SUPPORT UNIT ASSESSMENT GUIDELINES
ADMINISTRATIVE & ACADEMIC AND STUDENT SUPPORT SERVICES

AY2022-23 & AY2023-24

Updated February 2023

TEXAS A&M UNIVERSITY
Office of Institutional Effectiveness
& Evaluation

Abbreviations & Definitions

AEFIS   Assessment, Evaluation, Feedback, & Intervention System (a cloud-based
                 assessment management system)

FAQs   Frequently Asked Questions

OIEE   Office of Institutional Effectiveness & Evaluation

Support Unit   Administrative units & academic and student support units

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Introduction to Support Unit Assessment

Purpose

The purpose of support unit assessment is to gather information on which to inform continuous improvement of functions and processes within the unit. The information presented in each section of this manual defines Texas A&M University's expectations for the documentation of outcome/objective assessment. This "how-to" manual is designed to guide administrative units and academic and student support units (hereafter referred to as *support units*) through the assessment process, highlight best practices, and facilitate self- and peer-review of Assessment Plans and Assessment Reports.

Components

The **Assessment Plan**, completed near the end of every Spring semester, identifies the outcomes/objectives will be assessed during the *upcoming* year (academic, fiscal, or calendar), as well as the measures and targets used to assess each one. Units may identify as many outcomes/objectives as they see fit to assess each year, but **at least one must be assessed annually**.

The Assessment Plan consists of the following:

- Department/Unit Purpose
- Outcomes/Objectives
- Measures & Targets

The **Assessment Report** summarizes assessment results (i.e., findings) gathered over the course of the *previous* year, as outlined in the established Assessment Plan for that year. The Assessment Report also includes the unit's intended use of results, formerly called "Data-Informed Actions". In the "Use of Results" section, the unit describes action(s) staff will implement to improve their outcomes/objectives. At least one action based on assessment results is required each year.

Finally, the Assessment Report includes a status update on an action identified in a previous Assessment Report, a process formerly called "Closing the Loop." The Assessment Report is submitted annually in the late fall (draft) and early spring (final).

The Assessment Report consists of the following:

- Findings
- Use of Results
- Status Update on a Previously Identified Action

Roles

Over the course of the two-year assessment cycle, assessment forms follow a 7-step workflow. Individuals in the following roles participate at one or various points in the cycle:

- **Program Coordinators**: Staff and/or unit leadership responsible for documenting and submitting Assessment Plans and Reports in AEFIS
- **Assessment Liaisons**: Appointed individuals who work with OIEE to provide support and communicate expectations to Program Coordinators in their respective divisions; responsible for providing internal feedback on Assessment Plans and Reports
- **OIEE**: The administrative office responsible for providing support to those in the roles defined above as they participate in the annual assessment process; responsible for managing the assessment platform (AEFIS) and publishing resources for users, as well as providing feedback and final comments on Assessment Plans and Assessment Reports

Not all units/divisions have appointed Assessment Liaisons who provide feedback. In some cases, the Assessment Liaisons are the individuals who enter Assessment Plans/Reports.

Guidelines Description

The components making up the Plan and Report are covered individually and in detail throughout this manual. The walkthrough sections of this companion manual follow the same order of the sections comprising the Assessment Plan and Assessment Report.

Component sections include:

- A description of the component
- Criteria for what each component should include and on which feedback is provided
- Examples
- Frequently Asked Questions (FAQs)
- Screenshots of what the components look like in AEFIS

Please pay particular attention to the **callouts** with the red exclamation mark image on the left. These callouts mark important information.

Each section of this companion manual includes an FAQ section. The FAQs in **blue text** indicate information that addresses functionality within the AEFIS system. The AEFIS logo on the left indicates callouts for important technical information about AEFIS.

Support Unit Assessment Deadlines

Deadlines for the AY2022-23 and AY2023-24 assessment cycles are listed below, and visual representations of these workflows can be found in the Appendices.

AY2022-23 Deadlines

Workflow Step	Step Name (in AEFIS)	Assigned Role	Submission Deadline*
Step 1	Enter Plan	Program Coordinator	April 15, 2022
Step 2	Feedback on Plan	Assessment Liaison/OIEE	May 20, 2022
Step 3	Draft Report	Program Coordinator	November 17, 2023
Step 4	Feedback on Report	Assessment Liaison/OIEE	December 20, 2023
Step 5	Revise/Finalize Report	Program Coordinator	January 12, 2024
Step 6	OIEE Final Comments	OIEE	February 2, 2024
Step 7	Acknowledge Final Comments	Program Coordinator	February 9, 2024

AY2023-24 Deadlines

Workflow Step	Step Name (in AEFIS)	Assigned Role	Submission Deadline*
Step 1	Enter Plan	Program Coordinator	April 14, 2023
Step 2	Feedback on Plan	Assessment Liaison/OIEE	May 19, 2023
Step 3	Draft Report	Program Coordinator	November 15, 2024
Step 4	Feedback on Report	Assessment Liaison/OIEE	December 20, 2024
Step 5	Revise/Finalize Report	Program Coordinator	January 17, 2025
Step 6	OIEE Final Comments	OIEE	February 7, 2025
Step 7	Acknowledge Final Comments	Program Coordinator	February 14, 2025

*The submission deadline denotes when the form needs to be submitted to the *next* workflow step. For example, in the 2022-23 cycle, the deadline for forms at Step 3 to submit to Step 4 is November 17, 2023.

Special Consideration of Unique Student Populations

Where applicable, academic and student support units should address how they routinely and systematically evaluate whether (1) *online students* and (2) *students at alternate geographic locations* have access to comparable services as students who attend TAMU locally. Units responsible for providing or overseeing the provision of support services to all TAMU students (regardless of mode of delivery or geographic location) should clearly state this and describe the strategies used to ensure identified outcomes/objectives are being met.

In the event services are provide through contracts or alternative means, assessment strategies and expectations will be identified in collaboration with the Associate Vice President for Academic Effectiveness & Planning, Dr. Alicia Dorsey.

There are feedback criteria specific to the consideration of unique student populations in the Findings and Use of Results sections of the Assessment Report. Please refer to the related sections of this manual for more detailed information. *It is important to recognize that it may be necessary to assess online services and/or services at alternate geographic locations using different outcomes and/or measures.*

Online students and students at alternate geographic locations should be considered one type of unique student population. Consideration should also be given to unique characteristics such as underrepresented minority status, students with disabilities, and/or degree level (undergraduate and graduate/professional).

