

OIE

OFFICE OF INSTITUTIONAL
EFFECTIVENESS

PEPPERDINE
UNIVERSITY

ADVANCEMENT OF
STUDENT LEARNING
COUNCIL (ASLC)

Guidebook Implemented
June 2010

Revised:
April 2011, January 2012,
September 2012,
January 2014, &
May 2015, September
2016



PROGRAM REVIEW GUIDEBOOK

For Student Affairs & other
Non-Academic Departments

*Improving Educational Programs for
Effective Student Learning*

Academic year 2016-2017

*Portions adapted from the
WASC 2013 Handbook of Accreditation*

PROGRAM REVIEW: INTRODUCTION

A program review is a systematic process for evaluating and improving programs. It is conducted through self-evaluation and peer evaluation by external reviewers, with an emphasis on assessing the quality and degree of student learning within the program. The comprehensive analysis which the review provides is used to stimulate curriculum and programmatic changes and to inform planning and budgeting processes at various levels. The program review cycle occurs every five years.

Program review is a required element in WASC Senior College and University Commission (WSCUC) accreditation and has been a part of Pepperdine's assessment cycle since 2003. While data provides the foundation for effective program review, assessment of student learning, and other quality improvement strategies, the data must be turned into evidence and communicated in useful formats. The program review does this.

When implemented effectively and followed up deliberately, program review is a powerful means for engaging staff, students, faculty, and administrators in evaluating and improving programs to enhance the student experience, and ultimately, student learning. The review process is an opportunity to refine a program to meet the changing needs of student learning, retention, curriculum in various disciplines, and student support services. It is also a purposeful opportunity to link decision-making, planning, and budgeting with evidence.

There is significant diversity in the schools, departments, and programs that undergo program review at Pepperdine. Many program reviews are focused on academic schools or divisions; others involve student affairs departments and libraries; still others address exclusively service areas. All of these schools, programs, and departments are critical to the University and the student experience. Thus, it is appropriate that they undergo program review to ensure ongoing assessment and improvement. The majority of the rationales, expectations, and processes apply to all program reviews.

It is important to acknowledge, however, that some expectations are different depending on whether a program is or is not an academic one. For example, documentation of expectations regarding "graduates of a program" will often not apply to other areas. Although student affairs departments, libraries, and other service areas certainly support students' educational experience and definitely enhance graduation rates, they do not have a consistent cohort or "graduating class" per se, as many of the programs offered by these areas are optional and used "as needed" by students. So, while they can gather data about participants in a particular event or service, they cannot speak to a cohort as easily. Thus, there is the need for this special version of the *Guidebook* to describe the approach to reviewing non-academic areas.

Service-related data is especially important in program reviews of non-academic departments. It is critical, for example, that all non-academic departments track service usage, documenting how many and which students are using their services, and at what level. Further, service satisfaction data is also very important, particularly when disaggregated. Thus, non-academic program reviews should clearly answer the questions such as the following: How many students are using this department's services? Which student groups are using services more or less frequently? How satisfied are students with the service provided? Does this vary by student groups? What suggestions are students offering about service improvement?

Many, though not all, non-academic departments can also be reasonably expected to focus on and assess student learning outcomes.

This guidebook provides a framework and resources to help with the review process.

GUIDING PRINCIPLES

The process is intended to be meaningful, foremost, for the department and its enhancement of the student experience, and ultimately, student learning.

Three guiding principles are embedded in this *Guidebook* and are consistent with WASC Senior College and University Commission (WSCUC) standards:

1. *Tracking Service Usage and Evaluation:*

For non-academic areas, usage and satisfaction data, certainly do not tell the whole story, but, especially when disaggregated, offer critical information regarding what services students find useful and supportive of their educational experience at Pepperdine. If service-related programs are going to improve, they must attend to the student voice. Further, comparing how service usage relates to other academic goals (e.g., GPA, graduation rates) is another critical evaluation piece.

2. *Ongoing Evaluation of What Students Learn:*

For many departments, evidence-based program review includes: a review of program learning outcomes; evaluation of the methods employed to assess achievement of the outcomes; and analysis and reflection on learning results.

3. *Quality Assurance, Planning, and Budgeting Decisions Based on Evidence:*

The results of the program review are to be used for follow-up planning and budgeting at various decision-making levels.

