

**Mastering SACSCOC Assessment
Reporting
for
Student Support Units
(Co-Curricular)
Practices**



Office of Institutional Effectiveness
Spring 2024 - Training



While academics tend to take the spotlight, our non-academic units are what make up the foundation of our institution – without your units, our institution can't function.

These units power institutional success by improving student well-being, enhancing internal processes, increasing enrollment rates, and more.

Investing in these services is essential for facilitating continuous improvement – but first, you need to understand what outcomes to track and why.




Today's Discussion Points


- Understanding Reporting Requirements: Navigating SACSCOC Standard 8.2.c
- Developing Effective Assessment Plans
- Mastering Data Analysis for Informed Decision-Making
- Formulating an Action Plan for Continuous Improvement
- Closing the Loop: Ensuring Ongoing Quality and Compliance

LSUHSC


Office of Institutional Effectiveness




The continuous improvement cycle is at the forefront of everything the Office of Institutional Effectiveness does. We provide oversight, training, analysis, and guidance on all SACSCOC data submissions and the continuous improvement of all academic programs, educational support units, and administrative units at Louisiana State University Health and Science Center - New Orleans (LSUHSC-NO).



SACSCOC Institutional Accreditor



Recognized by the U.S. Department of Education, the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) expects institutions to demonstrate that full cycles of assessment are taking place by establishing expected goals and outcomes, setting criteria to measure if they have been met or not, and then using this assessment information to promote continuous improvements in student learning, student successes, and in services provided by administrative and educational support units.



**Understanding Reporting
Requirements:
Navigating SACSCOC Standard 8.2.c**

**Student Outcomes:
Academic and Student Services**

What Does SACSCOC Say?

Standard 8.2.c

The Institution (1) identifies expected outcomes, (2) assesses the extent to which it achieves these outcomes, (3) and provides evidence of seeking improvement based on the analysis of the results for (4) **academic and student services that support student success**.

There should be evidence of goal setting and outcome tracking.



Most Frequently Cited Principles of Accreditation in Decennial Reaffirmation Reviews: Class of 2023

