EXAMPLES: Operational Assessment Improvement Report (OPAIR) for Administrative and Academic and Student Services

Phase 1: Expected Operational Outcome (OPOs)	Phase 2: Identification of appropriate ways to measure the expected operational outcome	Phase 3: Assessments conducted of operational outcome achievement and the detailed assessment results	Phase 4: Analysis and interpretation of the meaning of the assessment results and identification of top priority for improvement	Phase 5: Evidence of actively seeking improvement based on analysis of assessment results in Phase 4	Phase 6: Evidence of repeated and ongoing assessment for continuous improvement
Identification of the unit's expected operational outcome.	*Description of measurement method used to measure the operational outcome and the appropriateness/validity.*	*Provide the where, when, and for how many students/clients/grants/funding, etc., the OPO achievement levels were assessed.* *Also, provide detailed assessment results.*	*For each OPO measured: What do these findings mean to your unit? Are you considering making changes to your assessment plan based on these findings? If so, identify the top priority for improvement based on the analysis.*	*Is the unit planning any changes or other improvements based on the analysis?* *Provide evidence that the identified priority for improvement in Phase 4 is actively underway or completed.*	*Description of the history of this unit's repeated and ongoing operational outcome assessment process and commitment to continuous improvement based on the analysis of operational outcome assessment results.*
Admissions *(Example):* The Office of Admissions will serve as a link between higher education and the community to advise students, parents, and community members on the opportunities provided at.	Track the number of outreach activities during the 2020-2021 year, categorizing outreach activities into three categories: Educational Partners Outreach, Corporate/Community Outreach, On-Campus Outreach.	During the 2020-2021 fiscal year, the Admissions Team participated or led 3900 outreach activities. This constitutes a 4.6% increase from 2019-2020.	Due to increased communication and support from Educational, Corporate, and Community partners, the Admissions team had increased opportunities for outreach. These findings will impact the assessment process going forward as the Admissions team sets targets for the next year and considers the factors that resulted in	Based on the current assessment analysis, the Admissions team met to discuss setting the new target for 2021-2022. Based on the new partnerships, the team feels that they can achieve even higher numbers of outreach activities. However, for the next year the team will monitor the three categories separately, as opposed to monitoring the aggregate total of all outreach activities.	

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			surpassing the target and if they are sustainable moving forward.	This will give the office the opportunity to identify if the team is weaker in one of the outreach areas over the others. At the end of the 2019-2020 assessment cycle, the Admissions team's top priority was to increase communication and support from Educational, Corporate, and Community partners to have more opportunities for outreach. The priority proved successful, with an increase in outreach activities of 4.6% for the 2020-2021 fiscal year.	
OPO #2: **Admissions** **Example:** The Admissions Team will engage in ongoing professional	**Measure 1:** Track the Admissions Team members' attendance and/or number of	**Findings for** **Measure 1:** For the 2020-2021 fiscal year, 29% of faculty/staff in the Admissions office	**Reflection on** **Findings for** **Measure 1:** The findings for Measure 1 show that the Admissions office	**Action Plan for** **Measure 1:** After reviewing the current assessment findings and considering the result	**Refleciton on** **Previous Action** **Plans for Measure 1:** At the end of the 2019-2020 assessment cycle, the Admissions

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development to maintain industry expertise.	presentations at conferences.	attended or presented at a conference.	did not meet the target of providing professional development to at least 40% of the faculty/staff by the way of attending or presenting at a conference. Unfortunately, the budget only allowed for 29% of the faculty/staff to attend or present at conferences with expenses paid by the office. These findings will impact the assessment process going forward, because the findings show the need for creating more opportunities for professional development other than attending or presenting at conferences.	of the 2020-2021 budget proposal, the Admissions Office has created a new Action Plan of providing more "in-house" professional development for faculty/staff when necessary funds are not available to send at least 40% of them to a conference annually. The measure for this outcome for 2021-2022 will represent additional "in-house" possibilities for professional development. The assessment contact in the Admissions office for this measure will be Jane Doe, Assistant Director.	Office created an Action Plan in the form of a budget proposal to request increased funding to send more faculty/staff to conferences. Unfortunately, the budget proposal was not approved and the office did not meet the target of sending at least 40% of the faculty and staff to a conference in 20-21.