PREPARATION FOR PROGRAM REVIEW

The director of the department is responsible for the planning of the review. Student input is always expected as part of the review. Student involvement may include working with student leaders in your programs, working with a Service-Leadership class on a business problem within the department a semester or two prior to the self-study, or other forms of engaged student voice. If you have questions about how to engage students in review, raise those questions early.

The following steps and timetable should help the process move forward smoothly:

May

1. In Student Affairs, meet with the Associate Dean of Students who coordinates assessment efforts.
2. Meet with the Office of Institutional Effectiveness (OIE) to review data needs.

3. Meet with other department collaborators who will have necessary input.

May/June

4. Gather data and conduct the department self-study as detailed below. In Student Affairs, a draft of your self-study is due by the Assessment Retreat in mid-June with a final version due by July 1.

September-February

5. Select and schedule external reviewers for a convenient time between September and February

March-April

6. Complete the QIP (detailed below)

PROGRAM ALIGNMENT WITH THE UNIVERSITY, MISSION, AND INSTITUTIONAL OUTCOMES

Program reviews focus on the meaning, quality, and integrity of a program as it relates to student learning and the mission of Pepperdine:

Pepperdine University is a Christian university committed to the highest standards of academic excellence and Christian values, where students are strengthened for lives of purpose, service, and leadership.

Each department carries out the University mission and institutional learning outcomes (ILOs). The ILOs are formed by two components:

- *Core commitments: knowledge and scholarship, faith and heritage, and community and global understanding*
- *Institutional values: purpose, service, and leadership*

Each basic commitment is seen through the lens of three essential institutional values drawn from the University mission statement: purpose, service, and leadership. These basic commitments should link to measurable objectives as stated in the student learning outcomes (SLOs).

PURPOSE		
<i>Knowledge & Scholarship</i>	<i>Faith & Heritage</i>	<i>Community & Global</i>
1. Demonstrate expertise in an academic or professional discipline, display proficiency in the discipline, and engage in the process of academic discovery.	2. Appreciate the complex relationship between faith, learning, and practice.	3. Understand and value diversity.
SERVICE		
4. Apply knowledge to real-world challenges.	5. Incorporate faith into service to others.	6. Demonstrate commitment to service and civic engagement.
LEADERSHIP		
7. Think critically and creatively, communicate clearly, and act with integrity.	8. Demonstrate value centered leadership.	9. Demonstrate global awareness.

OVERVIEW OF PROGRAM REVIEW COMPONENTS

Program review at Pepperdine University is conducted on a seven-year review cycle that involves three main components and six steps:

- **SELF STUDY:**
 - an in-depth, internal analysis written by program faculty/staff
 - Program/department faculty/staff (for co-curricular and student support services) conduct a program/departmental self-study within guidelines provided in the *Guidebook*, the CAS standards, or professional standards set by a national organization for the services provided. This portion of the review identifies program strengths and limitations, and suggests solutions to identified problems.

- **EXTERNAL & INTERNAL REVIEWS:**
 - an external review conducted by an outside expert in the field or discipline
 - The *Guidebook* describes how to secure qualified, objective external reviewers, including those with understanding and experience in addressing student learning outcomes assessment. Once the self-study is completed, the external review is organized.
 - an internal review by the Advancement of Student Learning Council (ASLC)

- **CLOSING THE LOOP:**
 - a Quality Improvement Plan (QIP) developed by the department
 - a Memorandum of Understanding (MOU) developed by the dean
 - “Closing the Loop” is used to describe the act of making decisions based on evidence. The most important product of a program review is the advancement of student learning. Therefore, the program review cycle ends by identifying evidence-based changes in the QIP, and then the MOU explains how the plan will be supported and carried out over the next five years.

