Suffolk County Community College

# Comprehensive Assessment Plan for Institutional Effectiveness [CAPIE]

February, 2014

Suffolk
COUNTY COMMUNITY COLLEGE

## TABLE OF CONTENTS


Introduction 3
Principles of Assessment 5
Purpose of the CAPIE 5
Goals of the CAPIE 6
Institutional Effectiveness (IE) 6
Strategic Planning 8
*Mission Statement* 9
*Vision Statement* 9
*Institutional Goals (IGs)* 9
*Measurable Institutional Objectives (MIOs*) 10
Institutional Assessment 12
*Distinguishing Assessment from Evaluation* 12
*Academic Assessment and Evaluation* 13
Academic Program Review 13
General Education Assessment 16
Annual Assessment of Student Learning 17
Course Assessment 19
*Administrative and Educational Support (AES) Assessment and Evaluation* 20
AES Unit Review 21
Annual Assessments in AES Units 23
Operational Planning 24
Resource Allocation 27
Integrated Planning 30
Assessing the CAPIE 31
Conclusion 32
Appendices

*A. Inventory of Assessment and Planning Terms*
*B. Assessment and Planning Acronyms*
*C. Academic Program Review Schedule*
*D. Academic Program Review Template*
*E. General Education Assessment Schedule*
*F. General Education Assessment Template*
*G. Annual Assessment of SLOs Template*
*H. Course Assessment Schedule*
*I. Course Assessment Template*
*J. Inventory of AES units*
*K. Seven-Year AES Unit Review Schedule*
*L. AES Unit Review Template*
*M. AES Unit Review Action Planning Template*
*N. Annual Assessment in AES Units*
*O. AES Annual Assessment Action Planning Template*
*P. Operational Planning (Central) Template*
*Q. Yearly Budget Request Form*
*R. Comprehensive Institutional Effectiveness Timeline*

## 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 and valuing the College's continued efforts to achieve its mission and vision. The college community agrees with the 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."[1]

Sound and systematic institutional assessment practices facilitate communication and engage the College's various constituencies in a dialog that supports and encourages continuous institutional improvement. The *Comprehensive Assessment Plan for Institutional Effectiveness*, therefore, draws on several collaborative processes designed to elicit the judgment of respected colleagues in assessing and improving the quality of academic programs as well as the administrative support, educational support, and community outreach units. These processes involve staff, students, faculty, alumni, community members, College administrators, and external specialists in (1) gathering information about a unit, (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 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 has committed itself to continually improving its programs and services. In fact, this plan is connected directly to the Strategic Plan as the fourth institutional goal – *Institutional Effectiveness*. It sets the expectations for the integrated planning approach central to this document. Through the implementation of this assessment plan, the College further demonstrates its commitment to the idea 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, this document will be modified and appended.

Suffolk County Community College prides itself on a long tradition of assessment practices. Through program reviews (i.e., assessments of the major and Student Affairs program reviews), course assessments, external accreditation reviews, and a variety of surveys, the College has consistently demonstrated its commitment to maintaining its status as a College of Excellence. Building now on its existing assessment practices and philosophies, it is strengthening its ability to "close the loop." The College's CAPIE is based on the following:

[1] "Assessing Student Learning and Institutional Effectiveness: Understanding Middle States Expectations," Middle States Commission on Higher Education. Philadelphia: MSCHE, 2005.

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

The CAPIE, therefore, 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 already in place, 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. Both the administration and AAC will also work toward developing and maintaining effective communication of assessment data and decisions made as a result of that data to appropriate constituent groups. The CAPIE, therefore, assists in maintaining transparency in the institutional decision-making processes.

Finally, 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 four Middle States Commission on Higher Education (MSCHE) standards. The standards are as follows:

- Standard 2: Planning, Resource, Allocation and Institutional Renewal
- Standard 3: Institutional Resources
- Standard 7: Institutional Assessment
- Standard 14: Assessment of Student Learning

While other standards such as Standard 1 (Mission and Goals) and Standard 12 (General Education) were also important, the four aforementioned standards all explicitly address goals and outcomes, assessment, planning, allocation of resources, and the use of results for

continuous improvement. These elements are central to the ability to assess institutional effectiveness and each will be addressed in more detail throughout the document.

## PRINCIPLES OF ASSESSMENT

Assessment, at its core, is about gathering the information necessary to ensure that the College is able to effectively plan and evaluate its overall effectiveness in achieving its mission. Assessment also involves a review and analysis of what students have learned. Concurrently, assessment evaluates the teaching and learning environment to continue classroom and institutional processes that cultivate education and instruction. This analysis includes data from a variety of assessment tools and measures, including the achievement of student learning outcomes. Assessment results and analysis provide guidelines for faculty and administrators to make adjustments and improvement in curriculum, teaching methods, and instructional activities. With the administrative and educational support units (AES) undergoing systematic assessment planning and closing-the-loop actions in tandem with the academic programs, the College is equipped to evaluate and ultimately improve the effectiveness of the whole institution. To assist the College community in this process, appendices providing an index of commonly used terms and acronyms have been included (Appendices A and B).

## PURPOSE OF THE CAPIE

Suffolk County Community College's comprehensive assessment planning process ensures the following:

1) systematic, ongoing assessment of the goals, objectives, and outcomes developed in support of the college's mission and
2) the delivery of assessment-result analyses to college decision makers and planners.

The CAPIE is designed to serve as a map that documents the assessments at the College as continuous outcomes-focused efforts that guide planning and resource allocation focused on the improvement of programs, services, student learning and institutional effectiveness. Additionally, this plan is in compliance with several of the Middle States standards, with an emphasis on Standard 7 (Institutional Assessment) and Standard 14 (Assessment of Student Learning) which expect member institutions to possess or 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

