



# **Administrative and Education Support Units (AES)**

## **Organizational Assessment Handbook**

December 2025



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# Suggestions for Using this Handbook

## How to Use this Handbook

This handbook is designed to serve as a supplement to support and templates from the Office of Institutional Research and Effectiveness (OIRE).

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## Terminology and Definitions

Throughout this handbook, there will be instances where certain content are bolded, underlined, and marked in red text. These are terms that have a representation in the **Key Definitions** section of the handbook. By hovering over the term and clicking it, you will jump to the section in the Handbook with that definition. Some terms will appear multiple times, and not every instance will be highlighted/hyperlinked.

## Using Our Material

This handbook was designed using the context and scope of programs/units within LaGuardia Community College. Materials in this handbook can be freely used by anyone internal to or external to the college, but please attribute/cite the handbook for reference. Please also ensure that you are using the most recent version of the handbook as it is updated periodically. The most recent revision date is included on the cover page.

## Defining and Assessing Organizational Outcomes

**Assessment** is a reflective, iterative process aimed at making improvement.

Quality assessment is indicative of the following pillars:

1. **Systematic and Strategic:** It is planned and purposeful. As a systematic approach, the plan needs to be periodically reviewed and potentially refreshed as new information or activities occur.
2. **Evidence-Informed:** **Evidence** that can be made actionable is the core of the planning process. Evidence is collected, evaluated, and iteratively informs the planning process.
3. **Enhances Decision-Making:** The process is intentionally focused on making decisions such as departmental improvement, developing action plans or interventions, and informing strategic direction.
4. **Useful and Used:** The assessment process is intended to constantly take in information and strategically apply the results in a way that leads to **Continuous Improvement**. The goal is to take action by applying what was learned to make the **Unit** more effective.

Assessment is an important part of the **Institutional Effectiveness** process whereby an organization measures its performance in achieving its mission and stated goals.

## Assessment is Driven by the College's Mission

Ultimately, defining and assessing organizational or Unit outcomes lead to the ability for the College to achieve the [institutional mission](#), which is:

*LaGuardia Community College's mission is to educate and graduate one of the most diverse student populations in the country to become critical thinkers and socially responsible citizens who help to shape a rapidly evolving society.*

Assessment is about **Continuous Improvement** and supporting **Evidence-Informed Decision-Making**; its ultimate purpose is to ensure LaGuardia provides quality programs and services to its students and to be sustainable for the future.

## Assessment of Administrative and Educational Support Units (AES)

Assessment, when monitored, leads to the ability to demonstrate achievement of the College's mission. At the college, organizational assessment occurs at the level of Administrative and Educational Support (AES) Units, which are aligned to the College's [Strategic Plan](#).

By utilizing systematic and ongoing processes of gathering, analyzing and, using information from various sources, the College strives to improve student support services and student learning. The planning and assessment of both educational (completed through a different but parallel process) and AES Units is the cornerstone of the College's systematic process of ensuring effectiveness and fostering continuous, incremental improvement in all areas.

The assessment of the AES Units supports **Institutional Effectiveness** by demonstrating the degree to which the College is achieving its mission through ongoing assessment and

continuous improvement, as evidenced by annually tracking the progress made in achieving institutional and program level goals, assessing the attainment of the College strategic goals, the student learning and program level goals, and evaluating the quality of programs and services. Each of these processes is not only critical for assessing continuous improvement, but it also conforms to the expectations of the Middle States Commission on Higher Education (MSCHE) assessment and planning standards.

### ***Units as the Locus of Organizational Assessment***

A **Program/Initiative** is defined as a “set of planned activities directed toward bringing about specified change(s) in an identified and identifiable audience” (Smith, 2010). At the College, an administrative and educational support (AES) *program* could include reviewing initiatives, activities, strategies, or formal Units within the College. AES program review can thus be applied to many different areas of the College, but it is formalized at the level of a Unit, which serves as the locus for the formal AES Assessment process.

**Unit** (could variously be referred to as units or departments depending on the area; “Unit” is used to refer to both for simplicity) of the college functionally to a **Division**. Each Division can effectively be thought of as the top nodes on the organizational chart, and Units are the sub-nodes under each Division (as applicable). While assessment occurs at each layer of the organization, the AES process captures activities at the Unit level.

### ***An Overview of the AES Process***

This handbook focuses on the AES Unit assessment process, which is one part of the college’s overall institutional effectiveness plan. The **AES Assessment** process includes both Annual Assessment Plan tracking and Periodic Unit Reviews (PUR) which bookends the closing of the annual assessment processes and provides a space for reflection on the annual results and analyses, serving as a means of **Closing the Loop** and establishing a foundation for the next assessment cycle.

The Annual Assessment process occurs over a five-year period in which AES Units define or refine their mission, establish goals, and determine how to measure objectives associated with those goals. The **Annual Assessment Plan Tracker** serves as a means of collecting, analyzing, and tracking progress toward goal achievement. Annually, Units provide evidence of progress toward achieving their goals and objectives, identifying improvement of their processes or outcomes based on analysis of the results. Based on the results, the Unit may re-assess its goals or objectives for the following academic year. Units conduct an annual assessment for a five-year period.

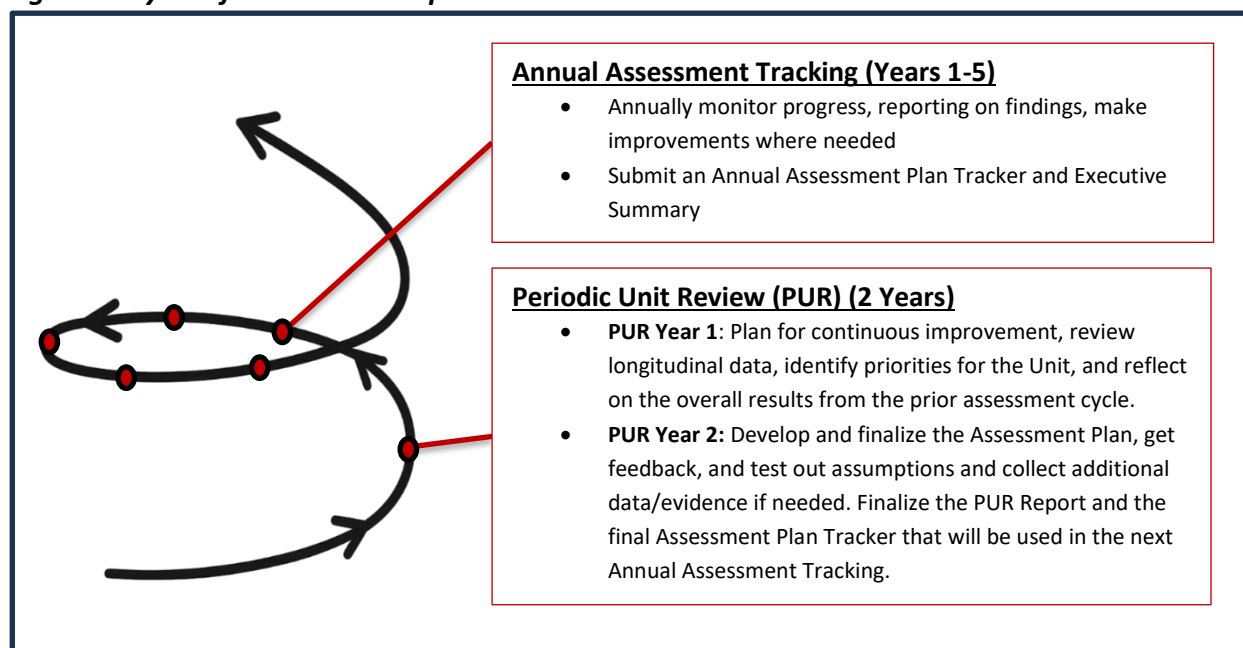
At the end of a cycle of annual assessment, Units conduct a **Periodic Unit Review (PUR)**, which serves as a Unit’s Self-Study. It is more comprehensive and systematic than the annual reviews, looking at evidence across years. PURs examine the capacity, processes, and outcomes of a Unit over a two-year period of self-discovery and analysis. They are opportunities to evaluate the Unit’s service quality, resources/resource allocation, overall effectiveness, and its trajectory leading into the next cycle of assessment. The PUR is both a look-back and a look-forward effort intended to close the assessment loop and to open a new one in the spirit of continuous improvement.

Both Annual Assessment Plans assessments and Periodic Unit Reviews ensure that key processes meet the needs and expectations of students, parents, the wider community, employers, faculty, and other stakeholders in student success at the College.

### ***A Visual of the AES Process***

While the assessment process is cyclical, the idea of continuous improvement should yield efforts from cycle to cycle that are better off than prior ones. Instead of a spinning circle, the efforts are continuously building on and improving upon prior efforts. Thus, the continuous improvement cycle is upward and continuously improving. Once the PUR and Annual Assessments have progressed, the process begins again.

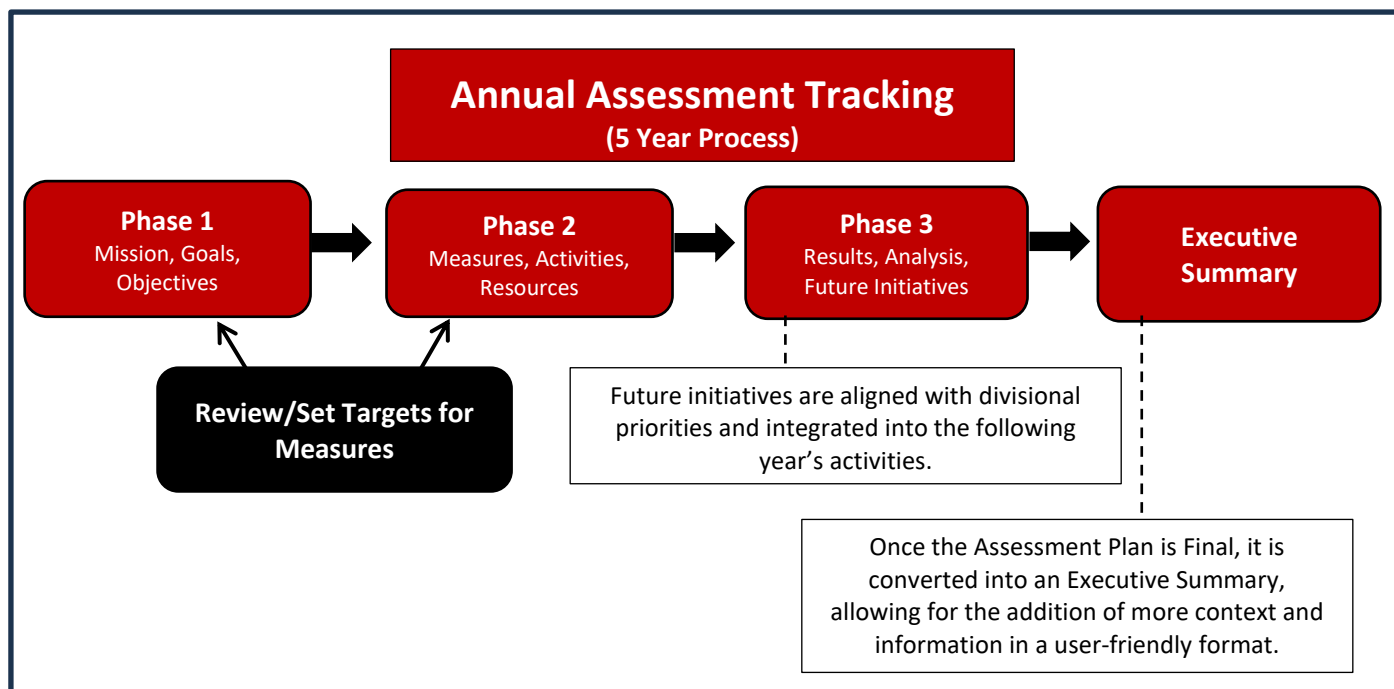
**Figure 1: Cycle of Continuous Improvement**



At a more granular level, the Annual Assessment Tracking process includes three main phases and an executive summary. This occurs each year for five years tracking the Unit's progress toward goal attainment.

