



# BETHLEHEM UNIVERSITY

## QUALITY ASSURANCE AND ENHANCEMENT OFFICE

### Quality Assurance & Institutional Effectiveness Manual

June 2022



*This Quality Assurance and Institutional Effectiveness Manual should be read in conjunction with the Academic Quality Assurance Manual of Bethlehem University, as both documents provide guidance and transparency to University employees, students and other stakeholders on the University's quality assurance system.*



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## Abbreviations

AQAC	Academic Quality Assurance Committee
BU	Bethlehem University
DoS	Deanship of Student Affairs
HEI	Higher Education Institutions
IE	Institutional Effectiveness
IQC	Internal Quality Cell
IRU	Institutional Research Unit
ISO 9001	International standard that specifies requirements for a Total Quality Management (TQM) system
KPIs	Key Performance Indicators
QA	Quality Assurance
QAEO	Quality Assurance and Enhancement Office
QAF	Quality Assurance Framework
QMS	Quality Management System
TQM	Total Quality Management



## 1. Bethlehem University : Vision, Mission, Goals and Core Values

### Background

The foundations of Bethlehem University (BU) have been built on a sound curriculum for its time. However, since 1973 things have changed and it is time to adapt to new conditions. In 2018 the University set out a detailed Strategic Plan for the period till 2023. In 2020, the year of the Covid-19 pandemic Bethlehem University opened itself to a comprehensive review of its activities, and as a consequence has made some significant adjustments to its ways of working, while maintaining its mission as a Christian/Lasallian university serving the people of Palestine.

The reality of Bethlehem University almost fifty years after its foundation is that it is in a more competitive world, locally and globally. Its graduates now serve Palestinian society and are also part of a diaspora in which they enrich the world by their gifts, their knowledge and skills and by their spiritual openness. Their attachment to Palestine is often enhanced by their university experiences.

There is a need to shift towards the practical value of knowledge and skills that better fit students for life and better meet the aspirations of the young people in Palestine. In doing this it is important to acknowledge the value of a liberal arts heritage and what an educated person can contribute to a modern society.

### BU Vision

"Bethlehem University, being a Christian witness in the Holy Land, aspires to be a leader in higher education in the service of the integral development of its students and Palestinian society."

### BU Mission

" Strategically situated in the birth place of Jesus, Bethlehem University is a Catholic institution of tertiary education in the Lasallian tradition.

Bethlehem University provides quality education which forms the whole person: intellectually, emotionally, socially, physically, and spiritually. This is undertaken in the context of a learning community: in which each person learns with, for and from each other; and that provides mind- and heart-touching transformative learning experiences.

Its inherited pursuit of truth through the study of the humanities and the sciences, drives Bethlehem University, as a research-informed teaching institution, to serve as a center for the ethical production, advancement, sharing and application of theoretical and practical knowledge.

The University emphasizes excellence in academic programs through their regular review and adopting best practices. The experiences of students at Bethlehem University open doors for them to enter careers in various professions with competence, confidence and character; and fosters the development of students as



committed citizens prepared to assume leading positions in their careers, in Palestine, and internationally."

### **BU Strategic Goals**

1. To be a research-informed teaching university.
2. To be a financially sustainable university.
3. To achieve an expanding local and international reach for securing funds.
4. To be an effective and efficient university.
5. To enhance the quality of student life through creating and maintaining a dynamic, social, innovative and cultural life that compliments academic activity.
6. To enhance the Human Resources element.
7. To expand and enhance the quality of service to the community and partnerships.

### **BU Core Values**

- Respect for the dignity of each person and all peoples and faiths.
- Self-giving which leads to fraternity out of which solidarity grows.
- Service grounded in sharing the gifts and talents we received for the common good.
- Faith, hope and love which encourage the enactment of justice.
- Academic freedom which allows the pursuit of truth.
- Integrity born of open-mindedness and transparency.
- Hospitality which is inviting and inclusive.

## **2. BU Organizational Structure**

The organizational structure of BU embraces the following offices:

1. Office of the Vice Chancellor,
  2. Office of the Executive Vice President,
  3. Office of the Vice President for Finance, Advancement and Estates,
  4. Office of the Vice President for Human Resources; and
  5. Office of the Vice President for Academic Affairs.
- 
1. The Office of the Vice Chancellor is the overarching body that oversees all offices and divisions in the university including the Office of Institutional values.
  2. The academic support divisions that fall under the office of the Executive Vice President are:
    1. Information Technology Services Office;



2. Marketing and Communications Office;
  3. Quality Assurance and Enhancement Office;
  4. Dean of Students Office;
  5. Library;
  6. Event Management Unit; and
  7. Institutional Research Unit.
3. The financial resources divisions that fall under the office of the Vice President for Finance, Advancement and Estates are:
1. Advancement Unit;
  2. Estates Management Unit (Engineering, Maintenance, Cleaning, Gardening, Security);
  3. Business and Contracts Unit;
  4. Payroll Unit;
  5. Student Finance Unit;
  6. Accounting Unit;
  7. Grant Comptroller Unit;
  8. Social Survey Unit; and
  9. Financial Analyst.
4. The human resources division that falls under the office of the Vice President for Human Resources is:
1. Human Resources Office.
5. The academic divisions that fall under the office of the Vice President for Academic Affairs are:
1. Academic Senate (including AQAC and other committees);
  2. Faculties (including Academic Departments, Research Centers/ Institutes, Incubators);
  3. Dean of Research Office;
  4. Registrar Office;
  5. Internationalization Office; and
  6. Institute for Community Engagement and Partnership.

To ensure the Institutional Effectiveness (IE) of the University, all divisions are subject to internal assessment processes. Additionally, certain divisions require further external reviews regularly to ensure compatibility with international standards in different areas including Institutional Research, Information Technology Services, Finance and HR.



### 3. BU Quality Assurance and Enhancement Office (QAEO)

#### i) Vision Statement:

“The Quality Assurance and Enhancement Office looks to instill and develop optimal quality standards and best practices in all academic and non-academic divisions of Bethlehem University.”

#### ii) Mission

“The Quality Assurance & Enhancement Office creates consciousness of the highest quality standards and best practices, and promotes compliance thereto for the efficient and effective delivery of teaching, learning, research, community engagement, administration and the overall operations of Bethlehem University. This is achieved through the development, implementation, monitoring, evaluation and continuous quality improvement and enhancement in all activities and outputs in the University.”

#### iii) Goals

1. Layout, build and continuously improve the structure of a Quality Management System (QMS) to ensure that quality operations are coordinated, monitored and managed with maximum effectiveness.
2. Promote and facilitate development of a culture of quality and continuous quality improvement and enhancement across the University.
3. Develop instruments to detect, evaluate and tackle processes’ deficiencies and/or deviations in cooperation with the Internal Quality Cells (IQCs) in the divisions.
4. Provide support, guidance and training in development, implementation and assessment of quality procedures and practices to employees at all levels which deemed necessary to realize the Vision and Mission of the University as well as uphold its core Values.
5. Ensure quality communication between the University’s different divisions, and properly document all interrelated processes and procedures.
6. Pursue obtaining external institutional and academic accreditation from official national and international quality bodies.

