;

b. The lead responsibility to make sure the initiative is accomplished;

c. The support, guidance, and resources needed to accomplish the initiative.

The Assessment section provides:

d. The method employed to determine how the achievement of the objective will be assessed or evaluated;

e. The target, indicating what results will indicate that the objective has been achieved;

f. The timeline of when the achievement of the objective will be assessed, and when results will be communicated;

g. The value of the activity, indicating what decisions evaluation or assessment will help the college make;

h. In addition, the template includes a section to describe follow-up. Follow-up presents the connections between the initiatives and their part in overall planning, including budgeting.

3. Responsibilities

Each Institutional Goal has listed a designated responsible executive, and each Measureable Institutional Objective has listed a designated responsible administrator. Each Operational initiative developed lists the individual(s) with lead responsibility to oversee the initiative.

4. Review of the Process

The method/process used in Operational Planning is assessed by the Strategic Planning Council for college-wide plans, and the Assessment Advisory Council for campus-based plans.

5. Communication of Results

Those charged with administrative responsibility and with lead responsibility for each initiative report results to the appropriate council. The Strategic Planning Council and Assessment Advisory Council will report findings after the assessment of methodology/process and results. The reports will be filed in TracDat, the assessment management platform used by the College. All operational planning documents are available on the OPIE webpages.

The second process, operational planning at the campus level, leads to the development of action plans and occurs at the academic program and unit level and is guided by the institutional goals. More specifically, the academic programs all have program-level student learning outcomes and these outcomes, as well as the unit goals within the AES units, are anchored to the institutional goals. Given this relationship, yearly assessment of the SLOs and the SOs, which drives planning and resource allocation, allows for all programs and units to drive the assessment of institutional effectiveness through an evaluation of how effectively the College is achieving its institutional goals. The process of operational planning at this level was addressed in the section on institutional assessment because the templates used to guide the annual academic and AES assessments include information on operational planning.

IX. RESOURCE ALLOCATION

Effective allocation of resources, financial and personnel, is vital to the realization of Suffolk County Community College's mission. Through continuous improvement that results from the use of assessment data to inform planning, the academic programs and AES units are better positioned to achieve outcomes and so, the goals of the area as well as the College. Without effectively deploying resources to implement and assess the plans, however, the plans will not be successful. The resources needed may include additional monies through the budget allocation process, but may also be available through reallocation of current finances and human resources.

Budget Development

In October of each year, the Vice President for Business and Financial Affairs sends to all operating units in the College a memorandum that establishes the format and guidelines for budgetary considerations. Each unit is asked to establish priorities in line with the expanded statement of institutional purpose and within the scope of available resources. These priorities are used as determining factors in building the budget. Each unit submits its budget request by December 31. The Budget and Planning Committee then meets with the campus executive deans and central operating units to discuss their individual requests. At that time, information justifying the proposed budget is presented. The request must demonstrate how proposed expenditures tie into the College's mission and institutional goals.

After the budget proposals are presented, their information is summarized and reviewed by the President and the President's Cabinet. Decisions are then made within the context of available funding with respect to the requests received. If necessary, the campus executive deans and central administrators may be asked to revise their budgets based on new information such as the budget gap, available revenue, and other cost factors.

In March, budget information is brought before the appropriate committees of the Board of Trustees for preliminary review and to then to the full Board at the monthly meeting where the Board of Trustees provides its formal input. Following any subsequent modifications and review, the budget request is again brought before the Board of Trustees in April for approval. If the Board approves the budget, it is delivered to the Office of the County Executive. If, on the other hand, the Board amends the budget at its April meeting, the budget is modified, after which it is submitted to the County Executive.

Following its submission, the College will meet with the County Executive and County Legislature to discuss the College operating budget request. No later than May 31st, the County Executive submits his recommended budget total, and other budget recommendations, to the County Legislature, which then forwards the recommended budget total to the Legislature. The Legislature Budget Review Office reviews the College budget and makes a recommendation to the County Legislature.

On or before the beginning of August, the Legislature will approve, or disapprove, the College's operating budget total, followed by the County Executive's approval, or disapproval, of the budget total. (If vetoed by the County Executive, the County Legislature may reconsider the College's budget request.) The County Executive then has ten days to approve or veto the amended budget.