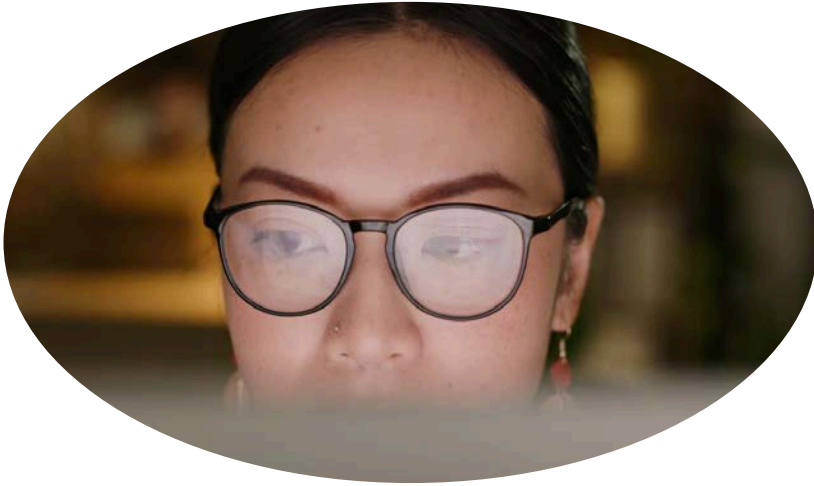
Review Stage I: OFF-Site Committee <small>(n=80 institutions)</small>			Review Stage II: ON-Site Committee <small>(n=78 institutions)</small>			Review Stage III: Board of Trustees <small>(n=78 institutions)</small>					
Rank	Core Requirement / Standard	% of Institutions in Non-Compliance	Rank	Core Requirement / Standard	% of Institutions in Non-Compliance	Rank	Core Requirement / Standard	% of Institutions in Non-Compliance			
1.	6.2.a (Faculty Qualifications)	91%	1.	7.2 (Quality Enhancement Plan)	35%	1.	8.2.a (Student Outcomes: Ed Programs)	6%			
2.	8.1 (Student Achievement)	51%	2.	6.2.a (Faculty Qualifications)	15%	2.	13.3 (Financial Responsibility)	4%			
3.	8.2.a (Student Outcomes: Ed Programs)	48%	3.	8.2.a (Student Outcomes: Ed Programs)	12%	3.	6.2.a (Faculty Qualifications)	3%			
4.	13.2 (Financial Documents)		4.	6.3 (Faculty Appointment and Evaluation)	5%	4.	6.3 (Faculty Appointment & Evaluation)				
5.	6.2.c (Program Coordination)	41%	5.	7.3 (Administrative Effectiveness)		4%	<3%				
6.	6.2.b (Program Faculty)	40%	6.	6.2.c (Program Coordination)							
7.	5.4 (Qualified Officers)	38%	7.	8.1 (Student Achievement)							
8.	10.7 (Policies for Awarding Credit)	35%	8.	8.2.b (Student Outcomes: General Ed)							
9.	4.2.g (Board Self-Evaluation)	34%	9.	8.2.c (Student Outcomes: Student Services)							
10.	13.6 (Federal and State Responsibilities)	30%	10.	13.3 (Financial Responsibility)							
Selected Descriptive Statistics <small>(Number of Principles Cited Per Institution)</small>			Selected Descriptive Statistics <small>(Number of Principles Cited Per Institution)</small>						Selected Descriptive Statistics <small>(Number of Principles Cited Per Institution)</small>		
Mean=12.4 (SD=7.5) Median=11 Modes= 9\10\11 Min=2 Max=36			Mean=1.2 (SD=1.5) Median=1 Mode=0 Min=0 Max=8						Mean=0.2 (SD=0.4) Median=0 Mode=0 Min=0 Max=2		
Selected General Areas of Non-Compliance		% of the Total Number of Findings of Non-Compliance	Selected General Areas of Non-Compliance		% of the Total Number of Findings of Non-Compliance				Selected General Areas of Non-Compliance		% of the Total Number of Findings of Non-Compliance
<small>Sections 1-5, 14 (26 standards-36% of all Principles): Integrity, Mission, Basic Eligibility; Governing Board, Admin. & Org.; Transparency & Inst. Representation</small>		26%	<small>Sections 7-8 (7 standards-10% of all Principles): Institutional Planning & Effectiveness; Student Achievement</small>		53%				<small>Sections 7-8 (7 standards-10% of all Principles): Institutional Planning & Effectiveness; Student Achievement</small>		40%
<small>Section 6 (7 standards-10% of all Principles): Faculty</small>		18%	<small>Section 6 (7 standards-10% of all Principles): Faculty</small>		23%	<small>Section 6 (7 standards-10% of all Principles): Faculty</small>		33%			
<small>Sections 7-8 (6 standards-8% of all Principles): Institutional Planning & Effectiveness; Student Achievement</small>		16%	<small>Section 13 (8 standards-11% of all Principles): Financial & Physical Resources</small>		11%	<small>Section 13 (8 standards-11% of all Principles): Financial & Physical Resources</small>		20%			
<small>Sections 9-10 (16 standards-22% of all Principles): Ed Program Structure & Content; Ed Policies, Procedures, & Practices</small>		15%	<small>Sections 9-10 (16 standards-22% of all Principles): Ed Program Structure & Content; Ed Policies, Procedures, & Practices</small>		5%	<small>Sections 11-12 (9 standards-12% of all Principles): Library & Learning/ Info Resources; Acad. & Student Support Services</small>		7%			
<small>Section 13 (8 standards-11% of all Principles): Financial & Physical Resources</small>		15%	<small>Sections 11-12 (9 standards-12% of all Principles): Library & Learning/ Info Resources; Acad. & Student Support Services</small>		4%	<small>Sections 1-5, 14 (26 standards-36% of all Principles): Integrity, Mission, Basic Eligibility; Governing Board, Admin. & Org.; Transparency & Inst. Rep.</small>		0%			
<small>Sections 11-12 (9 standards-12% of all Principles): Library & Learning/ Info Resources; Acad. & Student Support Services</small>		9%	<small>Sections 1-5, 14 (26 standards-36% of all Principles): Integrity, Mission; Basic Eligibility; Governing Board, Admin. & Org.; Transparency & Inst. Rep.</small>		3%	<small>Sections 9-10 (16 standards-22% of all Principles): Ed Program Structure & Content; Ed Policies, Procedures, & Practices</small>		0%			

