

Student Outcomes Assessment and Success Report AY2017-18

Completed reports due from the dean to the Assessment Office via Blackboard by October 15. Deans, assessment coordinators, and/or department chairs set their own internal deadlines for material review and request for refinement if not suitably addressing questions.

Unit/Program Name: Doctorate in Athletic Training (DAT) **Contact Name(s) and Email(s)** Lindsey Eberman Lindsey.Eberman@indstate.edu

Before you complete the form below, review your outcomes library and curriculum map to ensure that they are accurate and up to date. If not, you may submit a new version along with this summary. Templates are available on the [assessment website](#).

Part 1a: Summary of Assessment Activities

<p>a. What learning outcomes did you assess this past year?</p> <p>If this is a graduate program, identify the Graduate Student Learning Outcome each outcome aligns with.</p>	<p>b. (1) What assignments or activities did you use to determine how well your students attained the outcome? (2) In what course or other required experience did the assessment occur?</p>	<p>c. What were your expectations for student performance?</p>	<p>d. What were the actual data/results?</p> <p>75% of students achieved an 80% or higher (avg 86.2%)</p>	<p>e. What changes or improvements were made or will be made in response to these assessment results or feedback from previous year's report?</p>
<p><i>Interprofessional Education and Collaborative Practice</i> – Students will demonstrate the ability to engage in collaborative practice.</p> <p>Specific Learning Objectives – Students will demonstrate the ability:</p> <ul style="list-style-type: none"> – To cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable – To listen to, clearly inform, communicate with, and educate patients <p>Aligns with G5 Graduate Student Learning Goals.</p>	<p>Direct Measures: (ATTR 756)</p> <ul style="list-style-type: none"> • Standardized Patient • Interprofessional Roles and Responsibilities Discussions <p>(ATTR 755) (ATTR 756) (ATTR 855) (ATTR 856)</p> <ul style="list-style-type: none"> • Clinical Site Supervisor Evaluation • Practitioner Interview <p>(ATTR 847)</p>	<p>Direct Measures: 100% of students will score an 80% or higher on all measures.</p>	<p>(ATTR 756)</p> <ul style="list-style-type: none"> • Standardized Patient – 79.2% of students scored 80% or higher (avg=86.2%) • Interprofessional Roles and Responsibilities Discussions – Discussion 1 91.7% of students scored 80% or higher (avg=93.8%) – Discussion 2 91.7% of students scored an 80% or higher (avg=91.7%) <p>(ATTR 755)</p> <ul style="list-style-type: none"> • Clinical Site Supervisor Evaluation – 96% of students scored 80% or higher (avg=93.1%) <p>(ATTR 756)</p> <ul style="list-style-type: none"> • Clinical Site Supervisor Evaluation – 100% of students scored 80% or higher (avg=95.5%) <p>(ATTR 855)</p> <ul style="list-style-type: none"> • Clinical Site Supervisor 	<p>We have integrated more and more interprofessional education and collaborative practice activities throughout the program. Qualitative feedback from the students in our end of semester debriefing session, the students indicated that they wanted more Roles and Responsibilities discussions in the Clinical Education courses (ATTR 755, 756, 855, 856). This year we added two more Roles and Responsibilities Discussions with dietetics and physical therapy. We already conducted an analysis of the pre and post discussion role clarity scores and determined substantial improvement. (Although the findings were not significant, the median after the discussion was 6 or agree on all items indicating the dietetic students believed they understood the roles and responsibilities of AT better after</p>

