**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:** | **Feb 10, 2010** |  |  |
| **The Department Name:** | **Business Office** |  |  |

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| **Contact Person & Others Involved in Process:** | **Lead: Carlos Fletes Others: Marcia Reyes, Betty Kakiuchi, Ana Rojas, Phyllis Gilliam** **and Mary Carter** |

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| **The Business Office is in charge of collecting all student fees and disbursing all financial aid****payments and refunds to students.** |

**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;

\_X\_\_I**SLO4** = information literacy; \_X\_\_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: Continue to increase student participation in the electronic delivery of refunds/financial aid payments via IVC

 Debit Card or ACH

Est. Completion Date: June 2010 Way(s) to assess: Higher One Bank disbursement statistics report and IVC’s own reports

2.Outcome #2: Increase awareness of students of their ability to pay fees online themselves by using their debit/credit cards.

Est. Completion Date: June 2010 Way(s) to assess: Cashier will keep track of students being referred by to pay fees online.

 also, we will get reports out of banner that show the number of credit/debit card transactions and the total

 dollar amount.

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.**