#### iv) Quality Assurance Policy Statement

Through its Strategic Plan, Bethlehem University (BU or the University) has defined the direction that it should follow to serve and meet the changing needs of its target market and the society at large by providing quality higher education in Palestine. Key to achieving this strategy is the development of an effective and efficient Quality Assurance (QA) system underpinned by quality





teaching, learning experiences, research and community engagement, curriculum development, student progression monitoring, and activities that promote student wellbeing; in addition to quality governance and administrative systems that support the teaching, learning and research processes. In the effort to realize its vision, mission, values and goals which are emanating from the Catholic and Lasallian tradition, BU constantly monitors and systematically evaluates the implementation of all its mandated activities to ensure continuous quality improvement. Therefore, the University is committed to striving for excellence in teaching, learning, research, community engagement, governance and administration ensuring that all its implemented processes and operations are in line with standard quality-assured best practices.

**v) Intended Outcomes:**

The successful implementation of the QMS will result in outcomes that enhance:

- a. Quality Academic provision leading to improved student educational experience;
- b. Continuous professional development of faculty and staff leading to improved performance in key functions of the University;
- c. A spirit of continuous quality improvement and enhancement in the University's operations by faculty and staff;
- d. Satisfaction and confidence of society and stakeholders in the University's outputs; and
- e. Capacity to compete in the marketplace of higher education.

#### **4. Quality Assurance Framework**

Striving for quality is set in the context of the BU's Mission which generally defines quality as including both efficient operations and high-quality outcomes. Although the University's official policies, procedures, guidelines, manuals and strategic planning process guide the achievement of efficient operations and high-quality outcomes, the assurance of quality still requires the commitment and participation of all individuals in the University: administrators, faculty, staff, students and other stakeholders.

The Quality Assurance & Enhancement Office (QAEO) is responsible for the management of the institution's quality assurance activities, and is not responsible for guaranteeing the quality of any division's operations, accrediting or approving them. The responsibility for quality always remains with the delivering division, not with the QAEO. Instead, the role of the QAEO is to provide a framework, tools, support and a timetable through which these divisions conduct their internal quality assurance activities.



Figure 1: Quality Assurance Elements

This comprises several elements as shown above in (Figure 1), specifically encouraging internal divisions to think about:

- the external standards they are required to meet, the internal standards that they set themselves (**what**);
- the operations and procedures through which they seek to meet them (**how**);
- the data they collect to monitor performance (**evidence**);
- how they use data to amend and improve both their outcomes and their operations (**future action**).

To facilitate this reflection, the QAEO often manages a process of internal quality assurance reviews. Through this process, each operational division, academic and administrative, is invited to demonstrate how it responds to these questions. Often, an internal review will involve an assessment team, sometimes including an external member. The role of the assessment team is to consider how effectively the division conducts its affairs, to identify areas of good practice where it finds it, and to suggest areas of improvement where necessary.

By and large, a 'Quality Culture' has to prevail across BU, as the University's core values define the approach to all activities and set a strong foundation for supporting such culture. This requires a structured systematic system based on the following:

- a. Student Focus: recognizing that students are at the center of the University's activities and ensuring that the work contributes to continuous improvement in student success;



- b. Provision of High Quality Education: committing to world-class education relevant to student careers and community needs;
- c. Integrity, Transparency and Accountability: adhering to the highest ethical principles and working with integrity, transparency and accountability to create trust and credibility;
- d. Evidence-based Decision-making: basing decisions and planning on evidence, data and analysis, and developing and adopting efficient systems and procedures that support the university's core activities focusing on outcomes;
- e. Effective Communication: committing to effective, clear and timely communication with all University stakeholders (employees, students, alumni, donors, partners, suppliers, service providers and the local and international communities) using a variety of communication means;
- f. Positive Working Environment: supporting one another at work in a cooperative, safe and healthy environment;
- g. Respect for Diversity: respecting and seeking to sustain the deep-rooted values and the rich cultural heritage of Palestine.

In summary, the Quality Assurance Framework encompasses all University programs and services, and is based on regular cycle of planning, implementing, evaluating and assessing of the activities of teaching, learning, research, community engagement, resources and support services that are integrated and provided by a wide array of University units.

## 5. Quality Management System

### Quality Assurance Cycle in the Divisions

According to the American Society for Quality (ASQ), a Quality Management System (QMS) is defined as:

*"The organizational structure, processes, procedures, and resources needed to implement, maintain, and continually improve the management of quality."*

Bethlehem University has established, documented and implemented a QMS that is continuously monitored, evaluated and enhanced, including the processes needed and their interactions. As the University progresses, it is continually improving the overall effectiveness of its operations.

The QMS in which the BU functioning divisions act is based on an iterative cycle that continuously ask the following three questions (Figure 2):

- i. How we deliver our services?;
- ii. How well we deliver these services?; and
- iii. How we improve our services?



Figure 2: Quality Management System (QMS)

Since the University seeks to have a QMS that meets the expectations of the ISO 9001 standards related to Total Quality Management (TQM) approach, its QMS is established on a model of a continuous improvement cycle, which consists of four phases: Plan → Do → Check → Act (PDCA), and referred to as 'Deeming Cycle' (Figure 3):



Figure 3: "Deeming Cycle"

- **(Plan)**: the essential starting point in the model is to have a clear identification of the outcomes. Each main functioning division in the University, must set out its own outcomes to be aligned with the University's current strategic plan which is based on the University's Vision, Mission and Values. These divisions have to develop annual operational plans mapping what will be done to achieve each division's outcomes over the upcoming year, how the proposed

actions will be done, who will be responsible, and what will be measured to assess progress and how (i.e. developing suitable key performance indicators KPIs).

- **(Do)**: implement all planned actions according to the set out plan.
- **(Check)**: regularly assess or check of the progress achieved, thus, identifying anything that is not going according to the plan. Any deviation, if discovered, has to be tackled in a timely manner through exploring the reasons behind amiss work, inaction or even delay.
- **(Act)**: remove the roadblocks to progress or rectifying deviations from plan or even refining the expectations, in the lead-up to the next iteration of the cycle with a revised operational plan for the following year.

### Process-Driven Approach to Quality Management System

A “Process-Driven” approach to quality management (Figure 4) gives a holistic view of the stages involved in the quality assurance cycle employed at Bethlehem University. The iterative cycle commences with establishing a need for a process, and ends with implementing actions for continuous improvement, before beginning again.



Figure 4: Process-driven Approach to Quality Management



In demonstrating its commitment to the process-driven approach to quality management, the University:

- a. identifies the processes needed for the QMS and their application throughout the institution;
- b. maps the sequence and interaction of the processes within and across divisions;
- c. documents details for each process by developing the sequence of the respective steps;
- d. determines criteria and methods needed to ensure that both the operation and control of these policies, processes, and associated documents and records are effective;
- e. monitors, measures and analyses processes for compliance; and
- f. implements actions necessary to achieve planned results and continual improvement of these processes.