			<p>Evaluation – 100% of students scored 80% or higher (avg=96.1%) (ATTR 755)</p> <ul style="list-style-type: none"> Clinical Site Supervisor Evaluation – 100% of students scored 80% or higher (avg=96.8%) (ATTR 847) Practitioner Interview – 100% of students scored 80% or higher (avg=94.1%) 	<p>the discussion. The dietetics students showed both substantial and significant improvement as a result of the activity).</p> <p>We are also developing an interprofessional standardized patient with the PT faculty. This will result in 10 AMR faculty engaged in training the patient actors and engaged in collaborative scoring/evaluation in the Spring semester.</p> <p>The faculty and students need to have continuing dialogue about the difference between collaborative care (team-based care where multiple providers are treating the patient or patient population) and interprofessional collaboration. It is our belief that the students are scoring/rating collaborative practice in the clinical experiences survey and not interprofessional collaboration (for which there are two sets of questions). We believe students are engaged in collaborative practice more readily, but continue to need to exposure to other healthcare providers.</p>
	<p><u>Indirect Measures:</u></p> <ul style="list-style-type: none"> Clinical Experiences Survey Exit Survey Alumni Survey Employer Survey 	<p>Indirect Measures: 100% of students will score 3.5 out of 5 on items related to this measure.</p>	<p>Results:</p> <ul style="list-style-type: none"> Clinical Experiences Survey – Students reported that 57.6% of encounters incorporated interprofessional and/or collaborative clinical practice. Students report 	<p>Our quantitative feedback is consistently indicating that students are engaged in interprofessional and collaborative practice at a rate that indicates that the program was very effective at preparing them for this activity in their</p>

			<p>that they are “very effective” tasks related to interprofessional and collaborative practice.</p> <ul style="list-style-type: none"> - Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable mode=4 (Very Effective) - Interact with other health professionals in a manner that optimizes the quality of care provided to individual patients mode=4 (Very Effective) <ul style="list-style-type: none"> • Exit Survey – Graduating students rated the degree to which the DAT prepared them to integrate interprofessional and collaborative practice into their clinical practice as “Very Effective” (mode=5). • Alumni Survey – Alumni rated the degree to which the DAT prepared them to integrate interprofessional and collaborative practice into their clinical practice as “Very Effective” (mode=5). 	<p>clinical practice. We continue to evaluate qualitative feedback (debriefing sessions and course written feedback) to determine other ways we can integrate this into the program effectively.</p>
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Note: If you would like to report on more than three outcomes, place the cursor in the last cell on the right and hit “tab” to add a new row.

Notes

- a. Use your outcomes library as a reference.
- b. Each outcome must be assessed by at least one direct measure (project, practical, exam, performance, etc.). If students are required to pass an examination to practice in the field, this exam must be included as one of the measures. At least one of the program’s outcomes must use an indirect measure (exit interview, focus group, survey, etc.). Use your curriculum map to correlate outcomes to courses.
- c. Identify the score or rating required to demonstrate proficiency (e.g., Students must attain a score of “3” to be deemed proficient; at least 80% of students in the program will attain this benchmark.”
- d. Note what the aggregate level of proficiency actually was and the number of students included in the cohort or sample (e.g., “85% of the 25 students whose portfolios were reviewed met the established benchmark”).

Glossary

Standardized Patient – A standardized patient is someone who has been trained to portray, in a consistent, standardized manner, a patient in a medical situation. In this particular program outcome, DAT faculty collaborate with faculty from our partner or collaborative programs (in Spring 2018, we worked with Social Work), to develop a patient case realistic for our settings and professions. We shared the cases with practicing clinicians to ensure high environmental, psychological, and technical fidelity. Students are evaluated interacting with the patient based on faculty criteria, patient satisfaction criteria, and self-reflection. The scores reflected here are based on the faculty evaluations.

Interprofessional Roles and Responsibilities Discussions – These are web-based weekly assignments, whereby students schedule a time and engage in a recorded discussion with other healthcare providers. Students are provided with a prompt to help guide the discussion. Scores are reflective of completion; however, if students did not complete the activity, or did demonstrate an appropriate level of professionalism, they were penalized by half (0.5/1).

Clinical Site Supervisor Evaluations – Clinical Site Supervisor Evaluations are evaluations conducted by the clinical site supervisor.

Practitioner Interview – Students engage in a web-based guided interview with clinicians working internationally in sports medicine.

Part 1b: Continuous Quality Improvement

In no more than one page, summarize 1) the discoveries assessment has enabled you to make about student learning (a. What specifically do students know and do well—and less well? b. What evidence can you provide that learning is improving?); 2) what your assessment plan will focus on in the coming year; and 3) how will this information be shared with other stakeholders?

Please provide this report to your dean as a Word document. Do not include any attachments. Instead, provide links to important supporting materials (e.g., detailed—but not student-specific--assessment results; rubrics; minutes; etc.), or upload them to the college's assessment site in Blackboard.

