# Student Outcomes Assessment & Success Reports
## Annual Reporting Guidelines for Academic Programs

### Purpose

Annual Student Outcomes Assessment & Success Reports **(SOASRs)** are first and foremost tools for facilitating faculty reflection, planning, and documentation of efforts to ensure student learning and success. Regular engagement in and transparent reporting of this process also serves as assurance to students and stakeholders of our commitment to student learning and success, as well as an opportunity for strengthening assessment practices and the data they yield.

Regular assessment of student achievement of learning outcomes is an important indicator for faculty to gauge student progress through their academic programs. Unlike course grades, well-designed learning outcomes assessment provides more accurate insights into student mastery of the core intended outcomes of an academic degree program, and can inform faculty planning for success and continuous improvement.

Student learning is central to student success, but we know that success is influenced by many factors. Regular review of accepted measures, such as retention, persistence, and graduation rates provides useful reference points for evaluation of program goals and reflection on the valuable activities faculty engage in to support students and promote their success.

### Instructions

1. The annual SOASR documents outcomes from the PRIOR academic year, as outlined in your program assessment plan. The report due this year reflects **AY 21-22**. You do not need to report on all program outcomes every year.
2. Include program faculty, at minimum, in the discussion of assessment results and actions to be taken based on findings, and preferably throughout the assessment process.
3. **NEW FOR 2022:** Complete either the **Table Format** (Option A) **OR** the **Narrative Format** (Option B) report based on what makes sense for your discipline. While both forms will include some narrative reflection and specific data reporting, feedback from faculty suggests this option makes reporting more useful.
4. If helpful, review the SOASR Rubric (separate attachment) that will be used to provide program faculty with feedback on their assessment practices to get a sense of what details would be useful to include in your report.

*For programs currently undergoing accreditation review:* It is recognized that accreditation review often meets or exceeds institutional evaluation standards. If you 1) report program student learning outcome data to your accreditor, 2) data from the current AY for the SOASR is included in your accreditation report, and 3) your report will be completed by the last day to submit the SOASR, you may request an alternate reporting format to streamline your efforts.

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| Academic Program: | Indiana State University Doctorate in Athletic Training Program | Date: | XXXXXX |
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| Author(s): | Lindsey Eberman, Matthew Drescher | | |
| **Verify that each of the following documents is correct and current on the ISU Assessment Results Webpage by marking with an "X."** Please submit any updated documents and/or corrections as soon as possible to Kelley Woods-Johnson, Assessment & Accreditation Coordinator at kelley.woods-johnson@indstate.edu. | | ___ Learning Outcomes ___ Curriculum Map ___ Assessment Plan | |
| **Is this program offered on-campus AND distance? If "Yes," reported data should include students of both, disaggregated.** | | ___ Yes  ___ No _x__ Hybrid | |

