**2016 – 2017 Divisional Assessment Process**

***Departmental Mission, Vision, Goals, Outcomes & Objectives***

***Part I***

**Please enter your information on this draft document (DO NOT ALTER FORMAT) and email it to your assessment liaison\* for review. Once your liaison has reviewed and returned it to you, submit final document (DO NOT ALTER FORMAT).**

**DRAFT DUE: July 1, 2016**, **to your department liaison**.

**FINAL DOCUMENT DUE:** **August 1, 2016, to** **saemassess@oswego.edu**

**Department:** (Type Text)

**Submitted by:** (Type Text)

**Review Divisional Strategic Plan and consider how your department/unit can contribute to the achievement of Divisional Goals. Reaffirm or revise your Department Mission & Vision as necessary to align with the Divisional Strategic Plan.**

**MISSION:** (Type Text)

**VISION:** (Type Text)

**DEPARTMENT GOALS 2016-2020**

* **Using the Divisional Strategic Plan and Tomorrow Plan as a framework, review existing Department goals.**
* **Are they responsive to, or aligned with Divisional goals? Do they align with departmental mission & vision?**
* **In the space below, list previous goals you intend to keep or modify along with new goals for 2016-20.**

***Copy and paste the Goal/Outcome/Objective as many times as necessary for the goals you have chosen to pursue for 2016-2020.***

**GOAL:**

***To what do you aspire?***

(Type Text)

**OUTCOME:**

***What impact do you hope to achieve? (ABCD):***

(Type Text)

**OBJECTIVE (2016-17):**

***What will you do this year in pursuit of goal or outcome(s)?***

 (Type Text)

**DEPARTMENTAL ASSESSMENT PLAN 2016-17:**

**List all assessments your department plans to conduct during 2016-2017 (i.e. benchmarking, satisfaction, student employee evaluations, tracking, etc.), including those assessments that do not specifically respond to a Departmental Goal or Outcome.**

**Title of Assessment Project:** (Type Text)

**Is this tied to a specific goal or outcome?** Yes ☐ No ☐

 **If so, which one?** (Type Text)

**Type (kind) of assessment:** (tracking, satisfaction, program review, etc). (Type Text)

**Method (strategies/techniques) of assessing goal or outcome:** (focus group, observation, questionnaire, trend analysis, document review, etc)(Type Text)

 **Do you need IR Approval\*\*** Yes ☐ No ☐

**Expected Completion Date:** (Type Text)

**Contact Person for the Project:** (Type Text)

**Copy and paste this section for each assessment you plan to complete in 2016-2017.**

**NOTES:**

**\*\*If your project fits any one of the following criteria, IR Approval will be necessary:**

* Needs assessments to non-users of services or intended to determine student perceptions of services provided (outside of the Point of Service)
* Electronic surveys administered to more than 75 students.
* Surveys conducted for purpose of research (for professional development or publication)

\*Department Liaisons:

* **Kathy Evans:**Admissions, Orientation, Lifestyles
* **Rick Kolenda:**Financial Aid, Auxiliary Services, Health Center
* **Christy Huynh:**Community Services, Career Services, Athletics, Disability Services
* **Sara Rebeor:**Campus Life, Counseling, Residence Life

Assessment Part I/2016-2017/FINAL