After the County approves an operating budget total for the College, the College Board of Trustees takes any and all necessary actions to assure that the College budget is balanced and enacted only as a balanced budget. This may require line-item adjustments by the College to bring expenses and/or revenues into balance with the County budget total as adopted by the Legislature.

The College ensures that assessment results and planning guide resource allocation. This is demonstrated through budget priorities, which include linking budgeting to planning and the use of assessment results, such as:

- Projected enrollment;
- Class size and space utilization;
- Current year level of appropriations and revenue;
- Current year monthly expenditure and revenue analysis;
- Historical and industry indicators projecting health insurance costs, retirements, terminal pay, vacancies to be filled;
- MIO's;
- Contractual salary obligations;
- Policy direction by the President and the Board of Trustees.

In addition to these institutional budget priorities, the budgeting process is impacted by yearly planning guided by the assessment (learning, support, and administrative outcomes). The yearly budget request forms, require managers to indicate which institutional goals are attached to each request, line-by-line. The operational plans that emerge from yearly assessments require academic programs and units to link additional budget requests to the previous year's assessment.

While this section addresses the College budgeting development and implementation process, it is important to consider existing budgetary allocations. The allocation of new monies to assist with the achievement of outcomes and objectives is an important facet of institutional effectiveness; however, new dollars are not the only financial resource that needs to be strategically allocated. Given a leaner fiscal environment with decreases in public funding (federal, state, and local), reallocation of existing monies is more likely. Reallocation of existing dollars is an effective indicator of planning informed budgeting as well because programs and units will only reallocate their existing dollars if in the best interest of the area.

Non-Budgetary Allocations

Budgets are the most visible form of resources for assessment and planning; however, the most valuable and strategically important resource at the college are the faculty, staff, and administrators. While the results of the operational planning process may detail the need for additional personnel lines, the greater likelihood is that the activities or initiatives will need to be carried out by existing personnel. This reality leaves the programs and units with the sole option of reprioritizing key responsibilities. For instance, a staff member tasked with one project may need to take over as the lead for a project tied to the achievement of a given support outcome prioritized in the prior year's action plan. The efforts, time, and commitments of personnel are important resources, which, must be strategically deployed to achieve the results desired through the assessment, evaluation, and planning processes.

X. INTEGRATED PLANNING

The last phase of institutional effectiveness identified in the College's model is the evaluation and use of results – this is the element of institutional effectiveness that ensures that integrated planning pervades every area of the College. Rather than a plan, integrated planning reflects an institutional approach to planning that incorporates assessment, planning, and resource allocation for the purpose of moving toward the realization of the mission (institutional effectiveness). Within Middle States, no standard speaks more directly to integrated planning than Standard 2 – *Planning, Resource Allocation, and Institutional Renewal*.

This standard states that colleges must "utilize the results of its assessment activities for institutional renewal" and "conduct on-going planning and resource allocation based on mission and goals." Given the changing expectations in the external environment, the College has continued to enhance its integrated planning approach.

Figure 2: the Integrated Planning Model

The model presented above demonstrates that all planning efforts are rooted in assessment and that assessment is both continuous and drives institutional effectiveness. Integrated planning relies on continuous assessment since the appropriate deployment of resources is only possible through the use of assessment results that drive the development of operational plans – plans which will be implemented and assessed for effectiveness and further resource allocation needs. It is indicative of a continuous improvement cycle dependent upon all three planning phases that are guided by regular assessment. Regarding the interconnections between the planning efforts:

- Strategic Planning and Operational Planning – The strategic plan includes the MIOs that secure operational planning at the institutional level (central) as well as the institutional goals which anchor the program-level student learning outcomes and AES unit outcomes assessments on the campuses. Conversely, results from the operational plans will be used to assess the appropriateness of the institutional goals and the MIOs.

- Strategic Planning and Resource Allocation – Resources, including operational funds, are directed at achieving the MIOs.

- Operational Planning and Resource Allocation – Resources, including operational funds, are directed at achieving the institutional goals, both at the institutional (central) and campus levels.

Institutional effectiveness simply cannot be evaluated adequately without a comprehensive integrated planning process. This integrated planning approach, which is reflected in the graphic above, provides the framework for the College's institutional effectiveness model. A comprehensive calendar of activities is found in Appendix H.