Accordingly, the following are the four main elements that support a successful and effective QMS:

- a. Management Responsibility – senior management’s commitment to supporting and sustaining the QMS;
- b. Resources - provision of resources for maintaining and improving the QMS;
- c. Educational and Administrative Services - development and delivery of quality programs and services that are relevant to the needs of the beneficiaries; and
- d. Measurement, Analysis and Improvement - establishment of reliable methods to monitor, assess and continually improve beneficiaries’ satisfaction level.

## 6. Administrative Assessment

Conducting internal administrative assessment in many Higher Education Institutions (HEIs) is becoming increasingly desired to know how well these institutions are doing and to improve their strategic planning efforts, decision support, resource allocation, and operational excellence. The Administrative Assessment is considered as a key part of ensuring and enhancing the Institutional Effectiveness (IE) of any institution. It is part of developing a culture of excellence, which is one of the core elements in the mission of Bethlehem University. Administrative Assessment provides insight into the strengths and weaknesses of student and administrative resources and support services and guides the implementation of changes to improve the output quality and beneficiary satisfaction level. This section is meant to provide background information about the assessment cycle as a whole at the University, and guidance as administrative divisions create assessment plans for their areas.

The administrative assessment process is best prepared and supported when a group of employees from a certain division participate in creating the mission, vision and outcomes of their division, as well develop measures to identify and evaluate the



success in accomplishing these outcomes; this is the role of the Internal Quality Cells (IQCs) inside the functioning divisions of BU. Administrative assessment should improve the performance of offices, departments, units, centers and institutes, not hinder them, and by progressing from year to year, it should provide evidence of continuous improvement within these divisions.

## 6.1 What is Assessment?

Assessment is not a self-study with a start date and end date; rather, it is a systematic and ongoing non-episodic process of gathering, analyzing, evaluating, documenting and communicating information to gauge a certain division's performance, then using the results to improve that division's performance, student learning and institutional effectiveness as a whole.

**Assessment is not a Performance Evaluation of Individual Staff Members**

As with academic divisions, administrative assessment of non-academic divisions needs to be ongoing, continuous and systematic as well. The mission of each division should relate directly to the University's mission, and the division's outcomes should be explicitly stated, measurable, and relate to the mission of that division.

Achievement of these outcomes should be assessed against targets or benchmarks, and the results of the assessment should be communicated and used to make changes to improve performance and effectiveness, allocate resources, and inform other decisions related to the division's area of responsibility.

In most of the HEIs, the administrative assessment process addresses the following three questions:

1. **What does the division try to do?** Clearly defining the division's mission, explicitly stated goals and desired outcomes;
2. **How well does the division do it?** Systematically gathering, analyzing and interpreting evidence to determine whether the division's performance matches the expectations/outcomes; and
3. **How can the division improve what it is doing?** Using the resulting interpretation to improve the ongoing operations, programs and services.

## 6.2 Why is Administrative Assessment needed?

The importance of conducting an administrative assessment can be summarized in the following four points:

1. **Improve** – The assessment process provides feedback to determine how the administrative division can be improved;
2. **Inform** – The assessment process informs division heads and other decision-makers of the contributions and impact of the administrative division to the development and growth of students, faculty, staff, and other stakeholders;



3. **Prove** – The assessment process encapsulates and demonstrates what the administrative division is accomplishing to students, faculty, staff, and other stakeholders; and
4. **Support** – The assessment process provides support for campus decision-making activities such as division self-assessment, strategic and operational planning, as well as external review activities.

Accordingly, the main purpose of the administrative assessment is to identify strengths and weaknesses in the functioning divisions and the services they provide, and using the gathered information to improve effectiveness and the experience of the University for its stakeholders.

### **6.3 Assessment Benefits to Administrators and Staff\*:**

1. *Clarifying the purpose and key functions of an administrative unit and its role in supporting the mission and goals of the institution.*
2. *Providing coherence and direction to the unit's work.*
3. *Providing personnel with clear expectations for their work.*
4. *Providing administrators and staff with information about how their functions and services are used and perceived by their customers or stakeholders.*
5. *Providing data to support administrators' decisions regarding improvements or changes to services.*
6. *Providing data to guide budgeting and resource allocation.*

\* (Adapted from The American University of Cairo Assessment Guide)

### **6.4 How does Administrative Assessment Process Work?**

At Bethlehem University, the annual cyclic administrative assessment process consists of two interconnected phases which yield:

1. An Assessment Plan Report (mission, vision, outcomes, measures and targets (benchmarks), and
2. An Assessment Results Comprehensive Report (gathering, analyzing and documenting the findings, and setting improvement/corrective actions).

Assessment plans are created at the start of the academic year, and comprehensive assessment reports reveal the results at the conclusion of the year. With information and data being collected on an ongoing basis throughout the year through different means, and in case such information reveals a deficiency (problem), and the division can identify immediate improvement action to remedy the deficiency, then the division should implement the corrective action(s) without any delay and should document it properly in the comprehensive assessment report.



The administrative assessment cycle at BU consists of six sequential steps summarized in (Figure 5) below, and resides with the Internal Quality Cell (IQC) of each division. Nevertheless, it is crucial for all the division's staff to assume the responsibility for designing, implementing, and carrying out the assessment process, as staff participation and ownership is essential in the success of the assessment process.

