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**Next Review Date:** 05/01/2025  
**Website Address:**  
<https://mymoc.moc.edu/services/ir/policies/Public%20Policies/InstitutionalEffectiveness.pdf>

# INSTITUTIONAL EFFECTIVENESS POLICY AND PROCEDURE

## POLICY STATEMENT

The University of Mount Olive is committed to a systematic and purposeful process of institution-wide planning, assessment, and continuous improvement, in accordance with its mission.

## REASON FOR POLICY/PURPOSE

The purpose of this policy is to provide guiding principles and assign responsibility for annual and cyclic assessment, planning, budgeting, and reporting activities. Annual review of the results by the University’s Institutional Effectiveness Council provides for timely determination of resources, additional assessment or continued assessment monitoring necessary for sustaining programs and appropriate services that meet or exceed expected outcomes, and for improvement in areas where expected results are not achieved or performance benchmarks are not met.

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## OPERATIONAL DEFINITIONS

Assessment Plan – A document that identifies expected outcomes with identified measurable metric(s) for each, established criteria for success, *i.e.*, rules, targets, benchmarks, and responsibilities for collection and review.

Assessment Report - A document produced either after three years of data collection (academic Programs), or annually (administrative support services Units), that contains a summary of the compiled results of the assessment activities described in the Assessment Plan and a meaningful summary of each result or finding, including the variance from expected outcomes, the action item(s)/plan(s) for improvement, and additional resources needed, if applicable.

Institutional Effectiveness (IE) Council – Conducts an annual review of assessment results for timely determination of resources, additional assessment or continued assessment monitoring necessary for sustaining programs and services that meet or exceed expected outcomes, and for improvement in areas where expected results are not achieved or performance benchmarks are not met. The Institutional Effectiveness Council is currently comprised of the University’s Executive Council.

Institutional Effectiveness (IE) Team – Individuals from the offices of Institutional Effectiveness, Technology, and Accreditation; Institutional Research and Planning; and Faculty Development and Assessment. This team is responsible for the facilitation of all stages of the institutional effectiveness process.

Interim Assessment Report – A written document produced yearly that attests to the gathering of data, any observations made during the year, and any actions needed, if appropriate.

Outcome – A statement of a reasonably achievable goal reflective of either student learning, student support, or administrative support services (operational), in accordance with the University’s mission.

Program - A program is defined in this policy as an academic program. Academic programs for the University are listed in the Institutional Summary Form, and in SACSCOC Standard 6.2c Faculty (Program Coordination), as well as 8.2.a Student Achievement (Student Outcomes: Educational Programs).

Strategic Planning Online (SPOL) - Strategic Planning Online is a software solution that manages the key aspects of institutional effectiveness. SPOL combines the key elements of strategic planning, budgeting, assessment, program review, credentialing, and accreditation to offer a unified collaborative environment for holistic continuous improvement, providing a framework to support requirements associated with accreditation standards and other regulations.

Unit - A unit is defined in this policy as an administrative support services unit as shown on the University’s organizational chart. Unit managers are referenced as Planning Unit managers in SPOL.

Year 0- In an assessment cycle, Year 0 is defined as either the pilot year for a new program or the year directly following Year 3. When it is the year following Year 3, it is the year in which to document and implement any improvements as a result of a year 3 report, and to define a new assessment plan.

Year 1- In an assessment cycle, Year 1 requires submission of an assessment plan, artifact collection and data analysis throughout the year, and submission of an Interim Assessment Report according to the schedule.

Year 2- In an assessment cycle, Year 2 requires submission of an assessment plan, artifact collection and data analysis throughout the year, and submission of an Interim Assessment Report according to the schedule.

Year 3- In an assessment cycle, Year 3 requires submission of an assessment plan, artifact collection and data analysis throughout the year, and submission of a comprehensive report culminating the final year of the cycle.

