

SUPPORT UNIT ASSESSMENT GUIDELINES

ACADEMIC AND STUDENT SUPPORT SERVICES

Updated October 2025



TEXAS A&M UNIVERSITY

Office of Institutional Effectiveness
& Evaluation

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Introduction to Support Unit Assessment

Purpose

The purpose of support unit assessment is to use to inform continuous improvement of functions and processes within the unit, particularly those focused on key unit outcomes. The information presented in each section of this manual defines Texas A&M University's expectations for the documentation of outcome assessment. This "how-to" manual is designed to guide 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**, submitted annually at the end of October/early November, identifies the outcomes that will be assessed during the *upcoming* year, dependent upon the calendar followed by the unit (i.e., academic, fiscal, or regular annual calendar). Assessment Plans include descriptions of the measures and targets used to evaluate outcomes. Units may identify however many outcomes as they see fit to assess each year, but at least one outcome must be assessed and documented annually.

The Assessment Plan consists of the following:

- Department/Unit Purpose Statement & Stakeholder Summary
- Outcomes
- Measures & Targets

The **Assessment Report**, submitted annually in July, summarizes assessment results gathered over the course of the *previous* year, as outlined in the established Assessment Plan for that year. The Assessment Report includes a narrative of the unit's intended use of results. Here, the unit describes action(s) staff will implement to further improve the outcome(s). At least one data-informed action is required each year.

Finally, the Assessment Report includes a narrative status update on the implementation of a previous action/improvement based on assessment results, ideally one described in a previous Assessment Report.

The Assessment Report consists of the following:

- Findings
- Use of Results for Seeking Improvement
- Status Update on a Previous Improvement

Specific due dates can be found on OIEE's [Support Unit Assessment](#) webpage.

Roles

Over the course assessment cycle (about 12 months), assessment forms follow a 6-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 the assessment platform (HelioCampus).
- **Final Approvers:** Individuals who provide the final review Assessment Reports in their respective divisions/units before submitting to OIEE for end-of-cycle comments.
- **OIEE:** The administrative office responsible for providing support to those in the roles defined above as they engage in the assessment process; responsible for managing HelioCampus and publishing resources for users, as well as providing formative feedback and comments in Assessment Plans and Assessment Reports.

How to Use This Manual

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

Component sections may 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 HelioCampus



This symbol indicates **callouts** that contain particularly essential information about the reporting process.



This symbol, the HelioCampus logo, indicates that the following information addresses important **technical functionality** within the HelioCampus system.

Documentation Workflow & Due Dates

Due dates for each workflow step are approximate because each due date falls on a Friday.

Workflow Step	Responsible Role	Approximate Due Date
1. Enter Plan	Program Coordinator	Late October/Early November
2. Feedback on Plan	Assessment Office	Late November
3. Enter Report	Program Coordinator	Mid-July
4. Final Approval	Unit/Division Liaison	Early August
5. OIEE Comments	Assessment Office	Early September
6. Acknowledgement	Program Coordinator	Mid-September

Typically, assessment forms for each new reporting cycle will launch in early August before the previous reporting cycle has ended. This allows units to start planning their upcoming assessment strategy based on how data collection and reporting is going in the current cycle. Units are not required to begin working in the new assessment forms right away—the forms are simply available if the unit should wish to do so.

Using HelioCampus to Document Annual Assessment

Getting Started

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

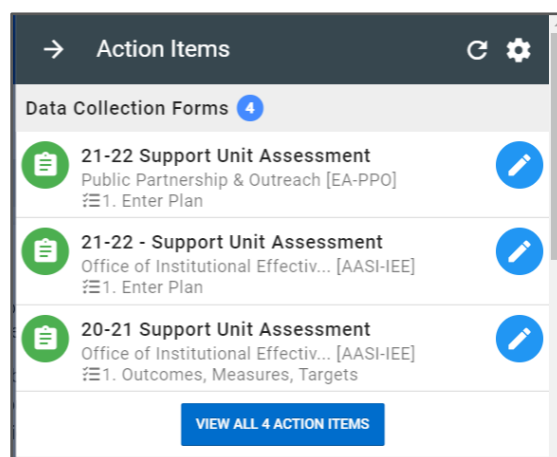
New users can request access via the form found [here](#).