## 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

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

## INSTITUTIONAL EFFECTIVENESS

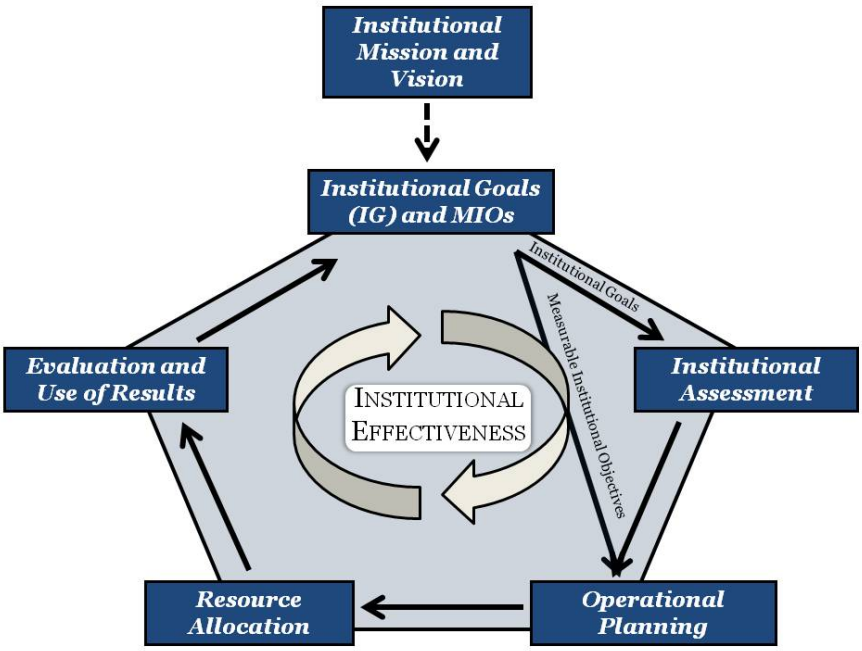
Based on a review of the literature, information from national agencies, a thorough examination of community college statements on institutional effectiveness, and guided by the context and needs of the College, Suffolk County Community College's definition of institutional effectiveness is as follows:

> *Institutional effectiveness (IE) 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 and Educational Support (AES) unit goals.*

The institutional effectiveness process integrates the institutional mission with planning and assessment, and with planning and budgeting cycles. In actuality, institutional effectiveness is

best understood through the connection among planning, budgeting, and assessment, each of which is essential to evaluating institutional effectiveness, since it is the integration of these distinct, yet interconnected processes, which provides the pathway for evaluation of institutional effectiveness. At the core of institutional effectiveness is the institutional mission, vision, goals, and measurable institutional objectives (MIOs), each of which are connected to and driven by the strategic plan. With strategic planning anchoring 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 that use assessment results to ensure continuous improvement throughout the College. Based on the established yearly action plans, units and departments target their budget requests based 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 then utilize the results in the subsequent cycles. In addition to this assessment, planning, and budgeting cycle completed at the program and unit level, the College has a parallel and nearly identical 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. Detailed below is a model illustrating all of the elements included within the College's model of institutional effectiveness, a model which is fully detailed throughout the remainder of this document.

**Figure 1: Suffolk County Community College Institutional Effectiveness Model**



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 substantial pool of information through TracDat, the College's assessment management system. TracDat is, fundamentally, a data repository system which contains the institutional mission, vision, institutional goals, and MIOs as well as the student learning outcomes at the institutional (ILO), program (PLO), and course (CLO) levels and the mission, goals, and outcomes of all AES units. The system allows the College to document the connections between all of these facets of the institutional assessment system.

One of the features of the system important to the College's assessment of institutional effectiveness is the ability to establish the connections reflective of an integrated approach to planning (described in detail in the integrated planning section of this document). Yearly assessments conducted for the purpose of operational planning are housed within the system as are the plans that emerge from the assessment activities. Additionally, the system allows for a connection to resource allocation so that the College can document not only that the results from assessments are leading to resource allocations though operational planning, but also that the effectiveness of resource allocation on improvement is demonstrated. In short, TracDat has proven to be a useful tool that has greatly enhanced the College's ability to assess its effectiveness.

## STRATEGIC PLANNING

A number of elements are necessary for the evaluation of institutional effectiveness. These include strategic and operational planning, assessment of student learning in the academic programs and AES units, and resource allocation. While all are key, strategic planning is both the driver and 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, institutionally through the measurable institutional objectives (MIOs) and at the campus level through the program-level student learning outcomes (PLOs) in the academic programs and the unit goals in the AES units.

Strategic planning is at the core of evaluating institutional effectiveness and enables the College to follow an integrated planning approach. Given that the strategic planning process results in the goals and objectives that anchor assessments, operational planning, and resource allocation, integration is not possible without strategic planning. The College's 2013-2020 Strategic Plan expounds upon these processes in greater detail and provides information on the development, implementation, and review processes; however, given the importance of the mission, vision, goals, and MIOs to the assessment of institutional effectiveness, they are presented within this document.

In order to ensure that the College is able to move forward seamlessly with a new strategic plan in 2020, during the 2018-2019 academic year, the College's President will initiate a cycle of preparation for the development of an updated strategic plan.

**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:**[2]

**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.

[2] Amended and Approved by the Board of Trustees, Suffolk County Community College, January 17, 2013

## Measurable Institutional Objectives:[3]

### 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

[3] Approved by the Board of Trustees, Suffolk County Community College, January 17, 2013

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.

## INSTITUTIONAL ASSESSMENT

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, however, 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 (detailed below), 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 evaluation. 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. Both of 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. <u>Suffolk County Community College Academic Program Review</u>

Academic program reviews "present evidence of the program's performance in light of the aspirations defined in the vision and mission[4]". Program reviews are *evaluations*, which lead to judgments and recommendations for action. One part of the evaluative

[4] *Guide for the Evaluation of Undergraduate Programs,* SUNY University Faculty Senate, 2012

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[5]". 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 to become 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 R.

   **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 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.

[5] *Guide for the Evaluation of Undergraduate Programs*

**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 and Student 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 and Student 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 and Student Affairs.

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

2. **Assessment Model/Template** (Appendix D)

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*

3. **Responsibilities**

The Vice President for Academic and Student 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 and Student 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.

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 E) 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 R.

2. **Assessment Model/Template (Appendix F)**
   The General Education Assessment Template contains the following components:

   Learning Outcomes/Objectives
   Assessed Courses/Learning Activities
   Assessment Measures and Methodology
   Performance Criteria

Assessment Results
Action Plan
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 and Student 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 Assessment Plan is conducted by the Office of Academic and Student 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 and Student 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.

## C. <u>Annual Assessment of Student Learning Outcomes</u>

The annual assessment of student learning outcomes, which is critical for the periodic academic program review, occurs through course embedded assessment anchored in the program's program level student learning outcomes (PLOs) and corresponding course level student learning outcomes (CLOs). 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** (Appendix G)

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, clearly 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).

3. **Responsibilities** –The Vice President for Academic and Student Affairs is responsible for the oversight of the Five-Year Program Assessment Plan, specifically through the Associate Vice President for Academic Affairs and the Dean 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 Dean 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.

## 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 H).

2. **Assessment Model/Template** – Course-embedded assessment uses a model similar to that of Annual Program-level Assessment (Appendix I). 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).

3. **Responsibilities --** The Vice President for Academic and Student 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 and Student Affairs may designate staff, as appropriate, to ensure that recommended actions are addressed.