In Fall 2017, we reviewed the assessment data (2016-2017 findings) and program curriculum and identified that we identified that the learning outcome “interprofessional education and collaborative practice” was not being met at a quality/frequency we would like. We were expecting this to occur in the clinical experience courses, by the nature of the students’ professional practice, but in using feedback from the Clinical Experiences Survey, we have learned that this “by chance” learning was only occurring at a rate of 44.84%. As such, we engaged in a curricular revision to be more intentional with the inclusion of interprofessional education and collaborative practice learning outcome through the use of the Innovations in Collaborative Health Care (ATTR 872) and Health Information Technology (ATTR 871) courses. The Innovations in Collaborative Health Care courses (that can be repeated) will allow us to explore contemporary issues in health care, include students from other disciplines (DNP students have already taken one course with us, but this would allow a readily accessible class for them to take with us), and allow us to use faculty from other disciplines to teach. The Health Information Technology course would be taught by Dr. Cameron Powden (DAT Core Faculty) and lends to his expertise in healthcare informatics, which is a healthcare competency all healthcare providers are expected to demonstrate. He will incorporate BOTH healthcare informatics and interprofessional education and collaborative practice competencies into the course to help students learn how to engage with “big data” within a local level, but in the larger healthcare landscape as well.

These curricular changes have been incorporated into the 2018-2019 Outcomes Assessment Plan and will be taught beginning Summer 2019. *We will not be able to determine effectiveness of this curricular change until these courses are taught. We will focus on assessing these course outcomes in 2018-2019.*

In Spring 2017 we implemented the first Interprofessional Standardized Patient experience and subsequently in Spring 2018 we incorporated the Interprofessional Roles and Responsibilities Discussions as a precursor to the experience. Students indicated in our end of semester debriefing session that these were effective and assisted both the Standardized Patient experience (decreasing cognitive load and discomfort with interacting with an unknown provider) and in understanding the roles/responsibilities of the social workers. These discoveries have led the program faculty to offer more interactions.

Specifically, in Fall 2018, during the dietetics interaction, we were able to measure students’ role clarity in both programs. The data is provided below:

Overall this was a productive conversation. **Overall the DAT class perceived that they gained more understanding about dietitians from this conversation.** Specifically:

1. I have a clear understanding of the goals/objectives of registered dietitians ($P < .001$; mean difference from pre to post = 1 scale point; *post discussion mode=6, agree*).
2. I know exactly what is expected of registered dietitians in their role ($P < .001$; mean difference from pre to post = 2 scale points; *post discussion mode=6, agree*).
3. I have a clear understanding regarding the level of authority registered dietitians have ($P < .001$; mean difference from pre to post = 2 scale points; *post discussion mode=6, agree*).
4. I know what the responsibilities of registered dietitians are ($P < .001$; mean difference from pre to post = 2 scale points; *post discussion mode=6, agree*).

Although not statistically different in all areas, the dietetics students also gained sufficient understanding about athletic trainers from this conversation. Specifically:

1. I have a clear understanding of the goals/objectives of athletic trainers ($P = .19$; mean difference from pre to post = 1 scale point; *post discussion mode=6, agree*).
2. I know exactly what is expected of athletic trainers in their role ($P = .07$; mean difference from pre to post = 2 scale points; *post discussion mode=6, agree*).
3. I have a clear understanding regarding the level of authority athletic trainers have ($P = .04$; mean difference from pre to post = 2 scale points; *post discussion mode=6, agree*).

4. I know what the responsibilities of athletic trainers are (P=.05; mean difference from pre to post=2 scale points; *post discussion mode=6, agree*).

Data are shared among the DAT faculty in our bi-weekly faculty meetings. We also engaged in a day of program related strategic planning. We share data with the students and faculty who partner with us in interprofessional education. For instance, the above data was shared with students and with the dietetics program director via email and with a face to face meeting on how we can continue and improve this interaction. We are in a self-study year, so program assessment data will be shared with the Assessment Office, Department Chair, Associate Dean, Dean, and Provost.