## Student Learning Outcomes Assessment Expand table cells as necessary to accommodate requested information.

| Learning Outcome(s) Assessed Include actual outcome language; enter one per line, add lines as needed | Assessment Strategies Used | | | Established Benchmark for Proficiency | Actual Student Performance Relative to Benchmark |
|---|---|---|---|---|---|
| | **Course** | **Assignment/Activity** | **Evaluation Tool** | | |
| *Healthcare Informatics* – Students will demonstrate the ability to integrate healthcare informatics skills into clinical practice.<br><br>Specific Learning Objectives – Students will demonstrate the ability:<br>— To search, retrieve, and utilize information derived from online databases and/or internal databases for clinical decision support<br>— To properly protect the security of personal health information in a manner that is consistent with legal and ethical considerations for use of such data<br>— To guide patients to online sources of reliable health-related information | ATTR 710 | CIH Infographic | Rubric | 80% of students score an 80% or higher | 98.2% of students scored an 80% or higher on the CIH Infographic assignment (2020: 95.0±5.8%; 2021: 89.4±6.9%; 2022: 90.8±5.7%) |
| | ATTR 713 | Data Analysis Project | Rubric | 80% of students score an 80% or higher | 80.3% of students scored an 80% or higher on the Data Analysis Assignment (2020: 94.2±3.2%; 2021: 65.8±41.0%; 2022: 77.8±21.1%) |
| | ATTR 720 | Instructional Videos Assignment | Rubric | 80% of students score an 80% or higher | 70.5% of students scored an 80% or higher on the Instructional Videos assignment (2020: 80.7±17.1%; 2021: 77.6±17.1%; 2022: 86.8%±12.4%) |
| | ATTR 756 | Healthcare Informatics and Practice Analysis Assignment | Rubric | 80% of students score an 80% or higher | 50.8% of students scored 80% or higher on the Healthcare Informatics and Practice Analysis Assignment (2020: 88.6±29.9%; 2021: 66.7±27.3%; 2022: 73.6±14.5%) |
| | ATTR 798 III | Research Infographic | Rubric | 80% of students score an 80% or higher | 92.6% of students scored an 80% or higher on the research infographic assignment (2020: 94.8±4.6%; 2021: 89.4±7.3%; 2022: 86.1±8.9%) |
| | ATTR 810 | Telemedicine SP Encounter | Rubric | 80% of students score an 80% or higher | 31% of students scored 80% or higher on the Telemedicine SP encounter (2020: 76.2±8.2%; 2021: 70.0±9.9%) |

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| − To utilize word processing, presentation, and data analysis software<br>− To communicate through email, text messaging, listservs, and emerging modes of interactive electronic information transfer<br><br>Aligns with G5 Graduate Student Learning Goals. | ATTR 811 | Data Capturing Project | Rubric | 80% of students score an 80% or higher | 92.1% of students scored an 80% or higher on the data capturing project. (2021: 98.2±5.7%; 2022: 83.0±10.1%) |
| | ATTR 847 | Health Literacy Project | Rubric | 80% of students score an 80% or higher | 100% of students scored an 80% or higher on the health literacy project (2020: 96.2±1.9%; 2021: 90.0±4.6%; 2022: 91.9±21.3%) |
| | ATTR 847 | Health Education Project | Rubric | 80% of students score an 80% or higher | 93.5% of students scored an 80% or higher on the Health Education Project (2020: 97.7±2.0%; 2021: 83.2±3.9%; 2022: 92.4±4.2%) |
| | ATTR 847 | Creating a Resource to Aid Athletic Trainers in Supporting Racial Justice in Their Facility | Rubric | 80% of students score an 80% or higher | 88.7% of students scored an 80% or higher on the Creating a Resource assignment (2020: 98.9±2.1%; 2021: 68.6±36.3%; 2022: 95.1±7.5%) |
| | ATTR 871 | What is HIT Podcast | Rubric | 80% of students score an 80% or higher | 100% of students scored an 80% or higher on the What is HIT Podcast assignment (2021: 90.8±2.1%; 2022: 87.0±1.2%) |
| | ATTR 871 | Data to Wisdom Project | Rubric | 80% of students score an 80% or higher | 96.8% of students scored an 80% or higher on the Data to Wisdom Project (2020: 87.2±19.6%; 2021: 86.5±3.2%; 2022: 92.5±3.5%) |
| | ATTR 871 | Data Security Plan | Rubric | 80% of students score an 80% or higher | 96.8% of students scored an 80% or higher on the Data to Wisdom Project (2020: 91.0±5.6%; 2021: 93.4±5.3%; 2022: 88.4±4.6%) |
| | ATTR 755, 756, 855, 856 | Clinical Experiences Survey | Online Survey | Students are able to integrate healthcare informatics at least 80% of the time in their patient care. Students rate themselves at an average or 3.5/5 or better for their effectiveness in integrating healthcare informatics into their practice. | 755: 22.9% (n = 114/497) of students were able to integrate healthcare informatics at least 80% of the time in their patient care, with an average of 52.9% of patient encounters. 42.2% of students rated themselves at 3.5/5 or better for their effectiveness in integrating healthcare informatics, with an average score of 3.3±1.0/5.<br><br>756: 38.9% (n = 171/440) of students were able to integrate healthcare informatics at least 80% of the time in their patient care, with an average of 63.0% of patient encounters. 56.0% of students rated themselves at 3.5/5 or better for their effectiveness in integrating healthcare informatics, with an average score of 3.5±1.1/5. |