Newly appointed Program Coordinators should refer to the [HelioCampus 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 HelioCampus 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 HelioCampus. 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.



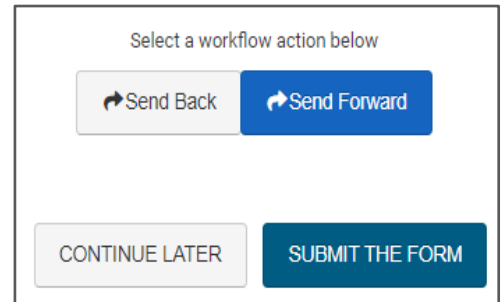
Pay particular attention to the year listed on the form (e.g., 21-22). There may be two assessment forms assigned to your unit as there is an overlap of a few months between documentation cycles. Ensure you are editing the correct form.

Submitting Assessment Forms

Over the course of the assessment cycle, Program Coordinators will enter content in the form twice: the Assessment Plan (workflow Step 1) and the Assessment Report (Step 3). At the end of the cycle (Step 6) Program Coordinators submit the read-only form one final time in acknowledgement of the comments left by OIEE.

At Step 1, simply click the *Submit the Form* button at the bottom of the form.

For Steps 2 through Step 6, there are two additional buttons above the *Submit* button: *Send Forward* and *Send Back*. **To successfully submit the form, *Send Forward* must be selected first.** This button indicates the form should move to the next step in the workflow. The *Send Back* button indicates the form should move to the previous step in the workflow. Program Coordinators will likely not use the *Send Back* button very often, if at all.

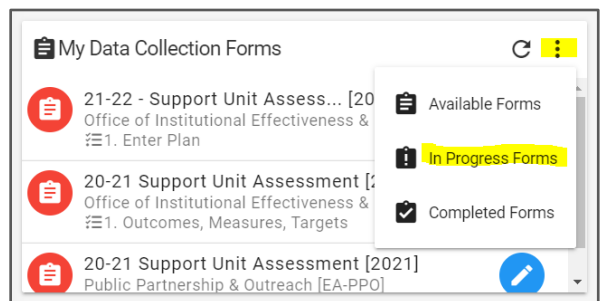


After receiving feedback from OIEE on the Assessment Plan (i.e., once the form is on Step 3), Program Coordinators may update the Department/Unit Purpose, Outcomes, Measures, and/or Targets if necessary. However, **the form should NOT be submitted again until after the Assessment Report (Findings, Use of Results, Status Update) is entered the following year.**

To save data in the form: Clicking in the white space outside a text box you just entered data in will trigger an auto save. To exit the form, click *Continue Later* button. The form will conveniently remain in the Action Items list while assessment data is compiled.

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 HelioCampus 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.”



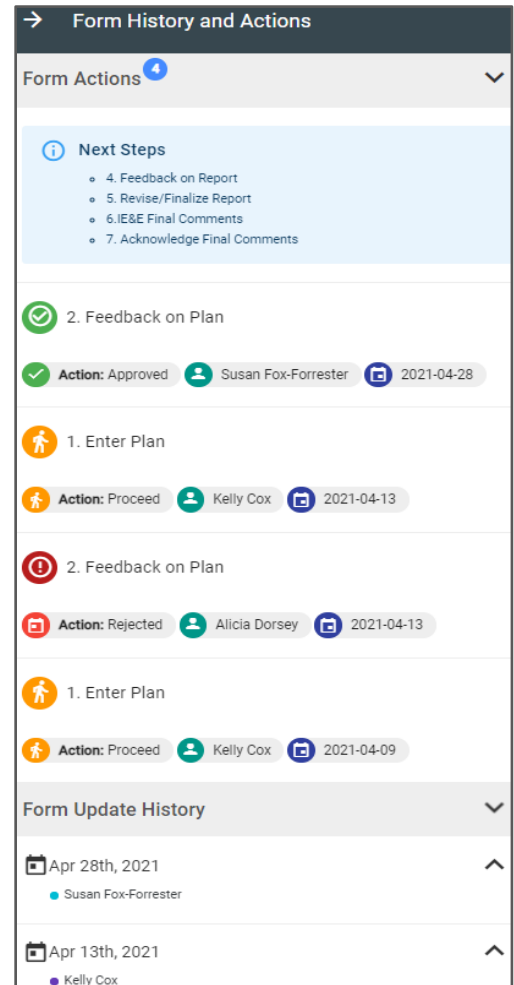
Form History

HelioCampus 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).