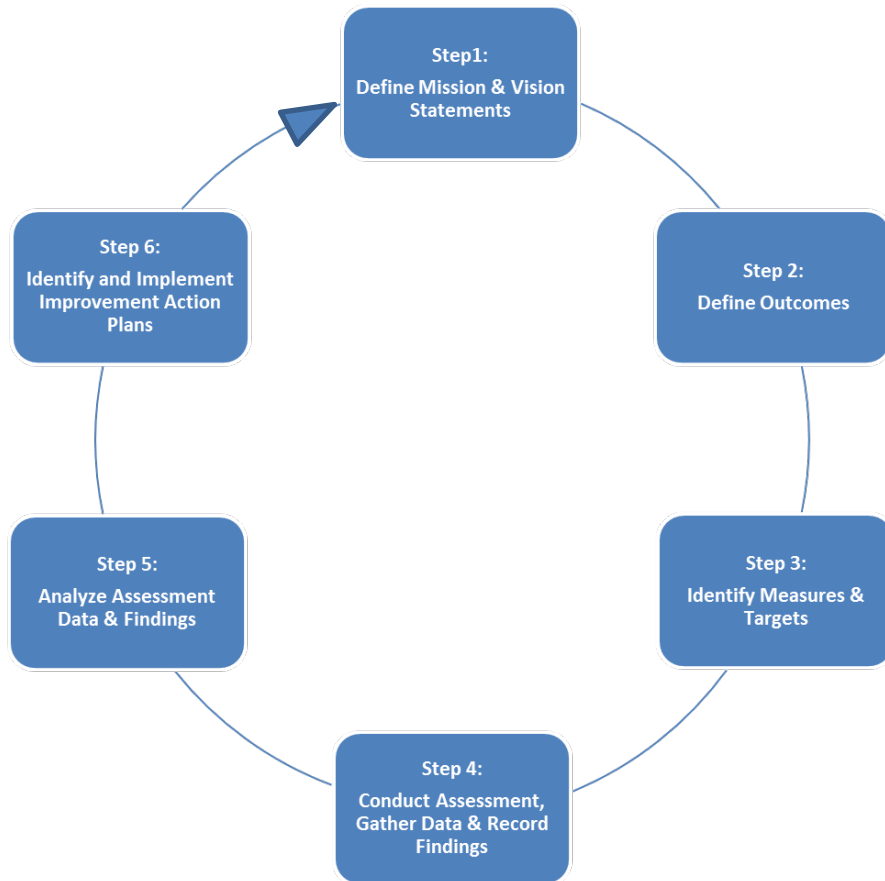


Figure 5: Assessment Cycle Steps

## Step 1: Define the Mission and Vision Statements

**Mission Statement** enables a particular division to define its purpose by succinctly describing what that division does, and what philosophy and principles guide it, all reflecting the greater mission of Bethlehem University. The mission statement serves as the foundation for assessment planning.

To develop a mission statement, the following questions must be answered:

1. **Who** are you? How do you support the Bethlehem University's Mission?
2. **What** are the most important functions or services that you provide? (i.e., determine your primary purpose).



3. **How** do you perform your functions or services ? (i.e., determine your guiding principles)
4. **Whom** do you primarily serve? (i.e., the beneficiaries: students, faculty, staff,...etc.).

Once the division has drafted a statement addressing the preceding questions, it has to ensure that the resulting statement is specific and unique enough that it is easily differentiated from those of the other divisions. The mission statement should only be rewritten when the division experiences a significant change in its purpose.

**Vision Statement**, similar to a mission statement, provides a concrete way for stakeholders -especially the employees- to understand the meaning and purpose of the division's work. But, unlike a mission statement – which describes the work purpose in terms of who, what, how and whom– a vision statement describes the desired long-term results of the division's efforts, and what impact these efforts make on the stakeholders. Simply, a division's vision statement reveals, at the highest levels, what the division most hopes to be achieved in the long term and how it should be viewed.

Some experts propose the following questions as a guide to identify a vision statement:

1. What ultimate impact does the division want its "Brand" to have on its beneficiaries?
2. In what way will its "Brand" ultimately interact with the beneficiaries?
3. What will the culture of work look like, and how will that play out in employees' lives?

Once these questions are answered by the division, then a roadmap has been created between its present and future. A vision statement should be concise, memorable, and no longer than two or three sentences.

## Step 2: Define Outcomes

It is worth at the beginning to differentiate between the two terms: **Outcomes** and **Objectives**.

**Outcomes** are statements about **what** the division wants to achieve; they are desired end results for the division, rather than actions. Outcomes are related to the institution or division's mission and vision, and focus on the benefit to the recipient of the service (i.e. the beneficiaries). Outcomes may be for a single assessment cycle, or may continue for more than one cycle.

**Objectives** are statements about **how** each division attempts to achieve its desired outcomes (i.e., how the division will fulfill its mission). Being tasks or actions, objectives are more specific than the outcomes and must be tied closely to the



division's core activities as well as the University goals, and must focus on improvements that will enhance the concerned division.

Outcomes are directly related to the key functional responsibilities of the division, and the division should identify at least one outcome for each of its functional responsibilities. The ideal number of outcomes to be assessed every year in each division is between 3 to 5 outcomes. Formulating SMART outcomes mean they should be; specific, measurable, and quantifiable statements that can be used to determine progress towards the overall mission of the University, and can be reasonably achieved with the available University resources (see Appendix 1). This has to be considered also when creating the divisional annual assessment plan. Keep in mind that not all outcomes need to be assessed – only those that are the most important. In addition, not all outcomes must be assessed each year, three to five is generally a manageable number. Divisions can schedule assessment of outcomes over several years, if needed.

Furthermore, it is important to differentiate between three types of outcomes typically used for administrative divisions:

1. **Operational Outcomes:** These outcomes are the end result for (or impact on) a beneficiary or the institution that is a consequence of the work of the division. Because they flow from the division's mission, and usually missions tend to be stable, these outcomes generally remain the same over a number of years, unless the division's mission or scope of operations changes. Through establishing and monitoring processes, the focus will be on the desired quality of key functions and services (i.e., timeliness, accuracy, efficiency, volume, responsiveness, compliance,...etc.)

Example:

- Faculty, staff, and students will be able to identify BU policies and procedures and know how and where to seek assistance.
- University administrators have the financial information they need to make decisions effectively.

2. **Strategic Outcomes:** These outcomes reflect future expected results of the division based on a planned activity. They are generally assessed as part of the planning process to ensure strategic initiatives have the intended or positive results. Accordingly, they are written in future tense, are closely tied to division goals, and are consistent with the division's operational outcomes.

Example:

- Registrar's Office will shorten response time for transcript requests over the next academic year.



- By the end of next academic year, Institutional Research Unit will ensure that university data are consistent, reliable, and integrated by establishing data policies and procedures.
3. **Learning Outcomes:** Learning outcomes are statements that describe the key knowledge, skills, attitude, values or abilities that “students” (or faculty or staff member) have attained as a result of a learning experience. Administrative, academic support, and community engagement units might want to include outcomes that relate to “student” learning, if that is part of their mission.
- Example:
- Upon successful completion of the “Policy Writing” workshop, employees will be able to identify and write sound and effective policies and procedures.
  - Students will be able to access course descriptions and degree requirements using the online catalog.

A general and simple guiding formula used in many universities for writing SMART outcomes can be employed, although following this formula is not obligatory:

**Outcome = Beneficiary + Action Verb + Benefit**

### Step 3: Identify Measures and Targets for Each Outcome

#### ❖ Assessment Measures

Assessment Measures, sometimes referred to as ‘Indicators’, identify evidence and methods used to determine whether the expected outcome has been achieved or is being accomplished by the relevant division. The measures should be quantitative and show performance compared to criteria for success in relation to expected outcomes. They should be specific enough to answer whether or not the outcome is being met, and should help lead the division to identify problem areas and decide on actions to improve the results.

Several outcome assessment measures are employed in the assessment of administrative divisions. These measures are categorized as direct or indirect measures.

- Direct Measures correlate exactly with the outcome and are more powerful because they explain what specific activity will be undertaken to show the extent to which an outcome has been accomplished, and to provide information that may be used to make decisions for improvements in the following years. Direct measures examine factual results about the division’s accomplishments of knowledge or ability the beneficiary will receive upon



being provided with the division's service(s). These measures may include averages, percentages or counts.