XI. ASSESSING THE CAPIE

To ensure that the Comprehensive Assessment Plan for Institutional Effectiveness remains a vital, relevant, and useful document, it will undergo regular assessments, both formally and informally. Formally, there are three methods used to make necessary modifications to the document. These include:

1. The AAC, through its subcommittees, will be providing recommendations based upon a review of the various assessment processes. The subcommittees were developed to ensure that every annual and periodic SLO/SO assessment and related evaluation process is reviewed and revised as necessary. As a regular part of the subcommittee meetings, members should be examining how the process can be improved. Recommendations then come to the full AAC and, with agreement by the majority of the body, go forward to JPAC. After the vote, recommendations go to the President.

2. While the SPC is not charged with reviewing the implementation of the CAPIE, the body is asked to review and recommend improvements to the operational planning (central) portion of the document. As the body responsible for reviewing the operationalization of the strategic plan, it is best equipped to provide a thorough review of the entire process. As with the AAC, recommendations from the SPC come to the JPAC for approval and then are forwarded to the president.

3. In addition to the regular review of processes, the AAC is responsible for providing a comprehensive, periodic evaluation of the document every five years. This process represents an evaluation of the document in that a judgment, informed by a rubric, is made as to the overall value, quality, and appropriateness of the CAPIE.

The College also engages in assessment of the CAPIE through informal means. The AAC readily accepts recommendations for change from the faculty, staff, and administrators engaged in the various assessment and evaluation activities. Often, the individuals best equipped to understand and address any weaknesses are those engaged in the effort. As part of the review process, the AAC co-chairs send out a memo asking for any recommendations and comments regarding the units' recent assessment and planning efforts. All recommendations are then brought back to the full body and, with majority approval, move forward to the JPAC for approval and are then forwarded to the President.

XII. CONCLUSION

The CAPIE is an omnibus document that reflects Suffolk County Community College's commitment to institutional effectiveness. It also demonstrates the College's dedication to maintaining an institutional culture of assessment that continually enhances the teaching and learning environment as well as decision-making processes across the institution. This document is a compendium of information about the assessment of institutional effectiveness at the College and, as such, provides the tools, terminology, and guidance to assist the faculty, staff, and administrators responsible for all assessment, evaluation, and planning efforts. To further strengthen the document, important tools that include the various templates, inventories, and the cycles of planning and assessment have been included or are readily available on the OPIE webpages.

Central to this document is the institutional effectiveness model, which explains each of the elements required for comprehensive assessment of institutional effectiveness, but also how each element connects with and influences the others. The model illustrates the following:

- The strategic plan drives all planning activities through the mission, vision, goals, and objectives;
- The assessment of student learning drives the operational planning process;
- The operational plans require the appropriate resource allocations;
- Resource allocations allow for the evaluation and use of results;
- That the information gained allows for continuous improvement

This document represents the best efforts of the College as well as an understanding of external expectations regarding planning and assessment. The CAPIE continues to be one of the foundational documents at Suffolk and is one which will be used to ensure that College maintains its status as a College of Excellence. The underlying philosophy regarding the CAPIE is that it is a living document that depends upon assessment to ensure its continued applicability and relevance. As the College learns from its assessment and planning efforts, both about what is and what is not working, the document will inevitably change as part Suffolk County Community College's commitment to continuous improvement of the teaching and learning environment.

APPENDIX A: INDEX OF ASSESSMENT AND PLANNING TERMS

Academic Program Review: A periodic self-study process for instructional programs that results in the gathering of assessment and other pertinent information, from both internal and external constituents, for the purpose of formulating recommendations aimed at programmatic improvement.

Action Plan: A description of activities to be undertaken as the final step of the assessment and program/unit review process. Proposed activities should be developed to learn from and improve upon the results of the previous year.

Activity: An event designed to affect a specified outcome. Activities occur as components of courses in instructional programs and as extracurricular events in non-instructional programs; or they can occur independently from programs.

AES Unit Review: A periodic self-study process for AES units that results in the gathering of assessment and other pertinent information, from both internal and external constituents, for the purpose of formulating recommendations aimed at unit improvement.

Assessment: The process used by the College to continually assess the degree to which the student learning and support outcomes of each academic program and AES unit are being achieved. The overarching purpose of assessment is to determine how effectively outcomes and goals are being achieved for the purpose of developing action plans to improve the results. Assessment is never about passing or failing, DOES NOT represent an evaluation of faculty or staff, and does not pass judgments on faculty, staff, or students, but rather provides an opportunity to thoughtfully examine whether outcomes are being achieved and develop interventions to enhance student success, the environment for student success, and the backbone operations of the College.