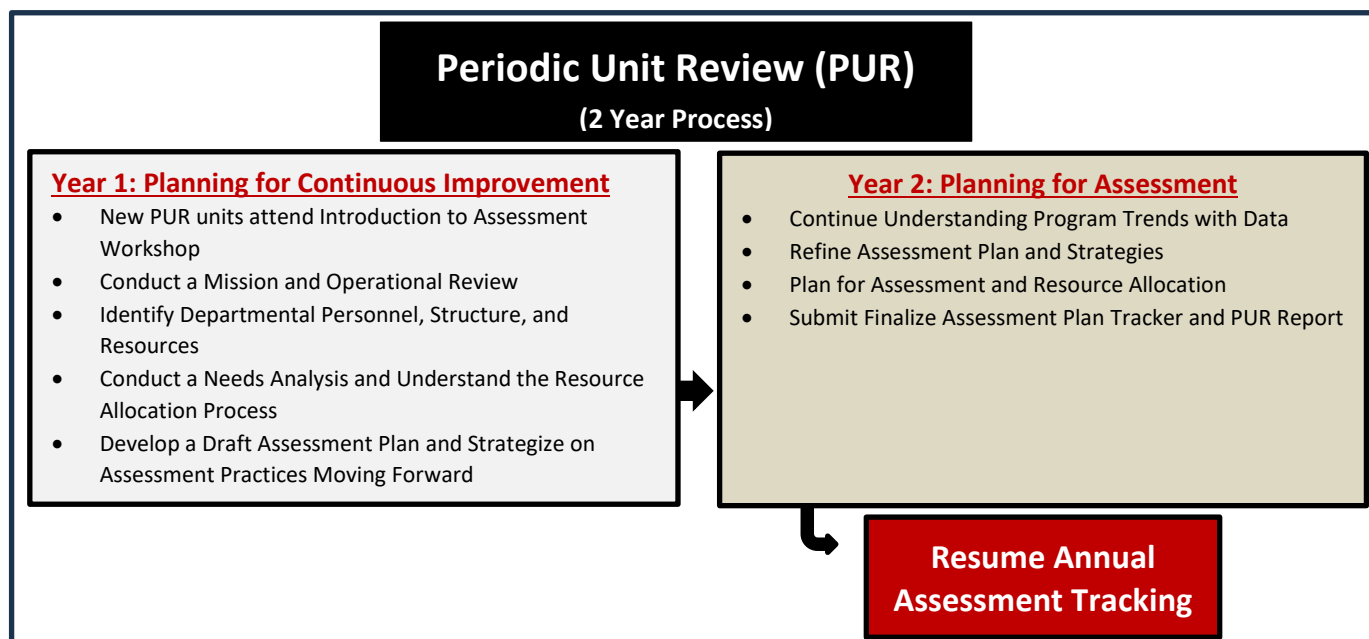
To complete the full cycle of PUR to Annual Assessment Tracking takes 7 years (2 in PUR, 5 in Annual Assessment Tracking). Upon completion of the full 7-year cycle, the process begins again with a new Periodic Unit Review. While mid-cycle interventions in the plan are not typical, they can occur in extreme instances. If this kind of intervention is needed, Units must work with the Office of Institutional Research and Effectiveness (OIRE) as early as possible (more on this topic is included later in the handbook).

**Figure 2: AES Assessment Process Visual**



*NOTE: Goals should remain consistent during the five-year, Annual Assessment Tracking periods. From Years 1-4, start again with Phase 1 each year; After Year 5, move on to PUR.*

The PUR process bookends annual tracking cycles, allowing for review of the last annual tracking cycle and rethinking for the next one.





## Organizational Assessment

Assessment proceeds usefully when stakeholders share an understanding of what assessment means. Oftentimes in the higher education context, assessment is connected to the analyses of educational programs or classroom-based assessments and outcomes. However, organizational assessment occurs as well, and this must also be accounted for in addition to the educational assessments. This document addresses organizational assessment; **Educational Assessment** occurs via the Periodic Program Review (PPR) process, which is covered by Academic Affairs. **Organizational Assessment** is a planned systematic review of an organization's processes, work environment, policies, and organizational structure. With an ever-changing and adapting work environment, there is a need to periodically review how jobs are defined, departments are organized, processes are structured, and problems are managed. The goal of organizational assessment is to assist managers in implementing effective action plans and appropriate solutions toward achievement of organizational objectives. Thus, organizational assessments are the collection and use of information on performance goals and related administrative experiences to improve the effectiveness of organizational operations.

The purpose of assessment is not just the collection of reports and data; it is instead the application of the data to inform changes and developments within the organizational culture and operations. Collection without analysis and application is not purposeful.

The following define the general principles of organizational assessment at the College:

- Organizational assessment is a cyclical, iterative, and ongoing process that allows the department/program to constantly evolve in a way that allows it to continuously improve.
- Assessment planning, implementation, and use of results are led by and inclusive of departmental stakeholders.
- All departments have goals expressed at a level of quality that enables useful assessment.
- A variety of assessment methods are used to collect direct and indirect evidence of departmental productivity.
- Assessment periodically captures department and individual performance outcomes.
- Assessment of administrative productivity is conducted with attention to measurement reliability and validity.
- Departmental and individual work is judged systematically and collaboratively.
- Assessment results are used consistently toward meaningful organizational improvement or development.

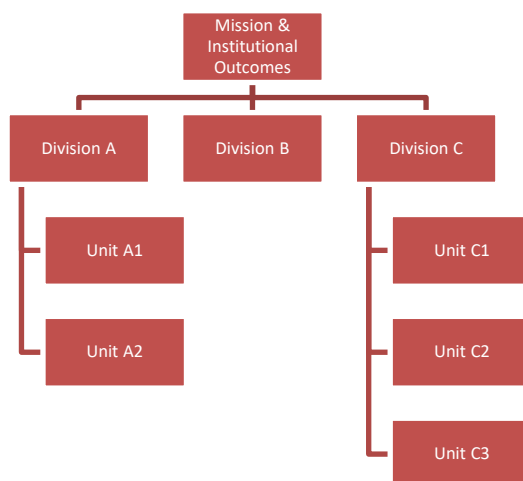
## Cascade of Institutional Assessment

At the College, organizational assessment occurs at all levels, ultimately speaking to the institution's ability to meet its mission. The institutional outcomes are defined from the College's mission. These institutional outcomes are supported by the various Divisions of the College. **Division** of the College are typically understood as the top nodes of the Organizational Chart. Divisions are typically overseen by a Division Leader. Because many Divisions within the College are multi-operational, there are typically sub-Units which make up the wider Division.

Using the college's Strategic Plan as a base, Divisions usually define an overarching Division Plan that defines the intended Division outcomes, which are supported by Units. **Units** are organizational areas that the College has defined as key operational areas where significant work, human and technological capital are invested.

Ultimately, when departments are successful, their Divisions are successful, and the institutional outcomes can be achieved. Because the organizational structure can change over time as deemed necessary, the assessment practices should also reflect this organization. The chart below reflects a simplified view of the intended functional structure of the college. (Refer to the organizational chart for the specific Divisions and Units).

**Figure 3: Mission-Driven Organizational Structure and Institutional Outcomes**



While not represented in this cascade, individual employees who make up each Unit are also part of the assessment process and the eventual results and their application for improvement. Therefore, employees of the College are inseparable from both the work and the results. When employees are deployed in a way that maximizes their real or potential capabilities (and interests), the institution functions better.

### ***Unit Oversight of Assessment***

**Division** are responsible for the oversight and maintenance of assessment within their area. The Office of Institutional Research and Effectiveness (OIRE) serve as stewards of the overall assessment process, but Divisions have primary ownership of the day-to-day work of assessment.

The work of assessment is accomplished by having an embedded focus on the analysis of results as essential components of each Division and any Unit(s) that make up the Division. This can be accomplished in a variety of ways, and prescribing a required format may not work for every Division. The actual means of implementing assessment within a Division must consider, among other things, the size of the team within the Division, the (potential) Units, including possible future leadership changes or reorganizations, as well as the institution-specific or Division-specific ethos.

### ***Support for Organizational Assessment***

The Office of Institutional Research and Effectiveness (OIRE) designs and oversees the college's AES Unit assessment process, but it is supported in this effort by the **AES Assessment Council**. Members of the council come from, represent, and support units within their own Divisions as **AES Liaisons**. Members of the Council serve to support the overall assessment efforts within a Division as embedded, knowledgeable individuals who can advise the Division and report on the overall assessment efforts within the Division. They also intentionally support and report to their Division leadership about the assessment efforts within their Division. Broadly, members of the AES Council:

- Support the assessment planning and processes
- Serve as a Division Liaison
- Support the Periodic Unit Review

### **Consider Forming an Assessment Work Group**

Because every **Division** is functionally different and prescribing from the outside of the **Unit** may not yield useful results, a strong and collaborative method that can be applied is that of an optional standing work group that convenes periodically to define goals/objectives and desired targets. This committee periodically reviews the progress being made toward those indicators, areas or means required for correction or adjustment as conditions change or as goals are met/not met. It also reviews and describes the success and areas for growth at the end of the assessment cycle. This is the suggested method of monitoring assessment results at the Division level and will be elaborated upon below. Note that this type of assessment work group could exist at the Division or Unit level, and it could also functionally serve within preexisting administrative meetings or groups (for example, Division or Unit meetings) where "assessment" could be added as a regularly occurring topic on an agenda.

Forming a work group can lead to a productive means of evaluating progress and getting multiple and diverse perspectives. This dedicated work group focuses on assessment matters within the Division or Unit. Forming a work group of diverse individuals from within the Division is possible, but it could also incorporate representative stakeholders that the Unit serves within the college. Units may also consider including any external members (employers, community organizations, community members, etc.) who could meaningfully contribute to the review and determination of progress made within the Unit.

Divisions may also determine that the formation of work group at the Unit levels would be most useful. This depends on the structure, function, and ethos of these Units. Where operational functions and outputs are different enough, Unit work groups may be necessary.