March 2024 | For more information, please contact Abner Mateves, Director of Training and Research, at amateves@lacscoc.org

PRELIMINARY DATA


Common Reporting Errors:

- Overreliance on one assessment method.
- Repeatedly stating "will continue to monitor."
- No evidence of assessment results is reported, or the evidence is so general and so brief, that it does not report anything meaningful.
- Not using action plans from the previous assessment cycle to inform strategies for improvement.
- No evidence that the department is using assessment findings to inform planning or continuous improvement.
- Interpretation of the results does not refer back to the outcomes, targets (benchmarks), or methodologies.
- Not explicitly stating if the target was met or not.
- No evidence at all (rubrics, charts, graphs, emails, invoices, spreadsheets, survey results, surveys, evidence of changes, etc.)
- Sample size of participants: how many were surveyed, tested, etc.



Let's Review an Actual Response from the Off-Site Committee

Refer to the Handout
with the
Highlighted Text



Developing Effective Assessment Plans

Why Should Programs and Units do Assessment?



Identify strengths and areas for improvement for programs or units.

Provide evidence of effectiveness, efficiency, satisfaction, student learning, and/or improvement to the institution and stakeholders.

Highlight unit or program contributions.

Encourage collaboration among individuals within units and faculty in programs.

Create a vision or ideal for units or programs. Improving focus and prioritization.

Provide data to support resource requests.

PRIMARY REASON - (SACSCOC) Focus on continuous improvement at the institution.

1

Get those creative juices flowing!

Scramble & Solve: SACSCOC Edition

Instructions: Collaborate with a partner to unscramble each set of jumbled letters to reveal key terms related to SACSCOC assessment reporting.

[GET STARTED NOW](#)

OMECOUT DELIVERY ICSEERV (Service Delivery Outcome)

HTDOME SAENSSTEM (Assessment Method)

GETART (Target)

DINSGFIN (Findings)

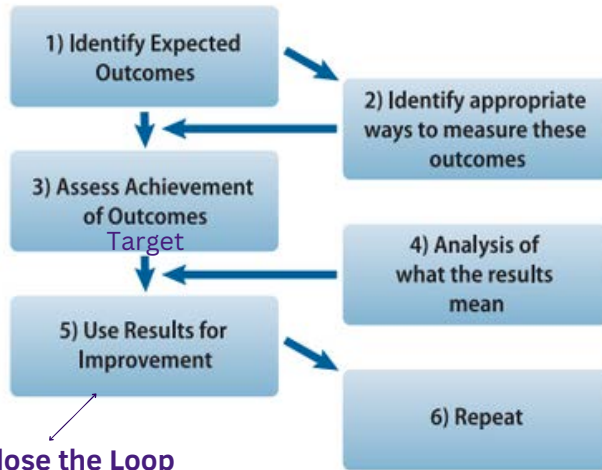
YSANAILS OF TULSERS (Analysis of Results)

NOITAC TALP FOR OINUTSCNOOU IMPERNOVTEM (Action Plan for Continuous Improvement)

LOSINGC THE LOOP (Closing the Loop)

Assessment Process

Phase 1
(1, 2,3)
Due
September 1st



Phase 2
(4,5,6,7)
Due
July 31st

7) Close the Loop
Review results from
previous action plans

SACSCOC Resource Manual for the Principles of Accreditation for Quality Enhancement, 2024

Phase 1: Step 1

Developing Service Delivery and Learning Outcomes

Identify Needs: Start by identifying the specific needs of the student population that the Student Support Unit serves. This can be done through surveys, focus groups, and reviewing existing data on student engagement and success.

Define Outcomes: Develop clear and measurable service delivery and learning outcomes based on the identified needs. These outcomes should reflect what the unit aims to achieve in terms of student support and development.

Example: The Student Counseling Center identified an increased need for mental health services among the student population. They develop outcomes such as ***"Students will demonstrate improved coping skills after participating in counseling sessions."***

I will give an example for every step in the process.