Part 2a: Summary of Student Success Activities

Based on the results of your assessment of student learning outcomes from Part 1 above, reflect on how this data will impact student success within your unit/program.

a. What goals/objectives were established this past year to aid student performance, retention, persistence, and completion?	b. What primary action steps were taken to make progress on each goal and who was responsible?	c. What data informs progress on each goal?	d. What were some accomplishments or achievements for each goal and/or challenges confronted?	e. Please indicate goals that are continuing and any goals that will replace a previous goal. Any additional goals can also be added on a new line.
1. Graduation rate – 75% students will graduate from the program	All students have a program of study. This is maintained by Lindsey Eberman.	Graduation rate calculation.	16 of 21 students completed the program (76.2%). This particular class had several students drop out or fail out at the mid-point of the program. Although only in the second year of program delivery, this appears to be an anomaly, as we are measuring more students struggling earlier in the program (semester 1) in other cohorts.	Continuing (required by CAATE accreditation).
2. 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. New policies were implemented for the incoming Class of 2020 to require continued progress toward a 3.0 GPA. Students	Retention rate calculation.	16 of 20 students were retained from Summer 1 to Summer 2 (80.0%). The third semester is often where, if a student is not making sufficient progress toward resolving academic probation, they may choose to discontinue the program. New policies will require	Continuing (required by CAATE accreditation).

	are now expected to graduate with a 3.0 GPA.		steady improvement toward the 3.0 GPA for graduation.	
3. 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 primary faculty involved was Lindsey Eberman. Program faculty serving as references and providing professional mentoring.	Program faculty remain in contact with graduates to determine employment status, change in title/pay. Program faculty calculate changes from the entrance and exit survey to inform student confidence in core competencies.	We need to continue to prepare students during the admissions and on-boarding process as to what the purpose of the DAT is and how it can effectively change their career trajectory. Some students may not understand the goals of the program and have expectations that are not aligned with the program delivery.	Continuing (required by CAATE accreditation).
4. Employers will indicate that graduates are able to integrate interprofessional and collaborative practice.	Data collection is in process by Lindsey Eberman.	Employer survey	Unknown	Continuing

Notes

- a. These goals could be program/department wide but may also be focused on specific sub-populations of interest (e.g., service course student performance, transfer students, part-time students, students of a particular class year, students of color, etc.).
- c. Retention and completion data, D/F/drop rates, credit hour productivity (defined as credit hour enrollment at start of term versus credit hours earned at end of term) are common data examples. See [Blue Reports](#) database (access from Linda Ferguson in Institutional Research) or the [Office of Institutional Research](#) for ideas.

Part 2b: Continuous Quality Improvement

In no more than one page, summarize 1) the discoveries that attention to student performance, retention, persistence, and completion has enabled you to make about program/department systems, processes, and norms as it effects students; and 2) how this will positively impact student success, including with regard to the readiness of students for graduate study or a career?

Additional Student Success/Program Outcomes data: <https://www.indstate.edu/health/doctorate-athletic-training-assessment>

Our exit and alumni data suggest that no major improvements are necessary to ensure career readiness. We will continue to measure programmatic outcomes data related to this healthcare core competency. As we await alumni/employer surveys, this may also reinforce our finding that students are able to integrate the healthcare core competencies into their practice.

Relative to program outcomes (student success measures), we are meeting our benchmarks and projections. We have revised program policy to increase the rigor of the program, which may negatively impact student retention and graduation rates, but will improve the program product” relative to career readiness. We will continue to use our various metrics to ensure student success measures are being met.

Please prepare this report as a Word document. Do not include any attachments. Instead, provide links to important supporting materials (e.g., detailed—but not student-specific—assessment results; rubrics; minutes; etc.), or upload them to the college’s assessment site in Blackboard.

Dear Lindsey,

Thank you so much for sharing your assessment process and findings for AY 2017-18 with the Assessment and Student Success Councils. You will find a comprehensive synthesis of the feedback compiled by both groups below. It is understood that some of the feedback might encompass practices that you already engage in but that are not documented in this report. As the purpose of this evaluation is focused on recognizing great work and helping faculty improve assessment practice, it is not necessary to retroactively add documentation. Please feel free to let me know if you have any questions or if there is any way I can assist you in further developing assessment in your program.

This report will be shared with the Associate Dean(s) and Dean of your college and summarized findings will be shared as composite college/institutional data with the President's Office and the Provost's team.