This menu has two sections:

- **Form Actions.** 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.** A list of dated sessions in which the Program Coordinator, Final Approver, 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 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 emails is listed as "Office of Institutional Effectiveness & Evaluation," but the emails are sent automatically by the HelioCampus system. **Please read the emails carefully as they detail essential information, such as next steps and future deadlines, available resources, and technical information about the HelioCampus system.**



If you have a student email address (@email.tamu.edu) as well as a work email address (@tamu.edu), you may need to set up forwarding from your student account to your work account. HelioCampus 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 HelioCampus emails, please check your student email account and set up the forwarding function.

Responding to Feedback

Beyond making revisions or updates to the Plan/Report itself, Program Coordinators are **not** required to directly respond to feedback/comments in the assessment form. However, there may be cases in which the Program Coordinator wishes to respond (e.g., to provide an explanation as to why a suggested revision cannot be made).

In the text box that has the content on which feedback was provided, a response or explanation may be typed in the same text box under the original content. For example, if OIEE provided a suggestion about a Target and the unit chooses not to incorporate the suggestion, you may type your response in the Target text box. OIEE recommends *dating* your response, as well as making the text a *distinct color* so it stands out from the other content in the text box. See below for an example:

The screenshot shows a text editor interface with a toolbar and a text area. The text area contains the following content:

Target Description: 🗑️

← → Formats ✂️ 📄 📧 **B** *I* [List icons] [Table icon] [Link icon] A A

< >

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

1. A summary of the unit's purpose, which may resemble a mission statement.
2. A list of stakeholders directly served by the unit (e.g., students, faculty, staff).
3. Identification of the teaching location(s) at which students are supported and whether online students are supported (locations are pre-populated in a dropdown menu).



Specifically identify the subgroup(s) of students served (e.g., residential/online, UG/GR, professional, prospective, First Generation, etc.).



If online students and/or students at multiple teaching locations are supported, units should address how they routinely and systematically evaluate whether these students have access to comparable services as students who attend Texas A&M locally. Units responsible for providing or overseeing the provision of support services to all TAMU students (regardless of mode of delivery or location) should clearly state this and describe the strategies used to ensure identified outcomes are being met.

It is important to recognize that it may be necessary to assess online services and/or services at alternate teaching locations using different outcomes and/or measures.



In the event services are provided through contracts or alternative means, include that information in this section, as well.

Outcomes

The primary purpose of assessment is to continually improve the effectiveness and efficiency with which the unit operates and provides services to stakeholders. This process begins with an examination of the unit's core outcomes (which are *expected* outcomes the unit aspires to achieve). Strong outcomes identify key services and operations, defining what they would look like in a high-functioning unit.

Support units are expected to establish a minimum of three outcomes that comprise the unit's comprehensive Assessment Plan. However, outcomes may be assessed on rotation. Staff and leadership should determine the most meaningful course of action for annual assessment, whether that means focusing on one or multiple outcomes each year. Divisions may have specific internal requirements regarding which outcomes are to be assessed and when.



The minimum requirement is to assess **at least one** outcome per assessment cycle.

Types of Outcomes

Generally, support unit Assessment Plans are comprised of outcomes related to **efficiency, effectiveness, reach, stakeholder perception, and student success**. Units that support student involvement in educational/campus activities or employ student workers may choose to assess **student learning outcomes** and are strongly encouraged to do so. These different types of outcomes are described in more detail below.

1. Efficiency, effectiveness, and reach

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

- 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*)

2. Stakeholder/customer experience

Support units are encouraged to assess at least one stakeholder experience outcome (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.

3. *Student success*

Support units should identify and assess outcomes that are clearly connected to student success. Outcomes related to faculty and staff success, if relevant, may also be identified. For example:

- 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 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. For example:

- 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.