Non-Academic outcomes are similar to Key Performance Indicators.

There are three types of outcomes you can assess for non-academic units:

Operational or service delivery:

These are the specific services a unit provides as part of its daily operations. For example, your academic support unit might offer one-on-one advising services to help struggling students.

Program: These outcomes include the broader goals that tie back to each unit's overarching mission. Key elements of program outcomes include the investments your institution makes into developing non-academic units.

Sample Service Delivery/Operational Outcomes

- Increasing student attendance of advising hours by 20%
- Growing alumni donations during a specific drive by 30%
- Submitting complete accreditation reports on time in accordance with accreditor standards
- Reducing billing errors by 10% each academic term
- Raising non-traditional student enrollment by 5%
- Increasing library digitization efforts each year
- Decrease student loan default rate by 10%

Adapted from, "The Power of Non-Academic Outcomes." Watermark.

Regular assessment and reflection can help leaders of non-academic units identify ways to continuously improve these outcomes.

It can also guide them in determining whether a specific outcome is worth measuring.

If not, they can use the data they collected during assessment to choose another outcome.

Student Support (Co-Curricular) Assessment

Co-Curricular Assessment is used by student support professionals and others to study students' learning that occurs as part of activities outside of the classroom.

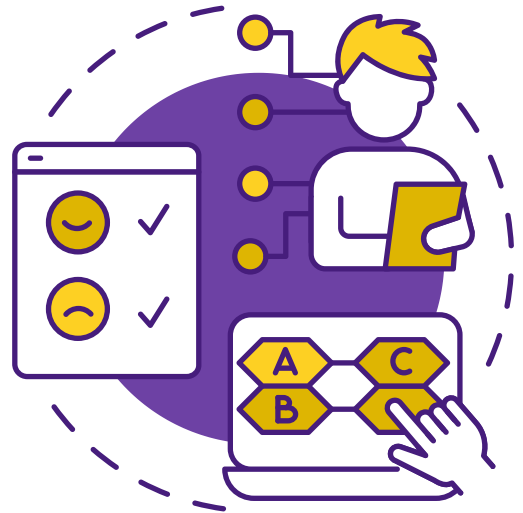
It would be common to find that some of our units have expected student outcomes very similar to those of educational programs. ***Examples*** might be the library unit tasked with providing information literacy instruction to students, or wellness programming aimed at influencing student behaviors.

Step 2: Assessment Methods/Measures

Select Appropriate Methods: Choose assessment methods that best capture the data necessary to evaluate the defined outcomes. This could include direct methods like pre-and post-tests, performance assessments, and indirect methods like satisfaction surveys and exit interviews (*more on next slide*).

Ensure Alignment: Ensure that each outcome has a corresponding assessment method that is suitable for accurately measuring that outcome. **Provide explanations for methods that use field jargon!**

Example: To assess the outcome of improved coping skills, *the center uses a pre-and post-assessment tool, such as the Coping Skills Inventory (CSI), which students complete before their first session and after their last session.*



Examples of Measures Used for Student Support & Administrative Assessments



- Satisfaction surveys, tied to outcomes
- Number of complaints
- Number of errors, error rate
- Number of applications, percentage change
- Number of users, percentage change
- Number of training sessions, growth in attendance
- Number/amount of donations, percentage increase, number of new/alumni/parent/faculty and Staff Donors
- Facility Usage Statistics
- Counts of Students Served
- Attitudinal surveys
- Retention statistics
- Participant feedback
- Customer satisfaction forms
- Timeliness of response
- Variance from an annual plan
- Peer/benchmarking studies
- Level of compliance
- International standards
- Statistical reports
- Average service time
- Average wait time
- Faculty and Staff Survey
- Graduating Student Survey
- Library Circulation Statistics
- Computer Usage Statistics
- Number of Admissions Applications
- Admission Yield
- Percent of Alumni Giving
- Annual Fund Receipts
- Net Tuition Revenue
- Lecture Series Attendance
- Number of Safe Workdays
- Questionnaires (Students, Employers, Faculty/Staff, Alumni, etc.)
- Endowment Performance
- Response Time to Requests for Service
- Campus Crime Statistics
- Cost-Saving Statistics
- Processing time for requests
- Comparison to professional standards
- Staff training hours
- Focus groups
- Opinion surveys
- External review
- Auditor's findings
- Awareness surveys
- Pre- and post-workshop tests
- Alumni Survey
- Student Engagement Survey
- Transfer Student Survey

You have a larger copy of this in your handouts.