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| | | | | | 855: 37.2% (n = 193/519) of students were able to integrate healthcare informatics at least 80% of the time in their patient care, with an average of 68.0% of patient encounters. 47.3% of students rated themselves at 3.5/5 or better for their effectiveness in integrating healthcare informatics, with an average score of 3.6±0.8/5.<br><br>856: 57.6% (n = 251/436) of students were able to integrate healthcare informatics at least 80% of the time in their patient care, with an average of 73.1% of patient encounters. 63.0% of students rated themselves at 3.5/5 or better for their effectiveness in integrating healthcare informatics, with an average score of 3.1±0.9/5. |
| | Programmatic Outcome | Exit Survey | Online Survey | 80% of students score that the program prepared them to integrate healthcare informatics into practice at 3.5/5 or better | 100% of students scored that the program prepared them to integrate healthcare informatics into practice at a 3/5 or better, with an average score of 4.6±0.5/5. |
| | Programmatic Outcome | Alumni Survey | Online Survey | 80% of alumni score that the program prepared them to integrate healthcare informatics into practice at 3/5 or better | 3-year aggregate data shows that 100% of alumni scored that the program prepared them to integrate healthcare informatics into practice at 3/5 or higher, with an average score of 4.5±0.5/5 (n=33). |
| | Programmatic Outcome | Employer Survey | Online Survey | 80% of employers score that the program prepared them to integrate healthcare informatics into practice at 3/5 or better | 3-year aggregated data shows that 100% of employers scored that the program prepared DAT graduates to integrate healthcare informatics into practice at a 3/5 or better, with an average score of 4.25±0.8/5 (n=5) |

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## Student Success Activities

Use the "Academic Chair" tab in Blue Reports to view your program's data related to retention, persistence, time to/rates of graduation, etc., as applicable (undergraduate v. graduate). Share reflections and activities of program faculty in the table below. Consider curricular, pedagogical, advising, co-curricular, and student support efforts.

| Goals/Objective | Primary Action Steps | Data Informing Progress | Data Results |
|---|---|---|---|
| Graduation rate – 75% students will graduate from the program | All students have a program of study.<br><br>This is maintained by the Program Director. | Graduation rate calculation. | Three-year aggregate data shows that 91.8% (n=67/73) of students graduate from the DAT program. |
| Program retention rate – 75% of students will be retained from the end of Summer 1 to the end of Summer 2 | Students placed on academic probation have individualized remediation plans and meet with academic advisors regularly.<br><br>Students are required to demonstrate continued progress toward a 3.0 GPA. Students are expected to graduate with a 3.0 GPA. | Retention rate calculation. | Three year aggregate data indicates that 91.8% of students were retained from the end of Summer 1 to the end of Summer 2 |
| Professional advancement or placement – 100% of graduates in full-time employment will meet their personal or professional goals stated at the onset of the program and 100% of graduates in part-time employment will gain full-time employment upon program completion. | Career readiness activities integrated into ATTR 726 (resume building, interviewing, feedback, negotiating, etc.). The course instructor is responsible for this learning activity.<br><br>Program faculty also serve as references and provide professional mentoring. | Program faculty remain in contact with graduates to determine employment status, change in title/pay. | Three-year aggregate data show that students who entered the program with full-time employment – 42 of 42 students (100%)-perceive their employment goals have been met by enrollment in the DAT.<br><br>Students who entered the program with part-time employment – 22 of 24 students (91.6%)-have been placed in full-time Athletic Training positions aligned with their professional goals. The two students not in full-time athletic training positions are in further part-time employment aligned with their future career goals. |