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OPO #3: **Registration and Admissions Example:** Ensure a timely, accurate, and user-friendly student registration process.	**Measure 1:** Track the time frame in which the course offerings are complete in the registration system.	**Findings for Measure 1:** For the Fall 2020 semester, the maintenance of the course offering was complete by week 9 of the previous semester. For the Spring 2021 semester, the maintenance of the course offering was complete by week 10 of the previous semester.	**Reflection on Findings for Measure 1:** The findings for Measure 1 show that the target was met for both semesters. This is a result of the Office of Registration and Records' efforts in training and encouraging all faculty to assign books to their courses in a timely manner, and gaining the cooperation of the Deans in finalizing faculty rosters in a timely manner. These findings impact the assessment process by showing that it was possible to meet the target after training Deans and faculty on the process. The office has chosen to maintain the current target for at least one	**Action Plan for Measure 1:** The ORR has created a new Action Plan to better inform faculty regarding the processes for requesting classroom space and receiving notification more promptly. The Assessment Contact in the Office of Registration and Records for this measure for the 2021-2022 academic year is John Doe, Assistant Director.	**Reflection on Previous Action Plans for Measure 1:** At the end of the 2019-2020 assessment cycle, the Office of Registration and Records created an Action Plan to train all College Deans and faculty on how to create and assign faculty to rosters, as well as how to assign textbooks for each course. The ORR maintained communication throughout each semester and supported the Deans/faculty as they completed the process in a timely manner. As indicated by the findings for the 2020-2021 year, the Action Plan resulted in improvement.

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			more assessment cycle to fully monitor the impact before creating a more stringent target.		
	Measure 2: Track accuracy of the course offerings at the half-way point in the registration set-up process	**Findings for Measure 2:** We are designing an efficient method of tracking course offering accuracy at the mid-way point in development. This measure will be used for the Fall 2021 registration process.	**Reflection on Findings for Measure 2:** N/A	**Action Plan for Measure 2:** N/A	**Reflection on Previous Action Plans for Measure 2:** This is a new measure for this outcome; there are no previous action plans.
	Measure 3: By implementing a brief survey at the end of the course registration process, students will be asked to rate the user-friendliness of the course registration system. The rating will be on a scale of 1-5, with 1 being "not user-friendly at all" and 5 being "very user-friendly."	**Findings for Measure 3:** The survey has been developed but integration with the registration is not complete. We anticipate implementing the survey in time for the Fall 2021 registration process.	**Reflection on Findings for Measure 3:** N/A	**Action Plan for Measure 3:** N/A	**Reflection on Previous Action Plans for Measure 3:** This is a new measure for this outcome; there are no previous action plans.

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OPO #4: Business Office Example: The business office will maintain accurate and timely processing for accounts payable.	**Measure 1:** Ensure accurate and timely processing for invoices during the 2019-2020 fiscal year.	**Findings for Measure 1:** For the 2020-2021 fiscal year, 95% of all invoices were paid within payment terms.	**Reflection on Findings for Measure 1:** The findings for Measure 1 indicate that the target was met, and more than 90% of invoices were paid within payment terms. This was the first year that the Business Office collected data on invoices for assessment purposes and the office was pleased to successfully meet the target. These findings will impact the assessment process going forward by this being the first year of collecting such data, the office now has a better baseline idea of where to set the target.	**Action Plans for Measure 1:** After reviewing the current findings, the Business Office will use the findings as a target baseline going forward. The 2021-2022 Action Plan is to become more efficient on the data collection process and create similar processes for data collection in other areas of the office. The Assessment Contact for this measure for the upcoming fiscal year will be Jane Doe, Assistant Director.	**Reflection on Previous Action Plans for Measure 1:** At the end of the 2019-2020 assessment cycle, the Business Office decided to start assessing the accurate and timely processing for accounts payable. An Action Plan was created at that time to develop a process for collecting the necessary data. The Action Plan resulted in the creation of an efficient process and the office now has a system in place to continuously assess this measure.