Step 3: Setting Targets



- **Establish Benchmarks:** Set realistic and challenging targets for each outcome. These targets should be quantifiable and based on previous performance data or comparative benchmarks from similar institutions.
- **Define Success:** Clearly define what success looks like for each target to facilitate straightforward evaluation of results.
- **Example:** The target set for the counseling center is that *at least 75% of students who complete the counseling sessions will show a 20% improvement in their Coping Skills Inventory scores.*

Mastering Data Analysis for Informed Decision-Making



- Data is not just numbers; it's the story of our institutional stakeholder's journey. Let's become master storytellers!
- Good analysis shines a light on what's working and what's not. It's our beacon in the night, leading us to better educational shores.

Phase 2: Step 4: Reporting Findings



- **Gather Data:** Collect data through the selected assessment methods during the defined assessment cycle.
- **Compile Reports:** Organize the data into reports that highlight key findings related to each outcome and the extent to which targets were met. ***Explicitly state that the target was met or not met.***
- **Example: Target met.** After implementing the assessment tools for an academic year, the center compiles data into a report showing that 80% of participating students improved their coping skills by at least 20%, thus meeting the target.

When Does Data Collection Occur?

Data collection occurs throughout the year

- Logs of event participation or service requests will likely be ongoing and survey administration typically occurs either with events or at pre-specified points in the year.
- OIE schedules the assessment cycle around the academic year and is flexible about programming that doesn't align with this timing.

The important thing to remember is to collect the data and store it in a safe place!

It is easy to get busy and forget this important activity.



Step 5: Analyzing Results

Interpret Data: Analyze the data to understand the trends, successes, and areas needing improvement. Consider the impact of external factors and the reliability of the data.

Benchmark Comparisons: Compare results against internal targets and external benchmarks to gauge performance.

Example: The analysis reveals that while 80% of students met the improvement threshold, students with certain demographics (e.g., international students) showed less improvement. The center explores external factors and considers adjustments to the program to better serve this subgroup.



NOTE:

Some data should be analyzed and interpreted as soon as possible after collection.



This is also important because memories of presentations at events may fade, making it difficult to understand participant ratings and comments!

Paper surveys, for example, may be misplaced, so it is best to enter the data and run summary reports as soon as possible after surveys are collected.

Formulating an Action Plan for Continuous Improvement



Step 6: Plan of Action for Continuous Improvement

Identify Improvements: Based on the analysis, identify specific areas where improvements can be made.

Develop Action Plans:

Create detailed action plans that outline steps to improve service delivery and learning outcomes. These should include timelines, responsible parties, and required resources.

Example: The center decided to introduce culturally sensitive training for counselors to better address the diverse needs of all students. They outlined a plan for training sessions, timelines for implementation, and assign responsibilities to specific team members.



This proactive section turns insights into actions.

It is about Closing the Gap between current performance and desired outcomes.

2

Get those creative juices flowing!

Mind the Gap: Continuous Improvement Action Plan

Instructions: Collaborate with a partner and identify gaps in the performance of a Student Support Service Unit and then craft an action plan to bridge those gaps, helping ensure continuous improvement towards achieving set targets.

GET STARTED

Example Plan Outline:

Revise Workshop Content: Simplify the workshop content and include interactive activities or examples that align more closely with students' career fields.

Enhance Presentation Methods: Provide additional training to staff to ensure consistent and effective presentation styles.

Improve Engagement: Introduce follow-up support after workshops through resume review sessions or one-on-one consultations.

