**Service Area Outcomes (SAOs)**

**Phase I: Department Mission Statement or Program Description & Identification of Outcome(s)**

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| **Date:** | **June 30, 2011** |  |  |
| **The Department Name:** | **Academic Services** |  |  |

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| **Contact Person & Others Involved in Process:** | **Lead: Others:**  **Kathy Berry, CIO Linda Amidon, Dixie Krimm, Martha Navarro, Matthew Thale** |

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

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

**\_\_X\_\_ILO1** = communication skills; \_\_\_\_I**LO2** = critical thinking skills; **\_X\_\_** **ILO3** = personal responsibility;

**\_X\_\_**I**LO4** = information literacy; \_\_\_\_I**LO5** = 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:  **Improve the timely submission of final grades**

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

**June 30, 2012 Document (1) the dates that grades are entered into WebStar and (2) the dates that final grades and supporting documents are submitted to the Instruction Office, for fall and spring terms in 2010-2011 and 2011-2012 academic years, and compare the data.**

2.Outcome #2: **Post all SLOs in CurricUNET**

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

**June 30, 2012 SLO status report**

3.Outcome #3: **Determine student opinion concerning the online schedule and online catalog**

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

**June 30, 2012 Student Survey**

**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**

**Phase II: Assessment of Service Area 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.**