## POLICY/PROCEDURES

### OVERVIEW OF INSTITUTIONAL PLANNING AND EFFECTIVENESS PROCESS

The institutional planning process kicks off with the start of each academic year in August as indicated in Appendix A, Planning. Once the Executive Council sets and communicates the planning priorities for the fiscal year, Programs and Units re/define assessment plans that include outcomes, assessment measurement tools, and intended result targets/criteria for determining whether outcomes will be met in accordance with Appendix A Planning deadlines. The Institutional Effectiveness Team also conducts a qualitative review of existing strategic outcomes (which are often multi-year in nature), focusing leadership on informing the next round of planning any remaining needs, and moving these to closure. During this phase of the planning process, programs and units identify any funds needed to support initiatives; this in turn informs the budgeting process, as described below.

#### Process Steps

The University of Mount Olive has adopted an outcomes-based planning and assessment process. All steps of this process incorporate the use of Strategic Planning Online (SPOL). This process consists of the following features:

1. [Assessment Plans](#) containing the following elements are submitted in Fall of the academic year according to the schedule in [Appendix A](#), Planning:
  - a. Student learning and/or operational [outcomes](#) that describe what the learner will be able to do and/or the service that will be provided.
    - i. **Program outcomes** typically consist of
      1. a set of *operational effectiveness outcomes*:
        - a. Operational outcomes should address, but are not limited to program goals for: enrollment, retention rate, and graduation rate.
        - b. Other operational outcomes for academic programs should address job placement rates, graduate school acceptance rate, licensure pass rate, *as appropriate*.
      2. a set of *program level student learning outcomes* (PLOs) (what graduates of the program are expected to know and/or do)
        - a. Course level student learning outcomes (SLOs) (what completers of the course are expected to know and/or do);
        - b. Student learning outcomes (SLOs) should map to one or more program level outcomes (PLOs).
    - ii. **Unit Outcomes** assist operational units with accomplishment of the unit's mission and typically address goals related to services or day-to-day operations. Some operational units may include co-curricular student learning outcomes, as appropriate.
  - b. Each outcome, regardless of type, must have an associated tool/method of assessment and target/criteria for success.
2. Program outcome data is collected yearly as an [Interim Assessment Report](#) according to the [Appendix A](#) schedule. Analysis of collected program operational effectiveness and learning outcome data specified for assessing the extent to which students achieve these outcomes, together with evidence of seeking program improvement based on analysis of the results, is provided every three years for leadership consumption as an [Assessment Report](#), in accordance with the [program review cycle](#), and [Appendix A](#).

3. Unit outcome data is collected, analyzed, and the extent to which these administrative support services outcomes are achieved is demonstrated annually and directly within SPOL as part of a continuous improvement process, in accordance with [Appendix A](#).

### **Assessment Tools – Programs and Units**

Programmatic means of assessment are many and varied, and each program assessor shall consider more than one means to assess. Outcomes may be measured qualitatively or quantitatively, directly or indirectly, and the means of assessment can be used to examine attitudinal/behavioral, skill-related/tactile, or knowledge/cognitive levels of performance. Student grades, taken alone, serve to assess the student but offer little in terms of program assessment. Rubrics provide a quantifiable means to measure qualitative outcomes and are particularly useful for juried performances, group and individual presentations, writing assignments, and capstone projects. Other assessment methods can include embedded test items that correspond to a developed test blueprint. For outcomes that occur across the curriculum, rubrics and portfolios offer a consistent means of assessment for multiple sections or disciplines. Best practices in teaching and academic disciplines provide many alternative assessment tools and approaches, and it is highly recommended that faculty consult with the Associate Dean for Faculty Development and Assessment to determine the most appropriate approach.

Administrative unit assessment tends to be focused upon efficiency, quality, and/or customer service, in accordance with each office's mission. Planning Unit Managers should contact the Director of Institutional Research and Planning to determine the most appropriate approach for assessment.