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| Students will indicate significant improvements in contemporary athletic training skills, the core competencies and the program's points of distinction. | Student perception of professional advancement calculated and analyzed as a change from entrance to exit survey. | Program faculty calculate changes from the entrance and exit survey to inform student confidence and integration of contemporary athletic training skills, the core competencies, and the program's points of distinction. | Evidence-based clinical practice +24.9% ($t_{54}$=-5.502, p<0.001, Cohen's $d$=1.078)<br><br>Prevention and health promotion +11.3% ($t_{54}$=-3.311, p<0.001, Cohen's $d$= 0.937)<br><br>Clinical examination and diagnosis +3.6% ($t_{53}$=-.896, p=0.187, Cohen's $d$=0.759)<br><br>Acute care of injury and illness +3.0% ($t_{54}$=-1.383, p=0.086, Cohen's $d$=0.780)<br><br>Therapeutic interventions +13.5% ($t_{53}$=-3.677, p<0.001, Cohen's $d$=1.110)<br><br>Psychosocial strategies and referral +24.2% ($t_{54}$=-6.758, p<0.001, Cohen's $d$=0.838)<br><br>Healthcare administration +24.2% ($t_{54}$=-4.312, p<0.001, Cohen's $d$=1.126)<br><br>Patient-centered care +25.1% ($t_{56}$=-8.300, p<0.001, Cohen's $d$=0.830)<br><br>Interprofessional and collaborative practice +24.4% ($t_{56}$=-7.417, p<0.001, Cohen's $d$=0.875)<br><br>Evidence-based practice +35.9% ($t_{56}$=-10.456, p<0.001, Cohen's $d$=0.887)<br><br>Quality improvement +51.0% ($t_{56}$=-13.273, p<0.001, Cohen's $d$=0.868)<br><br>Healthcare informatics +56.5% ($t_{56}$=-11.358, p<0.001, Cohen's $d$=1.035) |

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| | | | Professionalism +9.6% ($t_{56}$= -4.351, p<0.001, Cohen's $d$=0.731) |
| | | | Education +25.3% ($t_{56}$=-8.933, p<0.001, Cohen's $d$=0.845) |
| | | | Leadership +27.0% ($t_{56}$=-7.507, p<0.001, Cohen's $d$=0.953) |
| | | | Integrative approach to providing healthcare +36.8% ($t_{56}$=-9.618, p<0.001, Cohen's $d$=0.992) |
| | | | Measuring outcomes +50.5% ($t_{51}$=-16.039, p<0.001, Cohen's $d$=.710) |
| Publications and Presentations – Students are engaged in the dissemination of their scholarly work. **Research and Professional Publications** – We aim to have 50% of graduates experience publications related to student and faculty collaborations annually **Presentations** – We aim to have 80% of graduates experience local, district, national, or international presentations related to student and faculty collaborations annually | Data collection is continuous and ongoing. | Publications and presentations are documented and maintained on a shared research progress document on the L-Drive. | **3 year aggregate: student and faculty collaborations have resulted in 40 published or accepted manuscripts; 13 collaborations are in review; 3 collaboration is in process (13.3 publications per year)** Class of 2022 – 4 students have accepted publications, 13 students have publications in review, and 3 students are revising their manuscripts for resubmission. As on 9/8/2022, 87.0% of students experienced submitting an article for publication related to their student/faculty collaboration. **3 year aggregate: student and faculty collaborations have resulted in 56 published or accepted presentations (18.7 presentations per year)** Class of 2022 – 17 students have experienced either local, district, national, or international presentations related to student and faculty collaboration in 2021-2022. As of 8/31/2022, 94.4% of total graduates of the DAT program have experienced either local, district, national, or international presentations related to student and faculty collaborations. |
| Instructor effectiveness – Faculty course ratings will exceed a 3.5/5 on a continuing basis. | Faculty are in regular communication about course instruction. | Instructor evaluations are maintained through the University. | Aggregate data suggests that all core and affiliate faculty are meeting or exceeding this program goal. Aggregate course ratings indicate students are satisfied with course instruction (grand mean=4.58±0.31). |