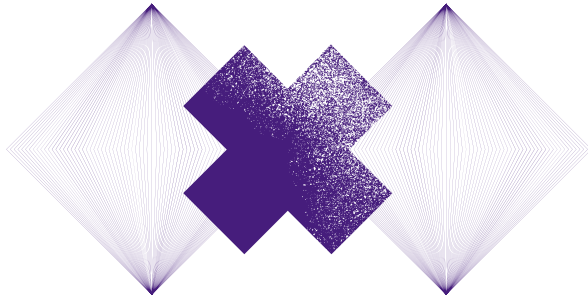
Survey Timing: Consider conducting follow-up surveys after one week to capture changes in confidence after applying the skills.

Important Guidelines to Consider When Writing Action Plans

1. Action plans flow directly from the data and your analysis of that data.
2. Action plans ignore pre-conceived wishes, needs, or priorities.
3. Some actions will immediately solve a problem in the next assessment cycle, but others are long-term and will put you on the path to improvement.
4. Action plans are specific.
5. Action plans may or may not require additional resources.
6. Action plans must be tracked over one or more subsequent cycles.



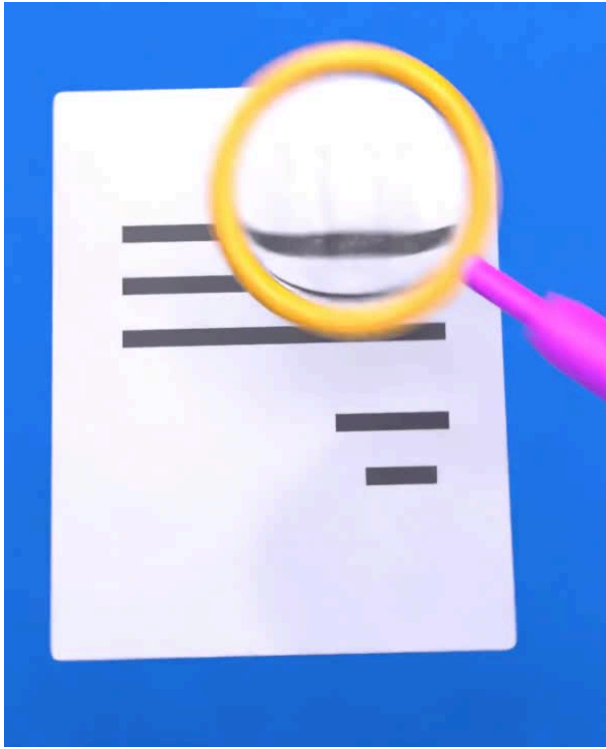
**Action Plans Flow Directly From the Data
and
Your Analysis of That Data**



When developing an action plan, ask yourself what the data suggest you should do next.

- **The connection between the assessment data and the resulting actions must be obvious.**

In the assessment planning step, you worked to identify service delivery/learning outcomes that are connected to long-term department goals, the department's mission, and the institutional mission.



Tip

Anyone reading your assessment plan should be able to **“connect the dots”** and see how the service delivery/learning outcomes support the activities from which they flowed. **That same reader should be able to read your assessment report and see an obvious connection between your assessment results and action plan(s) you develop.**

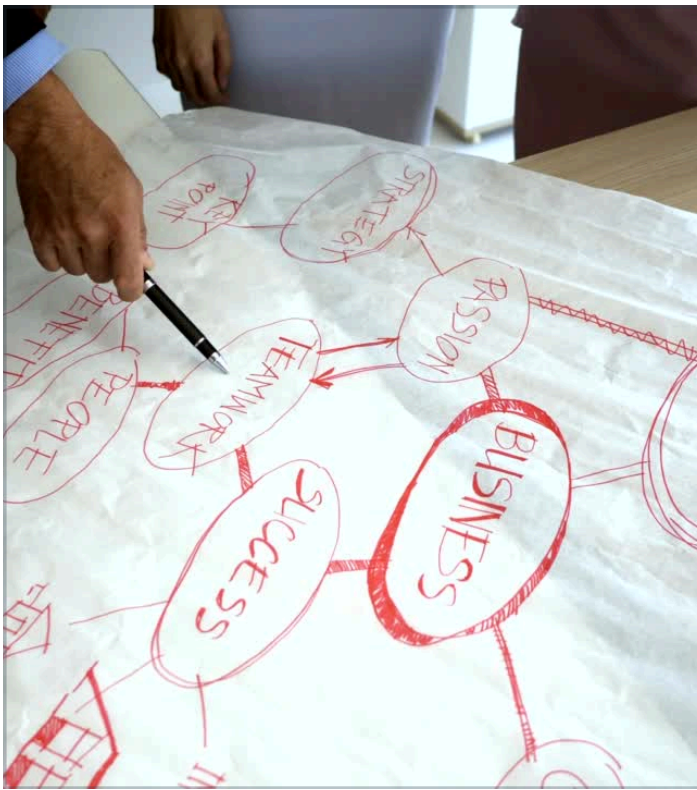
Action Plans Ignore Pre-Conceived Wishes, Needs, or Priorities