Assessment Advisory Council (AAC): Institutional body responsible for reviewing the implementation of the CAPIE, providing reviews of academic program and AES unit assessments and evaluations, and providing support and institutional leadership over assessment.

Assessment Plan: A document that specifies the goals and outcomes of an academic program of unit, where, how, and when the outcomes will be assessed, an analysis of results, documentation of a discussion, and presentation of recommendations that will inform the action plan.

Assessment Tool/Activity/Method of Assessment: The process which an academic program or AES unit will use to determine whether a student learning or support outcome is being achieved.

Baseline: A metric which represents performance from a historical perspective. This number is important in determining appropriate criteria for success because it provides the academic program or unit with an established standard for success.

Criteria for Success: A standard against which performance on an assessment measure or key performance indicator can be evaluated (i.e. an academic program has experienced an X% graduation rate over the previous five years and would like to see the rate increase by 5% over the next 3 years).

Comprehensive Assessment Plan for Institutional Effectiveness (CAPIE): A plan that brings all units of the college into the assessment and planning processes for the purpose of appropriately deploying resources, utilizing and integrated planning approach, to determining the extent to which the institution is accomplishing its mission (institutional effectiveness).

Course: An organized series of instructional and learning activities, dealing with specified subject

matter, designed to affect specified learning outcomes.

Data: Factual information, such as observations or measurements – especially such information organized for analysis or used to reason or make decisions.

Evaluation: 1) The part of the assessment process that uses professional judgment to form conclusions about the data; 2) using assessment information in combination with professional judgment to make appropriate decisions about what has been assessed.

Goal: A broad institutional, unit, or program aim (e.g., to enhance student success or to provide community service), deriving from the institution, unit, or program's mission and which drives the institution's objectives and academic program/AES units' student learning and support outcomes. Goals answer the question of what the program or unit expects to achieve.

Indicator: A specific measure or observation that is used to ascertain progress in achieving an objective (e.g., fall-to-spring retention of first-time full-time students as an indicator of first-year retention rate.).

Institutional Effectiveness: The ability of an institution to achieve its stated mission and goals.

Joint Planning and Assessment Council (JPAC): Institutional body constituted by the full memberships of the AAC and SPC for the purpose of ensuring that planning and assessment efforts are aligned, results and recommendations are communicated, that all processes and procedures are review, maintaining a recommending body that can approve changes.

Key Performance Indicator (KPI): A measure that describes a critical, widely recognized outcome of a mission—one that is clearly responsive to key constituent groups and is produced regularly.

Measurable Institutional Outcome (MIO): The College's MIOs evolve out of the strategic planning process and reflect the strategic priorities over a given period of years. They represent what objectives will be prioritized and assessed and also demonstrate institutional accountability. These objectives must be driven by the institutional goals, demonstrate measurability, have well-defined criteria for success, be connected to yearly activities, and reviewed regularly by the SPC.

Mission: A succinct, broad declaration of purpose: who you are, what you do, whom you do it for, and perhaps a glimpse into how or why you do it. Mission statements can be expressed in a single sentence; and although they may include multiple sentences, mission statements should never be lengthy. In addition, the program or units' goals should clearly be reflected in the mission. *Note that a unit or a program's mission statement needs to be anchored to and support the institutional mission, goals, and outcomes.*

Operational Plan: While operational planning at SCCC includes two separate processes (see below in operational planning), the College's Operational Plan is a report which identifies, on an annual basis, which activities will be examined given their ability to assist the College in achieving the MIOs. The accountability for these plans resides at the executive level and includes a description of the activity, identification of key team members and support, determination of the criteria for success, analysis of the results, and, where necessary, establishment of plans to improve results in the next cycle..

Operational Planning: At Suffolk County Community College, operational planning is reflective of a parallel process. Centrally (a.k.a. the College's Operational Plan), the plan represents the operationalization of the strategic plan and includes a series of annual plans designed to move the College towards achievement of the MIOs. At the program/unit level, operational planning encompasses the use of annual assessments to measure the degree to which outcomes and goals are being achieved. Centrally,

the plans connect to the MIOs while at the program/unit level, they connect to the goals.