### **Targets / Criteria for Success – Programs and Units**

Expected outcomes shall consider what would be the reasonable level of success expected of a group of students or level of service, for example, and shall be established prior to the first assessment. External benchmarks for achievement in the discipline or in the level of service can be valid tools for developing realistic outcomes. Pre- and post- assessment also offers an effective measuring technique for expected outcomes, as does standardized testing in major fields of study and professional development.

## **RESPONSIBILITY FOR INSTITUTIONAL PLANNING AND EFFECTIVENESS PROCESS**

### **Submission of [Assessment Plans](#)**

For academic Programs, designated Responsible Faculty construct, review, and approve their respective Program Assessment Plan(s) as described in the Planning Process section preceding this section, and then submit them to their Dean. After reviewing the Assessment Plan, the Dean submits the completed Assessment Plan to the Associate Dean for Faculty Development and Assessment (ADFDA) in accordance with the deadlines in [Appendix A](#), Planning. The ADFDA reviews the completed Assessment Plan and provides feedback using the Assessment Rubric ([Appendix B](#)) to the program's Dean and designated Responsible Faculty in accordance with [Appendix A](#), Planning, deadlines so that recommended improvements, if any, can be effected in the program's Assessment Plan prior to beginning of data collection.

For Units, Planning Unit Managers create outcomes, associated tasks, assessment methods/tools, and criteria for success/targets in SPOL, which collectively serve as the unit's Assessment Plan. After completion of these elements, the Planning Unit Manager approves the outcome in SPOL. The next levels of approval depend upon the Planning Unit level; the deadlines are outlined in [Appendix A](#), Planning. After the top level of approval is completed, the individual who is the top level of approval alerts the Director of Institutional Research and Planning that the unit Assessment Plan within SPOL is complete. The Director of Institutional Research and Planning reviews the completed Assessment Plan in SPOL and provides qualitative feedback using [Appendix B](#).

## DESCRIPTION OF BUDGETING PROCESS

The institutional budgeting process begins with the academic year in August with approval of the tuition rate for the next fiscal year by the Board of Trustees, and culminates in adoption of an approved budget by the Board of Trustees in April, as indicated in [Appendix A](#), Budgeting.

Requests for additional budget funds generally fall under two categories:

1. Additional funds required to continue offering the same mission-critical service. These are to be justified in Strategic Planning Online (SPOL).
2. Additional funds required to start offering a service. These must be related to the Strategic Plan and have an associated strategic outcome which states what is to be achieved and an assessment method to gauge when the strategic outcome is achieved.

## RESPONSIBILITY FOR BUDGETING

Each Planning Unit Manager is responsible for reviewing and approving his/her budget(s) in SPOL in accordance with the deadlines outlined in [Appendix A](#), Budgeting. Depending on the office or department, additional SPOL approvals may be required. Final review and approval of each budget is completed in SPOL by the Senior Vice President for Business and Finance (CFO) prior to presentation to the Business Affairs Committee and Board of Trustees for approval.

## DESCRIPTION OF ASSESSMENT PROCESS

While valued as an ongoing, continuous institutional activity for Programs and Units, each academic and fiscal year wraps up with the data analysis, action plan formation, and reporting activities outlined in [Appendix A](#), Assessment.

### Data Analysis and Action Plans – Programs and Units

Data collected, and analysis of that data, provide for determining how the results of assessment can be used for improvement. Data collected also offers insight into the reasonableness of the expected outcome. Based on data collected, a course of action shall be determined. Programs and services that consistently exceed the expected outcome should foster discussion as to whether the expected outcome is set sufficiently high enough to foster growth and improvement or whether the program should continue to be monitored to sustain that level of performance. Programs and services that consistently fail to meet their expected outcome(s) should foster discussion as to what changes should be considered or what resources are needed to achieve improvement.