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| | We will engage in efforts to improve student response rates. | | 22.7% of students completed the ISU Student Course Ratings surveys (n=29). On average, 22.1% of students per class responded to the survey. |

| Describe current student success activities that are working well. | Overall, students are successful in their implementation of Health Information Technology-related assignments within the program. After assessing the data, students did not meet the benchmark on three out of thirteen HIT focused assignments. After reviewing these assignments, however, a significant number of submissions were late, which may have skewed the average to below benchmark. Even so, the assignments below benchmark align with skills that we do not expect students to have experience with at the corresponding points in the program. Further, disaggregated data show that the implementation of these assignments for the 2022 cohort is significantly lower than the other academic years. In 720 and 756, the 2022 cohort consistently showed sub-par performance on assessment related to implementation of health information technology and self-reflection on their practice. In 810, the cohort interacting with the assignment corresponds with our observations about the impact of the COVID-19 pandemic on prior student clinical experiences and overall inexperience related to clinical practice and implementation. Overall, the Class of 2022 had a statistically lower average GPA than both the Class of 2021 and the Class of 2020. This information aligns with our observations of performance related to HIT outcomes, and may be more closely related to differences in the cohorts rather than the execution of the assignments and courses. Still, assignments in which students meet and exceed benchmark expectations indicate that the program, through the progression of the curriculum, is meeting and exceeding student implementation of HIT practices by graduation. This is supported by increases in self-reported HIT implementation data as collected by the exit survey.

While clinical experience survey data show that students are not meeting benchmark goals in regard to implementation of HIT within their practice, the progression of clinical coursework shows that students do significantly improve in their implementation of HIT as compared to the first clinical experience. Semester-over-semester data shows a decrease in implementation between Spring 1 and Fall 2 clinical experiences. Because students experience focused HIT-related content in ATTR 871 in Summer 2, it seems that students might realize their knowledge gap during this course and therefore more accurately rate their level of HIT implementation during the Fall 2 semester. However, students continue to build confidence through Spring 2, as shown by the increase in HIT implementation. Continued review and evaluation of student performance will help gain better insight into the full effect of these results as current cohorts matriculate through the program.

Continued integration of affiliate faculty collaborators as well as other faculty from different programs at ISU illustrates the impact of interprofessional and collaborative practice, specifically with regard to the outcome of health information technology. Use of affiliate faculty during on-campus DAT intensive learning weekends provides students with information from different viewpoints and specialties within healthcare, and input from these faculty members helps to give students feedback on the dissemination of healthcare information and research. Further, this helps our students achieve their goals of improved practice by the end of the program, as indicated by the significant increase in integration if HIT principles within their practice in the exit survey. |

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| | Three-year aggregate data suggest students report statistically significant increases in student confidence and integration of the core competencies, and the program's points of distinction, over the course of their education. While students showed some significant improvement in contemporary athletic training skills, students report statistically insignificant change in clinical exam and diagnosis and acute care of injury and illness. At the point of acceptance into the program, we expect that students have already developed their skills related to acute care and clinical examination. Further, the program curriculum is designed to refine these skills rather than introduce new information. Therefore, we expect to see smaller increases in these two areas specifically. However, effect size data indicate that student improvement in all core competencies and points of distinction are clinically relevant, with effect sizes either moderately high, high, or very high. This indicates that students are improving in ways that are impactful to their clinical practice and education, regardless of statistical significance. In terms of publication and presentation, we are on track to meet and exceed benchmark expectations and goals for students. Due to the closing of several journals and the current direction of profession-specific journals, we are expecting a shift in publication of student work in the 2021-2022 school year. However, the impact of COVID-19 has continued to allow many students to present and disseminate their work virtually, increasing the likelihood of scholarly presentation for students in this academic year.<br><br>Three year aggregate data indicate that we have not only met but exceeded our benchmark for student graduation. Further, three-year aggregate data indicate that the program met and exceeded benchmarks for student retention. As we implemented Camp DAT, a week-long onboarding retreat designed to integrate students into the DAT program early in their progression, for the first time during the 2021-2022 academic year, we expect some fluctuation in student retention. The COVID-19 pandemic has left a lasting impact on students graduating from undergraduate programs that are seeking graduate-level education. Even so, the DAT program has been able to sustain retention between the Summer 1 and Summer 2 semesters. Our continued evaluation of student outcomes and refinement of program delivery has positioned us to continue to educate students and increase retention statistics through multiple means, including more deliberate discussion of program expectations, early program socialization, and early value and motivation building activities. |
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| Based on Blue Reports data and review of current activities, what are the primary areas to focus on improving next year? | Improvement of HIT integration in clinical practice will be a focus for the upcoming year. As shown, student clinical integration of HIT competencies is an area that could see high levels of growth. We suspect that students are viewing implementation of HIT as a separate task rather than an integrated part of athletic training clinical practice. Further instruction illustrating the daily use of HIT might give students a better perspective of their actual implementation of HIT within clinical practice.<br><br>To continue to improve efforts toward program retention, we will also be proposing pass-fail grading for courses in the first semester. This will allow for more formative feedback without the negative effects of numeric grading. |