FRAMEWORK FOR THE PROGRAM REVIEW REPORT

A. SELF-STUDY	
I. Introduction	8
A) Internal Context	
B) External Context	
C) Mission, Purposes, Goals, and Outcomes	
II. Analysis of Evidence	8
A) Service Usage & Evaluation	
B) Student Learning	
C) Student Success	
D) Meaning, Quality, and Integrity	
E) Staff and Faculty	
F) Sustainability: Evidence of Program Viability	
1. Demand for the Program	
2. Allocation of Resources	
3. Student Support & Co-curricular Experiences	
4. Facilities	
5. Financial Resources	
III. Summary and Reflections	12
B. EXTERNAL REVIEW	12
I. Guidelines for Organizing the External Review	12
II. Choosing Reviewers	12
III. Materials for the External Review Team	13
IV. Categories for Evaluation—Strengths/Challenges	13
V. External Review Team Visit and Report	13
C. FINAL REPORT: QUALITY IMPROVEMENT PLAN (QIP)	13
D. CLOSING THE LOOP: MEMORANDUM OF UNDERSTANDING (MOU)	15
E. GLOSSARY OF TERMS	16
F. REFERENCES	19

A. SELF-STUDY

I. INTRODUCTION

Reviews begin with an introduction that provides a context for the review. In contrast to the rest of the self-study report, this portion is primarily descriptive and can include:

A) THE INTERNAL CONTEXT

This section should include the following items:

- An overview of the program/department describing where the program is situated (school/division) as well as the programs and services offered.
- A brief history of the program should follow; this should include a description of changes made in the program since the last review. Changes agreed upon in the last Program Review should be specifically addressed.

B) THE EXTERNAL CONTEXT

This should explain how the program responds to the needs of the area in which it serves. What are changes and trends, beyond Pepperdine, that impact needed offerings of this department?

C) MISSION, PURPOSES, GOALS, AND OUTCOMES

A key component in providing the context for the review is a description of the program's mission and goals.

- There should be a general explanation of why the program exists, what it hopes to achieve in the future, and the program's essential nature, its values, and its work.
- Include departmental mission statement and list of goals.
- If applicable, include departmental student learning outcomes.
- Discuss how departmental mission, goals, and outcomes align with the mission and goals of the college and of the University.

II. ANALYSIS OF EVIDENCE

Evidence should be provided in the following areas:

- Service Usage and Evaluation
- Student Learning
- Student Success

A) SERVICE USAGE AND EVALUATION

1. What services does the department provide? Why are these services needed?
2. How does the department make students aware of the services?
3. How many students use each service? What are usage trends during this evaluation period?

4. Provide data disaggregated by gender, ethnicity and any other variables relevant to the department. How does this compare to university data? Are there student groups under-utilizing services?
5. How does the department obtain student feedback? Provide feedback/student evaluation data, disaggregated when possible.
6. Is there a demand for more or different services than the department is currently able to provide?
7. Provide benchmarking data. How do the services offered compare to those at peer institutions? Or best practices recommended by the related professional organization?
8. Provide a reflective discussion on the usage and evaluation items above.

B) STUDENT LEARNING

When applicable, departments should provide assessment of student learning outcomes.

Annual assessment of program student learning outcomes is the primary source of data. Additionally, departments may request further data from OIE.

1. What are the department's student learning outcomes?
2. What are the department's program offerings or curriculum? Provide curriculum map.
3. What is the department's assessment plan?
4. Provide student learning outcome assessment data, including indirect and direct evidence collected during this program review period.

C) STUDENT SUCCESS

In this category, the department is asked to provide any available data regarding the connection between program participation, educational, and other student success outcomes. For example, if possible, provide data regarding GPA, graduation rate, or employment data of participants in your programs compared to the overall student body.

D) MEANING, QUALITY, AND INTEGRITY

WSCUC asks that programs/departments define and ensure a distinctive and coherent educational experience for each of its "degree programs." Because this is a degree-focused requirement, this section will ask for quality and integrity to be addressed in these ways.

This includes:

1. Explaining the quality of this program/department as evidenced by student feedback, evidence of student learning, and benchmarking
2. Providing data, disaggregated by school or major demonstrating how this program/department contributes to a student's degree. (e.g., What percentage of School of Law students used the Counseling Center? How many Economics majors completed internships or had Student Employment?)
3. Commenting specifically on ways the program/department contributes to the distinctive, holistic experience of students who earn degrees from Pepperdine.

E) STAFF AND FACULTY

What are the qualifications and achievements of the staff/faculty in the program in relation to the program purpose and goals? How do faculty/staff members' backgrounds, expertise, research, and other professional work contribute to the quality of the program?