### Submission of [Assessment Reports](#)

#### Programs

Designated academic program Responsible Faculty submit their Program Assessment Reports to their Dean. After reviewing the Assessment Report, the Dean or designee submits the completed Assessment Report to the Associate Dean for Faculty Development and Assessment (ADFDA) in accordance with the deadlines in [Appendix A](#). The ADFDA reviews the completed Assessment Report and provides feedback to the Dean's office and VPAA using the Assessment Rubric ([Appendix B](#)) in accordance with [Appendix A](#) deadlines.

#### Units

The Planning Unit Manager completes the sections related to each Planning Outcome in SPOL, including benchmarks, results, use of results, and a gap analysis. The completed outcome is reviewed and approved by the appropriate Vice President in accordance with [Appendix A](#) deadlines.

The Director of Institutional Research and Planning prepares an annual assessment report for administrative support units for review by the University's Institutional Effectiveness Council. This annual assessment report provides insight

into resource allocation (financial, human, capital, and support) needs identified to inform the next cycle of budgetary planning.

## RESPONSIBILITY FOR ASSESSMENT

### Programs

It is the responsibility of the Deans to ensure provisions of this policy are complied with in the academic and operational units/programs for which they are responsible in accordance with deadlines outlined in [Appendix A](#).

It is the responsibility of the academic program Responsible Faculty to: establish and maintain measurable expected program student learning outcomes (SLOs), assess the extent to which students in the program achieve these outcomes, and provide evidence of seeking program improvements based upon analysis of assessment results. This responsibility also entails: 1) facilitating periodic artifact collection and data analysis, 2) completing and submit Interim Assessment Reports, and 3) completing and submitting third year Assessment Reports to their Dean.

It is the responsibility of the Dean to submit the received program Assessment Plans, Interim Assessment Reports, and third year Assessment Reports to the Associate Dean for Faculty Development and Assessment for quality and assessment of completeness.

It is the responsibility of the Dean to review all submitted Assessment Reports to determine the need for additional resources and/or the prioritization of resources for institutional improvement that have emerged as the result of program assessment data analysis. The Dean will submit a concise narrative summarizing the Assessment Reports submitted for the year, including action plans and any recommendations for additional resources/institutional resource prioritizations to the Chief Academic Officer.

### Units

It is the responsibility of the Planning Unit Managers to update their Planning Outcomes in SPOL yearly in accordance with the deadlines outlined in [Appendix A](#), whether the outcomes are annual or multi-year.

It is the responsibility of the Vice Presidents to annually review all Planning Outcomes in SPOL that are within their office/department for quality and to determine the need for additional resources and the prioritization of resources for institutional improvement. The Vice President then submits a concise narrative summarizing the Planning Outcomes submitted for the year, including action plans and any recommendations for additional resources/institutional resource prioritizations to the Director of Institutional Research and Planning.

It is the responsibility of the Director of Institutional Research and Planning to prepare an annual assessment report for administrative unit assessment for comprehensive review by the University's Institutional Effectiveness Council.

## ENFORCEMENT

Compliance with this policy is a performance evaluation measure and will be specifically addressed in annual evaluations of Planning Unit Managers as listed in SPOL.

## CONTACTS

Executive Vice President

## APPROVED BY

Executive Council

## APPENDICES (INCLUDING ANY FORMS/INSTRUCTIONS)

[Appendix A: University of Mount Olive Institutional Planning, Budgeting and Assessment Calendar](#)

[Appendix B: Assessment Rubric](#)

[Program Review Cycle](#) (hyperlink to myUMO IR/IE site posting; requires authentication)

## HISTORY/REVISION DATES

Original adoption date(s): 12/5/2014

Last Amended date: 8/24/2017 Editorial update of position titles; 01/08/2017 Editorial [*reformat of Appendixes A & B and related narrative*]; 6/24/2016 [*addition of Responsible Faculty in approval chain*]; 1/20/2015 [*addition of Appendixes A and B*]; 07/16/2015 [*addition of Table of Contents*]; 9/17/2019 Editorial [*update feedback procedure and related compliance standards*]; 04/29/2020 Editorial [*updates to approval chain to reflect org changes, updated SACSCOC related standard numbers*]