Using AEFIS to Document Annual Assessment

Getting Started

Program Coordinators responsible for the submission of Assessment Plans and Reports are called **Program Coordinators** in AEFIS. Program Coordinators use their NetID and password to log in to AEFIS (tamu.aefis.net).

New users can request access via the form found here.

Newly appointed Program Coordinators should refer to the AEFIS User Guide for specific instructions on logging in, accessing, and submitting Assessment Plans. This visual guide includes helpful tips, things to remember, and information about system features that Program Coordinators may find useful. The following information covers the basics of using AEFIS for program assessment.

Accessing Assessment Forms

Assessment forms assigned to Program Coordinators will appear in the Action Items list on the right side of the screen in to AEFIS. Click the blue pencil icon to edit the information in the assessment form.

If the Action Items list does not automatically appear, it can be accessed by clicking on the bell icon at the top right of the screen in the blue bar, which is pictured below.
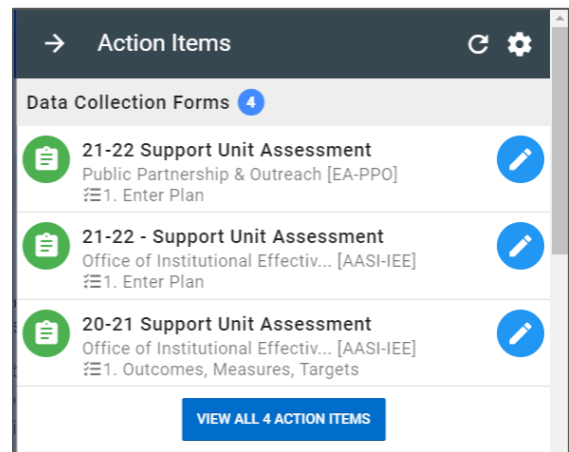
Please pay particular attention to the academic year listed on the form in which you are working. At any given time, there are **two** active assessment cycles—the cycle for which the Plan is being documented and the cycle for which assessment data is being collected and the Report is being documented. Sometimes those forms will be visible in the Action Items list at the same time. Program Coordinators should verify they are working in the intended form.

Upon opening the 23-24 assessment form for the first time, Program Coordinators will find information

is already entered in some fields. The following information has been pre-populated in the 23-24 forms (from the previous cycle's forms):

- In the Department/Unit Purpose section, the "purpose of the unit" text
- The primary groups served by the unit
- All Outcomes/Objectives
- All Measures and Targets that were entered under existing Outcomes/Objectives

New departments/units will not have any information pre-populated in their 23-24 forms.

Submitting Assessment Forms

Over the course of the assessment cycle, Program Coordinators will submit the Assessment Plan once (Step 1) and the Assessment Report twice (Steps 3 and 5). See the Appendix for a visual representation of the assessment cycle.

Upon submitting the Plan, it will be sent to the Assessment Liaison/OIEE for feedback. Simply click the "Submit the Form" button at the bottom of the form to submit it.

An additional step is required for all submissions *after* the initial submission. There will be two additional buttons above the "Submit the Form" button: "Approve" and "Reject." **To successfully submit the form, "Approve" must be selected first.** This button indicates the form should move to the next step in the workflow. The "Reject" button indicates the form should move *back a step* in the workflow. Program Coordinators will likely not use the "Reject" button very often, if at all.


After receiving feedback on the Assessment Plan from the Liaison/OIEE (i.e., when the form is at Step 3), Program Coordinators may update the Department/Unit Purpose, Outcomes, Measures, and/or Targets as they see fit. However, **the form should NOT be submitted again until after the Assessment Report (Findings and Use of Results) information is entered, which won't be until the Fall semester of the NEXT year.** Simply use the "Continue Later" button to save any changes made to the form. The form will conveniently remain in the Action Items list over the course of the year as assessment data is gathered.

How to Locate Assessment Forms Not Showing on Your Action Items

After the Program Coordinator submits a form, it will no longer appear on their Action Items list. However, Program Coordinators can view read-only copies of submitted forms from their AEFIS dashboard widget labeled "My Data Collection Forms." Simply click the three-dot icon at the top right of the widget and filter by "In Progress Forms."
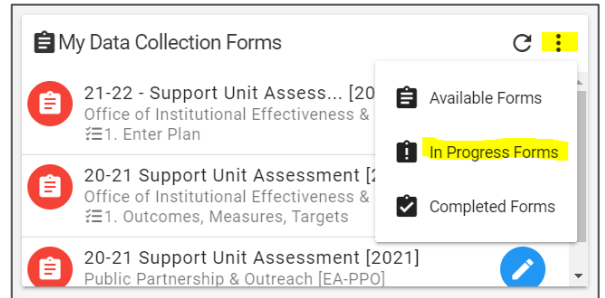
Completed assessment forms from previous cycles (e.g., AY 21-22, AY 20-21) can also be accessed from this widget. Simply select "Completed Forms."
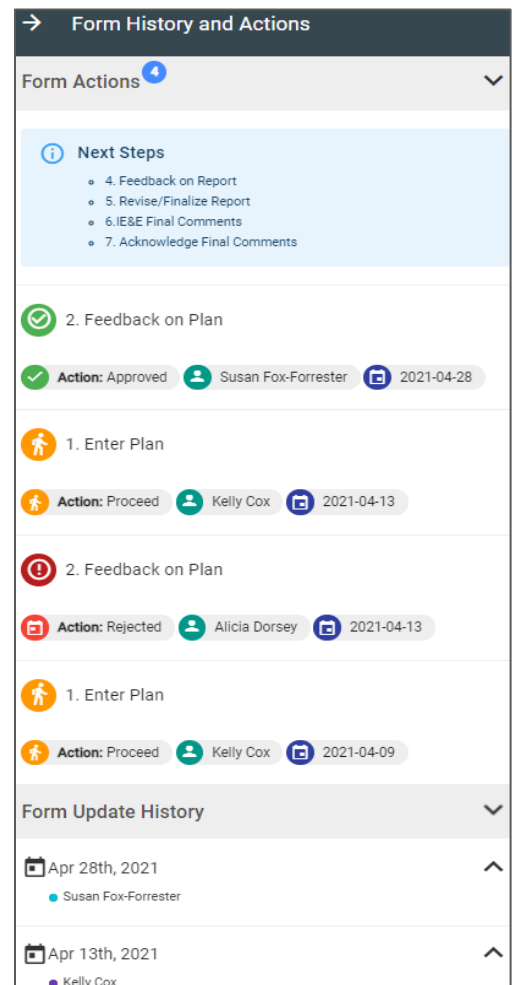
Form History

AEFIS tracks the changes made within assessment forms and the progression of assessment forms through the workflow. While in a form, you can review this information by clicking the clock icon at the top right of the form (pictured above).