When forming a work group, the chosen structure and function should be whatever is most conducive to the Division or Unit's role within the institution. Ultimately, these work groups should tap into individuals who can review and respond to the assessment practices and results within the Division or Unit, and/or who could advise on the progress by reviewing assessment information. This could take one of several forms, an example of which is outlined below.

**Table 1: Assessment Work Group**

<b>Assessment Work Group</b>		
<b>Persons</b>	<b>Unit</b>	<b>Division</b>
<b>Responsible Individual(s)</b>	Unit Head/Director	Division Leader
<b>Membership</b>	Employees within a Unit who can speak to the structure, function, processes, and initiatives within the Unit	Unit Heads who can speak to the assessment practices within their Unit
<b>Direct Oversight</b>	Appointed Assessment Chair (or department head), someone who can manage and organize the work group	AES Liaison or Division Leader, someone who can manage and organize the work group
<b>Advisory Committee/Individuals (Optional)</b>	Identify stakeholders within or outside of the Unit who might have a stake in the operations	Identify stakeholders within or outside of the Division who might have a stake in the operations and/or individuals with expertise in the specific area that the department operates
<b>Ideal For</b>	Units with sufficient employees, with a broad scope in responsibilities	Divisions with sufficiently diverse Unit leadership
<b>Responsibility of Work Group</b>	Oversees the creation of Unit policies, creation of assessments, and monitoring of assessments of employee/department performance over time	Oversees the creation of Division policies and the monitoring of Division goals/Strategic Plan goals
<b>Meetings</b>	Cyclical (examples: monthly or quarterly) and as needed (when major reporting periods have ended, when changes occur within the Unit)	Cyclical (examples: quarterly, bi-annually) and as needed (when major reporting periods have ended, when changes occur within the Unit)
<b>Annual Reporting</b>	Reports to the Division Leader and the Office of Institutional Research and Effectiveness (OIRE) at the completion of the fiscal year on interim progress.	Reports to the Office of Institutional Research and Effectiveness (OIRE) at the completion of the fiscal year on interim progress.

These work groups should meet periodically to discuss, analyze, and interpret the results from assessment results and departmental performance. Each of these meetings should also identify potential actions to strengthen the organizational performance. The team should also be designated for submitting annual reports and PUR reports as warranted by their cycle. Meetings should also document meeting minutes to demonstrate that the meeting occurred and what actions might be required next for the work group.

### Organizational Assessment Cycles

An “**Assessment Cycle**” includes assessment planning, data collection, interpretation, and decisions to use results during a defined period, and includes the following steps:

1. Identify needs
2. Articulate (or review existing) departmental goals at key program junctures
3. Develop an assessment plan
4. Create/Select/Adapt data collection tools and/or strategies
5. Collect, analyze, and interpret information related to departmental goals
6. Use information on Unit goals toward organizational improvement and/or development
7. Report on results
8. Plan for next cycle of assessment

The AES assessment cycle is a seven-year process spanning two years of the PUR and five years of the annual assessment process. Upon completion, the process begins again with a new PUR and subsequent annual assessment cycle.

Assessment within **Unit** involves consistent, repeated iterations of the above process. Assessment is undertaken collaboratively involving stakeholders from across the Unit (i.e., assessment should not be undertaken unilaterally by a single employee or department head). Assessment ideally includes employees, personnel from related support Units, college stakeholders, and anyone else who stands to be impacted or has an interest in department-level assessment activities.

The process is intended to demonstrate that departments are learning about the effectiveness of their organizational processes based on assessment results. Where achievement or improvement does not occur as expected, the process identifies what actions are taken to enhance the quality of departmental delivery. This establishes the use of assessment **Evidence** for continuous improvement. The use and reuse of evidence occurs over the lifetime of an assessment cycle and is intended to learn and grow along with the department (and employees).

## The AES Assessment Process

The primary purpose of the Administrative and Education Support (AES) Assessment process is for college teams to self-reflect upon, evaluate, and improve in the spirit of **Continuous Improvement** and effectiveness. The overall goals for the assessment process are to:

- Articulate the mission, goals and desirable objectives of the Unit
- Ensure that programs and services offered by the Unit align with its goals and objectives
- Provide ongoing evidence whether the Unit is accomplishing its goals and objectives
- Make evidence-informed improvement as needed
- Document the process for accountability and future reference

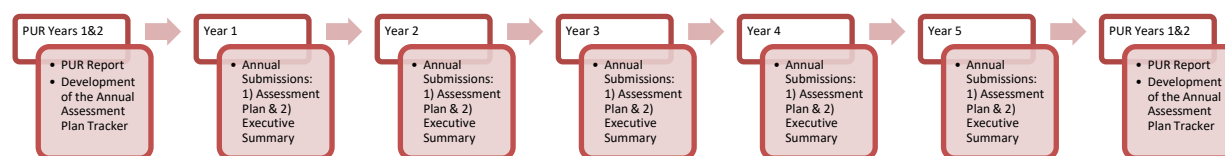
The cycle of continuous improvement includes two main parts done over a seven-year period: 1) the Periodic Unit Review (PUR), and 2) the Annual Assessment Plan Tracker. At the conclusion of a cycle, the process begins again.

- The **Periodic Unit Review (PUR) Process** occurs after the completion of a five-year continuous improvement cycle and over a two-year period before the next cycle begins. The PUR is intentionally developmental and iterative in nature, and two main work products are developed: 1) PUR Report, and 2) the Annual Assessment Plan Tracker (used for the next Annual Assessment cycle). The process allows teams to reflect back on their recently concluded assessment cycle (as applicable) and to begin to think about the next cycle. Upon completion of the PUR, the new Annual Assessment Plan is used by the department for a five-year cycle of continuous improvement.
- The **Annual Assessment Plan Tracker** is used to monitor the results over time for each Unit. The tracker tool follows the Unit over a five-year period to allow for ease of tracking.

## Developing an Annual Assessment Plan

The **Annual Assessment Plan Tracker** is used over a five-year period. Each year, departments submit content and work with the Office of Institutional Research and Effectiveness, as well as with their Division Liaisons to identify ways in which the Unit's work will be measured, and how successful they were over that year.

**Figure 4: Annual Assessment Plan Tracking Timeline**



There are three major tasks due each year for Unit undergoing their Annual Assessment Cycle. The Tracker itself is initially developed during the PUR process, which is one of the major work products of the PUR. The Unit mission, goals, and objectives are defined during the PUR and serve as the framework that is intended to be used during the five-year Assessment Cycle.

- **Phase 1: Mission Statement, Goals, and Objectives** -annually review the mission and goals as a team to ensure that everyone within the Unit are clear about the intended work for the year. This is a time for the team to prepare for the year and to line up any needed resources in order to achieve the intended outcomes of the plan.
- **Phase 2: Measures, Activities, and Resources** -annually review progress from the prior year to determine if any adjustments should be made to the measures and annual targets. This is an

opportunity to course correct if needed, or to determine if the team should stay on track. (DUE BY DECEMBER)

- **Phase 3: Results, Analysis, and Future Initiatives** -annually review progress toward the intended goals and objectives, noting where the Unit may have hit the market, and where it could make improvements.

The Annual Assessment Plan Tracker is intended to help teams (within Units) define, monitor, and reflect on the progress toward achieving their intended Unit goals.

### ***Annual Assessment Plan Phase 1: Cycle Goals and Objectives***

#### **Defining a Unit's Mission (Phase 1 of Annual Assessment Plan)**

A **Mission Statement** provides a description of the core values and guiding principles that direct the work of a Unit. It should help coordinate the work of the Unit to ensure that everyone is working towards a common purpose aligned with the LaGuardia's overarching mission. The mission statement should be brief and memorable, state the purpose and the primary functions of the Unit, reflect the Unit's contributions, and identify the major stakeholders served by the Unit. The mission should be written in a way that an outsider would understand the purpose for the Unit. For example, a student (or someone else looking for a service provided by the Unit), reading just the mission, should know if they were in the right place. The mission should succinctly describe the services offered and who it is intended to serve

The mission must align with/fit within the larger institutional mission. At a minimum, the mission statement should answer the following questions:

- **Who are we?** Include the name of the Unit prominently in the mission statement.
- **What do we do?** Clearly and understandably identify the primary purpose and service(s) provided by the Unit; the mission should readily be understood by someone who is unfamiliar with it.
- **Why do we do it?** Include the reasons why the Unit provides the primary service(s).
- **For whom do we do it?** Identify the key stakeholders/recipients of the work of the Unit. Any tasks that fail to serve the stakeholders should be re-evaluated and replaced by tasks which do so.
- **What value are we bringing?** Provide a clear statement about how the key stakeholders are going to benefit from the primary service(s) of the Unit.
- **How does our Mission serve the College?** Ensure that the Unit's mission aligns with and reflects the Institutional mission and Core Values.

#### **Defining Intended Goals (Phase 1 of Annual Assessment Plan)**

**Goals** are broadly defined statements indicating what the Unit strives to accomplish, representative of aspects of the scope and purpose of the Unit (aligning with the mission) and its intended outcomes/indicators of success (ways in which the mission can be measured). Goals often require multiple measures or forms of **Evidence**, and often apply the efforts of multiple individuals/areas/departments in order to demonstrate achievement. Goals generally describe the most important services a Unit provides, and identify key functions or services that contribute to supporting the College's mission and/or strategic plan. When establishing goals, a Unit should consider what resources are available to accomplish them. In most instances, a Unit should be able to execute successfully between two and five goals.



Goals should be:

- a clearly written, broad statement
- achievable within the specified time established
- provide a framework for the objectives
- adaptable to changes in the responsibilities assigned to the Unit
- consistent with the mission statement of the Unit and institution

### **Measuring Goals Via Objectives (Phase 1 of Annual Assessment Plan)**

Unit goals tend to be general statements that reflect what the Unit does. The Unit goals should apply **SMART** principles (**s**pecific, **m**easurable, **a**ttainable, **r**elevant, **t**ime-bound) representative of multiple efforts/means of assessment demonstrating the outcome of the goal. (NOTE: The “IE” portion is optional, but encouraged).

- **Specific:** The goal is well-defined, focused, and free of ambiguity.
- **Measurable:** The goal is written in a way that can be measured and evaluated in some form (qualitatively or quantitatively).
- **Attainable:** The goal is both aggressive and attainable in that it pushes the boundaries of where the department is and identified something that is both aspirational but can still be achieved. This requires that an outcome be significant, but reasonable.
- **Relevant:** The goal aligns with the institution’s mission, vision, values, and strategic plans. It also is achievable within the institution’s structure and long-term objectives.
- **Timebound:** The goal has a specific period of time in which it is being implemented and reviewed, typically within an assessment cycle.

There is alignment among the Unit goals and the institutional goals, and measuring the goal would show whether or not the Unit will move the institution closer to the institutional goal(s). Goals should express targeted advancements, numerical or otherwise, that the organization intends to achieve in a set amount of time.

### **Goal Alignment**

As above, goals within a Unit align to measurable objectives. Additionally, goals can be mapped from level-to-level (above and below the Unit-level) to show how individuals contribute to the department’s goals, which then align with and aid in achieving the institutional goals. This can be done at the individual employee level (the micro-level), the Unit level (mezzo-level), and at the institutional level and/or the Strategic Plan (macro-level). Essentially, all goals work toward the achievement of the main institutional level outcomes, and ultimately to the institutional mission. A sample illustration of this mapping is below.