End Date for Policy (if applicable):

## RELATED COMPLIANCE STANDARDS/EXTERNAL POLICY DOCUMENTS:

SACSCOC Section 6: Faculty: Standard 6.2c (Program Coordination)

SACSCOC Section 7: Institutional Planning and Effectiveness: CR 7.1 (Institutional Planning); Standard 7.3 (Administrative Effectiveness)

SACSCOC Section 8: Student Achievement: CR 8.1 (Student Achievement); Standards 8.2a, 8.2b, and 8.2c (Student Outcomes: Educational Programs, General Education, Academic and Student Support Services)

ACBSP Standard #4 (Measurement and Analysis of Student Learning and Performance)

CCNE Standard IV (Program Effectiveness: Assessment and Achievement of Program Outcomes)

**Appendix A: University of Mount Olive Institutional Planning, Budgeting and Assessment Calendar**

Institutional Effectiveness Activity:	Responsible parties:		Where:	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
	By/From:	➔ For/To:													
<b>Planning</b>															
Planning Year Kickoff!	IE Team	➔ IE Council, SPST Leads, Program/Unit Mgrs		x											
Planning Priorities for next fiscal year set	IE Council	➔ SPST Leads, Program/Unit Mgrs	SPOL	15											
<b>Qualitative review</b> of Strategic and Operational goals and related outcomes feedback due	IE Team	➔ SPST Chair, SPST Leads, Program/Unit Mgrs	External Report		30										
Program assessment plans due (after academic departmental meeting)	Responsible Faculty	➔ Deans	SPOL		30										
Unit assessment plan approvals due	Unit Mgrs	➔ VPs	SPOL		30										
Program and Unit assessment plan <b>qualitative feedback</b> due	IE Team	➔ Deans, VPs	External Report			31									
Current year Strategic outcome measurement tools, intended results, and targets due	SPST Leads	➔ SPST Chair	SPOL				15								
Strategic Plan status report presented to Board of Trustees –1st Tuesday	SPST Chair	➔ BOT	External Report					1 <sup>st</sup> Tues							
<b>Budgeting:</b>															
Tuition rate approved by Board of Trustees	President	➔ BOT	BOT Minutes	1 <sup>st</sup> Tues											
Initial Approved budget for next fiscal year with 1st quarter Actual expenses due	IE Team	➔ Program/Unit Mgrs	SPOL			x									
Strategic budget requests and associated strategic outcome approvals due	SPST Leads	➔ Program/Unit Mgrs	SPOL					15							
Program/Division budgets and associated outcomes approvals due	Academic Dept Chrs	➔ Deans	SPOL					15							
First level Unit budgets and associated outcomes approvals due	Unit Mgrs	➔ VPs	SPOL					15							
Six month Actual expenses update due	IE Team	➔ Unit Mgrs	SPOL						12						
Dean budgets and associated outcome approvals due	Deans	➔ VPs	SPOL						15						
Unit budgets and associated outcome approvals due	Unit Mgrs	➔ VPs	SPOL						15						
Unit Budgets--finalized and approved at all levels--due (for CFO review)	Exec Council	➔ CFO/President	SPOL							15					
Proposed SPOL Budget submitted for approval	IE Team	➔ Exec Council	SPOL Report								1st Mtg				
Proposed Budget submitted for review and inclusion on Board of Trustees agenda	CFO	➔ BOT-BAC Chair	External Report								x				
Proposed Budget submitted for approval	President	➔ BOT	External Report									1 <sup>st</sup> Tues			
Strategic Budgeting spending prioritized requests due	IE Council	➔ SPST Chair	SPOL Report											x	
Strategic Budgeting spending request priorities communicated	SPST Chair	➔ SPST	External Report												x
<b>Assessment:</b>															
Planning Year Closeout – Assessment Wrap-up	IE Team	➔ IE Council	SPOL Report											x	
Current year Strategic outcome results, gap analyses, and action plans due	SPST Leads, Program/Unit Mgrs	➔ IE Team	SPOL Dashboard Report											31	
Annual Unit outcome results, gap analyses, and action plans due	Unit Mgrs	➔ IE Team	SPOL											31	
First/second year interim academic Program assessment reports due	Responsible Faculty	➔ Deans	Web-based entry/SPOL											31	
Third year academic Program assessment reports are due	Responsible Faculty	➔ Deans/VPs	External Report/SPOL											31	
Deans/VPs review Program and/or Unit assessment reports, including gap analyses and action plans, identify resources for IE improvement, formulate recommendations	Deans/VPs	➔ Assoc Dean for FD and A	External Report/SPOL											15	
Feedback from Program and Unit Assessment Reports provided	IE Team	➔ Deans/Unit Mgrs/VP's	External Report/SPOL												15
<b>Quantitative Summary</b> of Strategic and Operational outcomes provided	IE Team	➔ SPST Chair, SPST Leads, Program/Unit Mgrs	SPOL Dashboard Report												x
Annual Program and Unit outcomes Assessment Report provided	IE Team	➔ IE Council	External Report												x
Financial/Financial Aid Audit updates to Unit assessment plans due	CFO, FA Director	➔ IE Team	SPOL			31									



