#### Closing the Current Planning Cycle in Compliance Assist

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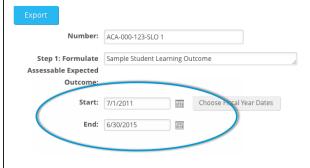
#### Overview

- 2014-2015 marks the closing year of the current 5-year planning cycle.
- In today's workshop, we will be providing instructions for completing outcomes for this year in order to maintain consistency in our approach.
- A quality review of Student Learning Outcomes was conducted in preparation for our SACSCOC 5 year interim report. Copies of these evaluations were distributed through the UAIC representatives for units affected. Please see that any required corrections are made right away.
- A subcommittee of the UAIC will provide oversight for quality control as we move forward.

## **Verify Preliminary Information**

#### 1. Start and End Dates

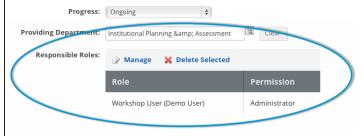
- Start dates will typically be July 1. Verify that the year is accurate.
- b. End date should be 6/30/2015 for most outcomes. There are a few exceptions based on alterative funding cycles.



### **Verify Preliminary Information**

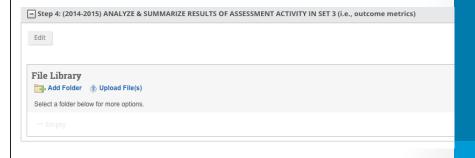
#### 2. Responsible Roles

- Be sure that the role identifies the person responsible for maintaining the data in Compliance Assist for your unit.
- b. To request changes in users and assignments, please use the Compliance Assist Service Request Portal on our web site: www.tnstate.edu/dipa.



## Reporting Results – STEP 4

- 1. Be sure that data matches all measures specified in STEP 3.
- 2. Interpret results for each measure.



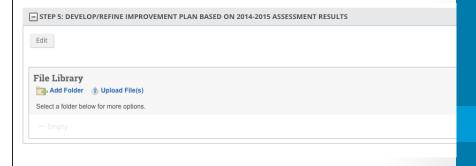
# Reporting Results – STEP 4

- 3. Determine if criteria specified in STEP 2 has been:
  - a. Met (Yes),
  - b. Not met (No), or
  - c. was not being assessed this year (NS).
- 4. Select the appropriate result in the choice field below the STEP



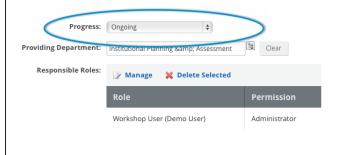
#### Preliminary Planning (STEP 5)

- 1. Since this is the 5<sup>th</sup> year of a 5 year cycle, indicate if the outcome will be:
  - a. Continued into the next cycle with little or no revision to the outcome description (STEPs 1-3),
  - b. Replaced by a substantially revised outcome in the next cycle,
  - c. Completed and not continued into the next cycle.



## Preliminary Planning (STEP 5)

- 2. Provide a rationale for the decision made regarding the outcome.
- 3. Include specific plans for revision if continuing or replacing the outcome.
- 4. Reset Progress field to Completed.



# Report Progress/Impact (STEP 6)

- 1. Tell what has been done on the improvement plan since last year.
- 2. What impact (if any) can be seen in the results reported in STEP 4 over last year's report.



#### **Outcome Evaluation Form and Rubric**

Steps	Quality Error		
Step 1			
Step 2			
Step 3			
Step 4			
Step 5			
Step 6			
Note for	Improvement:		

QUALITY ERROR	INPUT	SOLUTION
OUTCOME INCONGRUENCE (OI)	Steps 2 and 3 do not align.	Align Step 2 and 3 so that the criteria for success can be measured by step 3.
OUTCOME ERROR (OE)	Statement is not assessable. Statement is unclear or includes items belonging in other Steps.	Simplify outcome to be an obtainable, well-formed, and clear statement. Consult IPA's Assessment 101 Handbook found in the Compliance Assist References.
CRITERIA ERROR (CE)	Criteria in Step 2 are not clear, not measurable, or include too many criteria to be effective	Redefine statement to be clear, concise, and measurable. A valid solution should include criteria that displays how much, how many, or how well. Standards should be directly related to Step 1.
ROBUST DATA ERROR (RDE)	Data in step 4 is not thorough.	Include more cohesive and coherent data or analysis that enhances the quality of what is presented in Step 4.
DATA INCONGRUENCE (DI)	Data does not address the outcome's criteria for success. The data in Step 4 does not indicate the success of the outcome or if the outcome is being accomplished	Include data in Step 4 that better relates to the criteria in Step 2. For example, if outcome indicates measurement using a percentage, then include percentage in results.
MEASUREMENT ERROR (ME)	Step 4 data does not match what will be measured by step 3.	Include results measured in accordance with step 3. Consider revising data included in Step 4 to improvement data in Step 5.
CLOSE THE LOOP (CTL)	Missing or Incomplete Step 5 or 6	Update Step 5 and/or 6 to include detailed action plan for improvement (Step 5) and impact of that action plan (Step 6). Step 5 is completed at latest the September of the following year (ie 2012-2013 Step 5 is completed in September 2013) while Step 6 is completed in June of the following year, one year after results were submitted (ie 2012-2013 Step 6 is completed in June of 2014). Use of results for detailed improvement plan should be included in Step 5. The effectiveness of the improvement plan in included in Step 6.

REFER TO CALENDAR DEADLINES (RCD)	The department is out of compliance with assessment council time-honored deadlines.	Abide by deadlines outlined in provided calendar.
CONSIDER OVERHAUL (CO)	Outcome does not align with university mission.	Re-establish outcome to align with KPIs and University Mission Statement
INPUT MISPLACEMENT (IM)	Input is in the wrong step.	Consider replacement. Inputs will be better served in a different step.