

## Service Area Outcomes (SAOs)

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

Date:	June 7, 2012
The Department Name:	Campus Safety & Parking Control Department

Contact Person & Others Involved in Process:	Lead:	Others:
	Tim Nakamura	Gina Madrid

Mission Statement or Description of the Department or Program:	Through crime prevention, awareness, professionalism and training we will preserve a learning environment that supports campus safety, academic freedom, respect for diversity, fair and equal treatment to all and an open exchange of ideas.
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#### Institutional

<input checked="" type="checkbox"/> ILO1 = communication skills; <input type="checkbox"/> ILO2 = critical thinking skills; <input type="checkbox"/> ILO3 = personal responsibility; <input type="checkbox"/> ILO4 = information literacy; <input checked="" type="checkbox"/> ILO5 = global awareness
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#### 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: Changing the campus culture/mind frame regarding emergency preparedness.

Est. Completion Date: 12/2012                      Way(s) to assess: Educating the campus through lunch time demonstrations and free training.

2.Outcome #2:

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

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

### 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.

Date:

Contact Person/Others  
Involved in Process:

Lead:

Others:

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

##### 1. First Method of Assessment:

- a. How did you assess Outcome #1?
- b. Provide a summary of results:
- c. How will your program use this information to improve student learning or services?
- d. What is your Timeline for Program Modifications or Response to Data?

##### 2. Second Method of Assessment:

- a. How did you assess Outcome #1?
- b. Provide a summary of results:

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

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

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

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

**1. First Method of Assessment:**

- a. How did you assess Outcome # 3?
- b. Provide a summary of results:
- c. How will your program use this information to improve student learning or services?
- d. What is your Timeline for Program Modifications or Response to Data?

**2. Second Method of Assessment:**

- a. How did you assess Outcome # 3?
- b. Provide a summary of results:
- c. How will your program use this information to improve student learning or services?
- d. What is your Timeline for Program Modifications or Response to Data?

**3. Third Method of Assessment:**

- a. How did you assess Outcome # 3?
- b. Provide a summary of results:
- c. How will your program use this information to improve student learning or services?
- d. 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.**