Evidence in this category should include:

- a. Degrees held by staff/faculty
- b. List of staff/faculty specialties within discipline (and how those specialties align with the program curriculum)
- c. Record of scholarship for each staff/faculty member, including publications and professional presentations
- d. Staff/faculty participation in development opportunities related to service delivery, learning, and/or assessment
- e. External funding awarded to staff/faculty
- f. Distribution of staff across positions and years at Pepperdine
- g. Diversity of staff/faculty

F) SUSTAINABILITY: EVIDENCE OF PROGRAM VIABILITY

With the rapid changes in the higher education environment, the University needs to demonstrate how financial viability and long-term stability are ensured. In order to demonstrate this, each program should address questions about the level of student demand for the program and the degree to which resources are allocated appropriately so they are sufficient to maintain program quality.

1. Demand for the Program

What are the trends in numbers of students who are participating in various programs and services offered by the department? (Note—this was addressed in an earlier section, but briefly summarize here before addressing the following question.)

What is happening within the profession, local community, or society generally that identifies an anticipated need for this program in the future? (If appropriate, include market research.)

2. Allocation of Resources

Staff/Faculty – Are there sufficient numbers of staff/faculty to maintain program quality? Do program staff/faculty have the support they need to do their work?

- a. Number of full-time staff/faculty members; number of FTEs
- b. Student body: to staff ratio
- c. Staff/faculty workload (e.g., caseload, patients per day, etc.)
- d. Staff/faculty review and evaluation processes
- e. Mentoring processes
- f. Professional development opportunities and resources (including travel and research funds)
- g. Sufficient time for research, program development

3. Facilities

- a. Office space
- b. Programming venues
- c. Other space considerations

4. Financial resources

Trends regarding operational budget (revenues and expenditures) over this review period.

III. SUMMARY AND REFLECTIONS

Preliminary Quality Improvement Plan: Goals, Actions, and Plans Based on Initial Self-Study

Self-study reports conclude with a section devoted to future planning and improvements (action items). Findings from all prior sections of the report serve as evidence for the action item to strengthen the program. This section should address goals for the next few years and how the program will achieve the goals through planning and evaluation. Consideration should be given to resource-neutral ways or re-allocation of resources for improving the program as well as a review of current internal resources and improvements that could only be addressed through additional resources.

This portion of the self-study report interprets the significance of the findings in the above analysis of program evidence. Its purpose is to determine a program's strengths, weaknesses, and opportunities for improvement.

Conclusions drawn in this section could answer some or all of the following questions:

- Are the curriculum, practices, processes, and resources properly aligned with the goals of the program?
- Are department/program outcomes aligned with the institutional learning outcomes (ILO's)?
- Is the level of program quality aligned with the school/University's acceptable level of program quality? Aligned with the constituents' acceptable level of quality?
- Are program goals being achieved?
- Are student learning outcomes being achieved (if applicable)?

This section will serve as the foundation for the program's Quality Improvement Plan (QIP) after the external review and internal reviews have been completed.

B. THE EXTERNAL REVIEW

I. GUIDELINES FOR ORGANIZING THE EXTERNAL REVIEW

The external review typically occurs after a program or department completes its self-study report, but the selection and invitation of external reviewers can occur during the self-study process to ensure the availability of the best reviewers. However, programs with concurrent accreditation (e.g., AACSB, APA, ABA) can use the visiting team for that discipline-specific accreditation as the external review. The report from the site visitors should be included in the final report.

II. CHOOSING REVIEWERS

The size and composition of the review team can vary, depending on the size of the program under review. Usually, the team involves one or two people. At the time a department or program is notified that it will be conducting a program review, appropriate individuals should submit a list of names of possible reviewers. These reviewers should be external to the school/University. External reviewers should be distinguished practitioners in the field and be familiar with campuses that are similar to Pepperdine University and the program undergoing review. It is also helpful for external reviewers to have had experience with program administration and with program assessment. At least one of the reviewers should be experienced with student learning outcomes assessment in order to review and analyze the program's assessment processes and results.

III. MATERIALS FOR THE EXTERNAL REVIEW TEAM

Prior to the scheduled department visit, the information from the program self-study and appropriate additional materials are sent to each member of the external review team. An identical information package should be provided to appropriate members of the administrators overseeing the program. The reviewers should compile a report that includes observations, strengths, weaknesses, and recommendations based on evidence.

