Oregon State University
Division of Student Affairs Assessment Audit
Term________________

Department: _______________________________
Director: ________________________________
Assessment Contact: _______________________
   Email: _________________________________
   Phone: ________________________________

Part 1: Does the department listed above have:

1. A written mission or statement of purpose? ________ Yes ________ No
   If yes, please attach a copy of this information.

2. Statements of intended service outcomes?
   (This term describes what the departmental staff intend for a student to receive
   from their use of the service/program.)
   ________ Yes ________ No
   If yes, please attach.

3. Statements of intended educational/learning outcomes?
   (This term describes what the departmental staff intend for a student to be able to
   think, know, or do after participating in a program or activity or service.)
   ________ Yes ________ No
   If yes, please attach.

4. Written methods of assessment for evaluating program effectiveness in terms of
measurable student outcomes for Number 2 and 3 above?
   For Number 2: ________ Yes ________ No
   If yes, please attach.
   For Number 3: ________ Yes ________ No
   If yes, please attach.

5. A separate accreditation agency or process? ________ Yes ________ No
   If yes, please list all accreditation agencies.
Part 2. Assessment of Educational/Learning Outcomes:
During the past year, which of the following has your program used for assessment of educational outcomes? (mark all that apply)

Direct indicators:

1. _____ Locally developed pre-test or post-test for mastery of knowledge
2. _____ Performance assessment (e.g., rubrics for measuring leadership or conducting a meeting, standardized instrument that measures performance in specific area)
3. _____ Major project assessment by independent raters (according to criteria or rubric)
4. _____ Matched pairs analysis of those who participate and those who do not on specific criteria

Indirect indicators:

1. _____ Job placement of graduating seniors
2. _____ Employer surveys and questionnaires
3. _____ Student graduation/retention rates
4. _____ Exit interviews
5. _____ Survey measuring satisfaction with learning that occurred
6. _____ Student program evaluations
7. _____ Focus group discussions
8. _____ Alumni surveys reporting satisfaction with program
9. _____ Analysis of student grade distribution
10. _____ Peer review of program
11. _____ Analysis of records, documents regarding program/clientele
12. _____ Community perception of program effectiveness
13. _____ Benchmarking
14. _____ Degree of increase or decrease of specifically targeted behaviors

Part 3. Assessment of Service Outcomes: (Attach a separate sheet if needed)

During the past year, which of the following has your program used for assessment of service outcomes? (mark all that apply—attach a separate sheet if needed)

1. _____ Measures of volume of activity (e.g., number of clients served, presentations given, gross sales)
   Specify:

2. _____ Measures of type of clientele served (e.g., demographics of clientele)
   Specify:
Part 3. Assessment of Service Outcomes (continued) (Attach a separate sheet if needed)

3. _____ Measures of efficiency (e.g., average turnaround time for filling requests for service, timely service/prompt response)
   Specify:

4. _____ Client satisfaction survey (e.g., satisfaction with service delivery, students, alumni, employers, customers, etc.)
   Specify:

5. Measures of service quality (e.g., error rates, accuracy of information provided, accuracy of charts, etc.)
   Specify:

6. Other methods to obtain client feedback (e.g., focus groups, comments via email, suggestion boxes, informal surveys, etc.)
   Specify:

Part 4. Other Information:

1. Has your department used any of the indicators listed above to improve departmental programs, services, and operations? _____ Yes   _____ No

If yes, please identify examples: (attach additional sheets if needed)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. What does your department need in order to develop better methods for assessing student outcomes and improving program effectiveness? (attach additional sheets if needed)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. Please list any additional comments or concerns. (attach additional sheets if needed)
__________________________________________________________________________

Completed By: ____________________________  Date: ______________