**Service Area Outcomes (SAOs)**

**Program Outcomes Assessment Report – Phase I (form in progress Oct 2009)**

**“Department Mission Statement or Program Description & Identification of Outcome(s)”**

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| **Date:** | **November 24, 2009** |  |  |
| **The Department Name:** | **Disabled Student Programs and Services** |  |  |
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| **Contact Person & Others Involved in Process:** | **Lead: Ted Ceasar Others: Norma Nava, Raquel Garcia, Maria Neely, Lorena Campas** |

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| **The mission of the Imperial Valley College Disabled Student Programs and Services is to foster excellence in education by ensuring that students with disabilities have access to all courses, programs, services, and activities by providing services and disability related educational accommodations to assist students with disabilities in achieving their educational and career goals.** |

**Mission Statement or Description of the Department or Program:**

**Institutional Learning Outcomes Supported: Please check the ISLOs that are supported by your program:**

**\_\_\_\_ISLO1** = communication skills; \_\_\_\_I**SLO2** = critical thinking skills; \_\_X\_\_**ISLO3** = personal responsibility;

\_\_\_\_I**SLO4** = information literacy; \_\_\_\_I**SLO5** = global awareness

**Program-level Outcomes and ways to assess: (Please choose 1-3)**

**Please identify at least one outcome and assessment method, and estimated date for the completion of Section II. Please keep in mind the Comprehensive Program Review Schedule.**

**Service Areas (Student Services, Financial Aid, Student Affairs, etc.): Please analyze at least one Outcome per year.**

1.Outcome #1: Students will demonstrate self-advocacy by initiating timely requests for appropriate services and/or educational accommodations.

Est. Completion Date: June 30, 2010 Way(s) to assess: Review of students’ records.

2.Outcome #2: Students will identify and utilize appropriate campus and community resources.

Est. Completion Date: June 30, 2010 Way(s) to assess: Review of students’ records.

3.Outcome #3:

Est. Completion Date: Way(s) to assess:

**Once Section I is completed, please send e-copy & mail hard copy to SLO Coordinator. Then at the end of the data collection/assessment period, please analyze data with co-workers and other members of the IVC community, and complete Section II.**

**Service Area Outcomes**

**Program Outcomes Assessment Report – Phase II**

**“Assessment of Program-level Learning Outcomes”**

**In this section, please re-state each outcome and indicate the method(s) of assessment, provide a summary of the results, and tell how your program will use this information to improve student learning. Each Goal should have at least one Method of Assessment. To encourage collaboration and the sharing of ideas, you are encouraged to share your outcomes, assessment data, and findings with all available members of your department or program. Please list the names of all faculty, staff, and students who were involved in summarizing or evaluating the data. The names may differ from those on Section I.**

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| **Date:** |  |  |  |

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| **Contact Person/Others Involved in Process:** | **Lead: Others:** |

**Outcome #1 (please repeat here):**

1. **First Method of Assessment:**
   1. How did you assess Outcome #1?
   2. Provide a summary of results:
   3. How will your program use this information to improve student learning or services?
   4. What is your Timeline for Program Modifications or Response to Data?
2. **Second Method of Assessment**:
   1. How did you assess Outcome #1?
   2. Provide a summary of results:
   3. How will your program use this information to improve student learning or services?
   4. What is your Timeline for Program Modifications or Response to Data?
3. **Third Method of Assessment**:
   1. How did you assess Outcome #1?
   2. Provide a summary of results:
   3. How will your program use this information to improve student learning or services?
   4. What is your Timeline for Program Modifications or Response to Data?

**Outcome # 2 (please repeat here):**

1. **First Method of Assessment**:
   1. How did you assess Outcome # 2?
   2. Provide a summary of results:
   3. How will your program use this information to improve student learning or services?
   4. What is your Timeline for Program Modifications or Response to Data?
2. **Second Method of Assessment**:
   1. How did you assess Outcome # 2?
   2. Provide a summary of results:
   3. How will your program use this information to improve student learning or services?
   4. What is your Timeline for Program Modifications or Response to Data?
3. **Third Method of Assessment**:
   1. How did you assess Outcome # 2?
   2. Provide a summary of results:
   3. How will your program use this information to improve student learning or services?
   4. What is your Timeline for Program Modifications or Response to Data?

**Outcome # 3 (please repeat here):**

1. **First Method of Assessment**:
   1. How did you assess Outcome # 3?
   2. Provide a summary of results:
   3. How will your program use this information to improve student learning or services?
   4. What is your Timeline for Program Modifications or Response to Data?
2. **Second Method of Assessment**:
   1. How did you assess Outcome # 3?
   2. Provide a summary of results:
   3. How will your program use this information to improve student learning or services?
   4. What is your Timeline for Program Modifications or Response to Data?
3. **Third Method of Assessment**:
   1. How did you assess Outcome # 3?
   2. Provide a summary of results:
   3. How will your program use this information to improve student learning or services
   4. What is your Timeline for Program Modifications or Response to Data?

**Once Section II is completed, please send e-copy & mail hard copy to SLO Coordinator. Thank you very much for taking part in outcomes and assessments.**