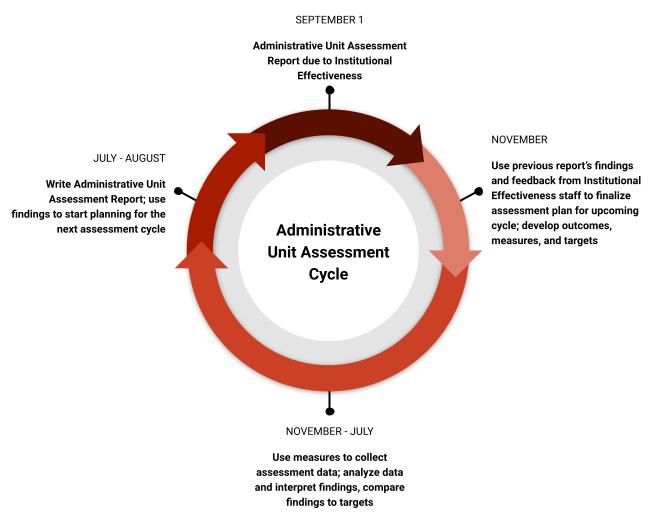
**Administrative Unit Assessment Exemplar**

**Please read:**

* The ultimate goal of the administrative unit assessment process is to **seek improvement, not demonstrate performance**. In other words, the goal of this process is to document your unit’s efforts to improve its services, products, processes, and functioning. **Outcomes should focus on areas that the unit wants to optimize, instead of areas that have already been optimized**.
* Please complete the administrative unit summary information below.
* Reminders for Table 1: Administrative Unit Outcomes (AUOs).
  + Prompts are provided in each column header to guide you in completing the template.
  + Each unit should have **a total of 3 to 5** AUOs.
  + Please measure and provide findings and comments on findings for **at least 3** of your AUOs each year.
  + All AUOs should be measured **at least twice** in a 5-year period.
  + **Please list all of your AUOs** and their corresponding measures and targets in the report, even those that were not measured this year.
  + **An action plan** should be provided for AUOs where targets were not met. If all targets are met, please provide an action plan for at least one AUO.
* Reminders for Table 2: Student Learning Outcomes (SLOs).
  + Prompts are provided in each column header to guide you in completing the template.
  + **Not all administrative units will have SLOs**. If your unit directly impacts student learning and development, you should be measuring at least 1 SLO each year.
  + If your unit has SLOs, **please list all of them** with their corresponding measures and targets, even those that were not measured this year.
  + Please also provide findings and comments on findings for **any SLOs measured** during the academic year.
  + Please provide **an action plan** for any SLO where targets were not met.

Reports for the 2022-2023 academic year are due by **September 1, 2023**. Please submit reports via email to Lauren Bryant, Assistant Director of Institutional Effectiveness, at [labryant@vt.edu](mailto:labryant@vt.edu). Please also feel free to contact Lauren for additional assistance or guidance. For examples of AUOs and SLOs based on unit type, FAQs, or to see our data visualizations based on AUA data, please visit: <https://aie.vt.edu/institutional-effectiveness/administrative-unit-assessment.html>

**Unit Summary:**

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| --- | --- | --- |
| Academic Year | 2022-2023 |  |
| Administrative Unit Name | [Unit Name] |  |
| Administrative Unit Lead | Ellen Smith |  |
| Assessment Point of Contact | Ellen Smith |  |
| Mission Statement | [Unit Name] |  |

