#

## Administrative / Academic Support Services /Student Support Services Assessment Report

**1. Department and Division:**

*Department* – *Division*

**2. Assessment Year**

Academic Year *Assessment can occur at any time during the stated academic year*

*For reference:*

*Austin College Mission*

<https://www.austincollege.edu/about/fast-facts/mission/>

*Austin College Educational Mission:*

<https://bulletin.austincollege.edu/academic-program/>

4. Expected Outcome #1: *What do you want to impact with your department’s actions?*

[TEXT HERE]

**4b. How the Expected Outcome Supports the Austin College Mission or Educational Mission (see links above):**

[TEXT HERE]

**5. Measures, Targets, and Results** *Quantitative and qualitative measures can be included to share a full picture of what may be happening as a result of your department’s actions.*

|  |  |  |
| --- | --- | --- |
| **Measure**(1 or more) | **Target** | **Result** |
| *What precisely will you measure, over what timeframe?* | *What is your target level of achievement?* | *What were the results?* |
| [TEXT HERE] | [TEXT HERE] | [TEXT HERE] |
| *Add additional outcomes as necessary* |  |  |

**6. Discussion of Results:** *What is the summary of the data you collected?*

[TEXT HERE]

**7. Closing the Loop: Changes to Consider for the Future***What changes do you plan to make as a result of this data? When do you plan on making these changes?*

[TEXT HERE]

4. Expected Outcome #2: *What do you want to impact with your department’s actions?*

[TEXT HERE]

**4(b). How the Assessment Objective Supports the Austin College Mission or Educational Mission (see links above):**

[TEXT HERE]

**5. Measures, Targets, and Results** *Quantitative and qualitative measures can be included to share a full picture of what may be happening as a result of your department’s actions.*

|  |  |  |
| --- | --- | --- |
| **Measure**(1 or more) | **Target** | **Result** |
| *What precisely will you measure, over what timeframe?* | *What is your target level of achievement?* | *What were the results?* |
| [TEXT HERE] | [TEXT HERE] | [TEXT HERE] |
| *Add additional outcomes as necessary* |  |  |

**6. Discussion of Results:** *What is the summary of the data you collected?*

[TEXT HERE]

**7. Closing the Loop:** *What will your office do or consider differently as a result?*

[TEXT HERE]

*(If filing more than two outcomes, include the additional work here.)*

**Submitted:**

Name of Staff Member Completing the Plan Date

Vice President Review Signature \* Date

\* Email confirmation of that VP review has been completed can also be included.