Sincerely,

Kelley (x7975)

Program: Doctor of Athletic Training	
Assessment Practice Overall Rating: Mature (2.375/3.00)	
Student Success Practice Overall Rating (see notes below in blue): Exemplary (3.00/3.00)	
Strengths	Recommendations
<ul style="list-style-type: none">• Learning outcomes are clear, student-centered, and for the most part measurable.• Good alignment of learning outcomes with Graduate Student Learning Outcomes.• Clear information provided about the courses and assignments/activities that were used for assessment.• Great mix of direct and indirect measures, and good use of assessment at a variety of points across the curriculum to inform understanding.• Clear information provided about expected and actual student performance.• Excellent, thoughtful analysis of findings in the past and from this round of assessment that's driving decisions to improve student learning. Great note of how data was backed up by student perspectives in debriefing conversations to create meaningful change that students wanted and needed.• Great information provided about coming adjustments based on findings, including the expansion of successful programs like the Standardized Patient experience.	<ul style="list-style-type: none">• Some outcomes are very compound, meaning students will have to demonstrate multiple types of knowledge/skills to achieve the outcome. This is challenging for precise measurement, but not impossible. Just keep this in mind when designing assessments and evaluations to ensure they are complex enough to cover the full outcome.• For the direct measures in particular, providing information about the way performance was evaluated would be helpful context for more useful feedback (ex: rubrics, checklists, etc.).

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| <ul style="list-style-type: none">• Excellent inclusion of faculty and students in conversations about and use of findings.• Student success goals are clear, reasonably ambitious, and tied to CAATE expectations.• Actions plans for student success goals are clear, and resulting data is provided with context for analysis and further study. | |
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Assessment (Parts 1a & 1b) Scoring Rubric is included below. Student Success (Parts 2a & 2b) Scoring Rubric is included on the last page for reference only. Score was calculated on a 0 (undeveloped), 1 (developing), 2 (mature), 3 (exemplary) scale.

Evaluation Criteria	Exemplary	Mature	Developing	Undeveloped
<p>Student Learning Outcomes</p>	<p>At least one learning outcome that is aligned with program coursework is assessed this cycle.</p> <p>Learning outcome(s) is specific, measurable, and student-centered.</p> <p>Rationale for assessment of this outcome(s) is made clear (ex: it is part of a standing assessment cycle, a need was identified, etc.)</p> <p>Learning outcome(s) directly link to college, institutional, and/or accreditor goals/standards.</p>	<p>At least one learning outcome that is aligned with program coursework is assessed this cycle.</p> <p>Learning outcome(s) is specific, measurable, and student-centered.</p> <p>Rationale for assessment of this outcome(s) is made clear (ex: it is part of a standing assessment cycle, a need was identified, etc.)</p>	<p>At least one learning outcome that is aligned with program coursework is assessed this cycle.</p> <p>Learning outcomes(s) is measurable.</p>	<p>No learning outcomes are identified for assessment or the outcomes that are identified are not linked to program outcomes aligned with program coursework (e.g. – curriculum map) or are not measurable.</p>
<p>Performance Goals & Measures</p>	<p>Performance goal identified for each learning outcome is clear and reasonable (ex: based on previous performance data, professional standards, etc.).</p> <p>Identified measures are designed to accurately reflect student learning, including at least one direct measure.</p> <p>Tools used to measure student performance are described and were reviewed for validity or trustworthiness prior to use (note this in the report; attach tools if applicable – ex: rubrics, checklists, exam keys, etc.).</p>	<p>Performance goal identified for each learning outcome is clear and reasonable (ex: based on previous performance data, professional standards, etc.).</p> <p>Identified measures are designed to accurately reflect student learning, including at least one direct measure.</p> <p>Tools or processes for evaluating student performance on measures are described (attach tools if applicable – ex: rubrics, checklists, exam keys, etc.).</p>	<p>Performance goal(s) is identified for each learning outcome.</p> <p>Identified measures (ex: assignments, projects, tests, etc.) are poorly suited to performance goals or are solely indirect measures.</p> <p>Tools or processes for evaluating student performance on measures are not described.</p>	<p>No goals for student performance of learning outcomes is identified, and/or no measures are provided.</p>