**Table 1: Administrative Unit Outcomes (AUOs)**

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| --- | --- | --- | --- | --- | --- | --- |
| ***Administrative Unit Outcomes (AUOs)***  *Please include all of your AUOs, even those not measured this year.* | ***Assessment Measures***  *Please include a measure for each AUO, even those not measured this year.* | ***Targets***  *Please include a target for each AUO, even those not measured this year.* | ***Findings***  *Please include findings for each AUO measured this year, and please state whether or not each target was met.* | ***Reflecting on Findings***  *For each AUO measured: What do these findings mean to your unit? When do you plan to measure the outcome again? Are you considering making changes to your assessment plan based on these findings?* | ***Action Planning***  *Is the unit planning any changes or other improvements based on these findings? An action plan should be included for all AUOs with unmet targets.* | ***Reflecting on Past Action Planning***  *What action plans have been implemented for this outcome in the past? How have those changes affected unit quality or efficiency?* |
| **AUO #1:**  **Example from an Admissions Office:**  Serve as a link between higher education and the community to advise students, parents, and community members on the opportunities provided at Virginia Tech. | **Measure 1:** Track the number of outreach activities during the 2020-2021 year, categorizing outreach activities into three categories: Educational Partners Outreach, Corporate/Community Outreach, On-Campus Outreach. | **Target for Measure 1:**  The criteria for 2020-2021 is to increase the number of outreach activities by at least 2% (an additional 75 events). | **Findings for Measure 1:**  During the 2020-2021 fiscal year, the Admissions Team participated or led 3900 outreach activities. This constitutes a 4.6% increase from 2019-2020. Therefore, the target was met. | **Comment on Findings for Measure 1:**  The findings for Measure 1 surpassed the target goal for the fiscal year. Due to increased communication and support from Educational, Corporate, and Community partners, the Admissions team had increased opportunities for outreach.  These findings will impact the assessment process going forward as the Admissions team sets targets for the next year and considers the factors that resulted in surpassing the target and if they are sustainable moving forward. | **Action Plan for Measure 1:**  Based on the current assessment findings, the Admissions team met to discuss setting the new target for 2021-2022. Based on the new partnerships, the team feels that they can achieve even higher numbers of outreach activities. However, for the next year the team will monitor the three categories separately, as opposed to monitoring the aggregate total of all outreach activities. This will give the office the opportunity to identify if the team is weaker in one of the outreach areas over the others. The Assessment contact in the office for this measure for the 2021-2022 fiscal year, will be Jane Doe, Assistant Director. | **Comments on Previous Action Plans for Measure 1:**  At the end of the 2019-2020 assessment cycle, the Admissions team created an Action Plan to increase communication and support from Educational, Corporate, and Community partners to have more opportunities for outreach. The Action Plan proved to be successful, with an increase in outreach activities of 4.6% for the 2020-2021 fiscal year. |
| **AUO #2:**  **Example from an Admissions Office:**  The Admissions Team will engage in ongoing professional development to maintain industry expertise. | **Measure 1:**  Track the Admissions Team members’ attendance and/or number of presentations at conferences. | **Target for Measure 1:**  At least 40% of faculty/staff will attend or present at a conference annually. | **Findings for Measure 1:**  For the 2020-2021 fiscal year, 29% of faculty/staff in the Admissions office attended or presented at a conference. The target was not met for this measure. | **Comment on Findings for Measure 1:**  The findings for Measure 1 show that the Admissions office did not meet the target of providing professional development to at least 40% of the faculty/staff by the way of attending or presenting at a conference. Unfortunately, the budget only allowed for 29% of the faculty/staff to attend or present at conferences with expenses paid by the office.  These findings will impact the assessment process going forward, because the findings show the need for creating more opportunities for professional development other than attending or presenting at conferences. | **Action Plan for Measure 1:**  After reviewing the current assessment findings and considering the result of the 2020-2021 budget proposal, the Admissions Office has created a new Action Plan of providing more “in-house” professional development for faculty/staff when necessary funds are not available to send at least 40% of them to a conference annually. The measure for this outcome for 2021-2022 will represent additional “in-house” possibilities for professional development. The assessment contact in the Admissions office for this measure will be Jane Doe, Assistant Director. | **Comments on Previous Action Plans for Measure 1:**  At the end of the 2019-2020 assessment cycle, the Admissions Office created an Action Plan in the form of a budget proposal to request increased funding to send more faculty/staff to conferences. Unfortunately, the budget proposal was not approved and the office did not meet the target of sending at least 40% of the faculty and staff to a conference in 20-21. |