**Figure 5: Goal Alignment Example**

Individual Goal 1	→	Departmental Goal 1	→	Institutional Goal 1
Individual Goal 2	→	Departmental Goal 1	→	Institutional Goal 3
Individual Goal 3	→			
Individual Goal 4	→	Departmental Goal 3	→	Institutional Goal 4

Aligning goals across levels of the organization establishes a clear trail of performance that leads directly back to the institutional outcomes. Individual goals contribute to departmental goals, which in turn align with institutional outcomes. The performance process is thus planned



throughout the organizational portions of the institution to work toward achieving the institutional outcomes, which are tied to the larger institutional mission.

The college requires goals for Units and **Division** to be aligned to the Strategic Plan. This ensures that activities done at the individual (micro) and Unit/Division levels align with and are helping to achieve the intended outcomes of the Strategic Plan.

### **Objectives Align to Goals**

Objectives, aligned to goals, are specific statements describing the results to be achieved and the means to achieve them. **Objectives** are the way in which the broad goal statements can be made actionable, describing intended performance indicators (measures or evidence). These statements describe intended results (the intended outcome) to be achieved and the means to achieve them. The objective, if measured, would demonstrate measurable progress showing whether proposed initiatives/programs have an impact.

It is common to have several objectives for each Unit goal. They primarily describe **what the Unit is going to do** and its potential impact on students and other key stakeholders. Because of their function as support Units, the objectives of AES Units frequently focus on operational processes/outputs or policies that may have operational impact on practices within the Unit. Student Learning Outcomes, although often noted within academic units, can also be measured within AES Units. Student Learning Outcomes (SLOs) can define key learning opportunities that an AES Unit may oversee/impact from a co-curricular standpoint; therefore, SLOs can also be represented in the AES Unit objectives. This can be particularly the case where co-curricular experiences contribute to the achievement of institutional learning outcomes and the General Education Core Competencies and Communication Abilities.

### ***Annual Assessment Plan Phase 2: Measures and Activities***

#### **Identify Measures (Phase 2 of Annual Assessment Plan)**

Once measurable objectives are specified, the next step is to identify measures to evaluate the Unit's effectiveness. Measures come in a wide variety of forms and from a wide variety of sources. Occasionally, measures require the development and implementation of new tools, but often measures rely on secondary analysis of data that are already collected by the Unit, Division, or College. Objectives can have more than one measure applied to them, and this is encouraged.

Although coming from many different sources, strong measures share key attributes:

- They are directly and clearly related to the outcome being assessed (i.e. applying the measures will answer the question: "How effectively did the Unit achieve this outcome?")
- The process for evaluating the findings is documented, impartial, and systematic.

Start by taking inventory of the types of tools the Unit is already using: What information is it already collecting? What kinds of indicators is it already using or are already familiar with? What kinds of indicators are recommended by your professional association?

**Identifying Data Collection Tools and Methods (Phase 2 of Annual Assessment Plan)**

Assessment methods are the strategies, techniques, tools, and instruments for collecting information to measure the achievement of the desired outcome. Assessment will require the creation, adaptation, or selection of assessment tools. Assessment tools are used to collect **Evidence** used to make judgments about whether or not the goal/objective have been achieved. The use of multiple assessment tools/evidence is recommended, since relying on only one method to provide information about the Unit will only partially reflect its accomplishments.

Assessment should (a) provide for a mixture of direct and indirect evidence and (b) leverage a combination of quantitative and qualitative methods. The evidence should also directly relate to the goal/objective and should lead to actionable insights.

Assessment methods are categorized in various ways, but a relevant distinction relates to “direct” versus “indirect” evidence.

**Direct Assessment:** Assessment that captures observable results (knowledge, skills, and abilities) including digital or tangible actions or outputs (Suskie, 2009; Palomba & Banta, 2015). These are concrete actions or deliverables (actual samples of a report, presentation, watching someone do something, etc.) that can be observed and documented.

**Indirect Assessment:** Indirect assessment methods collect proxy signs of knowledge, skills, and abilities, or otherwise represent intangible thoughts or feelings (Suskie, 2009). These might lead to identifying perceptions, attitudes, feelings, or values that, when looked at in aggregate, might demonstrate an intended outcome.

A few examples showing the distinction between the two:

- I watched Susie turn the light on (direct) vs. I asked Fernanda to explain the process that she would do to turn a light on (indirect evidence showing that Fernanda knows how to do it, but I did not see her do it yet).
- A custodian sees a spill (direct) and cleans it up vs. the custodian’s supervisor sees a maintenance log noting that there was a spill (indirect evidence that the custodian cleaned up the spill) and verifies that the spill is gone.
- I watched Billy execute the step-by-step instructions on how to operate the espresso machine (direct) vs. Tommy handed a customer a freshly made espresso (indirect evidence that Tommy made the espresso).

Some examples of direct and indirect assessment methods are provided below.

**Table 2: Selected Examples of Direct and Indirect Assessments**

Direct Assessments	Indirect Assessments
<ul style="list-style-type: none"> <li>Professional reports/work products</li> <li>Publications (digital or print)</li> <li>On-the-job behavioral observation (checklists)</li> <li>Standardized exam results</li> <li>Documented “can dos” at the end of a training session</li> <li>Pre- and Post-Test results</li> <li>Specific work products like a portfolio or report</li> <li>Meeting minutes; recorded or summarized notes</li> <li>Photos of an office or space</li> </ul>	<ul style="list-style-type: none"> <li>Course grades</li> <li>Attendance</li> <li>Questionnaires or surveys (institution generated)</li> <li>National surveys</li> <li>Departmental/Individual 360s</li> <li>Focus groups</li> <li>Interviews</li> <li>Self-assessment</li> <li>Document Analysis</li> <li>Budget or Financial Analysis</li> <li>Financial Audits</li> <li>Attrition or Retention of Staff</li> </ul>

Another layer of evaluating evidence is whether the evidence represents qualitative or quantitative information.

**Quantitative evidence/methods** rely on the collection of numerical scores or ratings, or results can be calculated in a way that lends to a numerical score (for example, responses about satisfaction on a scale of 1 to 5).

**Qualitative evidence/methods** rely on descriptions rather than numbers. These can include written narratives or explanations about a situation or experience that someone had.

It is good to ensure that there are a mixture of quantitative and qualitative methods being used as sometimes one method may only provide part of a wider picture.

Assessment efforts can show results for all individuals or outputs involved OR they can represent a sample. **Sampling** allows you to look at data that represent a wider population without asking every person for their input. For instance, if one wanted to have a general understanding of the customer service practices of a group, then they could collect the data from 50% of the feedback forms. Sampling can be useful when there is a glut of information to assess and not a great deal of time to cover it. The main disadvantages are that the data might not reflect a true representation of the group and the detail might be lacking as well. Therefore, ensure that, if using sampling, your results would likely reflect the wider population or output.

The objectives specify how the measures will be collected, what tools will be used, and what instruments will be developed. When identifying assessment methods, it is helpful to apply a balanced approach that is not overly disruptive/out of touch with practice. Assessment activities are driven by the intended objectives, and the results should reflect the actual state of efforts in the Unit.

Also, remember that existing data or **Evidence** may already exist; therefore, look first whether evidence is available before creating a new tool.

### ***Administrative Data***

Administrative data are collected through the tracking of a particular time frame (day-to-day, week-to-week, etc.) of the operations of an organization. This data may be used in place of a sample survey or a census. Administrative data is useful because it generally consists of material that has already been accumulated; the assessor is just sorting through. Relying upon administrative data can become problematic when there is a large amount of change within an organization. As personnel changes, policy changes as well, which may make tracking information longitudinally difficult.

### ***External or Compliance Reporting***

Many departments have reporting requirements within the organization or even externally that can all demonstrate some aspect of assessment data. These are sometimes compliance-related requirements (example, Audited Financial Statements in Finance, Title IX Campus Safety and Security Reporting for Title IX or Campus Safety departments) that are done on a routine basis. While often conducted for (at least) compliance reasons, much of this information can actually demonstrate how effectively a department is functioning. Therefore, make an inventory of potential internal or external reporting requirements that already occur when considering what already may exist.

### ***Policy and Procedure Reviews***

An important, but sometimes overlooked portion of the assessment process are the policies and procedures that are defined for the department. These are the actual tools and practices that make the department function on a regular basis. These can sometimes be informal practices that are applied within the department that may not be formalized as a policy. These practices sometimes become formalized as a policy when it becomes so routinized within the Unit that it is a regular and formalized procedure. When reviewing policies and procedures within a department, it is important to document what changes occur and why. It is important to take an inventory of the policies and procedures and informal practices that occur within the Unit periodically. This will allow the department to understand its operations and to define when an informal practice warrants becoming a formal policy or procedure.

A best practice is to develop standard operating procedures (SOPs) that can guide the department in its practices. This can take the form of a departmental handbook that defines areas such as the department mission, goals and strategies, roles and personnel, inventory of items within the Unit, regularized reporting, information on external regulation (outside laws that impact the department, accreditation, etc.). SOPs are a way for the department to catalog the history of the department and its operations.

### **Setting Baselines, Targets, and Peer Comparisons (Phase 2 of Annual Assessment Plan)**

A **Baseline** is the value of a performance indicator before an action, often based on historical data. Baselines are generally defined during the PUR process, and are then used as a tool to understand the Unit's performance in future years. Baselines should be established using historical data/evidence as a reference point. Generally, three or more years of data should be used wherever possible.

A **Target** (or an intended benchmark) is a specific value for a performance indicator that a Unit intends to/would like to achieve. Setting a target allows for intentionally working toward a

specific improvement in the data. Generally, teams should ensure that they have both long-term and short-term targets. For example, establishing a long-term target to be achieved by the end of the Annual Assessment Tracking (i.e., by the end of the fifth year) in addition to establishing an annual target. The idea is to establish annual targets that, if achieved, would allow you to achieve the longer-term target.

Occasionally, especially where a new assessment tool or data are being collected, a Unit might not have a specific target to achieve. It is important not to just create a target without grounding it in historical perspectives. Where needed, Units can say that they are “establishing a baseline” to create an eventual target.

**Peer Comparisons** are data or information about external institutions or organizations that serve as a group that institutional results can be compared to. This kind of data is not always available to a Unit, but it can be a useful comparison tool to understand where the Unit is compared to similarly situated organizations/institutions.

**Target** are the specific values for each measure which the Unit would like to reach and should be realistically ambitious. Targets establish the minimum results/value/evidence needed to know if the Unit’s efforts have been successful. Targets can also be called benchmarks. For the purpose of the Annual Assessment Plan, a **Benchmark** is defined as a longer-term target, or the desired (longer-term) result (data or evidence) that would tell you that you were successful. The distinction between targets (intending to be an annual target) versus a benchmark (intended to be a longer-term target) is only for the purpose of having common terminology between Units and Divisions.