If your department or program has needs that are ***not DIRECTLY*** supported by the analysis of assessment data, those needs will have to be requested through another process.

- The annual program-based budget
- Program review

Resources for long-term sustainability of programs are typically sought through the program review or strategic planning process.

- additional staffing
- major equipment



Action Plans are Specific

Your department may have resource needs, such as personnel or new technology you want.

“Updating technological resources” is not an action plan; it is a general recommendation.

An action plan takes this recommendation and breaks it down into measurable milestones, each with targeted deadlines.

- What are the needed resources?
- Why are they needed?
- How will you identify them?
- How will you identify/select the best product?
- How much will it cost?
- Who will do this work?
- When will they get each step done?

Celebrations are in order! You've made it to the final stage of the assessment cycle, commonly known as ***"Closing the Loop."*** This is a remarkable achievement, and it reflects your unwavering dedication to assessment and continuous improvement. Well done!

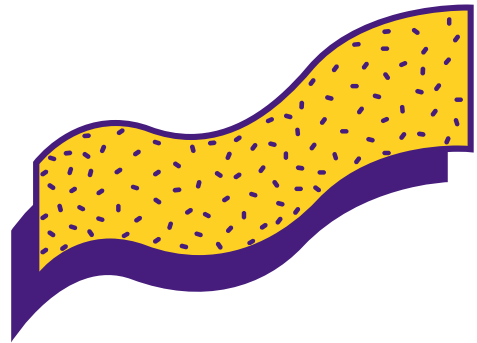


Follow-Up on Prior Year Improvements Reported and Action Plans

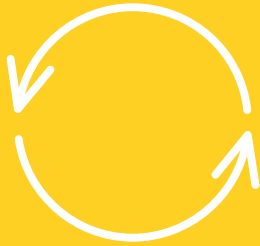
Review your prior year assessment reports and provide updates on improvements the program reported that it had initiated and/or actions the Unit decided to take based on assessment results in those years.

What did the unit attempt to improve or enhance and what actions did they decide to take?

What have you observed to date about the effectiveness, efficiency, satisfaction and/or student learning of those improvement efforts?



Step 7: Closing the Loop



Most Important Step in the Process

- **Implement Changes:** Implement the action plans and make necessary adjustments to services and programs based on the assessment findings.
- **Reassess and Adjust:** After implementing changes, reassess to determine if the desired improvements were achieved. Adjust the assessment cycle as necessary to refine outcomes, methods, and targets.
- **Document and Share:** Document the entire process and share the findings and changes made with OIE and stakeholders. This transparency helps maintain the credibility of the assessment process and encourages community engagement.
- **Example:** After implementing culturally sensitive training, the center reassessed the Coping Skills Inventory scores and found improved results across all demographics. They documented the process, outcomes, and future steps in an annual report to stakeholders and incorporated the findings into the next cycle's assessment plan.



This final section shows the cyclic nature of assessment—implementing changes, evaluating their effectiveness, and adjusting strategies accordingly. It underscores the commitment to continuous improvement and the adaptive nature of student support services.

Closing the Loop

ASSESS, ACT, REASSESS



Implement
Changes

Let's get started

Did It Work?



Next Steps



Fall 2023

Important Dates to Remember



Phase 2
July 31, 2024



**Findings, Data Analysis, and Action Plans for
Continuous Improvement 2023-24 Cycle**



Phase 1
September 1, 2024



Assessment Plan 2024-25 Cycle
Report is due



Questions?????