Appendix B: Assessment Rubric

	Objective	Not Compliant	Partially Compliant	Compliant	Comments
Overall Narrative	Program / Unit provides narrative to tell the story behind the findings including limitations.	Limited narrative provided to support findings / conclusions / recommendations and/or does not support the data.	Some narrative provided, but what is stated does not support the findings / conclusions / recommendations.	A detailed narrative is provided and fully supports the findings, conclusions / recommendations.	
Mission Statement	Program / Unit has well-defined mission statement.	Program / Unit does not have a mission statement.	Mission statement is too broad or narrow in scope.	Program / Unit has clear and concise mission statement.	
	Mission statement is tied to a larger mission of the institution.	Mission statement is not related to a larger mission statement.	Mission statement is not clearly tied to a larger mission statement.	Mission statement is clearly tied to a larger mission statement.	
Off-Campus/ Distance Ed	<i>If applicable</i> , Program / Unit has addressed outcomes for students at off-campus sites and via distance learning	SLOs / program outcomes for distance learning/off-campus are not addressed.	SLOs / program outcomes for distance learning/off-campus addressed but supporting evidence is inconsistent/lacking.	SLOs / program outcomes for distance learning/off-campus are appropriately addressed with evidence / results.	
Outcomes	Program / Unit makes use of process statements to relate to what the unit intends to accomplish.	No program / unit outcomes are stated and / or measured with evidence or distinguishable from SLOs.	Program / Unit outcomes are used but not clearly distinguishable from SLOs.	Program / Unit outcomes are clearly stated, measured with supporting evidence and distinguishable from SLOs.	
Targets	Program / Unit has set realistic standards for student achievement by which to gauge effectiveness.	Appropriate targets have not been developed or targets do not relate to the chosen methods.	Targets have been developed for each outcome but a rationale for the target may not be established at present.	Targets have been developed with a clear rationale.	
Results/Plans for Program/Unit Improvement	Program / Unit has results reported out on each stated outcome.	Little or no evidence is provided for the stated outcome(s).	Evidence is provided but limited to one-year or less of evidence.	Evidence is provided for at-least several years of continuous review.	
	Program / Unit has demonstrated extent of outcome(s) achievement	No evidence of extent of outcome(s) achievement exists.	Evidence of extent of outcome(s) achievement is partially demonstrated	Evidence of extent of outcome(s) achievement is fully demonstrated	
	Program / Unit has developed improvement plan based on the results.	No action plan and /or rationale is provided based on the results.	An action plan is provided but the rationale may not clearly be supported based on the results.	A very clear student-centered action plan and rationale is provided based on the results.	
	Program / Unit has addressed the status of past recommendations.	Past recommendations are not addressed.	Past recommendations are addressed but there is no supporting evidence.	Past recommendations are addressed with adequate supporting evidence.	
	Program / Unit members collectively collaborated on the findings and action plan.	No evidence of collaboration in results analysis and action plan development.	Little / limited evidence of collaboration in results analysis and action plan development.	Clear evidence of collaboration in results analysis and action plan .	

