## Assessment Plan Review Rubric Administrative Unit – Assessment Plan Quality Review

| Unit/Department Name:   |                   |                  | Assessment Cycle: | 2022-2023 |  |  |  |  |  |  |
|---|-------------------|------------------|-------------------|-----------|--|--|--|--|--|--|
| Mission Statement   |                   |                  |                   |           |  |  |  |  |  |  |
|   | Meets<br>Criteria | Update<br>Needed | Comments          |           |  |  |  |  |  |  |
| Aligns with the university and division mission and strategic plans   |                   |                  |                   |           |  |  |  |  |  |  |
| Provides a clear and concise description of the department or unit purpose  |                   |                  |                   |           |  |  |  |  |  |  |
| Outcomes  |                   |                  |                   |           |  |  |  |  |  |  |
| At least three outcomes (Administrative and/or Stude Outomes)   | ent 📗             |                  |                   |           |  |  |  |  |  |  |
| Are specific and measurable   |                   |                  |                   |           |  |  |  |  |  |  |
| Assessment Methods  |                   |                  |                   |           |  |  |  |  |  |  |
| Summarize the process to collect information including details of the assessment instrument   | ng 🗌              |                  |                   |           |  |  |  |  |  |  |
| One-three measures are used to assess each outcome  |                   |                  |                   |           |  |  |  |  |  |  |
| May include direct and indirect assessment measures   |                   |                  |                   |           |  |  |  |  |  |  |
| Appropriate assessment instruments are related  |                   |                  |                   |           |  |  |  |  |  |  |
| Criteria for Success  |                   |                  |                   |           |  |  |  |  |  |  |
| Specifically align with measures and outcomes   |                   |                  |                   |           |  |  |  |  |  |  |
| Represent a reasonable "stretch" to emphasize qualit  | у 🗌               |                  |                   |           |  |  |  |  |  |  |
| Assessment Results  |                   |                  |                   |           |  |  |  |  |  |  |
| Include populations and sample size; #/% who met the success criteria   | e $\square$       |                  |                   |           |  |  |  |  |  |  |
| Results are disaggregated by delivery method and/or instructional sites when applicable   |                   |                  |                   |           |  |  |  |  |  |  |
| Results align with corresponding threshold success criteria   |                   |                  |                   |           |  |  |  |  |  |  |
| Sample support documents are provided   |                   |                  |                   |           |  |  |  |  |  |  |
| Analysis & Action Plan for Seeking Improvement  |                   |                  |                   |           |  |  |  |  |  |  |
| An analysis of each assessment result has been completed and, when applicable, used to plan for continuous quality (Service, process, and/or Assessme | ent)              |                  |                   |           |  |  |  |  |  |  |

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| "Closing the Loop" Follow-Up Statements for 2022-2023 AY Action Plans |        |           |  |  |       |  |  |  |  |
|---|--------|-----------|--|--|-------|--|--|--|--|
| A summary of the implementation and/or effect                         | of     |           |  |  |       |  |  |  |  |
| previous action plans is documented                                   |        |           |  |  |       |  |  |  |  |
| Overall   |        |           |  |  |       |  |  |  |  |
| The department or unit staff identify expected                        |        | Comments: |  |  |       |  |  |  |  |
| outcomes, analyze the extent to which outcome                         | es are |           |  |  |       |  |  |  |  |
| achieved, and determine continuous improvement                        | ent    |           |  |  |       |  |  |  |  |
| planning based on assessment results.                                 |        |           |  |  |       |  |  |  |  |
|   |        |           |  |  |       |  |  |  |  |
| Reviewers   |        |           |  |  |       |  |  |  |  |
| AIE Office:   |        |           |  |  | Date: |  |  |  |  |
|   |        |           |  |  |       |  |  |  |  |
| Department:   |        |           |  |  | Date: |  |  |  |  |
|   |        |           |  |  |       |  |  |  |  |
| Supervisor:   |        |           |  |  | Date: |  |  |  |  |
|   |        |           |  |  |       |  |  |  |  |