Analysis & Results	<p>Data is collected using the measures and tools identified.</p> <p>Results are reported with clear description of quality analysis (e.g., analysis follows accepted statistical or qualitative procedures).</p> <p>Results are shared in relation to performance goals.</p> <p>Results are discussed in relation to college, institutional, and/or accretor goals/standards.</p>	<p>Data is collected using the measures and tools identified.</p> <p>Results are reported with clear description of analysis (e.g., analysis follows accepted statistical or qualitative procedures).</p> <p>Results are shared in relation to performance goals.</p>	<p>Data is collected using the measures and tools identified.</p> <p>Results are reported with little description of analysis.</p>	<p>No data is being collected.</p> <p>No results are provided.</p>
Sharing & Use of Results for Continuous Improvement	<p>Clear information is provided about sharing and using results to inform practice.</p> <p>Discussion of what was learned from results is provided and connected to plans for sharing and using results to inform practice.</p> <p>A plan for adjusting performance, goals, assessment, and/or program components based on results is outlined.</p>	<p>Clear information is provided about sharing and using results to inform practice.</p> <p>Discussion of what was learned from results is provided and connected to plans for sharing and using results to inform practice.</p>	<p>Limited information is provided about sharing or using results to inform practice.</p> <p>Some discussion of what was learned from results is provided.</p>	<p>No information is provided about sharing or using results to inform practice.</p> <p>No evidence of reflection on results is provided (ex: discussion, conclusions drawn)</p>
Overall Rating	<input type="checkbox"/> Exemplary	<input checked="" type="checkbox"/> Mature	<input type="checkbox"/> Developing	<input type="checkbox"/> Undeveloped

Student Success Activities Report Rubric (Part 2 of Student Outcomes Assessment Report)Unit/Program:

Office of Student Success/Office of Assessment & Accreditation Evaluation Date:

Evaluation Criteria	0 Undeveloped	1 Developing	2 Mature	3 Exemplary
Goals/ Objectives	No goals/objectives are identified.	Goals/objectives are poorly suited to addressing student performance, retention, persistence, and/or completion. Goals/objectives may also be modest at best such that little effort is required.	Goals/objectives are generally clear and reasonably well suited to addressing student performance, retention, persistence, and/or completion. Goals/objectives are also generally at least moderately aggressive such that appropriate effort is required.	Goals/objectives are all clear and well suited to addressing student performance, retention, persistence, and/or completion. Goals/objectives are also at least moderately aggressive in all cases such that appropriate effort is required.
Action Steps	No action steps are identified.	Action steps are weak, underdeveloped, and/or poorly suited to making progress on goals/objectives. No person(s) or group(s) indicated who will be responsible for the actions.	Action steps are generally clear and reasonably well suited to making progress on goals/objectives. Person(s) or group(s) responsible for the actions are indicated in most cases.	Action steps are all clear and well suited to making progress on goals/objectives Person(s) or group(s) responsible for each action are indicated, ideally with a timeline.
Data that Informs Progress on Each Goal/Objective	No data, quantitative or qualitative, is identified.	Data to inform progress are poorly suited to measure progress on goals/objectives.	Data to inform progress are generally well suited to measure progress on goals/objectives.	Data to inform progress are all well suited to measure progress on goals/objectives.
Assessment of Outcomes and Continuous Improvement	For goals/objectives in place the prior year, no reflection provided on achievements/challenges, sharing results, and/or plans for improvement or change based on results. No reflection on outcome assessment plan for continuous improvement provided for new goals/objectives.	For goals/objectives in place the prior year, modest at best reflection provided (and/or is vague or of questionable connection to results) on achievements/challenges, sharing results, and/or plans for improvement or change based on results. Modest at best reflection on assessment plan for continuous improvement provided for new goals/objectives.	For goals/objectives in place the prior year, generally appropriate reflection provided (and is reasonably well connected to results) on achievements/challenges, sharing results, and/or plans for improvement or change based on results. Reasonable reflection on assessment plan for continuous improvement provided for new goals/objectives.	For goals/objectives in place the prior year, strong reflection is provided in all cases (and is well connected to results) on achievements/challenges, sharing results, and/or plans for improvement or change based on results. Well-developed reflection on assessment plan for continuous improvement provided for new goals/objectives.
Overall Rating	<input type="checkbox"/> Undeveloped	<input type="checkbox"/> Developing	<input type="checkbox"/> Mature	<input type="checkbox"/> Exemplary