The resulting menu has two sections:

- **Form Actions.** This section shows the submission history of the form, including date, time, whether the form was sent forward in the workflow (Action: Proceed or Action: Approve) or backward (Action: Rejected), and by whom.
- **Form Update History.** This section shows a list of dated sessions in which the Program Coordinator, Liaison, and/or OIEE staff member was making edits in the form. Each session is date-stamped and labeled with the user's name.

Expand a session by clicking the caret (^). This view will show each individual change that was made in the form (timestamped). Clicking on an individual change/update will automatically navigate you to that section of the form.

This is feature is useful if more than one Program Coordinator is responsible for entering information in the assessment form. It provides a total history of what has been entered, when, and by whom.

Email Notifications

When feedback is submitted to Program Coordinators, the system automatically sends an email notification indicating that an assessment form is available on the Program Coordinator's Action Items list. The sender of these notifications is listed as "The Office of Institutional Effectiveness & Evaluation," but the notifications are sent automatically by the AEFIS system. **Please read these email notifications carefully as they provide important information, such as who provided feedback, next steps and future deadlines, and technical information about the AEFIS system***.*

 If you have a student (@email.tamu.edu) and a work (@tamu.edu) email address, you may need to forward these notifications from your student account to your work account. AEFIS receives a nightly update from the University's Student Information System during which student email addresses overwrite work email addresses. If you do not believe you are receiving notifications, please check your student email account and set up the forwarding function.

Responding to Feedback

Internal Liaisons and/or OIEE provide qualitative feedback on Assessment Plans and Reports twice over the course of the cycle (Steps 2 & 4). Beyond making revisions or updates to the Plan/Report itself, Program Coordinators are **not** required to directly respond to Liaison feedback. However, there may be some cases in which the Program Coordinator wishes to respond to the feedback (e.g., to provide an explanation as to why the suggested revision cannot be made).

To respond to the feedback provided in the form, type your response in the text box that includes the content on which the feedback was provided. That is, if the Liaison provided feedback on a Target, type your response in the Target text box. OIEE recommends *dating* your response, as well as making the text a *different color* so it stands out from the other content in the text box. See below for an example:

Target Description:

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We will achieve an average turnaround time of 2 business days.

5/12/2021 Response to Feedback: We are unable to make the change that was suggested below because...etc.

span

Department/Unit Purpose

In this first section of the Plan, Program Coordinators are prompted to provide the following:

1. A summary of the purpose of the unit, which may resemble a mission statement
2. The primary group(s) the unit serves (e.g., unique student populations, faculty, prospective students, etc.)

⛔ In the event services are provided through contracts or alternative means, please include that information here as well.

If the unit only serves students at their specific geographic location (e.g., College Station, Galveston, Qatar, Fort Worth, etc.) this should be noted. Be sure to indicate if the unit serves students at multiple locations (i.e., distance education students or students at approved off-site locations).

Department/Unit Purpose FAQs

Q: Information from last year's form is already populated in the "Purpose of the unit" text box. Can we just leave it as it is?

A: The existing information as it pertains to the purpose of the unit can be left where it is, but Program Coordinators are encouraged to refer to previous year's forms to see if there was any feedback provided in which revisions were suggested.

Q: What are "unique student populations"?

A: "Unique student populations" primarily refers to distance education students and students at alternate geographic locations (i.e., students taking courses away from the "home" campus/site), among other characteristics (e.g., other populations based on demographic characteristics). Units responsible for providing or overseeing the provision of support services to *all* TAMU students (regardless of mode of program delivery or geographic location) should clearly state this. Alternatively, units responsible for providing or overseeing the provision of support services *only* to local students should clearly indicate this as well.

Outcomes/Objectives

The primary purpose of assessment is to continually improve the effectiveness and efficiency with which the unit operates and/or provides services to stakeholders. This process begins with an examination of the unit's core objectives (sometimes called outcomes). "Outcome" and "objective" are used interchangeably throughout this manual. Strong objectives identify these key services and operations and define what they would look like in a high-functioning unit.
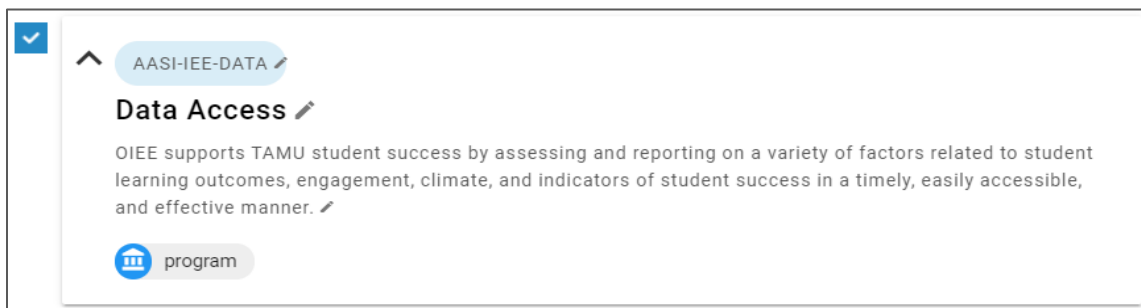
All support units are expected to establish a minimum of three objectives that comprise the unit's comprehensive Assessment Plan. However, these objectives may be assessed on rotation. Leadership and staff should determine the most meaningful course of action for annual assessment, whether that means focusing on one objective or on multiple objectives. Some divisions may have specific internal requirements regarding outcomes that are to be assessed. **Units are expected to meet the minimum requirement of assessing at least one objective per assessment cycle.**

Types of Outcomes/Objectives

Support unit Assessment Plans are comprised of objectives related to **stakeholder/customer perceptions** and **efficiency, effectiveness, or reach.** Units that directly support student, faculty, or staff may also include objectives that are clearly related to **student, faculty, and/or staff success**. Units that employ student workers or support student involvement in educational/campus activities may find it useful to assess **student learning outcomes** and are encouraged to do so. More information about types of outcomes/objectives is presented below.

1. *Stakeholder/customer perceptions*

    Support units are encouraged to assess at least one stakeholder experience objective (either annually or on rotation). Feedback from stakeholders is a rich source of information for determining how the unit can further improve its services and functions. For example:
    - Participants will be satisfied with the high-quality trainings offered by the unit.