4. **Review of the Process** -- The Office of Academic and Student 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.

**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 J and the delineation of differences is as follows:

- 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 K) 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 should be committed to an official date between January and March. In addition, the template, up to the completion of the external reviewers report should be 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 important 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 AES Unit Action Planning Template (Appendix M).**

2. **Evaluation Model/Template** (Appendix L)
   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*

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 Student Learning in AES units

Given the need for continuous improvement, these units engage in an annual assessment of their SLOs and SOs. 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** (Appendix N)

   The AES Assessment and Planning Template includes:

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

   Upon completion of the form, units will utilize the AES Annual Assessment Action Planning Template to track the progress of the plan (Appendix O)

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 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. This office is also responsible for providing support to units in the development and analysis of the 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.

## OPERATIONAL PLANNING

An assessment cycle requires more than simply collecting and reporting data; rather, the information must be used as a basis for action directed at improving the outcomes. Within the College's institutional effectiveness model, this planning process is labeled operational planning. As demonstrated in the aforementioned model, Suffolk County Community College has two parallel operational planning processes. The first process represents the yearly operationalization of the strategic plan and is implemented centrally. Currently, the College has 16 MIOs and since the annual development of operational plans at this level is based upon implementing a plan to accomplish these MIOs, there are sixteen plans per year. These plans are monitored by the Vice Presidents with responsibilities that fall under the given MIO 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 is found in Appendix P and the guidelines for Operational Planning can be found on the Strategic Planning Webpages. In examining the template, however, central operational planning includes the following:

**1.** Timeline

Operational planning centrally, given its intricate connection to the budgeting operates in alignment with the fiscal calendar (September – August). Additionally, the operational planning year is broken into four quarters to allow for the tracking of progress with the action plans. Expectations for each quarter are as follows:

**Quarter 1 (September-November)**

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 potential overlap between 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 that will be included in the SCCC Operational Plan. During the first week in November, OPIE will meet with the executives to evaluate the linkage to the MIOs and to determine which plans connect to the KPIs. The executives will then complete the first quarter template, send forth to OPIE for inclusion in a comprehensive first quarter plan prior to the end of the month, and will them 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. At this point, the plan is sent forward to the SPC for review.

**Quarter 2 (December-February**

Now that the plan has been approved, the responsible executives are expected to track progress on each of the action plans. In addition, they should consider the impact of the plans, where potential problems lie, what solutions are in place to remedy concerns, and should incorporate, where applicable and possible, recommendations from the SPC. A template for completing this quarterly report is forwarded to the executives at the beginning of February and they are expected to forward their information to OPIE before the end of the month so that a comprehensive quarterly report can be generated and sent to the President. This information will be discussed with the President and forwarded to the SPC for review.

**Quarter 3 (March-May)**

The second and third quarters are similar in that both represent an opportunity to track and communicate progress. Information, based on a completed template, will be sent to OPIE to assemble the quarterly report, forwarded to the President, and sent to the SPC.

**Quarter 4 (June-August)**

While the quarterly report allowed for the overall plan's approval and the second and third track progress, the fourth quarter report is evaluative in nature. The responsible executives are expected to identify the overall success (meeting of criteria) for each of the action plans, to 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. In addition, 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 fourth quarter reporting template and subsequent SPC report should be utilized in the budgeting process. For a comprehensive timeline of assessment and planning activities, and their connection with the budgeting cycle, please refer to Appendix R.

.

**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 will evaluation or assessment 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 make sure the initiative is accomplished.

**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.

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.

## RESOURCE ALLOCATION

Effective allocation of resources, financial and human, is vital to the realization of Suffolk County Community College's mission. Through continuous improvement that results from the use of assessment results to inform planning, the academic programs and AES units are better positioned to achieve their outcomes and, by proxy, 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 31st. 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 Executive 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 (OCE). 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 OCE.

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 (BRO) 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 majority of the College's operational budget is tied to salary and benefits. Suffolk County Community College ensures that assessment results and the use of planning to guide resources are paramount. This is demonstrated through the following list of budget priorities, which include linking budgeting to planning and the use of assessment results.

- 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 for projecting health insurance costs, staff retirements, terminal pay, vacancies to be filled
- MIO's
- Contractual salary obligations
- Policy direction by the President and the BOT

In addition to these institutional budget priorities, the budgeting process is impacted by yearly planning guided by the assessment of student learning (SLOs and SOs). The yearly budget request forms (Appendix Q), require budget managers to indicate which institutional goals are attached to each request, line-by-line. Also, the operational plans that emerge from the yearly assessment of student learning require academic programs and units to link additional budget requests to the results of 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. In fact, given the leaner fiscal environment that colleges are in with the decrease in public funding (federal, state, and local), reallocation of existing monies is the more likely reality. Reallocation of existing dollars is an effective indicator of planning informed budgeting as well given that programs and units will only reallocate their existing dollars if it is in the best interest of the area.

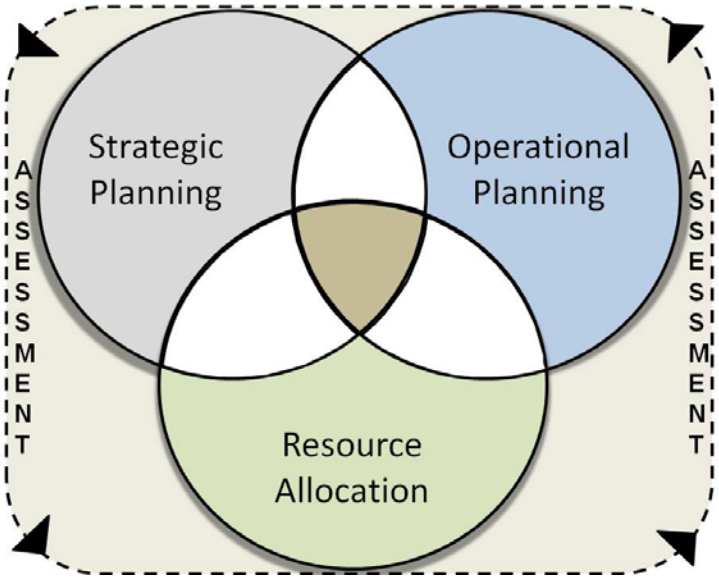
**Non-Budgetary Allocations**

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.

## 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 permeates throughout the College. Rather than a plan, integrated planning reflects an institutional approach to planning that integrates 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*.