Outcome: The anticipated consequence of some program, course, activity, or intervention. It should be noted that the broad term student learning outcomes (SLOs) are common to colleges, however, at the College, the outcomes are distinguished by the level in which they are assessed.

Course-level Student Learning Outcomes (CLOs):
Outcomes at this level reflect the affective (behavioral), cognitive, (knowledge) and motor (skills) growth expected as a result of finishing the course.

Institution-level Student Learning Outcomes (ILOs): Outcomes at this level reflect the affective (behavioral), cognitive, (knowledge) and motor (skills) growth expected as a result of attending and graduating from Suffolk County Community College.

Program-level Student Learning Outcomes (PLOs): Outcomes at this level reflect the affective (behavioral), cognitive, (knowledge) and motor (skills) growth expected as a result of finishing the course.

Support Outcomes (SOs): These outcomes do not reflect expectations regarding student learning, but rather the expectations of the AES unit. While the goal indicates what functions the unit engages in, the SOs communicate how the unit expects to achieve its goals. These outcomes can reflect indirect support of student learning, direct support of the student learning environment, or backbone operations critical to the College.

Planning: An integral part of the College's ability to document institutional effectiveness. While assessments look at what has been accomplished, plans (i.e. strategic, operational, action, etc.) are forward looking. They not only present the expectations of the institution, program, or unit, but detail the process by which these expectations will be met or exceeded.

Program: A sequence of courses or a sequence of activities that are designed for a specific purpose.

Instructional Program: An instructional program refers to the formal educational requirements (i.e., courses) necessary to qualify for a certificate or a degree. A program includes general education or specialized discipline-specific study, or both. Instructional programs also entail components necessary for or associated with their operations, such as, personnel, facilities, equipment, extracurricular activities, etc.

Non-Instructional Program: A non-instructional program refers to a formal sequence of activities designed to promote student learning in extracurricular environments. Non-instructional programs often focus on the student development aspects of student learning. Examples include activities related to student government, the student press, career exploration, athletics, student clubs, cultural awareness, etc.

Programmatic Activities: Activities conducted so that programmatic goals, outcomes, and objectives may be achieved and measured.

Strategic Plan: The College's foundational and most important plan. The strategic plan highlights the institution's mission, goals, and outcomes, documents the processes used to review and revise these statements, introduces the KPIs, and sets the direction for a given period of time. The operational plan (central) is the vehicle which operationalizes the strategic plan.

Strategic Planning: A comprehensive, inclusive, and pervasive process utilized to both develop the strategic plan and monitor the effectiveness of its implementation. The process includes significant quantitative and qualitative data gathering, extensive conversations with stakeholders, a review of internal and external conditions, a SWOT analysis, and a thorough examination regarding the relevance and

appropriateness of the mission, goals, and outcomes.

Strategic Planning Council (SPC): Institutional body responsible for the strategic planning process, reviewing the implementation of the College's operational plan, providing reviews of the action plans for each MIO, and providing support and institutional leadership over strategic planning.

Unit: An element of an institution's organizational structure that is characterized by either a dedicated budget or by its responsibility for a specialized function. At Suffolk County Community College, these elements are known as Administrative and Educational Support (AES) units and reflect the breadth and scope of the College's mission. The functions of some units may extend to more than one of the following categories:

- **Administrative Units:** Provide essential services that maintain institutional operations. These divisions affect instructional programs indirectly. Examples include the Financial Aid Office, Plant Operations, the Business Office, the Registrar, Human Resources, Enrollment Management, Public Safety, Institutional Effectiveness, etc.

- **Educational Support Units:** While not primarily instructional, they contribute directly to student learning or to instruction. Examples of educational support units include Counseling Centers, Academic Skills Centers, the Library, Information Technology, Campus Activities, etc.

- **Community Outreach Units:** Benefit members of the county and represents members of the College community that could, but don't necessarily have an administrative or educational support mission. Examples include Workforce Development and Special Events.