Outcomes should focus on development and/or maintenance of ongoing programming and processes rather than on completion of a particular task or project. For example:

- *Inappropriate:* The unit will redesign its customer service portal.
- *Appropriate:* The unit will promptly acknowledge and satisfactorily resolve customer issues.

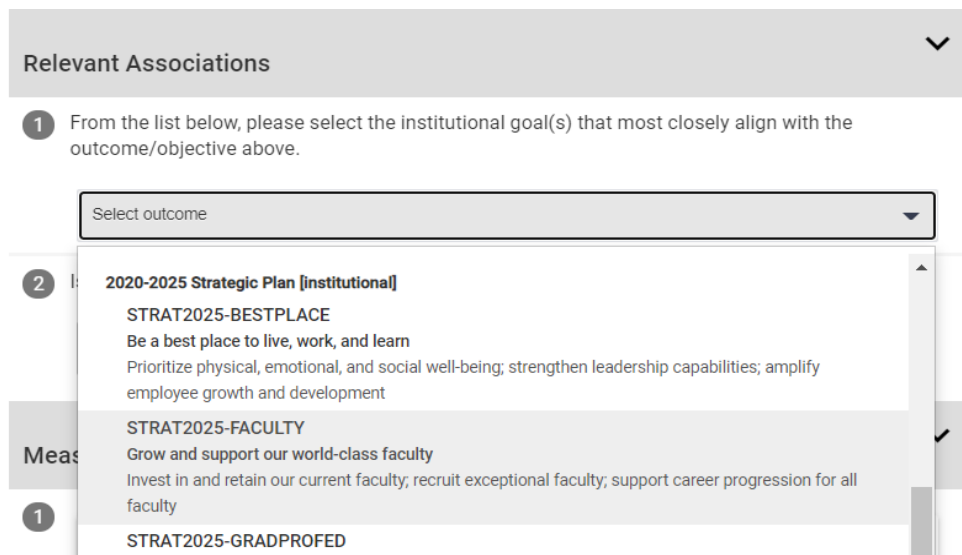
The former outcome is a one-time task that cannot be measured year after year. The latter outcome can be continually assessed even after the customer service portal is redesigned.

Though only one outcome must be assessed in each cycle, the expectation is that the comprehensive Assessment Plan (in which outcomes may be assessed on rotation) include each relevant type of outcome.

Relevant Associations

For each outcome in the Plan, Program Coordinators are prompted to select Relevant Association(s) from a dropdown menu in HelioCampus. This menu lists the six priorities in Texas A&M University’s current Strategic Plan.

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



Outcome FAQs

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

A: If the unit is working toward completion of a project or task, the focus of the outcome should be on the *impact* of the completed project or task (i.e., effectiveness, efficiency, or stakeholder/customer perception). Outcomes that can be measured dichotomously (e.g., Completed/Not Completed) do not

typically provide enough 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 outcomes every year? / Can we measure the same outcomes every year?

A: Unit leadership and staff should collaboratively guide the assessment process, determining which outcomes are to be measured and when. Some units place their outcomes on two- or three-year rotations, focusing on just one or two each year. In any case, assessment planning should be an *intentional* process. This might mean measuring the same outcomes annually, or in other units this might mean measuring them on rotation. Even units that assess their outcomes on a planned rotation may need to make deviations from time to time, depending on the current needs of stakeholders or on 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 outcome as possible. If two associations are closely related to the outcome, both may be selected. Conversely, it might be that none of the Relevant Associations directly align with the outcome, 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 previous 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. Old outcomes can be permanently deleted later.



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

A: If your intention is to send that outcome forward in your submission, do not de-select the outcome. Instead, minimize the outcome by selecting the caret symbol in the outcome tile (^).



Q: What should be entered in the Outcome Code field when adding a new outcome?

A: The Outcome Code should be a unique identifier no more than twenty characters long. A default outcome was added to the unit's form when the unit was first created in HelioCampus. Follow the convention for the default outcome code to assign codes for other outcomes. For example, if your default outcome code is "CTE-XXXX", all other codes should also start with "CTE-".