**Figure 2: Suffolk County Community College Integrated Planning Model**




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 and is operating from the following model:

The model presented above, first and foremost, demonstrates that all planning efforts are rooted in assessment and that assessment is both continuous and drives institutional effectiveness. In fact, 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 anchor 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 planning documents as well as the graphic shown above, provides the catalyst for the College's institutional effectiveness model. A comprehensive calendar of activities is found in Appendix R.

## 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.

## 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. While this is a plan, it has been developed as more than just a roadmap to achievement of the College mission. 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; the document utilizes narrative, tables and graphics to assist with the understanding of potential difficult concepts; and guidance has been provided in the form of procedures, timelines, and accountability structures within each of the sections.

At the core of this document, however, is the institutional effectiveness model. This model presents and 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 in regards to 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. This 2013 version of the CAPIE, which is built upon the work of the original document first crafted in 2005, represents a necessary evolution in the institutional approach to assessing institutional effectiveness. 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 given Suffolk County Community College's unwavering 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 effect 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 effect 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 from itself.

**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. The 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 a 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.

## 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

# APPENDIX C: ACADEMIC PROGRAM REVIEW SCHEDULE

SUFFOLK COUNTY COMMUNITY COLLEGE
**Program-Review Cycle and Schedule: 2012–2020**
***For Non-externally Accredited Programs***

| **2012–2013** | | | | | |
|---|---|---|---|---|---|
| **Program** | **A.A.** | **A.S.** | **A.A.S.** | **Cert.** | Grad. Req. |
| 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 | | | |
| Radio & TV Production (A) | | | X | | |
| Music (A) | | X | | | |

| **2014–2015** | | | | | |
|---|---|---|---|---|---|
| **Program** | **A.A.** | **A.S.** | **A.A.S.** | **Cert.** | |
| Business Administration (AEG) | | X | X | | |
| Business Admin. Online (AEG) | | | X | | |
| Computer Science (A) | | X | | | |
| Electrical Technology (A) | | | X | | |
| Theatre Arts (A) | | X | | | |
| Visual Arts (AG) | | X | | | |

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

| 2016–2017 | | | | | |
|---|---|---|---|---|---|
| **Program** | **A.A.** | **A.S.** | **A.A.S.** | **Cert.** | |
| Business: Retail Management (A) | | | X | X | |
| Culinary Arts (E) | | | X | 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 | | |
| Hotel & Resort Management (E) | | | X | X | |
| Interior Design (E) | | | X | | |
| LAS: Education (AEG) | X | | | | |
| Emergency Medical Technician (A) | | | 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 | | |
| LAS: Mathematics (A) | X | | | | |
| Drafting [CAD] (A) | | | | X | |
| Fitness Specialist (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 Program Review Schedule:

The 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.

**APPENDIX D: ACADEMIC PROGRAM REVIEW TEMPLATE**

# PROGRAM REVIEW SELF-STUDY REPORT

Name of Program/Degree/Certificate

---

Campus or Campuses

_____

Date of Report

_____

| Program Review Committee |
| --- |
| |

# Contents

I. Introduction ..... 3

II. Programmatic Outcomes ..... 5

III. Environmental Scan ..... 7

IV. Curriculum ..... 10

V. Assessments ..... 12

VI. Students ..... 13

VII. Resources ..... 15

VIII. Faculty and Staff ..... 16

IX. Major Findings and Recommendations ..... 17

X. Appendices ..... 18

Appendix A: Student, Graduate, and Employer Surveys ..... 18

Appendix B: Advisory Committee Minutes ..... 19

Appendix C: Curriculum Map ..... 20

Appendix D: Annual Assessment Plan of Student Learning ..... 21

Appendix E: Assessment Summary ..... 22

Appendix F: Program Plan ..... 25

Appendix G: Library Data Package ..... 27

# I. Introduction

A. Provide the current mission statement for the program.

B. How does the program's mission advance the mission or goals of the College?

C. *Programmatic Effectiveness* is defined as the extent to which a program is achieving its mission. Briefly comment on the current effectiveness of the program.

D. Catalog Description

1. Provide the current program catalog description.

2. Does this description accurately describe the current program?
Yes_____ No_____

If No, what changes does the program review committee recommend? Explain reasons for any recommended changes.

3. Is the program information appearing on the College website up to date and consistent with the College catalog? Yes____ No____

If No, what changes does the committee recommend?

**E. Previous Program Review**

1. Provide the date of the last program review: _____

2. List the recommendations from that review, and indicate the extent to which these recommendations have been implemented. Indicate “I” for recommendations implemented, “IP” for those in progress and “NI” for those not implemented. For those recommendation not implemented please explain the circumstances.

# II. Programmatic Outcomes

A. Program-level Student Learning Outcomes

List the current program-level student learning outcomes (PLOs). Indicate whether each programmatic outcome advances one or more of the institutional learning outcomes (ILOs). If so, discuss the manner in which the PLOs relate to the ILOs.

1. Does the Program Review committee recommend any changes, deletions, or additions to the PLOs? Yes ____ No____

2. If so, state the recommended changes and the rationale for each of them.

B. Program-level Operational Outcomes

State the program's current operational outcomes.
*(An operational outcome is a statement that summarizes the achievement of a broad-based performance measure, excluding any which are specific to student learning. Operational outcomes express the value of work being done in a program by students, faculty, and professional staff outside of the classroom.)*
Program performance measures might include indicators related to the following areas of interest:

- Retention; Persistence; Completion
- Transfer; Job-Placement; Licensure
- Enrollment; Recruitment; Orientation; Advisement
- Diversity; Faculty/Student
- Faculty Development; Faculty Credentials
- Facilities; Equipment; Space Planning

1. Does the program-review committee recommend any changes, deletions, or additions to the operational outcomes? Yes____ No____

2. If so, state the recommended changes and the rationale for each of them.

## III. Environmental Scan

A. Identify current trends in the program's field or discipline.

B. What has the program done to respond to these trends?

C. What else might the program consider doing to respond to them?

D. For A.A. and A.S. programs: Does the program have any articulation or joint admission agreements? Yes _____ No _____

If yes, complete this table.

| Name of Institution | Type of Agreement | Average number of students who transfer here each year | Date agreements were last reviewed or updated |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Have any problems been encountered concerning the transferability of courses?
Yes _____ No _____

If yes, specify the nature of these problems.

E. For A.A.S. and certificate programs: Provide regional workforce data with respect to (1) the number of people currently employed in the field; (2) projections for employment growth or decline; and (3) the current salary range. *Discuss the implications of these numbers for the program.*

[For employment projections: http://www.labor.state.ny.us/stats/descriptor.asp
For wages: http://www.labor.state.ny.us/stats/lsWage2.asp or, cite other sources.]