Direct assessment measures include, but are not limited to:\*

1. *Number of complaints;*
2. *Number of errors; error rate;*
3. *Number/percentage change of applications;*
4. *Number/percentage change of users;*
5. *Number of training sessions;*
6. *Growth in attendance;*
7. *Number/amount/percentage increase of donations;*
8. *Number of new alumni donors;*
9. *Timeliness of response;*
10. *Level of compliance;*
11. *Average service time;*
12. *Average wait time;*
13. *Auditor's findings;*
14. *Pre- and post-workshop tests.*

- Indirect Measures are weak in terms of evidence and usually are valid if paired with at least one direct measure. They ask for opinion or perception about an outcome that is otherwise measurable, and usually examine the beneficiary's perceptions and attitudes in relation to the outcome. These measures are normally based on surveying the beneficiary.

Indirect assessment measures include, but are not limited to:\*

1. *Satisfaction surveys;*
2. *Participant feedback;*
3. *Staff training hours;*
4. *Focus groups;*
5. *Opinion surveys;*
6. *Awareness surveys.*

*\* (Adapted from University of Central Florida (UCF) Administrative Assessment Handbook; and Marymount University Administrative Assessment Guide)*

In close coordination with QAEO, the Institutional Research Unit (IRU) conducts a series of student, faculty, staff, alumni, and employer surveys in cooperation with the concerned administrative and academic divisions for purposes of the assessment and review. Details and schedules for various standing surveys are provided in Appendix 3.

Applying different and multiple types of measures to an outcome provides a complete and a more dependable picture of the overall efficacy of the outcome. Ideally, one direct and one indirect measure must be used, and at least one direct measure should always



be associated with each outcome, but multiple direct measures are often used to validate evidence.

#### **Tips for Selecting Assessment Methods and Measures:\***

- *When selecting an assessment method, ask the following questions:*
  1. *Will the assessment strategy answer questions that are important and meaningful to the unit?*
  2. *Does the strategy align with the outcome being assessed?*
  3. *Is the strategy feasible given available financial resources and time?*
  4. *Will the strategy result in useful information about the strengths and weaknesses of the unit?*
- *Use existing information whenever possible.*
- *Strive to use multiple measures to assess each outcome: This increases confidence that the results through assessment are accurate, consistent, and replicable.*
- *Don't reinvent the wheel: Take advantage of published assessment tools in your area, such as rubrics or surveys, as opposed to developing your own.*

*\*(Adapted from Ball State University Assessment Workbook)*

#### **❖ Targets**

Targets directly flow from the measures that are set and they have a single purpose: to define clearly the level of successful accomplishment for a particular outcome. Targets must always indicate what is expected to be achieved in this single current academic year, and they are the quantifiable result that will represent success. They must be realistic and have specific numbers indicating the level of accomplishment for the measure; they can indicate a number or percentage of items, people, or activities, or they can indicate a designated level of proficiency, or both.

It is important to note that targets must be clear not just in numbers, but in words as well. They must be defined so that the meaning is easily understood. The intuition of both words “satisfactory” and “successful” are positive, but they are not commonly understood. Sharing the rating scale is of great importance to define and understand these concepts better. For example: Does “satisfactory” mean 3 out of 5 points?, Does successful mean fewer than 5 mistakes?

A simple guiding formula is used in many universities for developing targets, although following this formula is not obligatory:

<b>Target = Level + Subject + Action Verb + (Modifiers)</b>
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Example:

- Less than 5% (level) of annual administrative assessment reports (subject) are returned (action verb) for corrections.
- The number of new donors increases by 10% over the next academic year.
- 80% of students report they are satisfied with the library services.
- 70% of employees respond positively to questions related to services offered by the Human Resources Office.
- At the end of the training session, 90% (level) of staff members (subject) who attend the Requisition Entry Training Session will answer (action verb) 7 questions correctly on a 10-question quiz (modifiers).

There is no one easy rule for determining what the targets should be for any outcome. Generally, the division either has an idea of the current level of achievement and defines a new target from that, or it has a desired level of achievement and works toward that.

#### **Step 4: Conduct Assessment, Gather Data and Record Findings**

During the assessment process, each division must collect data and record quantifiable findings - without any analysis - that are associated with each measure listed in the assessment plan. The data recorded as findings should indicate the results as they are phrased in the measure description, so make sure that the data collected relates to the outcome under assessment. One may want to collect data continuously or take a snapshot at regular intervals, but it should always represent the work the concerned division does throughout the year.

The actual percentage or numbers that resulted from the measures are the focus of findings, and some specific numbers are essential for analysis. If there is a small sample taken for example, that sample number (the “n”) should be reported since it provides context for the results.

Planning is the key to collecting data. Once having developed the outcomes, selecting assessment measures and identifying the targets, simply mapping roles and responsibilities provides an easy tracking system, and helps ensure that high quality data are available. **As an example**, the following table is a plan for tracking data collection; the first example is for the Registrar office, and the second is for the Library:

**Table 1: Tracking Data Collection Plan**

Description	What Needs To Be Done?	Who Is Responsible?	What Is The Timeframe?
1. Review the policies used to maintain and update student records.	Pull together all office procedures on updating records. Review for: errors and inconsistencies.	The Registrar internal quality cell (Reg-IQC) will conduct the review.	-Review to be completed by April 30 <sup>th</sup>
2. Survey students on their perceptions of Library resources and services.	Participate in BU Student Satisfaction Survey. Make sure students are asked about their opinions of available resources and services.	The library internal quality cell (Lib-IQC) will work with Institutional Research Administrator to draft appropriate survey questions.	-Survey questions due by March 1 <sup>st</sup> -Results available by June 1 <sup>st</sup>

### Step 5: Analyze Assessment Data and Findings

The most important part of the assessment cycle is analyzing the findings, including the discussion of how those findings will be used to enhance performance, and how those ideas are articulated in the division's plan(s).

At this point, the IQC who defined the outcomes and measures for the assessment plan should meet to look at the findings and determine by the raw data if the outcome's target level was met, partially met, or not met. It will also need to determine what further actions are needed. This is the core part of the assessment process. The IQC analyzes the results to identify what it means for the division in terms of:

1. What part of the outcome was not met? Why?
2. Is the outcome and/or measure appropriate?
3. Why was or was not the target achieved?
4. Could the results be improved? How?
5. What are the next efforts that will best contribute to enhancing the division?

Each deficiency and/or deviation that is identified needs to have an action to tackle and improve performance. Every outcome for which 100% of the target was achieved represents an opportunity to further improve and requires an action which demonstrates this. Sometimes the results will point in a direction to look further, showing trends or directions that may require additional investigation.





It should always be clear to staff that the purpose of the outcomes' assessment is to provide meaningful information about the effectiveness of the concerned division's operations, not to evaluate individual achievement or to reward or punish staff. By clearly communicating this, staff members shall feel empowered to examine, analyze, and report their division's results honestly.