Return to page 4 of document

APPENDIX B: ACRONYMS CONTAINED WITHIN THE CAPIE

A.A. – Associate of Arts
A.A.S. – Associate of Applied Science
A.S. – Associate of Science
AAC – Assessment Advisory Council
AACC – American Association of Community Colleges
AVP – Associate Vice President
AES – Administrative and Educational Support Units
BRO – Budget Review Office
CAPIE – Comprehensive Assessment Plan for Institutional Effectiveness
Cert. – Certificate
CLO – Course-level Student Learning Outcome
FTFT – First-Time Full-Time Student
GEAR – General Education Assessment Review
IE – Institutional Effectiveness
IG – Institutional Goal
ILO – Institution-level Student Learning Outcome
JPAC – Joint Planning and Assessment Council
KPI – Key Performance Indicator
MIO – Measurable Institutional Objective
MSCHE – Middle States Commission for Higher Education
OCE – Office of the County Executive
OPIE – Office of Planning and Institutional Effectiveness
PLO – Program-level Student Learning Outcome
SLO – Student Learning Outcome
SMART – Specific, Measurable, Achievable, Results-oriented, and Time Bound
SO – Support Outcome
SPC – Strategic Planning Council
SWOT – Strengths, Weaknesses, Opportunities, and Threats
VP – Vice President

Return to page 4 of document

APPENDIX C: ACADEMIC PROGRAM-REVIEW CYCLE AND SCHEDULE: 2012–2020
For Non-externally Accredited Programs

2012–2013				
Program[1]	**A.A.**	**A.S.**	**A.A.S.**	**Cert.**
Business: Marketing (G)			X	
Fire Protection Technology (A)			X	
Fitness Specialist (A)		X		
HVAC/R (G)			X	X
LAS: Social Science (AG)	X			
Manufacturing Technology (G)			X	
Photographic Imaging (EG)			X	

2013–2014				
Program	**A.A.**	**A.S.**	**A.A.S.**	**Cert.**
Accounting (AEG)		X	X	X
American Sign Language (A)			X	
Criminal Justice (AEG)		X		
Engineering Science (A)		X		
LAS: General Studies (AEG)	X			
LAS: Science (AEG)		X		
Music (A)		X		
Radio & TV Production (A)			X	

2014–2015				
Program	**A.A.**	**A.S.**	**A.A.S.**	**Cert.**
Business Administration (AEG)		X	X	
Business Admin. Online (AEG)			X	
Electrical Technology (A)			X	
Interior Design (E)			X	
Theatre Arts (A)		X		
Visual Arts (AG)		X		

2015–2016				
Program	**A.A.**	**A.S.**	**A.A.S.**	**Cert.**
Chemical Dependency Counseling (G)			X	
Comm. & Media Arts: Journalism (A)	X			
Construction Technology (A)			X	
Culinary Arts (E)			X	X
LAS: Humanities (A)	X			
LAS: International Studies (AEG)	X			

[1] A = Ammerman Campus, E = Eastern Campus, G = Michael J. Grant Campus

2016–2017				
Program	**A.A.**	**A.S.**	**A.A.S.**	**Cert.**
Business: Retail Management (A)			X	X
Computer Science (A)		X		
Early Childhood Education (AEG)		X	X	
Human Services (A)		X		
Information Technology (AEG)			X	X
LAS: Women's & Gender Studies (A)	X			

2017–2018				
Program	**A.A.**	**A.S.**	**A.A.S.**	**Cert.**
Communication Studies (AEG)	X			
Computer Art (E)			X	
Emergency Medical Technician (A)			X	
Graphic Design (E)			X	
Hotel & Resort Management (E)			X	X
LAS: Education (AEG)	X			

2018–2019				
Program	**A.A.**	**A.S.**	**A.A.S.**	**Cert.**
Business: Information Processing (AG)			X	X
Business Management (AEG)				X
Business: Office Management (AEG)			X	
Drafting [CAD] (A)				X
Fitness Specialist (A)		X		
LAS: Mathematics (A)	X			

2019–2020				
Program	**A.A.**	**A.S.**	**A.A.S.**	**Cert.**
Business: Marketing (G)			X	
Fire Protection Technology (A)			X	X
HVAC/R (G)			X	X
LAS: Social Science (AG)	X			
Manufacturing Technology (G)			X	
Photographic Imaging (EG)			X	

Rationale for Academic Program Review Schedule:

The Academic Program Review Schedule was designed to include all academic programs in a seven-year cycle of comprehensive evaluation, while not overburdening a particular department. Reviews are spread among degree types and campuses. At some points, programs with significant overlap have been grouped in the same year.