Discuss the results of any recent graduate and employer surveys with respect to the success of program graduates in the workplace and the expectations of employers for entry-level positions. **Append survey details in Appendix A.**

1. Does the program have an advisory committee? Yes ____ No _____

2. If yes, list the names and affiliations of the advisory committee members.

3. Does the college catalog contain a correct listing of advisory committee members?

4. Does the SCCC website contain a correct listing of advisory committee members?

5. How often does the advisory committee meet?

6. Specify advisory committee contributions to the program's growth and development.

7. **Append minutes of the advisory committee's last two meetings in Appendix B.**

# IV. Curriculum

## A. Curricular Revisions

1. Discuss (a) new courses, (b) revisions to existing courses [including prerequisites and corequisites], (c) changes in course sequencing, or (d) elimination of courses that have occurred since the last program review.

2. Are any changes to the curriculum being contemplated?
Yes _____ No _____

If so, describe these changes.

3. Supply the program's most recent curriculum map for each of the program's learning outcomes in **Appendix C.**

4. Based on the curriculum map, discuss the adequacy of organized, intentional, sequential learning experiences.

5. Indicate how the program satisfies the SUNY general education course requirements.

6. If courses are being offered in distance-education formats, discuss the assessments of these formats with respect to how they compare with traditional formats.

# V. Assessments

A. Append the current version of the program's plans for Annual Assessment of Student learning. **Appendix D**

B. What programmatic changes have been implemented as a result of the last program review or recent programmatic assessment activities?

C. Identify desired changes as a result of programmatic assessment that have yet to take place.

D. Describe any changes in the annual programmatic assessment process the program review committee deems desirable?

# VI. Students

A. Describe full-time and part-time enrollment trends since the last program review or past five years.

B. Describe enrollment trends regarding student's age, gender, socio-economic status and ethnicity since the last program review or past five years.

C. Comment on graduation rates since the last program review or past five years.

D. Comment on transfer rates for students who have and who have not graduated from the program.

E. Has the program instituted any methods or materials to encourage and increase applications by new students? Yes____ No_____

If yes, please describe any initiatives.

F. Has the program instituted any methods or materials to encourage and increase applications recruiting continuing students to choose this program major or emphasis? Yes____ No_____

If yes, please describe any initiatives.

G. Describe any concerns the program review committee has regarding: (1) any enrollment trends mentioned above or (2) other enrollment-related issues.

# VII. Resources

A. Comment on the availability, adequacy, and use of learning tools, such as computer software, instructional media, laboratories, studios, etc.

B. Discuss the adequacy of (1) instructional space, (2) office space (3) instructional supplies, and (4) equipment for the program.

C. Discuss library resources. **Append Library Data Package. Appendix G.**

# VIII. Faculty and Staff

A. Report the numbers of full-time and part-time faculty, professional staff, and clerical staff currently associated with the program. Note any changes that have occurred in these numbers since the last program review or previous five years. Briefly explain how these changes have affected the program.

B. What is the ratio of full-time to part-time faculty? What percentage of (1) day sections, (2) traditional evening/weekend sections, (3) distance education/hybrid sections, and total sections are taught by full-time faculty? Comment on the levels of full-time, part-time faculty and professional or clerical staff.

# IX. Major Findings and Recommendations

A. State the major findings of this program review.

B. Based on these findings, list specific recommendations for achieving desired changes and improvements. When appropriate include assessment findings supporting the recommendation.

# X. Appendices

## Appendix A: Student, Graduate, and Employer Surveys

# Appendix B: Advisory Committee Minutes

# Appendix C: Curriculum Map

# Appendix D*: Annual Assessment Plan of Student Learning*

# Appendix E: Assessment Summary

**A. Identify program improvements made as a result of previous assessments of this major.**

| | |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

**B. Major learning outcomes for this program and methods used to assess them.**

| | Major Learning Outcomes | Methods Used to Assess Them |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

**C. Major Assessment Findings and Actions to be Taken in Addressing Them**

| | Major Assessment Findings | Actions to be Taken in Addressing Them |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

**D. What has been learned that can be helpful to others as they conduct assessment of their majors?**

# Appendix F: Program Plan

## Program-Review Recommendations

| | Recommendations | Assessment Findings Supporting Each Recommendation | Action Plan(s) | Lead Responsibility for Action Plans | Budgetary Implications | Timeframe for Completion | Status |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 15. | | | | | | | |

# Appendix G: Library Data Package

## Appendix E: 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.

# APPENDIX F: GENERAL EDUCATION ASSESSMENT TEMPLATE

## SUNY GENERAL EDUCATION ASSESSMENT FORM

Year of Previous Assessment: _____ Year of Current Assessment: _____

Chairperson of General Education Assessment Committee:

_____

General Education Assessment Committee Members:

| |
|---|
| |

Additional Faculty Members who Participated in Assessment Process (if applicable):

| |
|---|
| |

Date of Final Report Submission: _____

**SUNY LEARNING OUTCOMES FOR XXXXXX XXXX**

Students will demonstrate

1.
2.

**SUNY LEARNING OUTCOMES FOR CRITICAL THINKING**

Students will

1. Identify, analyze, and evaluate arguments as they occur in their own or other's work
2. Develop well-reasoned arguments

**SUNY GENERAL EDUCATION ASSESSMENT FOR XXXXXX XXXX**

## I. PREVIOUS ASSESSMENT

A. Summarize data conclusions from previous assessment, e.g., what percentage of students exceeded, met, approached or did not meet the standards for each of the outcomes.

| |
|---|
| |

B. Summarize analysis and conclusions of the previous assessment.

| |
|---|
| |

C. Summarize recommendations from the previous assessment.

| |
|---|
| |

D. Describe program improvements made as a result of the previous assessment.

## II. CURRENT ASSESSMENT

A. Summarize current assessment process, including sampling. Be sure to specify how the current process differed from the previous process if there were changes, i.e., different sampling, different assessment tool, different course, etc.

B. In the course of conducting this cycle of assessment, were there any significant deviations from the plan that was approved by the General Education Assessment Review (GEAR) Group? If so, please comment on why the committee felt that it was necessary to make these changes and how these changes may have affected findings, if at all.

C. Provide the results of the assessment, e.g., how many students exceeded, met, approached or did not meet each of the learning outcomes.

D. Describe differences in results between this assessment and the previous assessment.

E. Describe the major findings of this assessment and explain possible reasons why students performed as they did on this assessment, why there may be differences between these results and the previous assessment results. Be sure to address areas of excellence, areas of improvement, and areas that may still need improvement.