### **Step 6: Identify and Implement Improvement or Corrective Action Plans**

An improvement or corrective action plan is the follow-up to the assessment just conducted. Such plans cannot be written unless the IQC who was involved in creating the assessment plan has analyzed and discussed the findings. Based on the already conducted analysis, asking the following few questions about the results of each measure can help in developing the improvement or corrective action plan:

- What specifically did the assessment results show regarding proven strengths or progress made on the outcomes?
- What specifically did the assessment results show regarding any outcomes that will require continued attention?
- What do you currently know about the stated outcomes and targets, in terms of how they will contribute to the relevant division?
- Who/what was positively impacted and how?

Lastly, the most crucial question comes: How will this information be used to improve the division's performance?

If this last question can be answered, then you are ready to proceed in creating the improvement or corrective action plan.

Improvement or corrective action(s) must be identified for each outcome, even if that action is to replace the outcome with another one. Actions should also be as specific as possible, and should show that the IQC has thought through the results.

For effective recovery, it is recommended to focus on the actions that will have the greatest potential on improving performance - high impact and low cost. That is to say, try to identify and prioritize the improvement or corrective actions that do not require large amounts of resources but lead to significant increases in the quality of outputs. After deciding on the actions to be implemented, clearly articulate what is to be done, by whom, by when and how data will be collected to assess the impact. Always make sure these actions are aimed directly at improving performance. IQC should also consider the implications and consequences of the remedial action(s) on division's policies, procedures, resource allocations, staff workload,... etc.

### **6.5 Write the Assessment Plan and Results Reports**

Documentation and Reporting are considered two fundamental elements of the Quality Management System. During the annual lifecycle of the assessment process,

there are two reports to be submitted to the QAEO by the IQCs regarding their executed assessment activities, as outlined below in the Annual Assessment Activity Calendar (Table 2). Most of the content of these two reports should be already written, if the IQCs have documented the previous steps properly and timely. It should be noted that all these actions/activities/reports have to be endorsed by the relevant Vice President before submitted to the QAEO.

**Table 2: Annual Assessment Activity Calendar**

Planning		Reporting	Data Collection	Reporting
September - October	November	December	January - April	May
<p><b>IQC:</b> -Based on the University's Strategic Plan, and previous year assessment results report, develops / revises the assessment plan for current year onwards. -Consults with QAEO regarding the assessment plan.</p> <p><b>QAEO:</b> - Monitors the implementation of the proposed / executed corrective actions by the divisions, and sends feedback to IQCs.</p>	<p><b>IQC:</b> -Writes the assessment plan report; summarizing all the planned assessment activities during Fall Semester by its division. -Submits the assessment plan report to QAEO by <b>(November 30<sup>th</sup>)</b>.</p>	<p><b>QAEO:</b> -Reviews assessment plans for current year and sends feedback to IQCs.</p> <p><b>IQC:</b> -Responds and communicates feedback to division staff as required. -Develops data collection tools/surveys in cooperation with IRU.</p>	<p><b>IQC:</b> -Implements current year assessment plan; collects data, analyzes and interprets the findings, and identifies improvement / corrective actions. It may also collect data at other points during the academic year, as appropriate.</p> <p><b>IRU:</b> -Forwards results of the performed surveys to IQCs and QAEO.</p>	<p><b>IQC:</b> -Compiles the division's assessment findings, analysis of the results, and formulates improvement / corrective action plan(s). -Prepares and submits annual assessment results comprehensive report to QAEO by <b>(May 15<sup>th</sup>)</b>.</p>

### **Reporting Division Assessment Plan:**

By the end of November, IQCs should prepare and submit their assessment plan reports to the QAEO, summarizing all the planned assessment activities worked on during that semester by their divisions. Being an essential document for communicating updates, and cooperating in the workplace, the reports should clarify and describe, in clear and concise terms, the assessment plan to be followed during the second semester. A template of the report is included in Appendix 4.

### **Reporting Division Assessment Results:**

At the mid of May, IQCs should prepare and submit their assessment results comprehensive reports to the QAEO, similar in format to the assessment plan: stating expected outcomes, assessment tools used, results of the assessment, and how the results were used to make changes to improve effectiveness in the divisions' performance. A template of this report is included in Appendix 5.

In the analysis for each outcome, the report must include:

1. a brief discussion of the results of the measure;
2. an interpretation of the results' meaning relative to the outcome; and
3. a statement on the implications.

When using multiple measures, the results section draws on all of the analysis to develop its implications. IQCs also include other relevant information in the insights section, particularly if there are any extraordinary circumstances that impacted effectiveness at meeting the outcome, and including a very brief discussion that may provide useful insights into the assessment process.

After assessing and documenting the results of the outcomes, the IQCs compile their final reports by:

1. Collecting and sorting all of the division's outcomes assessment findings by outcome;
2. Providing any historic background on the assessment of the outcome (if necessary);
3. Developing evidence-based recommendations for improvement based on the division analysis;
4. Reviewing the report for accuracy and appropriate analysis;
5. Compiling an appendix of supporting documents such as survey results, or any other information that illuminates the assessment process and activity.

At this phase of the administrative assessment cycle, the IQCs are getting close to closing the loop by submitting their annual assessment results reports. In identifying the next actions, the IQCs are essentially designing their next assessment plan according to the "Assessment Loop" shown below in (Figure 6).

The IQCs coordinators should discuss their divisions’ final reports with their Office Heads before sending them to the QAEO which will provide timely feedback and comments.



**Figure 6: Assessment Loop**

### **6.6 Reviewing and Communicating the Divisional Assessment Reports:**

The QAEO reviews all administrative assessment reports to ensure they demonstrate the University’s standards for assessment, and evaluates the reports using a standardized evaluation rubric form (see Appendix 6).

If any division’s report fails to demonstrate the University’s standards, it is returned to the relevant IQC coordinator for further analysis, clarification, or revision.

The QAEO will report the divisions’ assessment results to the Executive Vice President, as well as monitor the progress in implementing the improvement or corrective action plans.

### **6.7 Finally, What Does Success Look Like?**

One potential pitfall of the assessment process is being overly concerned with the ability to check off all of the division’s outcomes one can think of at the year end. To be clear, the assessment process is designed to lead to improvement not to determine the winners and losers. The assessment process is designed to instill an attitude of continuous improvement in an institution. Therefore, success is setting good outcomes and making progress toward them. It is acceptable to modify outcomes between academic years and to extend the timeline if real progress is being made. Falling short of a challenging outcome is not failure to succeed, it is falling short of excellence. If the outcome is worthwhile, making reasonable progress toward excellence is the chief goal.

## Appendix 1

### Using SMART Criteria to Develop Outcomes

A useful way of making outcomes more powerful and measurable is to use SMART criteria:



#### Specific

This criterion stresses the need for a specific outcome rather than a more general one. This means the outcome is clear and unambiguous. To make outcomes specific, they must tell a team exactly what is expected, why it is important, who is involved, where it is going to happen, and which attributes are important.

A specific outcome will usually answer the five 'W' questions:

1. What: What do I want to accomplish?
2. Why: Specific reasons, purpose or benefits of accomplishing the goal.
3. Who: Who is involved?
4. Where: Identify a location.
5. Which: Identify requirements and constraints.