Measures & Targets

The Measures & Targets section is like a miniature methods section of a research paper. It describes what the unit will do, how it will do it, and what the standard of achievement is.

Measures

A **measure** describes the method of collecting and evaluating assessment data as it relates to a particular outcome. A strong measure description makes the assessment strategy easy for internal staff and leadership to replicate and for an external reader to understand.

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

Quantitative:

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

Qualitative:

- Focus group notes and recordings
- Interview transcripts
- Open-text responses on surveys
- Debriefing session notes
- Portfolios of student work

Representation of Student Stakeholders

Student subgroups served and supported by the unit are identified in the *Department/Unit Purpose* section of the Assessment Plan. Measures should be mindfully developed to ensure the data is representative of all identified student subgroups. In each Measure section, **the unit is asked to indicate how student populations are represented in the data collected via the measure.**

If a measure is used to collect data representing multiple subgroups, the unit should determine how to best disaggregate the data. Alternatively, measures might only capture data from a single subgroup –

this is acceptable! However, subgroups should be represented in the data somewhere within the comprehensive assessment plan, even if some measures are not used every year.

Targets

A **target** is the level at which a unit considers their outcome to be “met” on a given measure. A strong target identifies a clear level of achievement. Below are examples of acceptable targets. These examples are generic—units should include contextual information from the measure description in the target statement.

Quantitative:

- 80% of students will *Agree* or *Strongly Agree* that the training improved their mentoring skills.
- 75% of service requests will be acknowledged within 24 hours.
- Female student participation in this activity/event will increase 15% from last year.
- 95% 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.
- 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 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 should reflect methodology that will result in 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 target probably does not align with the outcome statement. 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.

Considerations for Clarity

OIEE considers the following when reading the Assessment Plan:

Is the source of data and intended use of data clear?

The information in each measure description should provide a clear picture of where the data are coming from and how they could inform improvements. 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 data collection methods, such as focus groups, there should be a clear description of what format the data will be reported in (e.g., overarching themes).

Is the measure consistent with the expected outcome?

Alignment between the measure and outcome should be clear. 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.

Do the target(s) include a clear threshold for achievement?

Strong targets have the following characteristics: (1) Alignment with the measure and outcome in terms of language and specificity, and (2) the level at which the targeted outcome is

determined to be “met” or achieved should be clearly stated. This can be achieved in both quantitative and qualitative target statements.


Are relevant/referenced documents 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 HelioCampus as supporting documentation.

Supporting Documentation

Attach documents referenced in the Measure Description and/or documents that would make the methodology clearer. Examples include surveys, spreadsheet templates, sample reports, evaluation forms, rubrics, etc. After uploading a document please remember to select it from the dropdown menu below to attach it to this measure.

Select a document artifact attached to this form or [add a new document](#).



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 more than one measure be used to assess an outcome?

A: Depending on the scope of the outcome, a single measure might provide limited information about the extent to which it is achieved. Overly broad outcomes might call for two or three measures to determine whether the outcome has been achieved or not. Units are encouraged to use multiple measures; doing so provides a more complete picture of effectiveness and/or efficiency of unit processes. Furthermore, utilizing multiple measures will help facilitate conversations about continuous improvement.

Q: The details of our unit’s data collection methodology will not be finalized by the due date of the Assessment Plan. What should we do?

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

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

A: Unit staff and 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 be an indication that other methods of measuring the outcome should be explored. It is considered good practice to rely on multiple measures for evidence of an outcome.



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). Using this kind of naming convention will make it easier for new Program Coordinators to see the historical record of assessment-related documents.



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 writing the findings statement, units should select the appropriate option—whether the target was *Met*, *Not Met*, or *Partially Met*—from the dropdown menu in the Findings section. This is called the Target Status Indicator. Units are NOT penalized if their target(s) are not met. Unmet targets simply indicate where it may be most beneficial to focus improvement efforts.



The screenshot shows a form titled "Findings" with a dashed border. Below the title is the label "Target Status Indicator:". Underneath is a dropdown menu with the text "Select an Option" and a downward arrow. The dropdown menu is open, showing four options: "Select an Option", "Met", "Not Met", and "Partially Met". Below the dropdown menu is a text box with a placeholder "No data collected/reported (provided explanation)". To the right of the dropdown menu is a rich text editor toolbar with icons for bold, italic, underline, strikethrough, and list, along with a font color selector and a code icon.