| **AUO #3:**  **Example from an Office of Registration and Records:**  Ensure a timely, accurate, and user-friendly student registration process. | **Measure 1:**  Track the time frame in which the course offerings are complete in the registration system. | **Target for Measure 1:**  The target is based on the desired week in the semester, in which the maintenance of the course offerings should be complete.  For the 2020-2021 academic year, the maintenance of the course offerings will be complete by at least the 10th week in the previous semester. | **Findings for Measure 1:**  For the Fall 2020 semester, the maintenance of the course offering was complete by week 9 of the previous semester.  For the Spring 2021 semester, the maintenance of the course offering was complete by week 10 of the previous semester.  The target was met for both semesters. | **Comment on Findings for Measure 1:**  The findings for Measure 1 show that the target was met for both semesters. This is a result of the Office of Registration and Records’ efforts in training and encouraging all faculty to assign books to their courses in a timely manner, and gaining the cooperation of the Deans in finalizing faculty rosters in a timely manner.  These findings impact the assessment process by showing that it was possible to meet the target after training Deans and faculty on the process. The office has chosen to maintain the current target for at least one more assessment cycle to fully monitor the impact before creating a more stringent target. | **Action Plan for Measure 1:**  The ORR has created a new Action Plan to better inform faculty regarding the processes for requesting classroom space and receiving notification more promptly. The Assessment Contact in the Office of Registration and Records for this measure for the 2021-2022 academic year is John Doe, Assistant Director. | **Comments on Previous Action Plans for Measure 1:**  At the end of the 2019-2020 assessment cycle, the Office of Registration and Records created an Action Plan to train all College Deans and faculty on how to create and assign faculty to rosters, as well as how to assign textbooks for each course. The ORR maintained communication throughout each semester and supported the Deans/faculty as they completed the process in a timely manner. As indicated by the findings for the 2020-2021 year, the Action Plan resulted in improvement. |
| **Measure 2:**  Track accuracy of the course offerings at the half-way point in the registration set-up process | **Target for Measure 2:**  At the half-way point in the set-up process for course registration, at least 80% of course offerings will be correct. | **Findings for Measure 2:**  This was not measured in 2020-2021. We are designing an efficient method of tracking course offering accuracy at the mid-way point in development. This measure will be used for the Fall 2021 registration process. | **Comment on Findings for Measure 2:**  N/A | **Action Plan for Measure 2:**  N/A | **Comments on Previous Action Plans for Measure 2:**  This is a new measure for this outcome; there are no previous action plans. |
| **Measure 3:**  By implementing a brief survey at the end of the course registration process, students will be asked to rate the user-friendliness of the course registration system. The rating will be on a scale of 1-5, with 1 being “not user-friendly at all” and 5 being “very user-friendly.” | **Target for Measure 3:**  80% of students who participate in the post-registration survey will rate the user-friendliness of the registration system as a 5: very user-friendly. | **Findings for Measure 3:**  This was not measured in 2020-2021.  The survey has been developed but integration with the registration is not complete. We anticipate implementing the survey in time for the Fall 2021 registration process. | **Comment on Findings for Measure 3:**  N/A | **Action Plan for Measure 3:**  N/A | **Comments on Previous Action Plans for Measure 3:**  This is a new measure for this outcome; there are no previous action plans. |
| **AUO #4:**  **Example from a Business Office**:  Maintain accurate and timely processing for accounts payable. | **Measure 1:**  Ensure accurate and timely processing for invoices during the 2019-2020 fiscal year. | **Target for Measure 1:**  At least 90% of invoices will be paid within payment terms. | **Findings for Measure 1:**  For the 2020-2021 fiscal year, 95% of all invoices were paid within payment terms. The target was met for Measure 1. | **Comment on Findings for Measure 1:**  The findings for Measure 1 indicate that the target was met, and more than 90% of invoices were paid within payment terms. This was the first year that the Business Office collected data on invoices for assessment purposes and the office was pleased to successfully meet the target.  These findings will impact the assessment process going forward by this being the first year of collecting such data, the office now has a better baseline idea of where to set the target. | **Action Plans for Measure 1:**  After reviewing the current findings, the Business Office will use the findings as a target baseline going forward. The 2021-2022 Action Plan is to become more efficient on the data collection process and create similar processes for data collection in other areas of the office. The Assessment Contact for this measure for the upcoming fiscal year will be Jane Doe, Assistant Director. | **Comments on Previous Action Plans for Measure 1:**  At the end of the 2019-2020 assessment cycle, the Business Office decided to start assessing the accurate and timely processing for accounts payable. An Action Plan was created at that time to develop a process for collecting the necessary data. The Action Plan resulted in the creation of an efficient process and the office now has a system in place to continuously assess this measure. |

