**2016 – 2017 Divisional Assessment Process**

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

***Part I***

**Please enter your information on this draft document and email it to your assessment liaison\* for review. Once your liaison has reviewed and returned it to you, submit final document. DRAFT DUE: July 1, 2016**, **to your department liaison**. **FINAL DOCUMENT DUE:** **August 1, 2016, to** [**saemassess@oswego.edu**](mailto:saemassess@oswego.edu)

**Department:** Community Services

**Submitted by:** Alyssa Amyotte

**Review your assessment data from last year. Reaffirm or revise your Department Mission & Vision:**

**MISSION:**

Community Services engages students in meaningful service that responds to the needs of the local and global community in order to inspire a life-long commitment to community engagement.

**VISION:**

Service to the community will be a part of everyday life at SUNY Oswego. Community Services will provide service opportunities to meet all students’ interests and needs and ensure that students who want to serve will have the resources and means to be able to do so. SUNY Oswego will have a reputation of being a community-engaged campus, and students will leave equipped with the ability to be agents of change in their communities.

**DEPARTMENT GOALS 2016-2017**

* **Review Department goals from 2015-2016.**
* **Are they still aligned with your mission & vision?**
* **What goals from 2015-2016 do you plan to keep? (please list below)**
* **Are there goals you need to modify?**
* **Set new department goals for 2016-2017.**

**GOAL:**

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

Community Services will increase student engagement in meaningful service.

**OUTCOME:**

***Specify your desired effect on students (the outcome) that will contribute to the attainment of this goal (ABCD):***

Increase student participation in Adopt-A-Grandparent and Mentor Oswego so that all programs are at full capacity by their program start dates.

**OBJECTIVE:**

***What will you accomplish in the short term (2016-2017) (SMART)?***

Adopt-A-Grandparent and Mentor Oswego student leaders will develop plans to recruit new and returning student volunteers for their respective programs during staff training in August, and will execute plans during the 2016-2017 academic year.

**ASSESSMENT**

**Title of Assessment Project:** Student Participation in AGP and MO

**Method of assessing outcome:** Tracking

**Do you need IR Approval\*\*** Yes \_\_\_\_\_\_ No X

**Expected Completion Date:** December 2016, May 2017

**Contact Person for the Project:** Alyssa Amyotte

**GOAL:**

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

Students who participate in Adopt-A-Grandparent, Mentor Oswego, and/or Alternative Breaks will commit to future community engagement.

**OUTCOME:**

***Specify your desired effect on students (the outcome) that will contribute to the attainment of this goal (ABCD):***

90% of students who participate in Adopt-A-Grandparent, Mentor Oswego, Alternative Breaks will participate in community service in the future.

**OBJECTIVE:**

***What will you accomplish in the short term (2016-2017) (SMART)?***

In Fall 2016, a working group consisting of the Community Services Coordinator, a Graduate Assistant, and some (not all) Coordinators and Group Leaders will develop curriculum to infuse into Adopt-A-Grandparent, Mentor Oswego, and Alternative Breaks by Coordinators and Group Leaders to deepen participants experiences and encourage future engagement. In Spring 2017, the curriculum will be implemented.

**ASSESSMENT**

**Title of Assessment Project:** Community Service Survey

**Method of assessing outcome:** Baseline survey

**Do you need IR Approval\*\*** Yes X No \_\_\_\_\_\_\_

**Expected Completion Date:** December 2016, May 2017

**Contact Person for the Project:** Alyssa Amyotte

OTHER ASSESSMENT PROJECTS:

**List other assessments your department plans to conduct during 2016-2017 (i.e. benchmarking, satisfaction, student employee evaluations, tracking, etc.)**

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

**Method of assessing outcome:** (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, Student Conduct

Assessment Part I/2016-2017/mmm