If there are no findings to report for a given measure/target, units may select a fourth option from the Target Status Indicator list—*No data collected/reported*. When selecting this option, provide a brief explanation in the appropriate text box.

Comparing Current Findings to Past Findings (or other relevant trends/observations)

In the assessment form, there is a 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. It is valuable to make these comparisons whenever possible because longitudinal data can illuminate patterns or insights about how the unit's outcomes have been achieved over time. If the outcome is new and there are no previous findings, simply provide a brief discussion about the meaning of the results.

If the measurement strategy has changed, it is still possible to compare findings from one year to the next. Take a holistic approach in comparing findings from different measures.



Academic and student support units are required to disaggregate assessment results by location if they are responsible for serving students at alternate teaching 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.



To the extent possible, units should disaggregate findings for different identified subgroup(s).

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 targets were met, which is an indication that the unit is functioning well. Can we just write that in the text box where we are asked to discuss the findings?

A: The reflection/discussion about the results should provide additional context. 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? What other observations have the staff made related to this outcome? Is progress being made? If not, to what might staff attribute this trend?

Q: How should findings 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: Our unit does not serve students at alternate teaching locations. Do we have to disaggregate our findings?

A: Disaggregation of assessment findings is a powerful tool to understand the data more fully and to understand how stakeholders experience the services provided by the unit. Unless the unit supports a singular, homogenous subgroup of students, findings should be disaggregated to the extent possible. Examples of disaggregation strategies are by: Undergraduate/graduate, First Generation status, online/local, and any other group comparisons as applicable to the services provided within the unit. Units assessing faculty success, specifically, might disaggregate based on college or rank.

Use of Results for Seeking Improvement

The implementation of actions, changes, or updates based on assessment results is part of a process called *continuous improvement*. Engaging in this process demonstrates the unit's commitment to meeting the needs of stakeholders and supporting 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.



Units are expected to establish and document at least one action or change annually, **regardless of whether all targets are met.**



The *Use of Results* section can be found near the bottom of the assessment form. If the unit has developed multiple actions, additional *Use of Results* sections can be added by clicking the “+Add Use of Results” button, as seen below.

+ ADD USE OF RESULTS

Responding to the Prompt

Prompt: Based on the findings reported above, what action has been identified for the purpose of seeking improvement? Indicate if the action targets a particular student population.

Clearly articulate what the unit will do to further improve the targeted outcome. Enough detail should be included that an external reader is able to understand which findings informed the action and what specific changes will be made to affect positive change in achievement of the outcome. **If any gaps are identified once results are disaggregated (e.g., between teaching locations, identified subgroups, etc.), strategies for reducing these gaps should be the focus of at least one action.** See FAQs for additional information.

If no gaps or disparities are found in the data, the unit should communicate how the action might affect the various student subgroups they support (with particular emphasis on Distance Education students and students at alternate teaching locations, if applicable).

Use of Results FAQs

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

A: No. Ideally, though, units should be prepared to address all unmet targets. For example, units planning to assess three outcomes each year should be prepared to determine multiple actions if targets for all three outcomes are unmet.

Q: Can the action we submit be a change to our assessment strategy?

A: No. Assessment strategies change and evolve over time as a unit's processes mature, so the information in the *Use of Results* section should focus on actions meant to improve the outcome(s), specifically. However, changes to measurement strategies or to the overall assessment process can be added as supplemental actions if the unit wishes to document that information in the form. Alternatively, those updates can be made directly in the assessment form for the next cycle.

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

A: Meeting targets indicates that the established outcomes are achievable. It does not necessarily mean that there is not any room for further improvement. Approaches include, but are not limited to:

- Drilling down into the results further, by student subgroups, location, or some other dimension, to identify gaps or disparities.
- Building upon or expanding a past action/improvement to meet the unit's current needs.
- 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 ensure they can 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 multiple 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 the 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. You can also describe multiple actions in the default textbox.