### **Planning Initiatives and Defining Resources (Phase 2 of Annual Assessment Plan)**

One of the most important parts of the assessment process is defining both efforts/initiatives that will be used to accomplish the goals/objectives for the Unit, but also the resources required to be able to fulfill those efforts. Planning requires being strategic about an intended end goal and figuring out how to move toward it.

*“At institutions with well-designed strategic plans, the budget is guided by the plan; at institutions without well-design strategic plans, the budget is the plan.” (Buller, 2007, p. 178)*

The budget funds the goals and objectives defined by the department. Therefore, the Unit’s goals and objectives define the initiatives, and those initiatives need to have resources (human and fiscal) to achieve them. It is essential that the planning process include an understanding of the budget/funds that can be allocated to fulfilling the intended initiatives. Without **Resource Allocation**, initiatives may not be enacted, which derails the eventual achievement (short- and long-term) of the goals and objectives. Some resource allocation may require working across departments to fund or support initiatives; therefore, at the end of the annual assessment process, you will begin planning for the next round of assessment.

### **Collecting Evidence (An important intermediate step between Phase 2 and 3)**

Where possible, **Evidence** should be regularly collected throughout the year. It is important to acknowledge that evidence may be collected at different times throughout the year for different Units, but collecting this evidence as often/early as possible is the goal. Being strategic

about the collection (and where possible) the periodic review of the evidence is important because you do not want to wait and find that data/evidence were not captured as intended after-the-fact.

Evidence collection can be time-intensive, so make sure that the evidence/data collected relate to the outcome being assessed. Units may want to collect evidence/data continuously or take a snapshot at regular intervals, but collected evidence should represent the work the Unit does throughout the year.

Importantly, the key to collecting useful evidence is planning. One of the biggest challenges that Units face when writing their results is realizing that a measure was not implemented, or that they did not have sufficient data to know if it was successful. This often results in a scramble for evidence that may only loosely tie to the outcome. Once the Unit has completed identifying the outcomes and assessment measures, simply mapping roles and responsibilities provides an easy tracking system and helps ensure that high quality data are available. (Look ahead to what is required in Phase 3 before submitting Phase 1 and 2).

### ***Annual Assessment Plan Phase 3: Results, Analysis, and Future Initiatives***

#### **Evaluating Data Collected and Baseline Comparisons (Phase 3)**

In this phase of the process, the department outlines specific data and other **Evidence** that has been collected toward achievement of the goals.

Assessment involves the analysis and interpretation of evidence to identify needed improvement or development of organizational processes. The pre-defined initiatives and intended targets (aligned to goals and objectives) is where Units begin the analysis of their results.

Analysis involves summarizing, arranging, presenting, or otherwise rendering assessment evidence for interpretation and decision-making. Departments are asked to summarize and report results for all assessment data that it has collected related to the goals and objectives annually. For quantitatively oriented data, reporting can be summaries of aggregated performance ratings or scores (e.g., percentiles, etc.). For qualitative/textually-oriented results, departments can summarize prevailing trends or themes.

Begin by collecting and inputting the data or other evidence used to reflect the results of the proposed initiatives. Identify the metric or evidence and what the results was. Then describe how the result relates to the baseline for the metric, comparisons to institutional or peer comparisons, and whether the Unit achieved its intended target/benchmark. It is important to remember that the purpose of collecting assessment results is to make improvements, and the Unit should not focus only on the good or bad aspects in the data.

#### **Reflecting on Initiatives, Evidence, and Reflection (Phase 3)**

Periodic reporting on assessment planning happens annually at the conclusion of the fiscal year. This allows for an intermediate view of the department's progress, instead of just reporting on all results every five or so years. This annual check-in on goals allows for a progress-check, and an opportunity to course correct if needed. At this time, the Unit should focus on aspects of the goals/objectives that are working, and those that might need to be adjusted. While this is both a look-back on the annual progress, it is also an opportunity to think about the future.

Broadly, the reporting in the Annual Assessment Plan Tracker should focus on results for the year. The purpose of assessment is to provide the Unit with meaningful information about the effectiveness of its operations, not to evaluate individual achievement or to reward or punish staff. Meaningful, effective assessment can only happen from a place of safety, where employees feel empowered to examine, analyze, and report the Unit’s results honestly.

This is a time to reflect before the next annual review (or PUR) begins to course correct, commit to staying the course, or to celebrate efforts.

### **Uses of Assessment Results (Annual Assessment Plan Phase 3)**

The overall intention of assessment is to ensure that Units use information on its overall services, employee performance, and other performance metrics toward improvement or development of organizational delivery. To that end, the focus is on the specific improvement- or development-oriented actions taken by Units as a result of assessment results. Units thus report on the use of assessment results (toward some improvement-oriented end) at least at the end of each assessment cycle as well as periodically in between.

Based on results, Units identify future initiatives that will be developed and implemented to ensure continuous improvement. It is important to identify data or information that might help to inform a goal/objective in the future. This could mean that additional resources are required, changes in practices/standard operating procedures might be needed, or possibly changes leading to changes in reporting or organizational alignment. The purpose of annually reflecting on the intended uses of assessment results allows Units the opportunity to course correct or reallocate resources as needed.

Note that “use of assessment” refers—but is not limited to—any of the following decisions/actions.

**Table 3: Assessment Uses**

<b>Primary Uses</b>
<ul style="list-style-type: none"> <li>• Develop (or create new) employee roles, assignments, tasks</li> <li>• Develop (or create new) project/initiative</li> <li>• Develop (or create new) training experiences (e.g. lectures, workshops, etc.)</li> <li>• Develop (or create new) departmental goals</li> <li>• Develop (or create new) departmental goal assessment tools</li> </ul>
<b>Secondary uses</b>
<ul style="list-style-type: none"> <li>• Compare the department with other departments</li> <li>• Make requests for resources</li> <li>• Promote department assessment efforts</li> <li>• Proliferation of research (internal sharing the results of assessment)</li> <li>• Better understand the value or worth of the department</li> <li>• Meet institutional assessment requirements (including accreditation or departmental review)</li> <li>• Showcase employee knowledge, skills, and dispositions through annual reporting and presentations</li> <li>• Publish assessment achievements and standards on the university website and in wider dissemination of results at professional conferences and other events</li> </ul>

Spending time commenting on your future actions will help you with your next Annual Assessment Plan tracker. If you do this right, your future plans will be your next year’s intended methods/measures; therefore, spend time identifying what might be needed moving forward



and what the next steps might be. Be sure to indicate when you foresee those actions taking place, who will be responsible, and what resources are needed.

### **Communication of Results (Phase 3)**

Before the Annual Assessment Plan Tracker is finalized, the results should be reviewed by key stakeholders that might have an interest in the results (example: advisory committees, collaborating departments, benefactors of the assessment results, etc.). These meetings should include discussions on progress toward goal achievement and comparisons (where possible) and potential required changes documented in meeting minutes. The purpose of these discussions is to regularly discuss and evaluate results with representative stakeholders who might be able to offer different interpretations or suggestions for improvement. These discussions may necessitate role or duty changes and/or changes to Annual Assessment Plan Tracker or (if applicable) an upcoming PUR.

### ***Annual Executive Summary***

At the conclusion of each year during the Annual Assessment Plan process, an executive summary is provided to the OIRE as an overall summary of the assessment work for the year. The Executive Summary is a short document which provides an overview of the Unit and the overall assessment process for that year, highlights key findings and provides recommendation and next steps.

**IMPORTANT:** Next year's plan should effectively begin with migrating your Future Initiatives, identified in the "Use of Results" section into your new Measures/Methods for the next year. This is your "closing the loop" moment from one year to the next.

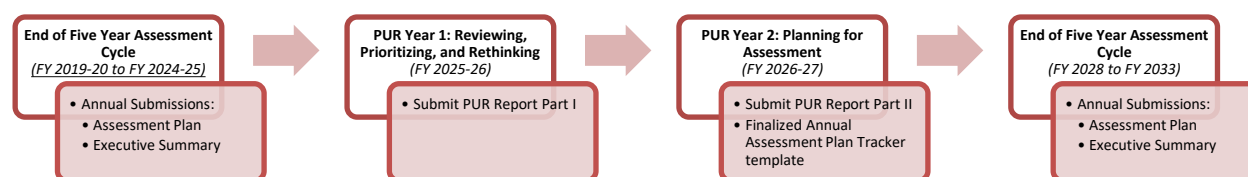


## The Periodic Unit Review (PUR)

The **Periodic Unit Review (PUR)** process takes place over a two-year period between annual assessment cycles. This allows for an opportunity to “pause” and “rethink” instead of immediately jumping into a new cycle. Units take time to review the results of the prior report (if applicable) and establish an approach for the next assessment cycle.

- **Year 1 of the PUR** is an opportunity to plan for continuous improvement, review data, identify priorities for the Unit, and reflect on the overall results from the prior assessment cycle;
- **Year 2 of the PUR** is an opportunity to develop and finalize the Assessment Plan, get feedback, and to test out assumptions and collect additional data/evidence if needed. At the end of Year 2 of the PUR, Unit provide a **PUR Report** on the PUR process and also the **Final Assessment Plan Tracker**, which will be used to monitor progress over the following five years.

**Figure 6: Periodic Unit Review Timeline**



The Office of Institutional Research and Effectiveness (OIRE) provides a template with basic suggestions for items to include in the PUR Report. Most of the sections include guided questions or text that can help to frame the review process. It is important to note that a document like this is never a one-size-fits-all tool. The template is intended to be adapted to the unique needs of Units; therefore, the template should be viewed as a starting point for teams. The outline can be used in whole or adapted based upon the needs, structure, and services provided within the department. Please work with OIRE on the final report structure.

The AES work is ultimately the responsibility of the Division and the Division head. Therefore, the work of Unit assessment must involve the Division head/leadership throughout the process, including the ultimate review and approval of the eventual plan to ensure alignment with the college’s mission and goals of the institution of the college and CUNY initiatives.

At the conclusion of the PUR process and the completion of the PUR Report, the Unit will also submit a copy of their final Annual Assessment Plan Tracker. The Assessment Plan will then be used over the next five years to track progress toward achievement of the defined goals/objectives.

Since the PUR Report Template is an in-depth tool used by departments, it will be commented on at a high-level in this handbook. Refer to the Template for specific elements requested as part of the report.

## ***PUR Year 1: Planning for Continuous Improvement***

### **Unit Overview (Section A of the PUR)**

The Unit overview asks teams to identify their scope/purpose and their Unit mission. In this work, Units can update or adapt their mission based on developments that have occurred since the last PUR and/or the last time the mission was defined. The Unit will also identify the internal organizational structure of the Unit including its functional units and staffing. This will

also identify the **Division** and how it supports the overall Division operations. The Unit will also identify its physical or digital spaces and whether or not these are currently sufficient for the intended operations.

Since budgeting and planning are key to both the current and future operations of the Unit, Unit leaders are asked to identify how the budget process works, and what the Unit's budget is. This allows for the Unit to understanding the planning process (and to eventually influence it).