2. Efficiency, effectiveness, or reach

Objectives related to efficiency, effectiveness, and reach are about the quality of services provided and the extent to which those services are used by stakeholders. Examples:

- The unit will respond to all inquiries and requests in a timely manner. (Efficiency)
- The unit will produce meaningful, digestible reports for various stakeholders. (Effectiveness)
- The unit will continue to increase the number of students utilizing [specific service]. (Reach)

3. Student, faculty, or staff success

Academic and student support units that directly support students should identify and assess objectives that are clearly connected to student success. **If it may not be immediately evident to someone outside the unit how an objective is connected to student success, please provide a brief explanation of the connection**. These units may also include objectives related to faculty and staff success if relevant. Objectives related to stakeholder perception and effectiveness, efficiency, and reach may also address student/faculty/staff success. Examples:

- Students who utilize the services offered by the unit will achieve a higher level of academic success than students who do not utilize these services, as indicated by grades, retention, and graduation rates. (Student success)
- The unit will provide workshops for faculty that will enhance their classroom processes and communications with students. (Faculty success)
- The unit will offer trainings and workshops to enhance staff knowledge and comfort with socially just assessment practices. (Staff success)

4. Student learning

Units that serve students directly (e.g., employ student workers or graduate assistants, host student educational activities, provide student trainings and workshops) are encouraged to assess relevant student learning outcomes. These outcomes might align with the University undergraduate and graduate-level outcomes, or they might be specific to the content of a particular training or workshop. Examples:

- Students who participate in [training/workshop] will report improved understanding of [topic].

- Student workers who participate in the [event/service/training] will demonstrate high-quality oral communication skills.

Though it is required that units assess only one objective in each cycle, the expectation is that the comprehensive assessment plan (in which objectives may be assessed on rotation) include each relevant type of objective.

Relevant Associations

For each objective in the Plan, Program Coordinators are prompted to select Relevant Association(s) from a dropdown menu in AEFIS. This menu lists the six priorities in the *2020-2025 Strategic Plan.*

Please only select Relevant Associations *directly* related the objective. If none of the listed Relevant Associations are closely aligned to the objective, it is acceptable to leave this field blank.

Criteria

1. *Outcome focuses on an ongoing process or programming rather than completion of a definitive project*

   The assessment process should not be used to track project management. Thus, the outcomes should focus on things like satisfaction, accuracy, efficiency, reach, etc.—*NOT* on completion of a task or project. See above for examples of appropriate objectives.

Outcome/Objective FAQs

Q: Why can't we include objectives about completing a task or project?

A: If the unit is working toward completion of a project or task, the focus of the objective should be on the *impact* of the completed project or task (i.e., effectiveness, efficiency, or stakeholder/customer perception). Objectives that can be measured dichotomously (e.g., "Completed/Not Completed") do not typically provide sufficient insight or information to guide continuous improvement efforts, nor do they fit the cyclical assessment process facilitated by this reporting structure.

Q: Do we have to measure the same objectives every year? / Can we measure the same objectives every year?

A: Unit staff and leadership should guide the assessment process, determining which objectives are to be measured and when. Some units place their objectives on two- or three-year rotations, focusing on just one or two each year. In any case, assessment planning should be an *intentional* process. For some units this might mean measuring the same objectives annually, and in other units this might mean measuring them on rotation. Even units that assess their objectives on a planned rotation might need to deviate from their rotation from time to time, depending on the current needs of stakeholders or changing priorities.

Q: Regarding the selection of Relevant Associations, is it better to select all that are somewhat associated or to only select the most closely related ones?

A: The selected Relevant Associations should be as closely aligned to the objective as possible. If two associations are closely related to the objective, both may be selected. Conversely, it might be that none of the Relevant Associations directly align with the objective, in which case no selections should be made.

Q: If we plan to make significant changes to one of our outcomes, should we revise the existing outcome or add a new outcome in the assessment form?

A: If the revision is one that will fundamentally change how that outcome will be measured (e.g., changing a Customer Satisfaction outcome to an Operational Efficiency outcome), **always add a new outcome instead of simply revising the existing outcome.** This ensures that the old version of the outcome remains intact and tied to its relevant measures in assessment forms from previous cycles. Add the new outcome and simply de-select the old outcome to indicate that it will not be assessed in the current cycle. These outdated outcomes can be permanently deleted later.

Q: Can I de-select an outcome (i.e., un-check the checkbox) after I've finished entering all the information for it?

A: As long as the outcome is selected/checkmarked again prior to submission, it's okay to de-select the outcome while you're working. Minimizing an outcome by unchecking it may make the form easier to navigate while you're actively working in it. However, if you do not remember to select the outcome again, that information will not move forward in your submission.

Q: We are adding a new outcome—what should we enter in the Outcome Code field in the assessment form?

A: The Outcome Code should be a unique identifier no more than 20 characters long. All Outcome Codes should begin with the division code and unit code, separated by a dash, and end with characters that will make it easy to identify the focus of the outcome. For example, Student Life Studies in the Division of Student Affairs might include a Client Satisfaction outcome, for which an appropriate outcome code might be "DSA-SLS-SATISFY". Refer to the existing outcomes in the form for the appropriate coding structure.

Measures & Targets

The Measures & Targets section can be thought of as a miniature methods section of a research paper.

Measures

A **measure** describes the method of collecting and evaluating assessment data. A strong measure description makes the assessment strategy easy for internal stakeholders to replicate and easy to understand for an external party who is not intimately involved in the day-to-day operations of the program.

Measures can be quantitative or qualitative. Below are some examples of each approach.

Quantitative:

- Likert-scale responses from surveys
- Rubric scores on student learning artifacts
- Efficiency metrics
- Number of users who access or participate in services
- Retention rates

Qualitative:

- Focus groups
- Interviews
- Debriefing sessions
- Open-text responses on surveys
- Portfolios of student work

Targets

A **target** is the level at which a unit considers their outcome to be "met" on a given measure. Strong targets are clear levels of achievement. Below are some examples of acceptable targets. Keep in mind some of these examples are generically worded; units should include contextual information from the measure description in their targets.

Quantitative:

- 80% of students will select "Agree" or "Strongly Agree" that the training improved their mentoring skills.
- 75% of service requests will be acknowledged within 24 hours.
- Women student's enrollment in this activity/event will increase 15% from last year.
- 90% of reports will be submitted on time.
- Demographics of students participating in this experience will match the demographics of students on TAMU campus (list percentages).

Qualitative:

- When asked open-ended questions about their experience with the service/support, users in focus groups will mention keywords or synonyms related to the unit's purpose and/or mission statement (e.g., belonging, inclusion, safe space, etc.).
- Each debriefing session with clients will indicate that they are satisfied with the team's pre-event communication.
- Open-ended survey questions will reveal favorable overarching themes.
- Each submitted developmental portfolio will demonstrate growth (*as defined by the unit*) in incorporating credible research sources.