**Appendix B. Assessment Rubric (continued)**

This section applies ONLY to Programs / Units for which Student Learning Outcomes (SLOs) are appropriate:

	<b>Objective</b>	<b>Not Compliant</b>	<b>Partially Compliant</b>	<b>Compliant</b>	<b>Comments</b>
<b>Student Learning Outcomes (SLOs)</b>	SLOs developed by Program / Unit are consistent with its mission.	SLOs are not linked to the Program / Unit mission statement.	SLOs are linked to the Program / Unit mission statement but the connection is not clear.	SLOs are clearly and logically linked to the Program / Unit mission statement.	
	SLOs developed by Program / Unit address student learning at off-campus sites and/or via distance learning	SLOs / program outcomes for distance learning and / or off-campus are not addressed	SLOs / program outcomes for distance learning and / or off-campus may be addressed but the supporting evidence may be inconsistent or lacking.	SLOs / program outcomes for distance learning and/or off-campus are appropriately addressed with evidence / results.	
	SLOs developed by Program / Unit are clearly defined and demonstrate a statement of achievement.	SLOs are not expressed as statement(s) of what the student will achieve or be able to do upon program completion.	SLOs are expressed as action statements but do not adequately reflect what the student will achieve or be able to do upon program completion.	SLOs are clearly expressed as statement(s) of what the student will achieve or be able to do upon program completion.	
	SLOs developed by Program / Unit are in measurable terms.	Narrative does not include a description of how the outcomes are connected (e.g. a mapping of SLOs to curriculum).	Narrative includes a description of how outcomes are connected but not in sequence from program to course, and course to assignment.	Narrative includes a detailed description of how program outcomes are mapped to both course and assignment.	
	SLOs are appropriately linked to a coherent measurement method.	Measurement method is incoherent (e.g. using only indirect measures to satisfy the measurement process).	Measurement method does not adequately reflect the essence of the SLO (e.g. using an indirect measure or using a grade as supporting evidence)	Measurement method is adequately captured in the assignment (e.g. using rubric or test blueprint to extract the measure out of assignment).	
	SLOs are represented across time in Program / Unit (e.g. multiple measures).	Multiple measures are absent.	Multiple measures are used but limited.	Multiple measures are adequately used.	
	SLOs are represented at differing levels of the learning hierarchy.	No evidence of differentiation of learning outcomes through the course of the program.	Some evidence of differentiation of learning outcomes through the course of the program	Adequate and exhaustive differentiation of learning outcomes through the course of the program.	

Notes: The *overall collection of reports* will be evaluated on the degree to which the evidence has the following characteristics:

- *Reliable*: The evidence can be consistently interpreted.
- *Current*: The information supports an assessment of the current status of the institution.
- *Verifiable*: The meaning assigned to the evidence can be corroborated and the information can be replicated.
- *Coherent*: The evidence is orderly, logical, and consistent with other patterns of evidence presented.
- *Objective*: The evidence is based on observable data and information.
- *Relevant*: The evidence directly addresses the requirements or standard under consideration and should provide basis for the institution’s actions designed to achieve compliance.
- *Representative*: Evidence must reflect a larger body of evidence and NOT an isolated case.