### **Planning for Assessment (Part I: Section B of the PUR)**

Although Planning for Assessment is done in both PUR Year 1 and Year 2, the purpose of Units beginning to think about their eventual assessment in Year 1 is to begin identifying and collecting potential **Evidence** that will be used in Year 2. In Year 1, the team will identify their intended assessment team (whether it forms a work group or builds this into existing structures already in place within the Unit) and how it will approach the work of assessment. Importantly, an AES Team Lead should be appointed. These can be refined in Year 2, but should sufficiently show that the Unit has a plan for the next phase.

### ***PUR Year 2: Finalizing the PUR and Assessment Plan Tracker***

### **Planning for Assessment (Part II: Section B of the PUR)**

Picking up where the Unit left off at the conclusion of Year 1, the team will continue the collection and expansion of its available **Evidence**. While Year 1 asked the team to focus mainly on internal data, the team should continue to expand both its internal and external data (i.e., peer institutions or industry norms). In this work, the team begins to identify potential evidence that speaks to the operations of the Unit and what potential targets could be defined.

### **Developing the Assessment Plan (Section C of the PUR)**

In Year 1, the team identified its existing state, while in Year 2, the team will focus on where it is going. This portion of the PUR asks the team to identify changes or trends that have occurred that have impacted (or could impact) the Unit in the future. These could be trends in the field, demographic changes, or institutional changes (actual or planned) that could impact the Unit. Further leveraging the **Evidence** collected thus far, the Unit will identify potential goals/objectives, metrics, and targets that it will use moving forward.

As part of the identification of the goals and objectives that the Unit would like to achieve, it will evaluate its current structure and function to identify if its existing tools/resources are sufficient to fulfill those goals. Where necessary, the team should identify potential gaps and how to fill them (whether additional staffing might be required or new technology might need to be acquired, for example).

The Unit will identify how its intended goals/objectives align with the strategic plan.

### **External Review**

An intentional part of the PUR process is identifying and seeking peers who can advise on the PUR and your eventual outcomes. Reviewers from other colleges and universities, which have similar functions or from other Units at the College, provide an outsider's perspective on the Unit, the PUR, the revised Annual Assessment Plan and proposed initiatives/strategies. The focus of the external review is not the individual staff members, but the Unit itself. The plan should minimally be discussed with an independent person who has sufficient knowledge of the

Unit's operations (or typical operations at a similar institution) who can provide advice. Some guidelines are provided in APPENDIX G: External Reviewer Guidelines of this document.

At the conclusion of the External Review, a brief final report is submitted to the Unit for consideration. The results of the report should be discussed with the Unit Assessment Planning team. While the Unit Leader has discretion with what is accepted/rejected from the External Reviewer's feedback, a rationale should be provided if certain feedback is not accepted into the final PUR Report/Annual Assessment Plan Tracker. Acceptable reasons for not including certain feedback could be that a reviewer had limited insights that led to a narrow interpretation of a part of the report; however, this should also be a clue that the Unit might need to add more information into their report before it is finalized.

There are multiple ways to achieve peer review; two main strategies are explained here but discuss your intended strategy/what you would like to achieve with your AES liaison and the OIRE.

- **Intentionally invite an external reviewer to be part of your standing Assessment Work Group** (likely from the start of PUR Year 2). Invite this person to periodically attend your standing meetings, so they are aware of the team's progress over time. This will allow for regular feedback from this individual. Intentionally capture feedback from the reviewer in meeting minutes after adding them to the Work Group -this will be helpful for you later. The time commitment for this would likely be higher because of the need for the reviewer to attend periodic meetings, however, it would likely reduce the overall review time of the finalized documents because of the reviewer's familiarity with the subject.
- At the end of PUR Year 2, **ask someone knowledgeable of the Unit's operations to review the proposed Annual Assessment Plan** and the overall PUR strategy. You will specifically want to ensure that the review provides feedback on whether or not the goals seem realistic within your intended timeframe, if the assessment strategies are doable, and if the goals/objectives are in line with current or future trends. International document your communications with this person -this will be helpful for you later. This is the most common form of review by an External Reviewer; the time commitment for this is usually between 3.5-6 hours.

Regardless of your strategy, the eventual external reviewer should be someone who understands the operations of the Unit. Remember that an external reviewer could be someone internal to the college (for example, a colleague who regularly works with the Unit), but it could also be someone from a peer institution (for example, someone from another CUNY college in a similar department). Units should identify potential external reviewers early in the process, especially if they wish to include them in an Assessment Work Group. Remember that FERPA still applies, and if you intend to provide the reviewer with data, it needs to be deidentified.

It is the responsibility of the Unit to seek and have their intended Annual Assessment Plan reviewed by an external reviewer. The goal is to have an outside, independent perspective on the Unit's proposed Annual Assessment Plan and the PUR Report. This person can provide invaluable feedback on the feasibility of the plan and/or any blind spots that might not have

been taken into account. This is intended to be a trusted voice in the process. It is important to note for a prospective reviewer that you will provide them with preliminary documentation that may change based on their feedback.

In Year 1 of the PUR, teams identify potential external reviewers, and in Year 2 the intended Annual Assessment Plan will be reviewed by an external evaluator. When bringing in an external reviewer, teams should minimally provide context for what has already occurred thus far in the PUR (i.e., describe the process, what has been done so far, what is left to do); optionally, and depending on the current state of the team's PUR Report, you could also submit a current draft of the PUR to the reviewer. While the report will not be ready until the second half of PUR Year 2, it is important to identify, secure, and onboard an External Reviewer earlier than this.

Units should consider the recommendations made by their external reviewer.

**IMPORTANT:** Please pass the favor forward if someone asks you to participate in another Unit's external review process (including those outside of the college). Most colleges in CUNY have a similar external review element.

### ***Summary and Conclusion of the PUR***

At the end of Year 2 of the PUR, Units provide a PUR Report and a finalized Assessment Plan Tracker, which will be used to monitor progress over the following five years. Two main work products are produced and provided to the OIRE: 1) the Annual Assessment Plan Tracker (for the next round of annual assessment), and 2) the PUR Report.

**Mid-Cycle Modifications**

Overall, the process outlined above is intended to have a logical flow from one year/stage to the next. While this document intends for Units to continuously flow through the prescribed process over a seven-year assessment cycle, it is acknowledge that the process is not always seamless. If a Unit experiences changes in direction, reporting structures, leadership, or other operational changes, this should be discussed with OIRE and the AES Liaison as soon as possible. Not all changes mean that the entire process needs to be redone; sometimes, minor changes can be made, or goals can be revised to reflect the current/intended operations.

## Appendix A: Key Definitions

A variety of terms are used across this document. To aid in understanding the intent and scope of this terminology, the following are identified here for ease of reference.

Term	Definition
<u><b>AES Assessment; Administrative and Education Support (AES) Assessment</b></u>	The organizational assessment process used for college teams to self-reflect upon, evaluate, and improve in the spirit of continuous improvement and effectiveness.
<u><b>AES Assessment Council</b></u>	An administrative Council formed of individuals from across the College's administrative Divisions to advise and support organizational assessment.
<u><b>AES Liaisons</b></u>	Members of the AES Assessment Council serve a strategic function to help improve the assessment processes, documents, and resources available around assessment. These members serve as AES Liaisons who lead, facilitate, and support the assessment work of the Units within their Division as well as tracking Unit progress on their Annual Assessment Plans.
<u><b>Annual Assessment Plan Tracker</b></u>	A tracking tool used to monitor organizational assessments results over a five-year period for each Unit.
<u><b>Assessment</b></u>	A reflective, iterative process aimed at making improvement. It is an important part of the institutional effectiveness process. Quality assessment is systematic and strategic, data and information-informed, enhances decision-making, and is useful and used.
<u><b>Assessment Cycle</b></u>	A defined period where assessment planning, data collection, interpretation, and decision-making occur.
<u><b>Baseline</b></u>	The value of a performance indicator before an action, often based on historical data.
<u><b>Benchmark (Target)</b></u>	Specific values for a performance indicator that a Unit intends to/would like to achieve.
<u><b>Closing the Loop</b></u>	The systematic process from the assessment cycle whereby goals were defined, evidence was collected, and now those results will be used to make concrete improvements or to otherwise inform the next assessment cycle.
<u><b>Continuous Improvement</b></u>	A systematic approach that aims to continually make improvements over time by utilizing evidence for improvement.
<u><b>Evidence-Informed Decision-Making</b></u>	A human/humans are required to understand and evaluate available information in order to make decisions. Therefore, evidence informs decisions/actions by humans at the college.
<u><b>Direct Assessment</b></u>	Assessment methods that capture tangible, visible, or demonstrable results that directly measure the impact or efficacy of a program, initiative, or service.
<u><b>Division</b></u>	Each Division can effectively be thought of as the top nodes on the organizational chart, and Units are the sub-nodes under each Division (as applicable).

<b><u>Educational Assessment</u></b>	A planned, systematic collection and use of information on student learning and related educational experiences to improve the effectiveness of teaching and learning.
<b><u>Evidence</u></b>	Evidence can be any kind of information (data, documents, forms, narratives, responses (on a survey), exam or test results, observations, pre-/post-testing that demonstrate, etc.) that demonstrate whether a goal or objective has been met.
<b><u>Goals</u></b>	Broadly defined statements indicating what the Unit strives to accomplish, representative of aspects of the scope and purpose of the Unit (aligning with the mission) and its intended outcomes/indicators of success (ways in which the mission can be measured).
<b><u>Indirect Assessment</u></b>	Assessment methods that collect information on aspects of a program, initiative, or service that, when looked at in aggregate, provide a picture of the whole.
<b><u>Institutional Effectiveness</u></b>	A process of continuous improvement whereby an organization measures its performance in achieving its mission and stated goals.
<b><u>Method/Measure (Performance Indicator)</u></b>	Specific metric, measurement, or evidence that would be needed to demonstrate whether the objective is met (or on target).
<b><u>Mission Statement</u></b>	The mission defines the current state/operations and the core purpose for the organization, division, or Unit.
<b><u>Objectives</u></b>	Specific, actionable statements (aligned to goals) describing intended performance indicators (measures or evidence).
<b><u>Organizational Assessment</u></b>	Organizational Assessment is a planned systematic review of an organization's processes, work environment, and organizational structure.
<b><u>Peer Comparisons</u></b>	Data or information about external institutions or organizations that serve as a group that institutional results can be compared to.
<b><u>Periodic Unit Review (PUR)</u></b>	An intentionally developmental and iterative process for administrative and education support Units taking place over a two-year period between the end of one cycle and the start of a new one. During the two year period, Units take time to review the results of the prior five years and to think about how to approach the assessment process for the next cycle. Two main work products are developed by the end of the PUR: 1) the AES Annual Assessment Plan Tracker, and 2) an Executive Summary.
<b><u>Program/Initiative</u></b>	A "set of planned activities directed toward bringing about specified change(s) in an identified and identifiable audience" (Smith, 2010)
<b><u>Qualitative evidence/methods</u></b>	Rely on descriptions rather than numbers. These can include written narratives or explanations about a situation or experience that someone had.
<b><u>Quantitative evidence/methods</u></b>	Rely on the collection of numerical scores or ratings, or results can be calculated in a way that lends to a numerical score (for example, responses about satisfaction on a scale of 1 to 5).
<b><u>Resource Allocation</u></b>	Resource allocation refers to internal practices aimed at ensuring that there are sufficient human, physical, or monetary assets

	sufficient enough to ensure that the institutional or Unit mission can be achieved.
<u><b>Sampling</b></u>	Evidence that serves as a representation of a wider population.
<u><b>Target</b></u>	Specific values for each measure which the Unit would like to reach and should be realistically ambitious. Targets establish the minimum results/value/evidence needed to know if the Unit's efforts have been successful. Targets
<u><b>Unit</b></u>	Organizational areas that the College has defined as key operational areas where significant work, human and technological capital are invested. Units could variously be referred to as Units, departments, centers, or other similar terms depending on the area.