Below are some examples of **unacceptable** targets with accompanying explanation.

- The focus group will be completed by the end of the fall semester.

The target should not be a task completion statement. If the unit is assessing a specific project or task, the focus of the measure should be on the *impact* of the completed project or task. Measures that focus solely on tracking completion rates typically do not provide sufficient information for consideration of continuous improvement. As a rule, measures should reflect methodology that will result in some variability of scores or results over time (e.g., *not* a "Yes/No" or "Complete/Incomplete" result).

- All participants will engage in the focus group.

In this case, the statement likely does not align with the outcome. The outcome is not about the quality of the focus group interview, but rather about the quality of the service the focus group participants utilized. In other words, the purpose of the focus group is not the participants' engagement in the focus group; the goal should be to determine the effectiveness

of the service, gather information about the user experience to make the program as effective as it can be, and/or identify what populations are not well served by the program.

Measures and targets are reviewed based on the criteria described below.

Criteria

1. *Source of data and intended use is clear*

   The information in each measure description should provide a clear picture of (1) where the data are coming from and (2) how the data are to be evaluated and reported. Many processes for measuring outcomes are automated (e.g., software that generates a number, results extracted from a database such as Compass). In such cases simply indicate the primary source of data and the format in which they will be reported (number, percentage, average, etc.). For less automated collection methods, such as focus groups, the questions that align with the outcome should be identified.

2. *Measure is consistent with the outcome as defined*

   This criterion focuses on the *alignment* of the measure with the targeted outcome. That is, is the measure capable of adequately capturing achievement of the outcome as it is defined? Also consider whether the methodology is appropriate given the description of the outcome. The measure(s) should be reflective of sound assessment practices, designed to provide usable and interpretable results for continuous improvement at the unit level.

3. *Target(s) include the minimally acceptable performance level or threshold*

   Strong targets have the following characteristics: (1) Alignment with the measure and outcome in terms of language and specificity (qualitative and quantitative), and (2) the level at which the targeted outcome is determined to be "met" or achieved should be clearly stated (quantitative).

4. *All referenced or relevant documents are attached or sufficiently described*

   Surveys, spreadsheet templates, sample reports, rubrics, focus group questions, or other instruments used for data collection and reporting may be attached to the assessment form in AEFIS as supporting documentation. Alternatively, the Program Coordinator may instead choose to provide a detailed description of the instrument(s) in the Measure Description text

box. For example, if an item on a customer satisfaction survey is used to gather data on a targeted outcome, the unit may choose to attach the survey instrument and indicate the item number, or they may include in the measure description the exact text of the survey item and the scale on which customers are asked to respond to the item.

Measure & Target FAQs

Q: Should we use more than one measure to assess an objective? Do we have to use more than one measure?

A: Depending on the scope of the objective, a single measure might only provide limited information about the extent to which it is achieved. Very broad objectives might call for two or three measures to determine whether it was achieved or not. Units are encouraged to use multiple measures because doing so provides a more complete picture of effectiveness and/or efficiency of unit processes. As a byproduct, utilizing multiple measures will help facilitate conversations about continuous improvement.

Q: The details of the method are not finalized by the due date of the plan in AEFIS. What can I do to provide the requested level of detail?

A: The Measures & Targets section can be updated when the details of the method are finalized. For example, if your unit plans to conduct a focus group but the questions have not yet been finalized, the Program Coordinator should enter any available details and potential questions of the plan in AEFIS by the due date. After the questions have been finalized, the questions that align with the outcome can added to the form in AEFIS. These details can also be added to the Measures & Targets section when submitting the Findings.

Q: Do the file names of uploaded supporting documents matter?

A: The file name of a supporting document should be descriptive enough that it is clear to a reviewer how it relates to the measure to which it is connected. If supporting documents are sometimes revised year-to-year, we suggest instituting a naming convention that includes the assessment cycle to which the document is relevant. Documents linked to measures in assessment forms from the previous cycle are carried forward into the new assessment forms every year (accessible from the "Manage Artifacts" menu at the top right of the form), so using this kind of naming convention will make it easier for new Program Coordinators to see the historical record of assessment-related documents.

Q: How often, if at all, should targets be updated?

A: Staff and unit leadership should revisit targets annually and update them as necessary, particularly if the targets are met year after year. Targets that are consistently met every year may also be a sign that other methods of measuring the objective should be explored. It is considered good practice to rely on multiple measures for evidence of an objective.

Q: Do we have to justify our targets?

A: Although not mandatory, including a brief description of the origins or rationale for each target will likely prove to be beneficial in the future when targets are being reviewed and/or when other individuals become involved in the assessment process. These explanations are particularly useful when targets are based on state standards and other external requirements.

Q: We have more than one target for one of our measures—how should we indicate this in the assessment form?

A: At the bottom of each Measure & Target section there is an "+Add Target" button. Additional Target text boxes can be added using this feature. If multiple targets are created for a measure, remember to report the results for each target when the time comes to enter Findings. Alternatively, multiple targets can be listed in a single Target text box.

Findings

Findings are the results from analysis of assessment data. Strong Assessment Reports will consistently communicate findings in a clear manner using language that aligns with the related measure and target.

In addition to the findings statement itself, programs should select the appropriate designation—whether the target was "Met," "Not Met," or "Partially Met"—from the provided list. This is called the "Target Status Indicator." As a reminder, programs are *not* penalized if their target(s) are not met. What is important with any target and finding is that there is reflection.

If there are no findings to report for a given measure/target, units may select a fourth target status indicator—"No data collected/reported." If this option is selected, please provide a brief explanation in the appropriate text box.

Criteria

1. *Discusses the current findings as they relate to previous assessment findings or other relevant trends*

   The main findings are reported in the "Findings" text box in the AEFIS assessment form. There is a second text box in which units are prompted to briefly reflect on the implications of the findings and how the current findings compare to past assessment findings. Comparisons to past findings should be made, if possible, because the longitudinal pattern of findings can provide valuable information about how the units outcomes have been achieved over time. If the objective is newly assessed and there are no previous results, simply provide a brief discussion about the meaning of the results.

2. *Specific/unique populations(s) served is/are explicitly discussed* **(if applicable)**

Academic and student support units are required to identify the ways in which they provide support to different unique student populations and/or how unique student populations experience the services provided by the unit. **Findings should be disaggregated for the identified unique student population(s) served by the unit.** If the central unit is responsible for providing services to students at alternate geographic locations, the Assessment Report should reflect this by either including measures used specifically for assessment at other locations or by disaggregating the results of measures used across locations. See FAQs for more information.