Status Update on a Previous Improvement

In this section of the report, the unit is asked to describe a previous data-informed improvement, provide an update on its implementation, and discuss the effect it had on the targeted outcome. This is completed in two separate prompts.



Program Coordinators who had access to support unit assessment forms prior to the reporting hiatus brought on by the Path Forward Initiative (affecting reporting cycles 22-23 and 23-24) can access old reports in HelioCampus. Reports from 18-19 through 21-22 are available for most units. To locate these reports from the HelioCampus homepage, (1) locate the *My Data Collection Forms* widget, (2) click the three vertical dots in the right corner, and (3) select “Completed Forms.”

Responding to the Prompts

1. *Provide an example of how the unit has used data to improve an aspect of the unit's operations. The improvement discussed here should be one that was implemented prior to the collection of data reported in this document.*

Typically, the *Status Update* narrative will be about an improvement described in a previous year's Assessment Report (e.g., units might discuss the *Use of Results* from the 24-25 report in the 25-26 report). Improvements that have been fully implemented and re-assessed should be prioritized for this discussion, but if no improvements have been fully implemented it is acceptable to provide an update on one that is in progress. If assessment data was not collected in the previous year, describe an action or improvement that was made on other data or observations.

The description provided here should include the following:

- The findings that informed the improvement
- The outcome the improvement was meant to impact
- Details about the improvement, for context (this could be copy/pasted from the previous year's Assessment Report!)

If the unit implemented multiple improvements in the recent past, multiple updates can be provided, or one can be selected to be the focus of the Status Update narrative.

2. *What was the impact of the improvement?*

Describe the impact of the action. If available, include the *specific* findings of the subsequent outcome assessment and how they compare to the previous findings (i.e., the findings which prompted the action in the first place). Avoid vague statements such as “the target wasn’t met in the previous report.”

For example: In AY22-23, 68% of help requests were solved within three business days. After implementing the action, the percentage of help requests solved within three business days increased to 75%.

If assessment results were not improved, briefly discuss how the unit intends to further improve outcome achievement in the future.

If an action has not yet been fully implemented and/or the outcome has not yet been re-assessed post-action, indicate when the unit intends to be able to re-assess and report the outcome results.

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 reporting 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 do not 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 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 may not be a previous action on which to provide an update. This can simply be stated in the text boxes.

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

A: No, this is not an issue. It is expected that assessment methodology will evolve over time, so it may well be the case that pre and post data are not directly comparable. Instead, opt for a holistic comparison, instead. Reflection on the efforts made to improve outcomes is more important than ensuring directly comparable assessment results.

OIEE Comments

OIEE staff review all Assessment Reports, provide comments, and assign a Compliance Indicator (CI). CIs are simply meant to inform Program Coordinators and unit leadership of how well documentation requirements were met and to identify which units might benefit from additional support.

<i>Compliance Indicator</i>	<i>Criteria</i>
Exemplary	<p>The report goes beyond minimum requirements. This generally includes the following:</p> <ul style="list-style-type: none"> ● 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 applicable) are appropriately disaggregated by location and/or student population. ● The use of results is clear, detailed, and focused on improving the unit’s services for the student populations it serves.
Sufficient	<p>All minimum requirements are met. For example:</p> <ul style="list-style-type: none"> ● Each outcome has at least one measure, and all measures are aligned with their respective outcomes. ● The report is clear overall. Some areas could be strengthened by including more detail. ● The use of results is focused on unit improvement. The planned execution may not be fully clear, but the intent is.
Needs Improvement	<p>All minimum requirements are met, but one or more of the following is true:</p> <ul style="list-style-type: none"> ● The assessment process is difficult to follow and may not be clearly replicable. ● Components of the report may be misaligned (e.g., the measure does not align with the outcome). ● Findings may not be disaggregated (i.e., by location and/or student population, if relevant). ● The use of results may not be focused on improvement of the unit (e.g., a change to assessment plan and/or scheduling a meeting to discuss results). The use of results may not be clearly tied to findings or may not address one or more of the noted student populations.
Noncompliant	<p>Report was not submitted, or one or more required components of the report is missing (outcome, measure, findings statements, and/or use of results). The report does not demonstrate a commitment to continuous improvement.</p>

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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