Revised August, 2015

Return to Page 11 of document

APPENDIX D: GENERAL EDUCATION ASSESSMENT SCHEDULE

2012-2013
Social Sciences
American History
Western Civilization
The Arts
Other World Civilizations

2013-2014
Basic Communication (oral)
Natural Sciences
Foreign Languages

2014-2015
Basic Communication (written)
Humanities
Information Management

2015-2016
American History
Mathematics
The Arts
Other World Civilizations

2016-2017
Basic Communication (oral)
Western Civilization
Foreign Languages
Social Sciences

2017-2018
Basic Communication (written)
Natural Sciences
Humanities
Information Management

2018-2019
American History
Mathematics
The Arts
Other World Civilizations

2019-2020
Basic Communication (oral)
Western Civilization
Foreign Languages
Social Sciences

The infused competency of Critical Thinking will be assessed as a component of each area assessment.

Return to page 13 of document

APPENDIX E: COURSE ASSESSMENT SCHEDULE

Suffolk County Community College Course Assessment Schedule

Course-level Assessments are used for courses that are not part of a program, the Program Review process, or General Education assessment.

Developmental level courses and College/Freshman Seminar courses (COL) are assessed using Course-level Assessments. The schedule of assessment activities is as follows:

2011-2012	ENG010 – Developmental Writing MAT007 – Algebra I
2012-2013	RDG099 – Reading in the Content Areas COL101 -- Freshman Seminar
2013-2014	ENG009 – Basic English Skills COL101 – Freshman Seminar (continued) MAT006 – Pre-Algebra and Algebra I
2014-2015	RDG098 – Introduction to College Reading COL105 – Personal Growth and College Life
2015-2016	Discipline-specific COL classes ENG010 – Developmental Writing MAT001 – Developmental Mathematics Skills

Return to page 16 of document

APPENDIX F: INVENTORY OF AES UNITS

	Campus	Central
Academic Skills Centers	X	
Admissions	X	X
Athletics	X	
Budgeting		X
Campus Activities	X	
Campus Business Offices	X	
Career Services	X	X
Computer and Information Systems		X
Continuing Education		X
Corporate Training		X
Counseling	X	
Disability Services	X	X
ETUs	X	
Employee Resources		X
EOP	X	
Facilities Support		X
Faculty And Professional Advancement		X
Financial Affairs		X
Financial Aid	X	X
Grants Development		X
Health Services	X	
Institutional Advancement		X
Institutional Effectiveness		X
Instructional Technology		X
K-12 Partnerships		X
Legal Services, Risk Mitigation, Affirmative Action		X
Library	X	
Plant Operations	X	
Procurement		X
Public and Fire Safety		X
Registrar	X	X
SCC Foundation		X
Special Events & Programs		X
Study Abroad		X
TRIO	X	
Writing Centers	X	