If you don't have a Blue Reports account, you can request one using the webpage link, or your Department Chair, Associate Dean, or College Assessment Director can assist you.

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## Continuous Quality Improvement

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| **Describe primary insights gained from analysis of findings.** *What was learned? What questions did it raise? How does current performance compare to past (if applicable), and how might any prior action plans have influenced performance?* | Overall, these findings suggest that the DAT program is meeting outcome benchmarks related to HIT. Deeper analysis of the data along with cohort-level comparisons showed that the Class of 2022, as a whole, performed significantly worse that previous cohorts. After further analysis, we suspect a combination of pandemic-related stress coupled with poor execution of online education by other institutions has led to a decrease in overall performance from this cohort. As a doctorate-level program, we expect high performance from students at all levels, and students entering the program with sub-par experience with online education may not have been prepared for the effort required to succeed at a doctoral level.

In an attempt to remedy this issue, the DAT program has continued to implement Camp DAT, a week-long onboarding retreat designed to integrate students into the DAT program early in their progress. The program is continuing to collect data as to the efficacy of this endeavor, but anecdotal evidence suggests that students create stronger interpersonal bonds as a result of Camp DAT. Continued analysis of the outcomes of Camp DAT will allow us to better understand the impact of this program in the long-term. |
| **What findings-based actions are planned to maintain strong performance and/or improve student learning and success?** | Based on the findings, modification will be made to the clinical experience courses to enhance the understanding of transferrable skills related to HIT implementation. The program will continue to focus on integration of core competencies and points of distinction through all coursework within the program. |
| **What learning outcomes will your assessment plan focus on next year, and what changes, if any, are planned to improve assessment strategies and yield stronger data?** | In the next analysis cycle, the program will focus on integrative and inclusive health care. As the program has continued to develop over time, integrative and inclusive health care practices have become a primary focus of the content in the program. This analysis will help guide the program forward as the greater healthcare space evolves. We will continue to gather information based on student performance and retention within the program. |
| **Describe faculty involvement in this assessment, and how will findings be shared with faculty/stakeholders (as applicable)?** | All faculty are involved in annual discussions of assessment data and action planning. All faculty are consulted on curricular revisions. Programmatic data will be shared with our incoming Medical Director as well as the Department Chairperson, Associate Dean of the College of Health and Human Services, the University Assessment Office, and the Commission on Accreditation of Athletic Training Education on or before October 1, 2022. |

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# Student Outcomes Assessment & Success Report Evaluation AY 21-22

**Program: DAT Athletic Training**
**Evaluation: Exemplary**

The purpose of SOAS Report evaluation is to promote high quality academic program assessment that results in relevant, useful, and accurate data about student learning outcome achievement that faculty can use in planning for and monitoring efforts toward continuous improvement. Faculty are encouraged to incorporate feedback they find useful into assessment practices, and resources are available to support assessment development.