## III. RECOMMENDATIONS

A. Describe the actions to be taken to address these specific findings, showing the relationship between the findings and the response.

B. As applicable, describe what has been learned and make recommendations for what could be done to improve the assessment method.

## IV. APPENDICES

A. Assessment Tools, e.g., assignments, rubrics, tests, etc.

B. Institutional Effectiveness Data Analysis

## APPENDIX G: ANNUAL ASSESSMENT OF SLOS TEMPLATE

**SCCC Program-Level Student Learning Outcomes Assessment Action Plan Year of 5**

**Program:** **Degree or Certificate:**

**Applicable Institutional Goal:**

**Offered at (check all that apply): Ammerman East Grant Submitted: , 2011**

| Program-Level Student Learning Outcome(s) (a) | Course-Level Student Learning Outcome(s) (b) | Assessment Tool or Activity (c) | Desired Performance (d) | Timeline (e) | Responsibility for Data Analysis –Key Findings (f) | Use of Results / Action Items and Dissemination (g) |
|---|---|---|---|---|---|---|
| | | | | | | |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

***Follow Up/Actions Taken:***

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

## APPENDIX I: COURSE ASSESSMENT TEMPLATE

# Suffolk County Community College

# Course-Level Student Learning Outcomes Assessment Action Plan

**Course:**

**Date Submitted:**

**Applicable Institutional Goal:**

| Course-Level Student Learning Outcome(s) (a) | Assessment Tool or Activity (b) | Desired Performance (c) | Timeline (d) | Responsibility for Data Analysis – Key Findings (e) | Use of Results / Action Items and Dissemination (f) |
|---|---|---|---|---|---|
| | | | | | |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ***Follow Up/Actions Taken:*** | | | | | |

# APPENDIX J: INVENTORY OF AES UNITS

| | Campus | Central |
|---|---|---|
| Admissions | X | X |
| Alumni Relations | | X |
| Athletics | X | |
| Business Operations | | X |
| Campus Activities | X | |
| Campus Business Offices | X | |
| Career Services | X | |
| Computer and Information Systems | | X |
| Continuing Education | | X |
| Corporate Training | | X |
| Counseling | X | |
| Development | | 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/ETU | X | X |
| K-12 Partnerships | | X |
| Legal Services, Risk Mitigation, Affirmative Action | | X |
| Library | X | |
| Planning and Master Schedule | | X |
| Plant Operations | X | |
| Public and Fire Safety | | X |
| Registrar | X | X |
| Special Events & Programs | | X |
| Special Services/Disability Services | X | |
| Student Support Services/TRIO | X | |
| Study Abroad | | X |
| Transfer Office | X | |
| Writing Centers | X | |

# APPENDIX K: SEVEN-YEAR AES UNIT REVIEW SCHEDULE

| | | Administrative | Educational | Outreach | Total |
|---|---|---|---|---|---|
| Career Services | 2013-2014 | | 1 | | |
| Continuing Education | 2013-2014 | | | 1 | |
| Grants Development | 2013-2014 | 1 | | | |
| Registrar, Central | 2013-2014 | 1 | | | |
| Writing Centers | 2013-2014 | | 1 | | |
| | | 2 | 2 | 1 | 5 |
| Development | 2014-2015 | | | 1 | |
| Special Services/Disability Services | 2014-2015 | 1 | | | |
| Facilities Support | 2014-2015 | 1 | | | |
| Instructional Technology/ETU | 2014-2015 | | 1 | | |
| Planning and Master Schedule | 2014-2015 | 1 | | | |
| | | 3 | 1 | 1 | 5 |
| Admissions | 2015-2016 | 1 | | | |
| Computer and Information Systems | 2015-2016 | 1 | | | |
| Corporate Training | 2015-2016 | | | 1 | |
| Employee Resources | 2015-2016 | 1 | | | |
| Health Services | 2015-2016 | | 1 | | |
| | | 3 | 1 | 1 | 5 |
| EOP | 2016-2017 | | 1 | | |
| Financial Affairs | 2016-2017 | 1 | | | |
| Institutional Effectiveness | 2016-2017 | | | 1 | |
| Legal Services, Risk Mitigation, Affirmative Action | 2016-2017 | 1 | | | |
| Public and Fire Safety | 2016-2017 | 1 | | | |
| Transfer Office | 2016-2017 | 1 | | | |
| | | 4 | 1 | 1 | 6 |
| Business Operations | 2017-2018 | 1 | | | |
| Faculty And Professional Advancement | 2017-2018 | 1 | | | |
| Financial Aid | 2017-2018 | 1 | | | |
| Institutional Advancement | 2017-2018 | | | 1 | |

| | | | | | |
|---|---|---|---|---|---|
| Student Support Services/TRIO | 2017-2018 | | 1 | | |
| Study Abroad | 2017-2018 | | 1 | | |
| | | 3 | 2 | 1 | 6 |
| Alumni Relations | 2018-2019 | | | 1 | |
| Athletics | 2018-2019 | | 1 | | |
| Campus Activities | 2018-2019 | | 1 | | |
| Campus Business Offices | 2018-2019 | 1 | | | |
| Plant Operations | 2018-2019 | 1 | | | |
| | | 2 | 2 | 1 | 5 |
| Counseling | 2019-2020 | | 1 | | |
| Library | 2019-2020 | | 1 | | |
| K-12 Partnerships | 2019-2020 | 1 | | | |
| Registrar | 2019-2020 | 1 | | | |
| Special Events & Programs | 2019-2020 | | | 1 | |
| | | 2 | 2 | 1 | 5 |

The rationale behind the scheduling of the units is as follows:

1) When possible, a consistant numbers of administrative, educational support, and outreach units are included each year
2) Departments with multiple units are spaced out over multiple years
3) A similar number of total units are reviewed each year

# APPENDIX L: AES UNIT REVIEW TEMPLATE

Unit Name:

Review Year:

Responsible Staff Member:

Administrative Support  Educational Support  Community Outreach

## Introduction

The purpose of this document is to guide the unit through the process of unit review within the redeveloped institutional effectiveness model. As of 2013, the College is engaging in the first year of a seven year cycle. Unit review is about evaluation and, as such, incorporates information gather during the annual assessment of outcomes and establishment of plans. This process is designed to take a full year and requires significant investment of all individuals within the unit. It is important to not only involve administrators, faculty, and senior staff, but also, where applicable, support staff. This is an opportunity for the unit to closely examine its impact on the college and complete involvement is key to its success. Throughout the document, please provide an appropriate amount of narrative, but make sure to rely on evidence (minutes, documents, etc.) where possible. For additional assistance, please feel free to contact the Office of Planning and Institutional Effectiveness (OPIE) or consult the AES Unit Review guidelines on the OPIE webpage.