#### Measurable

The second criterion stresses the need for concrete criteria for measuring progress toward the outcome. The thought behind this is that if an outcome is not measurable, it is not possible to know whether a team is making progress toward successful completion.

Measuring progress is supposed to help a team stay on track, reach its target dates and experience the happiness of achievement that spurs it on to continued effort required to reach the ultimate goal. Indicators should always be quantifiable.

A measurable outcome will usually answer questions such as:

1. How much?
2. How many?
3. How will I know when it is accomplished?

### **Achievable**

The third criterion stresses the importance of developing outcomes that are attainable. While an outcome may be ambitious, it cannot be unachievable. That is, it should be neither out of reach nor below standard performance, since these may be considered meaningless. Setting outcomes at the right level is key.

An achievable outcome will usually answer the question “How?”

1. How realistic is the goal based on other constraints?
2. How can the goal be accomplished?

When you identify outcomes that are most important to you, you begin to figure out ways you can make them come true. You develop the attitudes, abilities, skills and resources to reach them. The theory states that attainable outcomes may cause goal-setters to identify previously overlooked opportunities to bring themselves closer to the achievement of their goals.

### **Relevant**

The fourth criterion stresses the importance of choosing outcomes that matter. A bank manager's outcome to "Make 50 peanut butter and jelly sandwiches by 2pm" may be specific, measurable, attainable and time-bound but lacks relevance. Many times you will need support to accomplish an outcome: resources, a champion voice, someone to knock down obstacles. Outcomes that are relevant to your boss, your team, your organization will receive that needed support.

Relevant outcomes (when met) drive the team, department and organization forward. An outcome that supports or is in alignment with the mission and goals would be considered a relevant outcome.

A relevant outcome can answer yes to these questions:

1. Does this seem worthwhile?
2. Is this the right time?
3. Does this match our other efforts/needs?
4. Are you the right person?
5. Is it applicable in the current socio-economic environment?

### **Time-bound**

The fifth criterion stresses the importance of grounding outcomes within a time- frame, giving them a target date. A commitment to a deadline helps a team focus their efforts on completion of the outcome on or before the due date. This part of the SMART outcome criteria is intended to prevent outcomes from being overtaken by the day-to-day crises that invariably arise in an organization. A time-bound outcome is intended to establish a sense of importance and urgency.

A time-bound outcome will usually answer the questions:

1. When?
2. What can I do today? or six months or one year from now?

\* Doran, G. T. (1981)



## Appendix 2

### Administrative Assessment Process Calendar

#### **Year 1 Fall Semester:**

- Create Mission and Vision Statements.
- Create SMART Outcomes (in line with Bethlehem University Strategic Plan).
- Create Measure(s) for each Outcome.
- Create annual Target for each Measure.
- Write and Submit the Assessment Plan report to the Quality Assurance & Enhancement Office by November 30<sup>th</sup>.

#### **Year 1 Spring Semester:**

- Collect findings/data for all measures related to the appropriate outcome.
- Evaluate current outcomes, measures, targets, and findings. Determine need for modification.
- Create Action Plan for each Outcome based on assessment.
- Write and Submit the Assessment Results report to the Quality Assurance & Enhancement Office by May 15<sup>th</sup>.

#### **Year 2 Fall Semester:**

- Follow-Up the implementation of each Action Plan.
- Review/edit Mission and Vision Statements.
- Review/edit/create SMART Outcomes (in line with Bethlehem University Strategic Plan).
- Review/edit/create Measure(s) for each Outcome.
- Create annual Target for each Measure.
- Write and Submit the Assessment Plan report to the Quality Assurance & Enhancement Office by November 30<sup>th</sup>.

#### **Year 2 Spring Semester:**

- Collect findings/data for all measures related to the appropriate outcome.
- Re-evaluate current outcomes, measures, targets, and findings. Determine need for modification.
- Review/modify/create Action Plan for each Outcome based on assessment.
- Write and Submit the Assessment Results report to the Quality Assurance & Enhancement Office by May 15<sup>th</sup>.

Questions regarding Administrative Assessment Process, please contact Mr. Hassan Costantini ([gae@bethlehem.edu](mailto:gae@bethlehem.edu)) and cc. ([hassanc@bethlehem.edu](mailto:hassanc@bethlehem.edu)).

## Appendix 3

### Surveys Details

No.	Survey Title	Objective	Target Group	User (+ QAEO)	Frequency
1.	Freshmen student's Satisfaction Survey	To get a general insight on freshmen student's satisfaction about the academics, provided services and the university life	Freshmen students completed one semester in the university	Academic Office/ DoS	Beginning of Spring semester
2.	Senior student's Satisfaction Survey	To get a general insight on senior student's satisfaction about the academics, provided services and the university life	Senior students completed $\geq$ 80% of their degree requirements	Academic Office/ DoS	Beginning of Spring semester
4.	Exit Survey	To get feedback from graduating students about their complete university experience	All graduating students	Academic Office/ DoS	End of Spring semester
5.	Employability Survey	To collect accurate information about the employability status of graduates and the graduates experience in finding jobs	Alumni graduated more than 12 months	Academic Office/ Faculties/ DoS	Yearly
6.	Alumni Survey	To collect information from the alumni about the relevance of the education to their work and life after graduation	Alumni	Academic Office/ Alumni Unit	Biennial
7.	Employers Survey	To survey the employers' satisfaction about the knowledge, skills and attitudes of the graduates as well as their recommendations for educational modifications	Employers	Academic Office/ Faculties/ DoS/ Alumni Unit	Biennial
8.	Faculty & Staff Satisfaction Survey	To survey faculty & staff satisfaction about the provided services, opportunities and working environment	Faculty & Staff members	HR Office/ Academic Office	Biennial
9.	Specific Surveys	To collect specific information relevant to specific service	Depends on the specific survey	Relevant Divisions	As per request





## Appendix 4 Annual Division Assessment Plan Report

**Division:**  
**Internal Quality Cell Coordinator:**

**Date:**

<b>Division Mission Statement:</b>
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**Division Outcomes:**

*Please list all outcomes (operational, strategic, and/or learning outcomes) and the year each outcome was last assessed.*

Outcome	Year Last Assessed



**Current Academic Year Assessment Plan**

Please list the outcomes your division will be assessing in the current academic year, along with the methods you will be using to assess these outcomes and performance targets for each measure. For each outcome, you should identify at least two ways of measuring performance, at least one of which should be a direct measure.