**Evaluation Key:** Exemplary=Meets all standards, exceeds some; Mature=Meets all/most standards, no serious concerns; Developing=Meets some standards, multiple recommendations for improvement; Undeveloped=Meets few/no standards, serious concerns noted; Cannot Evaluate=Missing information prevents evaluation

| Component of Practice | Areas of Exemplary Practice | Standards of Practice<br>Highlighted practices were clear in the SOASR | Recommendations for Improvement<br>(serious concerns highlighted) | Evaluation Relative to Standards |
|---|---|---|---|---|
| **Learning Outcomes**<br>Strong learning outcomes use language that focuses on what students will achieve and can be measured to demonstrate achievement. | LOs are specifically aligned with CGPS Graduate Student Learning Outcomes that evidence graduate-level learning performances. | At least one outcome is assessed this cycle<br><br>Outcome(s) is specific as to what students will be able to know/do as a result of their learning<br><br>Outcome(s) is measurable<br><br>Outcome(s) is consistent across modes of delivery (if applicable) | | Exemplary |
| **Assessment Strategies**<br>Strong assessment strategies are designed to produce data of high enough quality to be useful to faculty trying to understanding student learning outcome achievement, uncover potential issues, and determine next steps to support continuous improvement. They do not rise to the rigor of research methods, though they may draw on some related tenants and strategies. | Extensive variety of performance types, direct/indirect assessment, and points across the curriculum integrated into assessment strategy. This LO and its various objectives can be analyzed from a variety of triangulating data points for rich insights into student achievement. | Assessment measure(s) is designed for precise alignment to designated outcome(s)<br><br>Overall assessment strategy relies primarily on direct assessment measure(s)<br><br>Indirect assessment measure(s) is included to provide supplemental perspectives<br><br>Assessment data comes from multiple sources, either within a significant course or across the curriculum<br><br>Assessment measures include rich and/or relevant displays of student learning (i.e. experiential learning, intensive writing, problem-based learning, licensure exams, etc.)<br><br>Tools for evaluating student achievement are clearly described when necessary (i.e. rubrics, exam alignment key, preceptor evaluation, etc.) | | Exemplary |

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| **Results & Analysis**<br><br>Clear depiction of results and strong analysis pairs with strong assessment strategies to allow faculty to determine appropriate interpretation of data and use of findings. Use of student achievement data rather than anecdotes, comparison to thresholds of proficiency, and thoughtful use of disaggregation to uncover potential group differences that might exist are all good practices. | Clear analysis is provided, with clear insight into trends and potential causes for areas of concern. | The threshold for proficiency for each outcome is clearly stated relative to the measure/evaluation tool used<br><br>The threshold for proficiency reflects reasonably high expectations for the program<br><br>Actual student performance data on assessment measures is shared relative to the stated threshold for proficiency and (when applicable) the evaluation tool used<br><br>Thoughtful discussion of faculty insights gained from findings is included<br><br>When appropriate, student performance data is disaggregated by group, without identifying any specific student (ex: on-campus & distance cohorts in a program offering both forms of delivery)<br><br>When applicable, missing data or significant limitations to how data may be interpreted or applied are described | | Exemplary |
| **Continuous Improvement**<br><br>Assessment is about sharing and use of results to celebrate strong performance and improve in intentional ways. Assessment for continuous improvement includes engaging multiple faculty in assessment, comparing prior results to current results to examine our interventions, using findings to plan for the future, and sharing what we have learned. | Clear description of target areas for continuous improvement and reasonable strategies for supporting student learning achievement.<br><br>Faculty are clearly involved in the assessment process in multiple capacities, and assessment practice and use are well-integrated into program activities. | Multiple program faculty are involved in the assessment process<br><br>Plans for maintaining strong performance and/or improving student learning are clearly driven by assessment findings<br><br>Plans for maintaining strong performance and/or improving student learning are within reasonable purview of program faculty<br><br>If data from prior assessments is provided, reflection on changes over time and the possible impact any prior interventions is discussed<br><br>A commitment to ongoing assessment is demonstrated in clear plans for upcoming assessment<br><br>Assessment findings are shared with program faculty and any applicable stakeholders | Are there specific strategies that will be used to remediate any of the lower performance areas, or did subsequent correction within the individual courses already account for this? A note in the continuous improvement section could make this clear. | Exemplary |

Contact Kelley Woods-Johnson at kelley.woods-johnson@indstate.edu or x7975 with questions or for support.