

Assessment Signature Project Form **2019-2020**



DIVISION OF
STUDENT AFFAIRS

Please complete one Assessment Project Form for each program, event, or service that is being assessed.

- I. Department Name:**
Submitted By – Name and Title:
Date:
Department Website URL:
Telephone:
Email:

II. Program/Event/Service Description

Name the program/event/service being assessed:

Describe the program/event/service, including purpose and goals. Limit to one paragraph:

Assessment Project data collection start date (indicate if one-time or recurring):

Assessment Project data collection end date:

III. Type of Assessment

Identify the type of assessment that will be conducted. (Check all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Student learning outcomes | <input type="checkbox"/> Assessment of culture/climate | <input type="checkbox"/> Measuring effectiveness relative to professional standards |
| <input type="checkbox"/> Satisfaction survey | <input type="checkbox"/> Benchmarking | <input type="checkbox"/> Student retention |
| <input type="checkbox"/> Needs assessment | <input type="checkbox"/> Assessment of physical environment | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Program/department review | | |

IV. Assessment Methods

Identify the assessment method(s) that will be used in this project. (Check all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Survey | <input type="checkbox"/> Observation | <input type="checkbox"/> Visual Collection (photos, videos, etc.) |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Document Analysis | <input type="checkbox"/> Student Research and Data |
| <input type="checkbox"/> Rating of Skills (e.g. Rubrics) | <input type="checkbox"/> Card Swipe/Participant Count | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Student Narratives, Journaling | <input type="checkbox"/> Interviews | |

Identify the target population or sample being assessed and the size of the population or sample. If appropriate, please include sampling technique used.

Student Target Sample:

Sample Size:

Sampling Technique:

How will the data be stored (e.g. Excel Spreadsheet, SurveyMonkey, Qualtrics, CampusLink.)? Specify:

If the assessment project involves student learning outcomes please complete section V.

V. OSU Student Affairs Learning Outcomes

Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Career Development | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Critical Thinking | <input type="checkbox"/> Global and Intercultural Fluency |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Not Related to any OSU Student Affairs Learning Outcomes |

Program/Service Student Learning Outcome with Target Achievement Level

Student Learning Outcomes defined: A Student Learning Outcome (SLO) refers to the knowledge, skills and abilities that a student has attained as a result of his or her engagement in a particular set of higher education experiences.

Enter Student Learning Outcomes (SLO) associated with the program/event/service identified in this assessment template.

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- (add second or more SLO's as warranted)

Identify the Achievement Level (level of learning, mastery, or proficiency) associated with each SLO.

One = Benchmark (basic). 2= Milestone (intermediate). 3 = Milestone (higher intermediate). 4 = Capstone (mastery). See scoring rubrics at: <https://studentaffairs.okstate.edu/rubrics>.

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- (add second or more achievement level of learning as warranted)

VI. Please provide a copy of your assessment tool (questionnaire, scale, interview questions, etc.).

VII. Summary of Results

What did your data reveal? What did you learn? Limit to one paragraph.

Decisions and Recommendations

What could've been done differently?

Based on collected data, in the future, what changes will you make to your program?