**Table 2: Student Learning Outcomes (SLOs) – if applicable**

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| ***Student Learning Outcomes (SLOs)***  *Please include all of your SLOs, even those not measured this year.* | ***Assessment Measures***  *Please include a measure for each SLO, even those not measured this year.* | ***Targets***  *Please include a target for each SLO, even those not measured this year.* | ***Findings***  *Please include findings for each SLO measured this year, and please state whether or not each target was met.* | ***Reflecting on Findings***  *For each SLO measured: What do these findings mean to your unit? When do you plan to measure the outcome again? Are you considering making changes to your assessment plan based on these findings?* | ***Action Planning***  *Is the unit planning any changes or other improvements based on these findings? An action plan should be included for all SLOs with unmet targets.* | ***Reflecting on Past Action Planning***  *What action plans have been implemented for this outcome in the past? How have those changes affected student learning?* |
| **SLO #1:**  **Example from a student health and wellness area:**  Peer educators will be able to provide accurate general health information to students in presentations and programming. | **Measure 1:**  Peer educators in training will perform mock presentations on general student health and wellness before they conduct live sessions. The mock presentations will occur in front of other peer educators as well as staff in the wellness unit. The presentations will be scored (by peers and staff) using a rubric designed to rate students’ accuracy in delivering information in six key areas of the presentation. The rubric rating scale is as follows: Developing, Competent, Exemplary. Students must receive a rating of Competent on two mock presentations prior to conducting live sessions. | **Target for Measure 1:**  80% of peer educators in training will achieve a rating of Competent on all six areas on the rubric after their first attempt of the mock presentation. | **Findings for Measure 1:**  After their first attempts of the mock presentations, 75% of peer educators in training received a rating of Competent. The target was not met. | **Comments on Findings for Measure 1:**  The findings did not meet our target goal of 80%. By the end of their training, and after conducting three mock presentations, 80% of peer educators in training received competent ratings.  Moving forward, we will continue to strive for the 80% Competent target after one mock presentation, in an attempt to get peer educators to a basic level of knowledge earlier in their training so that deeper subjects can be covered in their first year as a peer educator. | **Action Plans for Measure 1:**  For 21-22, we will continue to cover the six key wellness areas early in the curriculum, and will add an additional week spent on the material with a corresponding quiz in an attempt to meet our target. | **Comments on Previous Action Plans for Measure 1:**  The previous year, 68% of our peer educators in training received a rating of Competent after one mock presentation. There has been improvement as a result of the 19-20 action plan, where the curriculum was revised to place greater emphasis on the six key areas of wellness earlier in their training. |
| **SLO #2:**  **Example from a student health and wellness area:**  After attending a “Making Positive Choices” workshop, students will be able to identify ways to reduce high-risk substance abuse behaviors. | **Measure 1 (direct measure):**  Students attending “Making Positive Choices” workshops will receive a post-workshop evaluation. Open-ended questions on the survey will ask students to list examples of high-risk substance abuse and ways to reduce those behaviors. | **Target for Measure 1:**  70% of students who take the post-workshop evaluation will be able to identify three examples of high-risk substance abuse behaviors and associated ways to decrease those behaviors. | **Findings for Measure 1:**  Out of the 35 students who took the evaluation following the “Making Positive Choices” workshops, 25 (71%) of them were able to list three examples of high-risk substance abuse behaviors with ways to decrease each behavior on the evaluation. The target was met. | **Comments on Findings for Measures 1 and 2:**  Even though the targets were met for this outcome, there appears to be a discrepancy between students’ perception of their knowledge about substance abuse behavior and what they actually know. Eighty-eight percent of students completing the assessment agreed that they knew the behaviors and ways to reduce them, but 71% were actually able to list the behaviors and strategies for reducing them.  The students participating in these workshops are students who need to actually reduce their high-risk behaviors- not just think that they can. Moving forward, the program will incorporate more direct assessment of high-risk behaviors as well as other key knowledge areas regarding substance abuse. Additionally, we will develop this into a two-part workshop that can be more interactive for participants. | **Action Plans for Measures 1 and 2:**  Work has already begun to revamp the “Making Positive Choices” workshop into a two-part series and incorporate more opportunities to test students’ knowledge throughout the series. Jane Doe is primarily responsible for program delivery and will work closely with John Doe on the assessment process. | **Comments on Previous Action Plans for Measures 1 and 2:**  The 19-20 academic year was the first year this outcome was measured, so there are no previous action plans. |
| **Measure 2 (indirect measure):**  Students who attend “Making Positive Choices” will receive a post-workshop evaluation. The survey will ask students to rate their level of understanding of high-risk behaviors and how to reduce those behaviors. The scale used in the evaluation is: Strongly Disagree, Disagree, Agree, Strongly Agree. | **Target for Measure 2:**  80% of students who take the post-workshop evaluation will Agree or Strongly Agree that they understand what constitutes high-risk substance abuse behaviors and strategies to reduce those behaviors. | **Findings for Measure 2:**  Of the 35 students that participated in the post-workshop evaluation, 88% agreed that they understand what constitute high-risk substance abuse behaviors and strategies to reduce the behaviors. The target was met. |

**Feedback on Administrative Unit Assessment – optional**

* What can Institutional Effectiveness do to better support you and your unit in this process?
* What challenges or barriers are making this process more difficult or less useful for you and your unit?
* What changes would you make to the Administrative Unit Assessment process?
* What additional information not included in the tables above would you like us to know?

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