## APPENDIX B: AES Planning Calendar by Status

The schedule below is intended to provide a general timeline for completion/submission of AES documents; some Units may need to adjust the timeline (that's okay!), just work with OIRE and your Liaison on any adjustments ahead of time.

Annual Assessment Plan Tracking Cycle	
<b>Annual Assessment: Year 1:</b> (Refer to the Annual Assessment Plan Tracker File for your Unit)	
By September	<b>Phase 1:</b> Mission, Goals, Objectives
By November	<b>Phase 2:</b> Measures, Targets, Initiatives, Intended Resources
By December	Check In with your AES Liaison
(Throughout the Year)	Collect Data and Periodically Review with Your Team
By July	<b>Phase 3:</b> Data, Initiatives/Evidence/Reflection, Use of Results, Communication of Results
By August	<b>Executive Summary</b>
<b>Annual Assessment Cycle: Year 2 through Year 5</b> (Refer to the Annual Assessment Plan Tracker File for your Unit)	
By September	<u>Plan the next cycle:</u> Complete/Verify <b>Phase 1 &amp; Phase 2</b>
By October	Check In with your AES Liaison
(Throughout the Year)	Collect Data and Periodically Review with Your Team
By July	<b>Phase 3:</b> Data, Initiatives/Evidence/Reflection, Use of Results, Communication of Results
By August	<b>Executive Summary</b>
Periodic Program Review (PUR)	
<b>PUR Year 1: Reviewing, Prioritizing, and Rethinking</b>	
September (early)	PUR Year 1 Introduction/ <u>OIRE Workshop</u> with Your Team and Your Liaison; selecting an AES Unit Lead/point person
September to October	Review and finalize the Mission Statement (check in with your AES Liaison and OIRE)
December	Review and finalize your Unit's Organizational Chart and obtain your Unit Budget (check in with your AES Liaison and OIRE)
February	Introduction to the Assessment Plan Tracker/ <u>OIRE Workshop</u> with AES Unit Lead and AES Liaison
March to April	Identify your Assessment Planning Team and review the Assessment Plan Tracker (check in with your AES Liaison and OIRE)
June	Submit Year 1 of the PUR (all sections with "PUR Year 1")
<b>PUR Year 1: Planning for Assessment</b>	
September	PUR Year 2 Introduction/ <u>OIRE Workshop</u> with Your Unit Lead and Your Liaison
November	Review your available evidence/data and discuss with your AES Liaison and OIRE; identify potential goals for the Unit's next annual cycle
February to April	Review your intended Assessment Plan with OIRE and your AES Liaison; Check in on PUR Progress; Identify potential External Reviewers (discuss with your AES Liaison and OIRE)
April to May	Submit your draft PUR and Annual Assessment Plan to an external reviewer
May to June	Review your PUR and the intended Annual Assessment Plan with OIRE and your AES Liaison
June	Submit the PUR Report (all sections) and the Finalized Annual Assessment Plan Tracker
<b>UPON COMPLETION OF THE PUR, GO BACK TO ANNUAL ASSESSMENT/YEAR 1</b>	

## APPENDIX C: Annual Assessment Plan Tracker Template

The Annual Assessment Plan Tracker is a template provided by the Office of Institutional Research and Effectiveness. Below is an example of the template. It is an Excel document that is submitted by the Unit at the completion of the PUR and then each year for five years. For the purpose of this handbook, screenshots are provided below. The two screenshots reflect and left and right image of one year's tab in the tracker. See the OIRE for the current template.

2025 - 2026 Annual Assessment Plan							
Division	President's Office						
Unit/Department:	Office of Institutional Research and Effectiveness						
Departmental Mission:	The mission is to...						
Phase 1 - Cycle Goals and Objectives			Phase 2 - Measures and Activities				
Goal	Strategic Plan Alignment	Objectives	Method/ Measure	[Optional] Success Benchmark	Annual Target	Planned Initiatives for the Year	Resources
<i>Broadly defined statement indicating what the unit strives to accomplish at the end of the AES Assessment Cycle.</i>	<i>Identify the related Strategic Plan Pillar(s).</i>	<i>Specific, actionable statement to achieve the goal.</i>	<i>Defines the metric/measurement/ evidence needed to demonstrate whether the objective is met (or on target).</i>	<i>The desired (longer-term) result (data or evidence) that would tell you that you were successful.</i>	<i>The target that you aim for this year.</i>	<i>The initiatives, services, activities, or programs directly impacting this objective.</i>	<i>The time, personnel, funding required to support the initiatives. Be sure to note the person primarily responsible for this. (Be specific).</i>
Goal 1		Objective 1					
		Objective 2					
Goal 2		Objective 1					
		Objective 2					
Goal 3		Objective 1					
		Objective 2					

## Assessment Plan

[illegible]

## APPENDIX D: Unit Plan Self-Reflection

A Self-Reflection tool accompanies the Annual Assessment Plan Tracker Template. The BLUE sections correspond to the BLUE headings on the tracker. These are intended to help the team to evaluate the content provided on the tracker before submitting.

# Unit Plan Self-Reflection

A successful unit plan is well thought out and representative of the broad efforts occurring across the unit. The plan itself should lead to clear and logical connections to the areas/departments within the unit, and would lead to those areas having easily connectable departmental goals and defined metrics that align to the unit goals.

**INSTRUCTIONS:** Review the criteria and clarifying questions to determine whether or not each criterion represents at least a "developed practice". Make notes that explain the reasoning for the selection, particularly if the criterion could be improved.

Criteria	Clarifying Question(s)	Emerging Practice	Developed Practice	Best Practice	Explanation/Notes
Mission	<i>Is the mission written in a way that an outsider would understand the purpose for the unit? Would a student (or someone else looking for a service provided by the unit), reading just the mission, know if they were in the right place? Does the mission indicate who it serves and how it goes about its work? Does the mission fit within the larger institutional mission?</i>	The mission is vague or generic -it might represent any similar department at any other institution.	The mission is specific and includes a majority (but not all) of the following: indicates the primary functions of the unit and its activities, defines the population served, and expresses the philosophy of the unit.	The mission defines the purpose for the department and all of the following: indicates the primary functions of the unit and its activities, defines the population served, and expresses how the unit goes about its work (i.e., its philosophy).	
Goals	<i>Are the unit goals clearly and succinctly define? Are the goals representative of the scope and purpose for the unit (i.e., they align with the unit mission)? Does the goal reflect the combined work of multiple individuals/areas/departments within the unit?</i>	The goals are vague and/or there is not a clear alignment between the unit goals and the unit mission or the institutional goals.	Unit goals are specific. There is alignment among the unit goals and the institutional goals.	The unit goals apply SMARTIE principles (specific, measurable, attainable, relevant, time-bound, inclusive, and equitable) representative of multiple efforts/means of assessment demonstrating the outcome of the goal. There is alignment among the unit goals and the institutional goals, and measuring the goal would show whether or not the unit will move the institution closer to the institutional goal(s).	
Strategic Plan Alignment	<i>Is there a clear alignment between the unit/department goals and the Strategic Plan?</i>	One or more unit goals likely relates to elements within the Strategic Plan's Pillar, but the specific Pillar, the related Strategic Plan Goal, or the related Strategic Plan Action may not be identified.	One or more unit goals are aligned and the related Strategic Plan Pillar(s) is identified, the Strategic Plan Goal is also clearly identified and aligned, and an Action from the Strategic Plan is also identified.	The unit goals clearly align, the Pillar/Strategic Plan Goal/Strategic Plan Actions, and the unit's goals add to/further the Strategic Plan beyond its original goals/actions.	
Objectives	<i>Are the objectives aligned to the unit goals? Do they represent core and impactful indicators of success? Are there a reasonable number of proposed objectives? Would measuring these objectives demonstrate whether the goal is being achieved?</i>	The objectives may not be measurable or may not significantly demonstrate achievement of the unit goal or the institutional goal; or there are too many objectives to be meaningful.	The objectives are measurable, there are a meaningful number of them, they are aligned to the unit goal, and would be impactful if measured.	The objectives, if measured, would demonstrate measurable progress showing whether proposed initiatives/programs would show whether a change has taken place. The objectives result(s) would represent the combined work of multiple areas within the unit. These are the right measures to use to demonstrate that the unit is having an impact.	
Measures	<i>Is the indicated measure/metric (in the KPI) measurable? Is it assessable (directly or indirectly)? Will the indicated metrics provide evidence that the unit's efforts have been impactful? Is the metric related to or identified in the KPI?</i>	The metric/measure may not align to the KPI, or the measure may not yield results that would relate to the KPI. The identified strategy, technique, tool, or instrument may not be measurable. There may only be indirect assessment methods identified when an additional direct measure might be helpful.	The indicated metric/measure would likely yield results that speak to the KPI. A combination of direct and indirect measures are used in a way that would yield effective results.	These are the right measures to use to demonstrate that the unit is having an impact. It is also likely that sufficient evidence/data would be gatherable in the time allotted for this portion of the cycle.	
Benchmarks and Comparisons	<i>Are the benchmarks (targets) reasonable and attainable based upon past data? Are there any peer/competitor/flagship practices/research-based data that would allow us to measure our success compared to other institutions?</i>	Baselines need to be developed and/or benchmarks or peer comparisons are either not readily available or can not be easily measured.	The targets are measurable and in alignment with past data collection or in line with comparison institutions/practices.	The intended benchmark is a stretch goal that would require significant (but achievable) effort. Comparison data is provided OR the institution is proposing an uncharted goal/KPI that would be considered cutting edge and innovative, but still grounded in research and best practices.	

Overall Feedback & Tips for Improvement

## APPENDIX E: Results Self-Reflection

A Self-Reflection tool accompanies the Annual Assessment Plan Tracker Template. The GREEN sections correspond to the GREEN headings on the tracker. These are intended to help the team to evaluate the content provided on the tracker before submitting.

# Results Self-Reflection

A successful results section is intentionally reflective and focuses on continuous improvement in light of the goals and defined objectives. This is a time to reflect on what worked AND what could be done better in the future, not to be overly complimentary or overly critical.

**INSTRUCTIONS:** Review the criteria and clarifying questions to determine whether or not each criterion represents at least a "developed practice". Make notes that explain the reasoning for the selection, particularly if the criterion could be improved.