Findings FAQs

Q: What does "Partially Met" mean and when should it be used?

A: "Partially Met" should ONLY be used when reporting findings for compound or complex targets.

For example: A unit uses a customer satisfaction survey on which two specific items are considered evidence of achievement of their customer satisfaction objective. The target states that 80% of customers will respond with either "Agree" or "Strongly Agree" on each item. The results show that 85% of customers agreed or strongly agreed on the first item, but only 78% of customers agreed or strongly agreed on the second item. This target would be "Partially Met." **Partially Met should not be used if the Target was *close* to being met.**

Q: All of the targets were met, which is an indication that the unit is functioning well. Can we just say that in the second Findings text box?

A: Saying simply that the findings are an indication that the unit is functioning well is essentially the same as indicating the target is "Met." The reflection should go one step further by contextualizing the results. This can be done in a variety of ways, but one of the most powerful ways to discuss the meaning of results for continuous improvement is to describe the longitudinal trend. How has the unit performed on this outcome/measure over the past few assessment cycles? Is progress being made? If not, to what might staff attribute this trend?

Q: How should finding statements be structured?

A: There is not a prescribed template all finding statements must follow. However, the following is a template units might find useful:

- **First sentence:** Present the assessment results in the context of the measure (e.g., 86% of respondents indicated that they were either Satisfied or Extremely Satisfied with the training session.).
- **Second sentence:** Reiterate the target, stating whether it was met, not met, or partially met (e.g., The target of 80% indicating they were Satisfied/Extremely Satisfied was met.).
- **Third sentence (second text box):** Contextualize the results by discussing longitudinal data trends, presenting other supporting data (if available), and/or by reflecting on the results.

Q: Does our unit have to disaggregate results by location? What if we don't have location data for some of our measures?

A: Academic and student support units are required to disaggregate assessment results by location *if they are responsible for serving students at alternate geographic locations.* These units should ensure there are measures in place to assess services at all locations for which they are responsible; however, it is fine to include measures that only assess services at the centrally located office/department. In addition, all academic and student support units should disaggregate results by demographic groups when possible.

Q: Our unit doesn't serve students at other locations. Do we have to disaggregate our results?

A: All academic and student support units should disaggregate results by demographic groups when possible. Standard disaggregation includes race, ethnicity, HUS status, and gender. Others include first generation status, graduate vs. undergraduate students, and/or any variety of group comparisons as applicable to the services provided within the unit. Units looking at faculty success, specifically, might disaggregate based on college or rank.

Q: Should we upload supporting documentation for our findings? If so, what are some examples of appropriate documentation?

A: Supporting documentation in the Findings section is optional. Some units may find it useful to upload documents that further illustrate their findings (reports, charts and graphs, raw data, etc.), as AEFIS then becomes a central location for that information from year-to-year. Please ensure uploaded documents do not include any identifying information. This documentation can be uploaded in the same place as the Measures documentation.

Use of Results for Seeking Improvement

Developing and implementing actions based on assessment results is a process called **continuous improvement**. Participation in continuous improvement communicates a commitment to the enhancement of the unit's provided services and functions to meet the needs of stakeholders and support the mission of the University.

The action(s) discussed in the "Use of Results" section of the Assessment Report should have a close, clear connection to the data collected during the assessment cycle.

Every program is expected to establish and submit a minimum of one action or change that fulfills the criteria below, **regardless of whether all targets are met.**

In past cycles there was a separate "Data-Informed Action" text box under each Findings section. Now, a single "Use of Results" section can be found near the bottom of the form after all findings have been reported. If the program plans to take multiple actions, additional "Use of Results" sections can be added by clicking the "+Add Use of Results" button (see screenshot below).

+ ADD USE OF RESULTS

Criteria

1. *Specific action is described*

   The Use of Results description should clearly articulate a specific course of action designed to improve the targeted objective. There should be enough detail provided that an external reviewer is able to understand which findings informed the action and what specific changes are being made to affect positive change in achievement of the outcome. **If any gaps are identified once results are disaggregated (e.g., between locations, identified groups, etc.), strategies for reducing these gaps should be the focus of at least one of the unit's data-informed actions.** See FAQs for additional information.

2. *Indicates relevance to a targeted specific/unique population (if applicable)*

   Units that support student success are required to identify the ways in which they provide support to different unique student populations and/or how unique student populations

experience the provided services. If there are disparities, those disparities should be addressed. If not, the unit should communicate how the action might affect the various student populations they service (with particular emphasis on distance education students and students at alternate geographical locations, if applicable).

Use of Results FAQs

Q: Do we have to submit an action for every finding in the Assessment Report?

A: No. However, ideally, units will be prepared to address outcomes for which targets were not met. During the planning stage staff should consider the unit's capacity for engaging in continuous improvement. For example, units that plan to assess four or five objectives each year should be prepared to determine appropriate actions for all the objectives should all targets be unmet.

Q: Can the action be a change to the unit's assessment strategies?

A: A change to the assessment strategy is different from a change designed to strengthen a particular objective. However, changes to measurement strategies and/or to the overall assessment process can be added as supplemental actions if the unit wishes to do so.

Q: How do we determine an appropriate, intentional action when all the targets are met?