## Section 1: History

To effectively share your story, please provide information that you consider pertinent and essential. This can include, but is not limited to why your unit was developed, what significant changes have occurred, and any other information that external constituents should have to understand your unit.

## Section 2: Unit Overview

Please include the unit's mission, goals, and student learning outcomes (SLOs)/support outcomes (SOs). Also indicate the last date that each of these were reviewed/revised.

**Mission:**

**Goals:**

**Outcomes:**

Which institutional goals and measurable institutional objectives (MIOs) connect to the mission of the unit?

**Institutional Goals:**

**MIOs:**

What are the primary functions and services this unit provides to Suffolk County Community College?

Please identify the unit's reporting structure and processes for ensuring quality communication (include a unit organizational chart as an appendix).

Please identify the strengths, weaknesses, opportunities, and threats that will impact your unit over the next seven years.

**Strengths:**

**Weaknesses:**

**Opportunities:**

**Threats:**

Final conclusions and recommendations will be requested at the end of this document, however, please discuss, as a unit, both of these in respect to the unit overview.

## Section 3: Staffing

Do your current staffing levels and qualifications enhance or detract from the unit's ability to achieve its stated mission? Please provide both evidence and a detailed explanation.

Final conclusions and recommendations will be requested at the end of this document, however, please discuss, as a unit, both of these in respect to staffing.

## Section 4: Planning and Assessment

Please identify which outcomes have been assessed by the unit since the previous unit review.

For each outcome assessed, please provide a summary of both the results of the assessment as well as the plans that emerged from the assessments. Also, include any assessments (i.e. reports, collection of data, etc.) not explicitly connected to the unit outcomes, but which provide a detailed examination of whether the unit is achieving its goals.

For each plan, provide the year that the plan was introduced as well as a summary of how it was implemented and whether it was successful or not.

Please identify changes that were implemented as a result of implementing the plans.

Please identify budget requests and resource reallocations that emerged as a result of the use of assessment data.

Final conclusions and recommendations will be requested at the end of this document, however, please discuss, as a unit, both of these in respect to planning and assessment.

## Section 5: External Evaluation

While the College is only asking for each unit to secure two external reviews, there is no official limit. Please identify the two (or more) external reviewers who will be examining this unit. Note, both should be familiar with community colleges and, ideally, at least one should be from a SUNY community college.

**Reviewer 1: (Name, title, institution, and brief biography)**

**Reviewer 2: (Name, title, institution, and brief biography)**

**Additional Reviewers:**

Please include, within the appendices to this report, the final report from the external evaluator to include the following:

- Evaluation of the unit operations
- Evaluation of the staffing
- Evaluation of the SWOT
- A list of recommendations for the unit

Final conclusions and recommendations will be requested at the end of this document, however, please discuss, as a unit, both of these in respect to the external evaluations.

## Section 6: Conclusion and Recommendations

Please provide an evaluation of the unit's performance since the last unit review. Please utilize your responses to the section-based conclusions and recommendations.

Finally, please indicate potential future directions in regards to assessment and planning. Be sure to indicate any perceived changes to institutional mission, goals, or outcomes that resulted from this examination.

## Section 7: Action Plan

To this point, the review has focused on the collection of information to better understand what changes need to made and issues address in the future. This section of the document requests that you begin to develop plans to address these issues.

Based on the information included in this document, what improvements does the unit feel are necessary, within the next seven years (the time between periodic evaluations), to position the unit to more effectively achieve its mission? Please develop a plan that addresses timelines, anticipated activities, details the data collection plan, expected results, criteria for success, the individuals responsible, and the resources required. As the plan is implemented, please complete the AES unit review action planning template on the AES unit review webpage.

# APPENDIX M: AES UNIT REVIEW ACTION PLAN TEMPLATE

Unit Name: _____

Lead Individual: _____

Action Planning Period: _____

Applicable Institutional Goals (check all that apply):

- ☐ Goal 1: Student Success
- ☐ Goal 2: Community Development/Societal Improvement
- ☐ Goal 3: Access and Affordability
- ☐ Goal 4: Institutional Effectiveness
- ☐ Goal 5: Communication
- ☐ Goal 6: Diversity

## SUMMARY OF THE ACTION PLAN

What activities were completed as a part of your action plan?

Please describe the data collection plan and the criteria for success.

Did your unit meet the criteria for success?

## RESULTS OF THE PLAN

Analysis of Results:

What improvements occurred as a result of the plan?

What changes did you implement as a result of the action plan?

What lessons did you learn as a result of the action planning process?

# APPENDIX N: ANNUAL ASSESSMENT OF SLOS/SOS IN AES UNITS

Unit Name_____ Assessment Period_____

Unit Type: Administrative Support___ Educational Support__ Community Outreach___

Applicable Institutional Goals:

| **Student Learning Outcome (SLO)/Support Outcome (SO)** (One per year) | **Method of Assessment** Describe what method will be used to conduct the assessment. Direct methods reflect either evaluation of learning or unit processes while indirect methods reflect either perceptions of learning or perceptions of unit processes. | **Data Collection Plan** (Describe how data will be collected and analyzed) | **Criteria for Success** (What metric will be used to evaluate success – i.e. 90% will, 80% improvement, etc.) | **Analysis of Results** What were the final results of the analysis? Make sure to address whether or not the criteria for success was met | **Discussion and Conclusions** Describe what conclusions were reached based on the analysis of results. Detail how conclusions were reached and include any meeting minutes |
|---|---|---|---|---|---|
| | Direct (Examples in the SCCC Assessment Manual) | Direct | Direct | Direct | |
| | Indirect (Examples in the SCCC Assessment Manual) | Indirect | Indirect | Indirect | |

What is your proposed action plan to address the findings and unit discussion for next year? Consider what activity(ies) will the unit engage in to address issues

Budget implications of the action plan (only answer if yes):

- Reallocation of resources (staffing, adjustment or responsibilities, budget line adjustments, etc.):
- Request for new resources (make sure to link the request to institutional goals and, if applicable, MIOs):

# APPENDIX O: AES ANNUAL ASSESSMENT ACTION PLAN TEMPLATE

Unit Name: _____

Lead Individual: _____

Action Planning Period: _____

Applicable Institutional Goals (check all that apply):

☐ Goal 1: Student Success ☐ Goal 2: Community Development/Societal Improvement

☐ Goal 3: Access and Affordability ☐ Goal 4: Institutional Effectiveness

☐ Goal 5: Communication ☐ Goal 6: Diversity

Student Learning/Support Outcome(s) Assessed (from previous year's assessment):

## SUMMARY OF THE ACTION PLAN

What activities were completed as a part of your action plan?