Revised May 2015

Return to page 17 of document

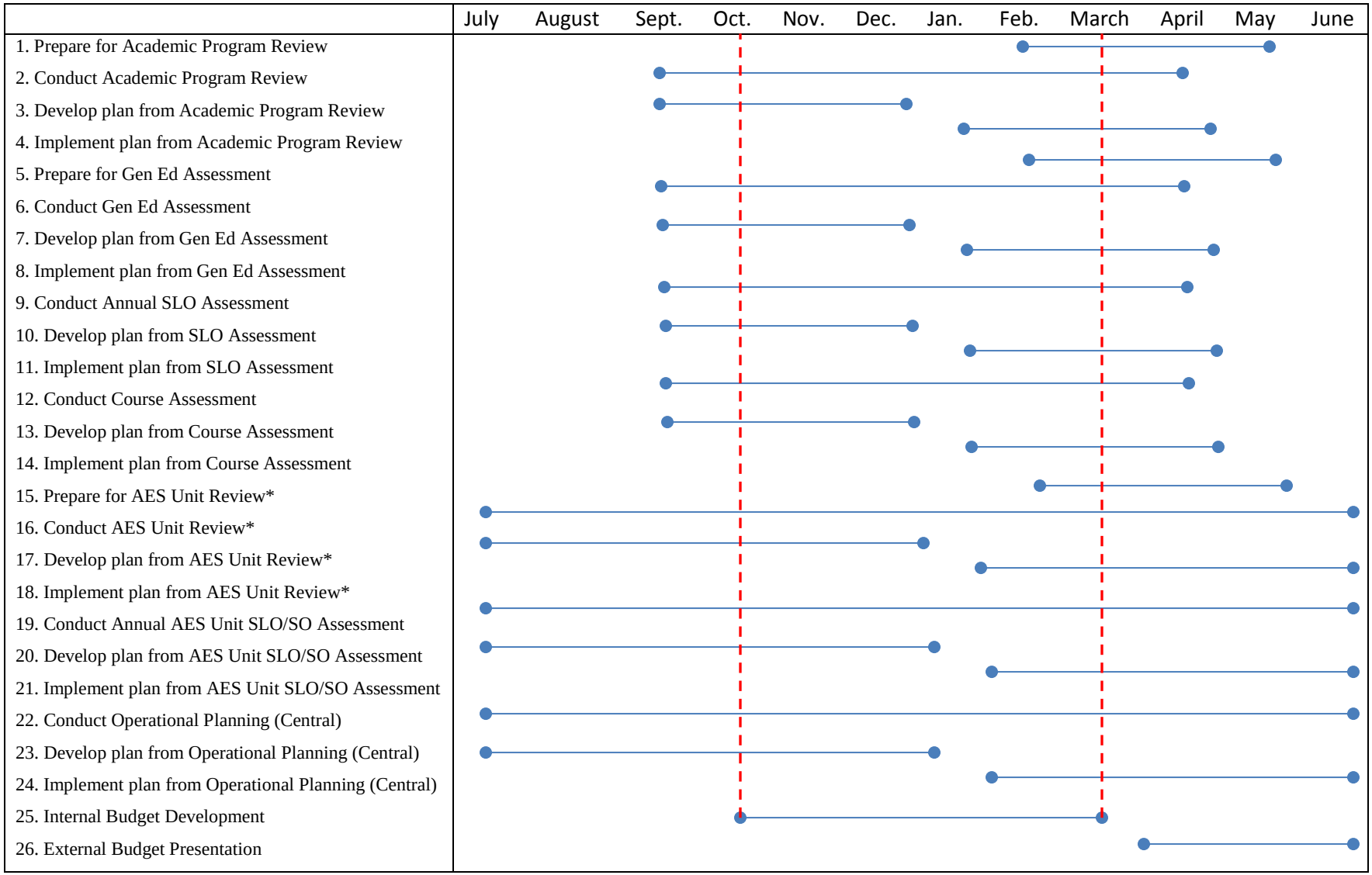
APPENDIX G: SEVEN-YEAR AES UNIT REVIEW SCHEDULE

Admissions	**2015-2016**
Computer and Information Systems	**2015-2016**
Corporate Training	**2015-2016**
Health Services	**2015-2016**
EOP	**2016-2017**
Financial Affairs	**2016-2017**
Institutional Effectiveness	**2016-2017**
Legal Services, Risk Mitigation, Affirmative Action	**2016-2017**
Public and Fire Safety	**2016-2017**
Budgeting	**2017-2018**
ETUs	**2017-2018**
Faculty And Professional Advancement	**2017-2018**
Financial Aid	**2017-2018**
Institutional Advancement	**2017-2018**
TRIO	**2017-2018**
Academic Skills Centers	**2018-2019**
Athletics	**2018-2019**
Campus Activities	**2018-2019**
Campus Business Offices	**2018-2019**
Employee Resources	**2018-2019**
Plant Operations	**2018-2019**
Counseling	**2019-2020**
K-12 Partnerships	**2019-2020**
Library	**2019-2020**
Procurement	**2019-2020**
Special Events & Programs	**2019-2020**
Study Abroad	**2019-2020**
Career Services	**2020-2021**
Continuing Education	**2020-2021**
Grants Development	**2020-2021**
Registrar	**2020-2021**
Writing Centers	**2020-2021**
SCC Foundation	**2021-2022**
Disability Services	**2021-2022**
Facilities	**2021-2022**
Instructional Technology	**2021-2022**

REVISED MAY 2015

Return to page 18 of document

APPENDIX H: COMPREHENSIVE INSTITUTIONAL EFFECTIVENESS TIMELINE



Note: The vertical broken lines indicate the beginning and ending of the budget development cycle. It is during this time frame that planning and budgeting overlap.

Return to page 11 of document Return to page 14 of document Return to page 22 of document Return to page 26 of document