<b>Expected Outcomes:</b> <i>Something the division wants to achieve; desired end results for the university or division.</i> <b>(3 - 5 ideal)</b>	<b>Assessment Methods/ Measures:</b> <i>What factors/variables/ elements will be measured to gauge success at reaching the expected outcome?</i>	<b>Targets/Benchmarks:</b> <i>For each of these measures, what is the minimum target, benchmark, or value that will represent success at achieving this outcome?</i>	<b>Time to Conduct Assessment:</b> <i>How and when will data be collected and results analyzed?</i>	<b>Use of Results:</b> <i>How will the results be used for planning, improvements, and decision making?</i>
Outcome 1:				
Outcome 2:				



## Appendix 5

### Annual Division Assessment Results Report

**Division:**

**Date:**

**Internal Quality Cell Coordinator:**

**Division Mission Statement:**

<b>Expected Outcomes:</b> <i>Something the division wants to achieve; desired end results for the university or division.</i>	<b>Assessment Methods/ Measures:</b> <i>What factors/variables/ elements will be measured to gauge success at reaching the expected outcome?</i>	<b>Targets/Benchmarks:</b> <i>For each of these measures, what is the minimum target, benchmark, or value that will represent success at achieving this outcome?</i>	<b>Results/Findings:</b> <i>Actual values, percentages, figures gathered and their interpretation.</i>
Outcome 1:			
Outcome 2:			



**Major Insights on the Assessment Process:**

*Please reflect on this year's assessment process. What worked well? What was especially challenging? What extraordinary circumstances impacted the assessment?*

**Use of the Assessment Process Results:**

*Please discuss how the results were used for planning, improvements, corrective actions, and decision making? What lessons were learned and what will be changed?*

**Provide a Response to Last Year's Review of the Division's Assessment Report:**

*Please respond to the point(s) raised in the division's last assessment report. If there is any recommendation that was not acted upon, please provide an explanation.*



## Appendix 6

### Administrative Assessment Evaluation Rubric

Division:

Date:

Internal Quality Cell Coordinator:

I. Mission			
Exemplary O	Acceptable O	Developing O	No Evidence O
<ul style="list-style-type: none"> <li>Clear and concise</li> <li>Reflects mission of the university and/or division</li> <li>Describes purpose that is distinctive from other units</li> <li>Identifies beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>Clear statement of division's purpose</li> <li>Consistent with mission of the university and division</li> <li>Identifies beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>General statement of the work of the division</li> <li>Doesn't identify beneficiaries</li> <li>Fails to demonstrate alignment with university and/or division mission</li> </ul>	
Comments:			

II. Implemented Improvements/Corrections from Previous Year			
Exemplary O	Acceptable O	Developing O	No Evidence O
<ul style="list-style-type: none"> <li>Provides concrete evidence of how improvements from previous assessment activity were implemented</li> <li>Appropriate action taken on all issues</li> </ul>	<ul style="list-style-type: none"> <li>Provides concrete evidence of how improvements from previous assessment activity were implemented</li> <li>Gives explanation for not implementing planned improvements/corrections</li> </ul>	<ul style="list-style-type: none"> <li>Evidence insufficient or not provided</li> <li>Not all issues were addressed, without explanation of the delay</li> <li>Actions taken were not relevant to the issue</li> </ul>	
Comments:			

III. Outcomes			
Exemplary O	Acceptable O	Developing O	No Evidence O
<ul style="list-style-type: none"> <li>At least three outcomes are listed</li> <li>Each outcome is observable and measurable</li> <li>Each outcome is directly related to division's mission</li> <li>Each outcome uses action verbs</li> <li>Each outcome describes end result of activities (operational), future expected results(strategic) and/or student learning</li> <li>Each outcome reflects University's strategic goals</li> </ul>	<ul style="list-style-type: none"> <li>At least three outcomes are listed</li> <li>Each outcome is observable and measurable</li> <li>Each is directly related to division's mission</li> <li>Each outcome reflects University's strategic goals</li> <li>Language in at least one of the outcomes may be vague or need revision</li> </ul>	<ul style="list-style-type: none"> <li>Less than three outcomes listed</li> <li>Not clear how outcome could be measured</li> <li>Fails to demonstrate alignment with university or division mission and/or strategic goals</li> <li>Does not address key results or functional responsibilities</li> <li>Not worded so that a single method can measure the entire outcome statement</li> <li>Not worded as operational, strategic, or learning outcomes, or language needs substantial revision</li> </ul>	
Comments:			

IV. Assessment Measures and Targets			
Exemplary O	Acceptable O	Developing O	No Evidence O
<ul style="list-style-type: none"> <li>Multiple direct and indirect measures used for all outcomes, with at least one direct measure for each outcome</li> <li>Assessment tools clearly described (and attached, as appropriate) and are appropriately designed</li> <li>Targets are clearly defined for each measure and are sufficiently challenging</li> </ul>	<ul style="list-style-type: none"> <li>At least two measures for each outcome</li> <li>Direct and indirect measures are used to assess each outcome</li> <li>Assessment tools and methodology are described and are relevant to the outcome</li> <li>Targets are defined for each measure</li> </ul>	<ul style="list-style-type: none"> <li>Not all outcomes have at least two measures.</li> <li>Few direct measures used</li> <li>Assessment tools vague or not defined</li> <li>Targets not defined for each measure</li> </ul>	
<b>Comments:</b>			
V. Analysis of Results and Implications			
Exemplary O	Acceptable O	Developing O	No Evidence O
<ul style="list-style-type: none"> <li>Clear, complete, and well-organized discussion of results for all outcomes</li> <li>Clear and substantial evidence that targets were met, partially met, or not met for all measures</li> <li>Discussion of implications for division of the results of all assessment measures</li> <li>Compares results to findings from previous years (if available)</li> <li>Includes essential supporting documentation (tables, charts, surveys, rubrics, ...etc.)</li> </ul>	<ul style="list-style-type: none"> <li>For each outcome, effectively uses tables, graphs, and/or charts to summarize results (if applicable)</li> <li>Clear and well-organized discussion of results for all outcomes; some data might be incomplete or not yet available</li> <li>Clear and substantial evidence that targets were met, partially met, or not met for all measures</li> <li>Includes essential supporting documentation</li> </ul>	<ul style="list-style-type: none"> <li>Does not discuss results of each assessment measure</li> <li>Details not given in the analysis</li> <li>Results are too general to prove whether or not targets were met</li> <li>Essential supporting documentation not included</li> </ul>	
<b>Comments:</b>			
VI. Use of Assessment to Improve Effectiveness			
Exemplary O	Acceptable O	Developing O	No Evidence O
<ul style="list-style-type: none"> <li>Reflects on the assessment process and any needed changes</li> <li>Demonstrates strong understanding of results, and implications are directly supported by results</li> <li>Identifies key areas that need attention and defines next steps, including for those outcomes with targets that were fully met</li> <li>Improvements reflect what was learned during the assessment process</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates understanding of results, and implications are directly supported by results</li> <li>Identifies key areas that need attention and defines next steps, including for those outcomes with targets that were fully met</li> </ul>	<ul style="list-style-type: none"> <li>Does not describe what was learned during the assessment process</li> <li>Does not identify key areas for improvement or describe next steps</li> </ul>	
<b>Comments:</b>			

**Feedback to Division:**

- O Report Meets Requirements**
- O Report Generally Meets Requirements but Needs Minor Revisions**
- O Report Does Not Meet Requirements**

General Comments/Recommendations for Next Year's Assessment Process:



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