

# 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.
- End date should be 6/30/2015 for most outcomes. There are a few exceptions based on alternative funding cycles.

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Number:

Step 1: Formulate

Assessable Expected

Outcome:

Start:



Choose Fiscal Year Dates

End:



# 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.
- To request changes in users and assignments, please use the Compliance Assist Service Request Portal on our web site: [www.tnstate.edu/dipa](http://www.tnstate.edu/dipa).

Progress:

Providing Department:

Clear

Responsible Roles:

[Manage](#) [Delete Selected](#)

Role	Permission
Workshop User (Demo User)	Administrator

## Reporting Results – STEP 4

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

Step 4: (2014-2015) ANALYZE & SUMMARIZE RESULTS OF ASSESSMENT ACTIVITY IN SET 3 (i.e., outcome metrics)

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## 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 4 narrative.

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CRITERIA FROM STEP 2

MET? \*2014-2015\*:



## 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.

STEP 5: DEVELOP/REFINE IMPROVEMENT PLAN BASED ON 2014-2015 ASSESSMENT RESULTS

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## 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.

Progress:

Providing Department:  Clear

Responsible Roles: Manage Delete Selected

Role	Permission
Workshop User (Demo User)	Administrator

## 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.

Step 6: (2013-2014) DOCUMENT CHANGES/IMPROVEMENTS RESULTING FROM STEP 5 ACTION PLAN (2013-2014)

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# **Outcome Evaluation Form and Rubric**

Outcome Name/Number

Steps	Quality Error	
Step 1		
Step 2		
Step 3		
Step 4		
Step 5		
Step 6		
<b>Note for Improvement:</b>		

QUALITY ERROR	INPUT	SOLUTION
<b>OUTCOME INCONGRUENCE (OI)</b>	Steps 2 and 3 do not align.	Align Step 2 and 3 so that the criteria for success can be measured by step 3.
<b>OUTCOME ERROR (OE)</b>	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.
<b>CRITERIA ERROR (CE)</b>	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.
<b>ROBUST DATA ERROR (RDE)</b>	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.
<b>DATA INCONGRUENCE (DI)</b>	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.
<b>MEASUREMENT ERROR (ME)</b>	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.
<b>CLOSE THE LOOP (CTL)</b>	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.



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