A: Met targets are a sign that the established objectives are achievable. It does not mean, however, that all the work is done and there is no further need for assessment or attention to continuous improvement. Therefore, the unit should still consider how the collected data can inform continuous improvement efforts. Possible approaches include, but are not limited to:
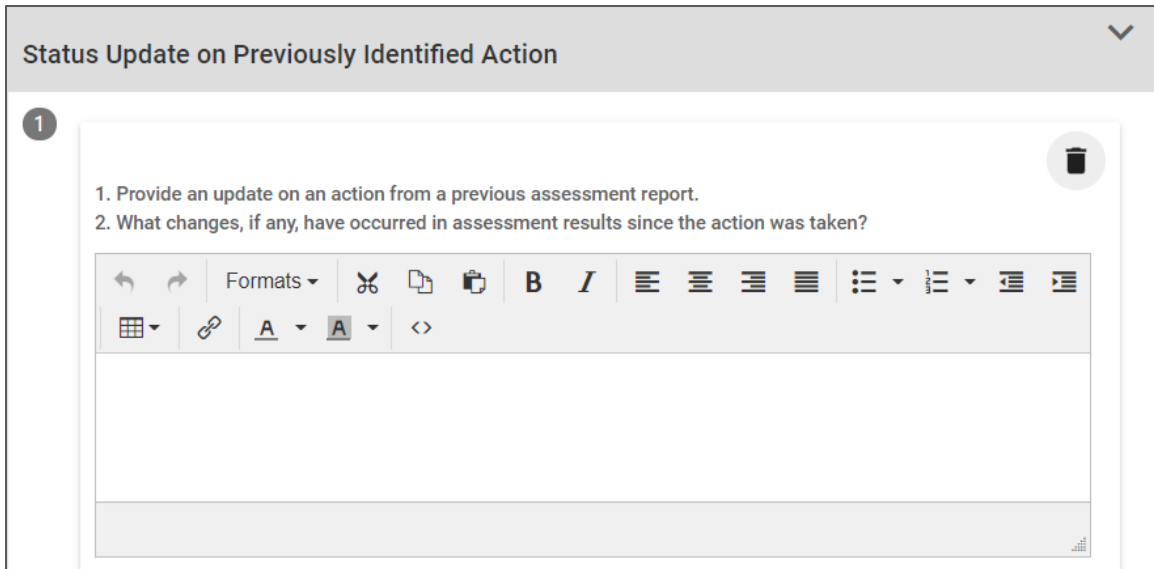
- Drilling down into the results further, perhaps by demographics or by some other dimension, to identify possible gaps or disparities.
- Adjusting the target in future Assessment Plans. **However**, if the unit chooses to pursue this strategy, it is critical to include a discussion of what the unit will do to meet the new target. This keeps the focus of the action on the change rather than simply on updating the target (which would be considered a change to the assessment strategy).

Q: If we plan to implement several different actions, how should we document this in the assessment form?

A: If it is clear which findings are informing each action, it is up to the unit how to document actions in the Use of Results section. We recommend using the "+Add Use of Results" button to add a new section for each outcome for which an action will be implemented.

Status Update on a Previously Identified Action

In this section the unit is prompted to identify a previously identified action and provide an update on that action. In this update, the unit should explain what changes, if any, have been seen in the assessment results since the implementation of the action. If the action has not yet been fully implemented, describe in detail where the unit is in the implementation process and when staff expect to re-assess the targeted objective.

The previously implemented action should be one that was submitted in a past Assessment Report. See page 7 for instructions on how to access completed Assessment Reports in AEFIS.

Historically, the Status Update prompts were in a separate form in AEFIS. As of the AY2021-22 cycle they are now embedded in the main assessment form.

Criteria

1. *Status update on a previously identified action is provided*

   Provide a summary of the previously identified action. Describe the specific action that was taken, which Assessment Report it was from (including the assessment findings that prompted it), and which objective(s) the action was intended to improve.

2. *Action is one that was designed to improve the outcome/objective (i.e., not a change to the assessment process)*

The action for which a status update is being provided should be one that was designed to improve one of the unit's outcomes/objectives. That is, it should not be an action that was focused on changes made to the assessment process. It is expected that a unit's assessment strategies will change over time as the unit develops and evolves, but those changes are reflected in the Assessment Plan each year and thus should not be updated here.

3. *Discusses the impact of the action to date*

Consider the impact the action may have had on the outcome results. Whether results were improved or not improved, reflect on what role the action may have played and discuss how the unit aims to further improve outcome achievement in the future.

When possible, clearly state the *specific* results of the subsequent outcome assessment and how these results compare to the previous findings (i.e., the specific findings which prompted the action in the first place). Avoid vague statements such as "the target wasn't met in the previous report." Be as specific as possible.

For example: In the AY19-20 Report, 68% of help requests were solved within three business days but after implementing the action and re-assessing the outcome we found that the percentage of help requests solved within three business days increased to 75%.

Status Update FAQs

Q: What if there was no improvement in the targeted outcome?

A: The purpose of this process is to engage in and provide evidence of seeking improvement. There are no repercussions for unmet targets or unimproved assessment findings. In cases where improvement was not observed, this is valuable information in and of itself. Reflect on what might be done differently in the future to guide improvement.

Q: What if we don't have any follow-up results yet?

A: As noted above, if an action has not yet been fully implemented (and if there are no other fully implemented actions on which to provide a status update), describe in detail where the unit is in the implementation process and when staff expect to be able to re-assess the targeted outcome(s).

Q: What should we write in the Status Update section if our unit is brand new (or new to being formally assessed)?

A: If the unit is brand new as of the current reporting cycle (or if it is new to being formally assessed) there won't be a previous action on which to provide an update, so the Program Coordinator can simply state this in the text box.

Q: The unit is using different measures than before, so the pre- and post-action data aren't directly comparable. Is this an issue?

A: No, this is not an issue. Assessment is not a hard science, so it is not necessary for the methodology to stay the same throughout the process. Assessment itself is a process, so it makes sense for measures to change as the unit evolves. The unit's reflection on the efforts made to improve outcomes is more important than ensuring directly comparable assessment results.
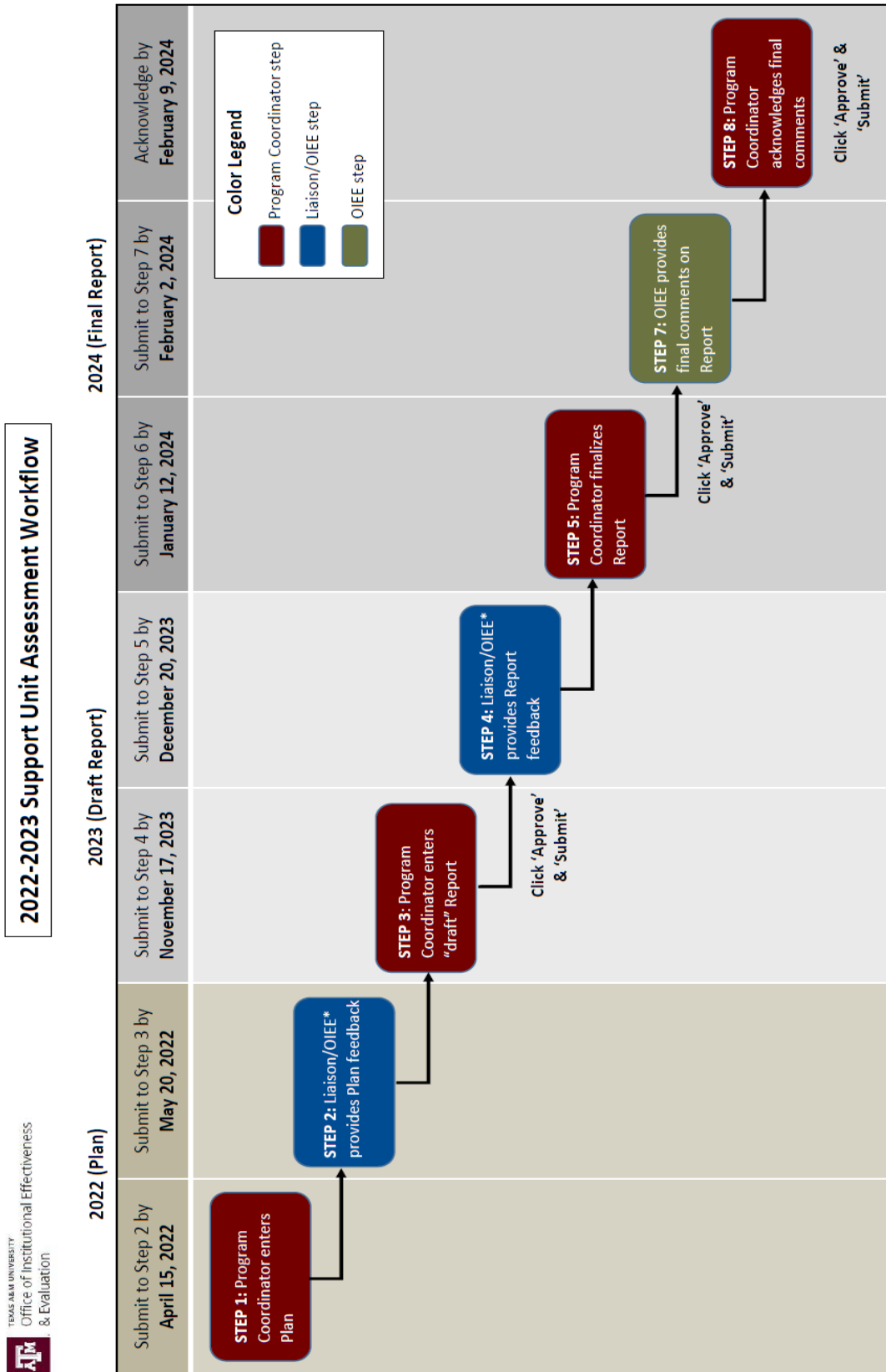
OIEE Comments