Please describe the data collection plan and the criteria for success.

Did your unit meet the criteria for success?

## RESULTS OF THE PLAN

Analysis of Results:

What improvements occurred as a result of the plan?

What changes did you implement as a result of the action plan?

What lessons did you learn as a result of the action planning process?

# APPENDIX P: OPERATIONAL PLANNING (CENTRAL) TEMPLATE

| | | | | | |
|---|---|---|---|---|---|
| **INSTITUTIONAL GOAL**<br><br>***EXECUTIVE RESPONSIBILITY*:** | | | | | |
| **MEASURABLE INSTITUTIONAL OBJECTIVE** | | | | | |
| | | | | | |
| **ACTION PLAN** | | | **ASSESSMENT** | | |
| **Description:** What specific activities will be conducted to achieve one of the College's MIOs? | **Lead Responsibility:** Who are the key team members responsible for accomplishing the activity? | **Support:** What guidance, resources, & staff are required for the successful accomplishment of the activity? | **Method**: What specific means will be used to determine the success of the activity? | **Target:** What metric or metrics are being utilized as the criteria for success? | **Timeline:** When will the achievement of the target be evaluated (within an annual cycle)? |
| | | | | | |
| | | | | | |

## APPENDIX Q: YEARLY BUDGET REQUEST FORM

# Budget Planning Matrix for Allocation of Resources for Accomplishment of the Mission of Suffolk County Community College

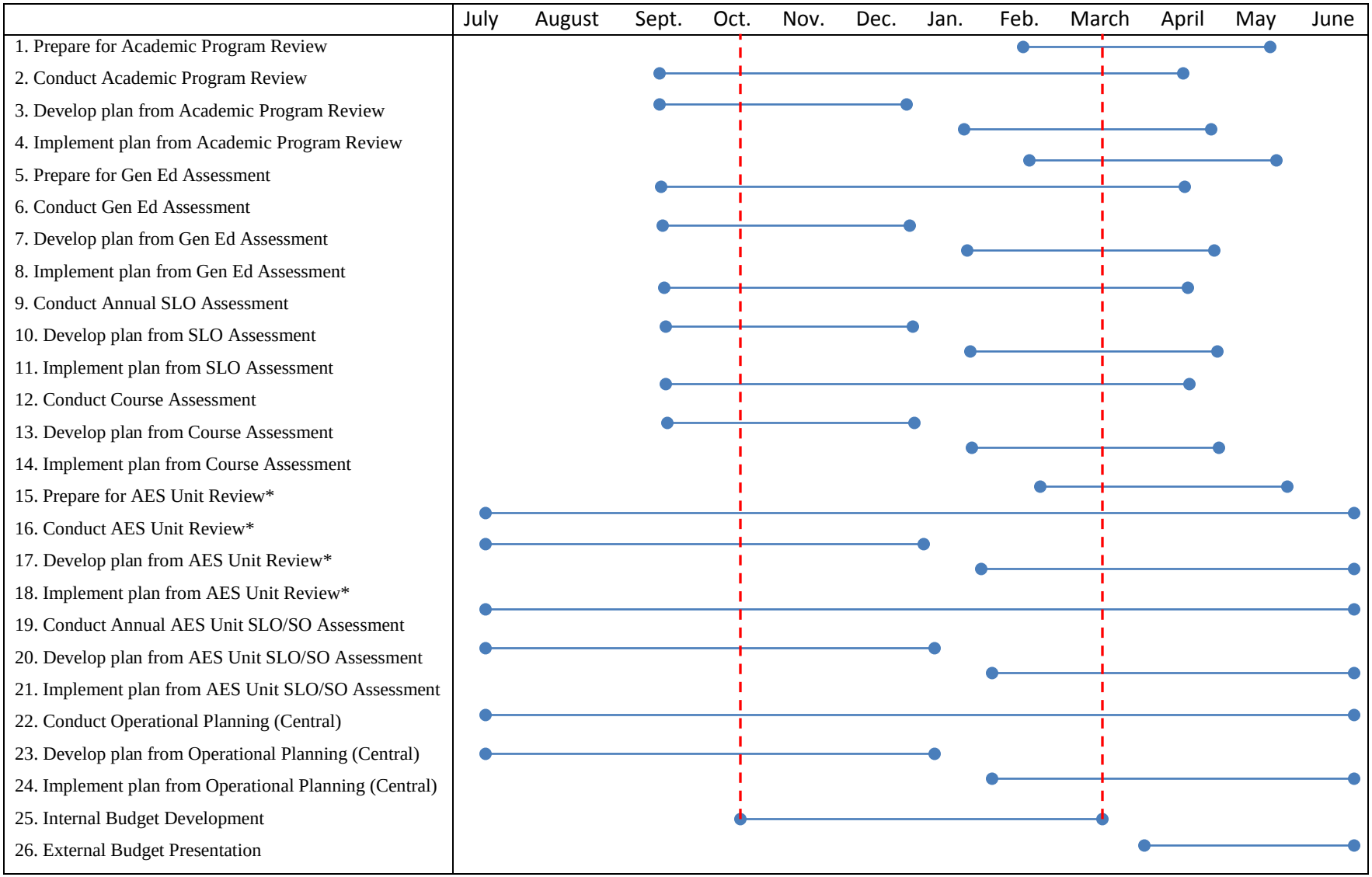
**Department:** _____ **Campus:** _____

**Prepared by:** _____ **Date:** _____

**2013 - 2014**

| | Institutional Goals | Initiatives | Planned Results | Budget Resources Allocated |
|---|---|---|---|---|
| 1 | **Student Success:** to foster the intellectual, physical, and social development of students through sound academic and student-support programs and services. | | | |
| | | | | |
| 2 | **Community Development/ Societal Improvement:** to promote the social and economic development of the college and community we serve. | | | |
| | | | | |
| 3 | **Access and Affordability:** to provide universal access to higher education by reducing economic, social, geographic, and temporal barriers. | | | |
| | | | | |
| 4 | **Institutional Effectiveness:** to monitor and improve the level of success in achieving the mission, vision and goals of the college. | | | |
| | | | | |
| 5 | **Communication:** to promote effective communication within the college community and between the college community and external constituencies. | | | |
| | | | | |
| 6 | **Diversity:** to reflect the ethnic and economic composition of Suffolk County | | | |

# APPENDIX R: COMPREHENSIVE INSTITUTIONAL EFFECTIVENESS TIMELINE




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