Table 2: Student Learning Outcomes (SLOs) – if applicable

Student Learning Outcomes (SLOs) Please include all of your SLOs, even those not measured this year.	Assessment Measures Please include a measure for each SLO, even those not measured this year.	Targets Please include a target for each SLO, even those not measured this year.	Findings from Current Cycle Please include findings for each SLO measured this year, and please state whether or not each target was met.	Reflecting on Findings For each SLO measured: What do these findings mean to your unit? When do you plan to measure the outcome again? Are you considering making changes to your assessment plan based on these findings?	Action Planning Is the unit planning any (or other improvements b these findings? An action should be included for al with unmet targets.
SLO #1: **Example from a student health and wellness area:** Peer educators will be able to provide accurate general health information to students in presentations and programming.	**Measure 1:** Peer educators in training will perform mock presentations on general student health and wellness before they conduct live sessions. The mock presentations will occur in front of other peer educators as well as staff in the wellness unit. The presentations will be scored (by peers and staff) using a rubric designed to rate students' accuracy in delivering information in six key areas of the presentation. The rubric rating scale is as follows: Developing, Competent, Exemplary. Students must receive a rating of Competent on two mock	**Target for Measure 1:** 80% of peer educators in training will achieve a rating of Competent on all six areas on the rubric after their first attempt of the mock presentation.	**Findings for Measure 1:** After their first attempts of the mock presentations, 75% of peer educators in training received a rating of Competent. The target was not met.	**Reflection on Findings for Measure 1:** The findings did not meet our target goal of 80%. By the end of their training, and after conducting three mock presentations, 80% of peer educators in training received competent ratings. Moving forward, we will continue to strive for the 80% Competent target after one mock presentation, in an attempt to get peer educators to a basic level of knowledge earlier in their training so that deeper subjects can be covered in their first year as a peer educator.	**Action Plans for Measur** For 21-22, we will contin cover the six key wellnes early in the curriculum, a add an additional week s the material with a corresponding quiz in an attempt to meet our tar

	presentations prior to conducting live sessions.				
SLO #2: **Example from a student health and wellness area:** After attending a "Making Positive Choices" workshop, students will be able to identify ways to reduce high-risk substance abuse behaviors.	**Measure 1 (direct measure):** Students attending "Making Positive Choices" workshops will receive a post-workshop evaluation. Open-ended questions on the survey will ask students to list examples of high-risk substance abuse and ways to reduce those behaviors.	**Target for Measure 1:** 70% of students who take the post-workshop evaluation will be able to identify three examples of high-risk substance abuse behaviors and associated ways to decrease those behaviors.	**Findings for Measure 1:** Out of the 35 students who took the evaluation following the "Making Positive Choices" workshops, 25 (71%) of them were able to list three examples of high-risk substance abuse behaviors with ways to decrease each behavior on the evaluation. The target was met.	**Comments on Findings for Measures 1 and 2:** Even though the targets were met for this outcome, there appears to be a discrepancy between students' perception of their knowledge about substance abuse behavior and what they actually know. Eighty-eight percent of students completing the assessment agreed that they knew the behaviors and ways to reduce them, but 71% were actually able to list the behaviors and strategies for reducing them.	**Action Plans for Measur 2:** Work has already begun revamp the "Making Pos Choices" workshop into two-part series and inco more opportunities to te students' knowledge thr the series. Jane Doe is p responsible for program and will work closely wit Doe on the assessment p
	Measure 2 (indirect measure): Students who attend "Making Positive Choices" will receive a post-workshop evaluation. The survey will ask students to rate their level of understanding of high-risk behaviors and how to reduce those behaviors. The scale used in the evaluation is: Strongly Disagree, Disagree, Agree, Strongly Agree.	**Target for Measure 2:** 80% of students who take the post-workshop evaluation will Agree or Strongly Agree that they understand what constitutes high-risk substance abuse behaviors and strategies to reduce those behaviors.	**Findings for Measure 2:** Of the 35 students that participated in the post-workshop evaluation, 88% agreed that they understand what constitute high-risk substance abuse behaviors and strategies to reduce the behaviors. The target was met.	The students participating in these workshops are students who need to actually reduce their high-risk behaviors- not just think that they can. Moving forward, the program will incorporate more direct assessment of high-risk behaviors as well as other key knowledge areas regarding substance abuse. Additionally, we will develop this into a two-part workshop that can be more interactive for participants.	