The last feedback given during the assessment cycle is provided by staff in the Office of Institutional Effectiveness & Evaluation (OIEE). OIEE will 1) provide feedback on whether there is sufficient description provided for use of results for continuous improvement 2) rate overall assessment report, and 3) provide other qualitative feedback if necessary.

When rating the program's overall assessment report (as documented in AEFIS), OIEE staff will use the rating category scale detailed in the table below.

Rating Categories	Description
Exemplary	The report goes above and beyond minimum requirements. For example, there is more than one measure for each outcome. Thorough, detailed descriptions of each section—data collection methods, data analysis, scoring metrics, rubrics, etc.—are included so that the assessment process is replicable. Findings are contextualized, and (if necessary) are appropriately disaggregated. The use of results is clear, detailed, and focused on improvement of the unit.
Sufficient	All minimum requirements are included. For example, each outcome has at least one measure, and measures are aligned with the outcomes. The report is clear overall. Some areas could be strengthened with more details. Use of results is focused on unit improvement though the execution may not be fully clear.
Needs Improvement	All minimum requirements are included, but the assessment process is difficult to follow and may not be clearly replicable. Components may be misaligned (e.g., the measure does not align with the outcome). Use of results may not be focused on improvement of the unit (e.g., a change to assessment plan and/or a plan for department leadership to meet). Results may not be disaggregated (i.e., by location and/or student demographics, if relevant).
Noncompliant	Report was not submitted, or one or more required components of the report is missing, such as direct measure, findings statements, and/or use of results. The report does not demonstrate a commitment to continuous improvement.

Appendix: AY2022-23 Support Unit Assessment Workflow

2022-2023 Support Unit Assessment Workflow

TEXAS A&M UNIVERSITY
Office of Institutional Effectiveness & Evaluation

Color Legend
- Program Coordinator step
- Liaison/OIEE step
- OIEE step

2022 (Plan)

Submit to Step 2 by April 15, 2022
STEP 1: Program Coordinator enters Plan

Submit to Step 3 by May 20, 2022
STEP 2: Liaison/OIEE* provides Plan feedback

2023 (Draft Report)

Submit to Step 4 by November 17, 2023
STEP 3: Program Coordinator enters "draft" Report
Click 'Approve' & 'Submit'

Submit to Step 5 by December 20, 2023
STEP 4: Liaison/OIEE* provides Report feedback

Submit to Step 6 by January 12, 2024
STEP 5: Program Coordinator finalizes Report
Click 'Approve' & 'Submit'

2024 (Final Report)

Submit to Step 7 by February 2, 2024
STEP 7: OIEE provides final comments on Report

Acknowledge by February 9, 2024
STEP 8: Program Coordinator acknowledges final comments
Click 'Approve' & 'Submit'

*OIEE provides feedback to units that do not have a designated internal liaison.

Appendix: AY2023-24 Support Unit Assessment Workflow

2023-2024 Support Unit Assessment Workflow

TEXAS A&M UNIVERSITY
Office of Institutional Effectiveness & Evaluation

2023 (Plan)		2024 (Draft Report)			2025 (Final Report)	
Submit to Step 2 by April 14, 2023	Submit to Step 3 by May 19, 2023	Submit to Step 4 by November 15, 2024	Submit to Step 5 by December 20, 2024	Submit to Step 6 by January 17, 2025	Submit to Step 7 by February 7, 2025	Acknowledge by February 14, 2025

Color Legend
- Program Coordinator step
- Liaison/OIEE step
- OIEE step

STEP 1: Program Coordinator enters Plan

STEP 2: Liaison/OIEE* provides Plan feedback

STEP 3: Program Coordinator enters "draft" Report

Click 'Approve' & 'Submit'

STEP 4: Liaison/OIEE* provides Report feedback

STEP 5: Program Coordinator finalizes Report

Click 'Approve' & 'Submit'

STEP 7: OIEE provides final comments on Report

STEP 8: Program Coordinator acknowledges final comments

Click 'Approve' & 'Submit'

*OIEE provides feedback to units that do not have a designated internal liaison.

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Office of Institutional Effectiveness & Evaluation

Purpose

The goal of assessment is to use data to make informed decisions about teaching, learning, program delivery, equity, and overall institutional effectiveness. Engaging in systematic, integrated, and thoughtful assessment of student learning, the student learning experience, and administrative and support functions helps our campus to ensure a high-quality, equitable experience for all students. OIEE is committed to this endeavor and to assisting our faculty and staff in the continuous improvement of their programs and processes.

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