**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**

**Department:** Disability Support Services Office

**Submitted by:** Dr. Starr Wheeler and Mr. Patrick Devendorf

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

**MISSION:** Disability Support Services ensures that students with disabilities have an equal access to participate in and benefit from educational opportunities at SUNY Oswego. This is accomplished by collaborating with faculty, colleagues, and departments in providing academic and non-academic accommodations for qualified students with disabilities.

**VISION:** Disability Support Services Office will be a leader in advocacy for full access and inclusion for students with disabilities by providing educational trainings and partnering with the campus in order to create a climate where all faculty, staff, and students ensure an accessible campus.

**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.**

***Copy and paste the Goal/Outcome/Objective as many times as necessary for the goals you have chosen to pursue for 2016-2017.***

**GOAL:**

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

**To enhance the awareness of registered students with disabilities of the office and all it has to offer.**

**OUTCOME:**

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

**As a result of an email and flyer campaign, by spring semester 25% more students registered with Disability Support Services will be aware of services.**

**OBJECTIVE:**

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

**Provide weekly email updates to registered students and post notices within the office about accommodations (e.g., push-buttons, transportation and office hours).**

**ASSESSMENT**

**Title of Assessment Project: Increase Student Awareness**

**Method of assessing outcome:** A Pre and Post survey questionnaire will be completed

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

**Expected Completion Date:** May 2017

**Contact Person for the Project:** Dr. Starr Wheeler and Mr. Patrick Devendorf

**GOAL:**

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

**To enhance the awareness of laws, education of policies, and knowledge of services and commitment to provide accommodations and inclusion.**

**OUTCOME:**

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

**As a result of attending training, participants will have an increased awareness of the laws, policies, and services.**

**OBJECTIVE:**

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

**By January 2017, we will provide 5 trainings to different facets of the campus community.**

**ASSESSMENT**

**Title of Assessment Project: Increase Awareness**

**Method of assessing outcome:** A Post survey questionnaire will be completed

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

**Expected Completion Date:** May 2017

**Contact Person for the Project:** Dr. Starr Wheeler and Mr. Patrick Devendorf

**GOAL:**

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

**Ensure student accommodations are meeting their needs.**

**OUTCOME:**

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

**65% of students utilizing SMART pen technology find it to be effective.**

**OBJECTIVE:**

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

**Purchasing three additional SMART pens, administer note-taking satisfaction survey to those using SMART pens.**

**ASSESSMENT**

**Title of Assessment Project: Note-Taking Satisfaction**

**Method of assessing outcome: Survey Questionnaire**

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

**Expected Completion Date:** May 2017

**Contact Person for the Project:** Dr. Starr Wheeler and Mr. Patrick Devendorf

**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