Criteria	Clarifying Question(s)	Emerging Practice	Developed Practice	Best Practice	Explanation/Notes
Data Collected	Was the intended data collected? Is there confidence that the data collected is accurate?	It is not clear that all relevant data were collected, or the data potentially lack validity/reliability.	The data proposed in the plan were collected, but the data potentially lack validity/reliability.	The data proposed in the plan were collected and they have been screened for and are deemed valid and reliable.	
Baseline Comparison	Is baseline data used to show whether or not the unit has made progress? How did the results compare with the benchmarks/comparison data? Is it clear whether the goal is on track based on the evidence and the intended benchmark(s)?	Baseline data is used to compare the current results. Improvement needs to be made because there is minimal reflection and/or few connections made to the benchmarks and comparison data.	The results are put into context using the baseline data. Effort was made to show whether or not improvements have been made/if the unit is working toward its benchmark.	The reflection explains where the unit is in relation to the goals that were stated in the plan.	
Initiatives, Evidence, and Reflection	Did the team reflect on what the evidence says? Is it clear what initiatives yielded results or what did not? Do the results demonstrate consistent, sustained action from multiple areas within the unit? Is it clear what the unit would need to do to overcome any barriers?	Statements talked about initiatives in a global manner, making it unclear what worked and what did not; or they used high-level, broad stroke statements that are not actionable; or the descriptions focused solely on the positive results.	Specifics are provided about what initiatives/programs worked and what did not.	The reflection on the initiatives and evidence demonstrated critical thinking around ways in which improvement could be made, even if the results were positive. There is a well-reasoned critique of conclusions and implications, and specific recommendations for change.	
Use of Results	Are there clearly defined users, uses, and questions that can be used for future initiatives, programs, and plans? Do the data demonstrate learning that lead to additional questions? Does the unit reflect on what additional evidence could be collected/used beyond what was collected this year.	There are vague statements that show that learning occurred within the unit, but they are too vague to be applied concretely.	There is enough description to show that the data gathered will be used for a specific purpose. Additional questions were generated that would benefit existing goals or KPIs.	There is a clear and specific plan for how results will be used to support planning and make resource decisions. Additional questions were generated that might lead to additional future goals or KPIs.	
Communication	Is there a clear plan on how the data will be communicated? Are there clear timelines and strategies that will be followed? Are there well thought out constituents/stakeholders who will be actively engaged around the results?	There is no plan to share results outside of the unit, or it will only be shared with individuals outside of the department who may not have any potential actionable impact on future results.	Results are summarized and shared with all relevant stakeholders in a way that could lead to potential actionable impact on future results. Feedback may be sought in a passive manner. Timelines are provided.	There is detail regarding how the information will be reported/presented and shared beyond the team. Feedback from others is intentionally spelled out. Additional stakeholders may be identified that were not previously consulted, but might have something to meaningfully add to the work of the unit. Timelines are provided.	

### Overall Feedback & Tips for Improvement

## APPENDIX F: Annual Assessment Report: Executive Summary

FY #### to ## Annual Assessment Report  
EXECUTIVE SUMMARY



**Unit Name:** Unit Name

**Assessment Year:** FY ####

**The Unit's Mission:** The mission of the UNIT NAME is to...

### Assessment Results by Goals and Objectives

[A suggested table for reporting on results is below.]

Goal	Strategic Plan Alignment	Objective/outcome	Measures	Overview of findings	Future Initiatives
Goal 1: Xxxxxx	#	1.1 Xxxxxx	1. Xxxxxx		
	#	1.2 Xxxxxx	1. Xxxxxx		
		1.3 Xxxxxx	1. Xxxxxx		
Goal 2: Xxxxxx	#	2.1 Xxxxxx	1. Xxxxxx		
	#		2. Xxxxxx		
	#		3. Xxxxxx		
	#		4. Xxxxxx		
		2.2 Xxxxxx	1. Xxxxxx		
Goal 3: Xxxxxx	#	3.1 Xxxxxx	2. Xxxxxx		
			1. Xxxxxx		
			2. Xxxxxx		
		3.2 Xxxxxx	3. Xxxxxx		
			1. Xxxxxx		
			2. Xxxxxx		

### Overall summary

Provide a high-level summary of the plan this year. Potential guiding questions are outlined below:

- *Who was involved in assessment work this year?*
- *How do the results this year show improvement over the prior year/prior data? How do they compare to peer comparisons? Are you on track to meet your target (was it achieved)?*
- *What worked?*
- *What could be improved?*

### Appendices

Appendix A: UNIT NAME Annual Assessment Plan Tracker

## **APPENDIX G: Periodic Unit Review (PUR) Template**

See the OIRE for the current template.

## APPENDIX H: External Reviewer Guidelines

The purpose of external reviews is to systematically and periodically evaluate the processes and functions of the Administrative and Educational Support (AES) Units at the College and to recommend strategies for enhancing their effectiveness. Built into the Periodic Unit Review (PUR) is an external review process where the PUR report is submitted to external evaluators.

Reviewers from other colleges and universities, which have similar functions or from other Units at the College, provide an outsider's perspective on the Unit, the PUR, the revised Annual Assessment Plan and future initiatives. The focus of the external review is not the individual staff member, but the Unit itself.

Reviewer feedback can also include prioritized recommendations based on the PUR report as well as observations, interactions with the staff, and their own experiences. The external reviewer's final report is submitted to the Unit after review and internal discussion will integrate the reviewers' comments into the final PUR report.

The time commitment can vary based on the strategy used by the Unit. The time commitment required for the most common means of review, reviewing and commenting on the PUR Report and the Annual Assessment Plan Template on average would take around 3.5-6.5 hours, including document review and meetings with the Unit Leader/AES Unit Contact. Be sure to discuss the potential high and low end of the time commitment with the reviewer ahead of time. Also, note that some offices may become busy during the time of the year that you ask for review, so be conscious of this and allow enough time for the reviewer.

### Identifying Potential External Reviewer(s)

- Reviewers can be from other colleges and universities, which have similar functions
- If reviewers from other institutions are not found, they can also be from other Units at the college which can provide outsider's perspective on the Unit. The requested reviewer should not directly report to the Unit head.
- When the PUR is reviewed by the AES Council member or other LaGuardia personnel, there will be two reviewers. However, because of the difficulty of finding reviewers from outside LaGuardia, there can be one reviewer when reviewers are not from LaGuardia.

### Timeline (PUR Year 2)

- **January – March:** Complete a Preliminary Draft of your PUR Report and the Annual Assessment Plan Tracker -to provide enough time to your reviewer, please connect with OIRE and your AES Liaison about your progress as early as possible in this timeframe. The PUR Report and Annual Assessment Plan Tracker will be revised later based on the reviewer's feedback (it does not need to be perfect); however, it should be in a professional and logical format for the reviewer as it represents your Unit and the college as a whole.
- **March – May:** The Unit submits the revised PUR report to the external reviewer as early in March as possible. The external reviewers submit their report by the end of May.
- **May – June:** The external reviewers' recommendations are discussed within the Unit and the Division leader. A revised draft based on the external reviewers' feedback is submitted for the Division Head to provide feedback and input.
- **By the end of July:** Final draft is submitted to OIRE, the AES Liaison, and the Division Head. (Note that reports should be submitted as close to July 1 as possible; some additional time may be allowed, especially if a reviewer submits toward the end of the review timeframe; please work with the OIRE on an acceptable timeframe).

### Process for the External Reviewer

- Meet with the Unit Head/AES Unit Leader to discuss the PUR Process and the documents that will be submitted for review (virtual, in person, or via the phone; in extreme cases, email may be an acceptable form of receiving feedback) (~0.5 hours)
- Read the PUR draft report (~1.5-3 hours)
- Meet with the Unit Head/AES Unit Leader (virtual, in person, or via the phone; in extreme cases, email may be an acceptable form of receiving feedback) (~0.5-1 hour)



- [Optional] Meet with the Unit staff (virtual, in person, or via the phone) (~1 hour)
- Write a short report providing your feedback and recommendation to the Unit Leader (~1 hour)

### Written Evaluation Report with Recommendations

The external reviewer completes a review of the PUR Report and the Annual Assessment Plan Tracker and provides a written report. The External Reviewer's report should be reviewed by the Unit's leadership (minimally the Unit lead Division head if possible). The Unit Lead and the AES Unit Contact should discuss any potential actions to take from the feedback. Whether to accept or reject recommendations is at the discretion of the Unit Leader, but there should be a clear rationale for why something is not implemented. You will be asked to comment on what feedback was received in your final PUR Report, so be prepared to discuss any recommendations that were not implemented.

Revise the AES based on any accepted feedback and submit it for final review to the AES Liaison and OIRE.

### Written Evaluation Report with Recommendations

Be ready to provide the reviewer with the following:

- Prior Annual Assessment data (from the prior five years before the start of the PUR) -as applicable
- The Proposed Annual Assessment Plan Tracker
- The Preliminary Draft PUR Report

### Potential Questions to Ask Your reviewer

The approach that you take will depend on the reviewer and the findings in your report. Below are some possible questions that can help guide your conversation with the reviewer. You can provide potential questions to the reviewer ahead of time.

Topical Area	Potential Questions to Ask Your Reviewer
Review of Prior Data	<ul style="list-style-type: none"> <li>• Based on the results of the annual assessment data, would you reach the same conclusions that we did? Why or why not? If not, what would you suggest?</li> </ul>
Mission, Goals, and Objectives	<ul style="list-style-type: none"> <li>• Is there an alignment with the college's and division's mission and the Strategic Plan?</li> <li>• Are the revisions to the Unit's mission or the decision to keep the original appropriate in light of the report and the SWOT/PESTEL analysis?</li> <li>• Do the goals capture your understanding of what the Unit wants to accomplish?</li> <li>• Do the objectives provide specific statements describing what needs to be accomplished to achieve the goals?</li> </ul>
Measures and Targets	<ul style="list-style-type: none"> <li>• Are the measures clearly linked to the objectives and demonstrate that the Unit achieves its objective?</li> <li>• Do the measures/methods appear to be reasonable means of demonstrating success for the objectives?</li> <li>• Do the targets seem reasonable and attainable?</li> </ul>
Initiatives/Strategies	<ul style="list-style-type: none"> <li>• Based on past activities, the Unit's goals and objectives and the SWOT analysis, do the proposed initiatives/strategies for improvement seem realistic and practical?</li> <li>• In your opinion, which of proposed initiatives will have the greatest impact?</li> <li>• Are there strategies/activities that were not considered but should?</li> </ul>
Sufficiency in Resources/Budgeting	<ul style="list-style-type: none"> <li>• Based on what you have read/discussed with the Unit, are the proposed resources/personnel sufficient to achieve the initiatives/strategies?</li> <li>• Are there aspects of the overall operations (from what you understand) that might hinder the proposed plan?</li> <li>• Are there any aspects of planning that the Unit did not include (but should)?</li> </ul>
Overall	<ul style="list-style-type: none"> <li>• What is your overall evaluation of the Annual Assessment Plan? ...the PUR Report?</li> </ul>

### Provide a List of Any/All External Reviewers Submitting a Report/Completing a Review

When your reviewer submits their written report to you, please inform the OIRE by provide the name, title, college/institution, mailing address, and email. The OIRE sends a thank you letter to each reviewer upon completion.

## NOTES

## NOTES

## NOTES

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