IV. CATEGORIES FOR EVALUATION

- Offerings in terms of relevance, currency, and quality.
- The appropriateness and effectiveness of assessment methodologies and Program Learning Outcomes.
- Whether changes in response to assessment data reflect the best practices of the discipline.
- The program/department's ability to recruit and retain successful students.
- The program/department's strengths and growth areas, based on evidence-based analysis and comparisons to peer/aspirational programs.

V. EXTERNAL REVIEW TEAM VISIT AND REPORT

The review team visit typically lasts for two days, during which time the review committee members meet with department staff/faculty, academic advisors, students, and select administrators. The review team typically takes part in an exit interview just prior to concluding its departmental visit.

The team is expected to submit its written evaluation to the campus program review committee as soon as possible after the visit. The written evaluation should include a review of strengths and challenges, resource allocation, and program viability as well as suggestions for policy and resources. Upon submission of the report, off-campus reviewers receive a previously agreed upon stipend and travel expense reimbursement (to be determined by the department under review).

As soon as the program receives the report from the external review team, it is distributed to the appropriate individuals. The department is typically asked to review the report (within a brief time period) for factual inaccuracies and misperceptions. To maximize the effectiveness of program review, the findings and resulting decisions should be shared with all of the stakeholder groups. Such sharing of findings generates buy-in to the program's and/or institution's goals. To facilitate and track the implementation of improvement plans, each year the relevant faculty members should review the progress of programs reviewed in previous years. If the department/program was not successful in implementing all aspects of the plan, they may follow up with their appropriate administrative unit regarding resource allocation or other barriers involved in preventing successful implementation.

C. QUALITY IMPROVEMENT PLAN (QIP)

Quality Improvement Plan: Goals, Actions, and Plans Based on Initial Self-Study

Self-study reports conclude with a section devoted to future planning and improvements (action items). Findings from all prior sections of the report serve as evidence for the action item to strengthen the program/department. This section should address goals for the next few years and how the program/department will achieve the goals through planning and evaluation. Considerations should be given to resource-neutral ways or reallocation of resources for improving the program/department as well as a review of current internal resources and improvements that could only be addressed through additional resources. This portion of the self-study interprets the

significance of the findings in the analysis of program learning outcome evidence. Its purpose is to determine a program/department's strengths, weaknesses, and opportunities for improvement.

The following prompts may be helpful in considering your QIP:

- Are program/department outcomes aligned with the institutional learning outcomes (ILOs)?
- Is the level of program/department quality aligned with the school/University's acceptable level of program/department quality? Is it aligned with the constituents' acceptable level of quality?
- Are program/department goals being achieved?
- Are student learning outcomes being achieved (if applicable)?
- How have the results of program review been used to inform decision-making and improve instruction and student learning outcomes?
- Are the curriculum, practices, processes, and resources properly aligned with the goals of the program/department?
- What was identified in the process of examining the institution's program review process that may require deeper reflection, changes, and/or restructuring? What will be done as a result? What resources will be required?
- What have the internal and external reviewers learned?

Many of the changes that occur following program review are related to curricular adjustments that are in essence, resource-neutral. Department directors should make note of the ways that they used data to make decisions. Changes that are outside the control of the program or need additional support should be noted and reviewed by the dean in the final section, the Memorandum of Understanding (MOU).

D. CLOSING THE LOOP: MEMORANDUM OF UNDERSTANDING

The Memorandum of Understanding (MOU) should establish the guidelines, expectations, and plans for program improvement over the next five years. The dean or deans (e.g., in the case of Student Affairs, the dean of students will work with the dean of Seaver) should use the data and evidence in the entire report to develop an MOU which will serve as an agreement between the program reviewers and the dean regarding future actions that will occur as a result of the review. This MOU will be signed by representatives from the program and the dean.

Depending on the identified needs, one of five actions might occur:

- a) if the program and dean determine that more data are required prior to proposing a plan of action, the particular action item may remain in the school;
- b) in cases where the dean has sufficient funds to address program-related issues and such actions do not involve substantial curricular changes, again, the action item may remain in the school;
- c) for major curricular/program offering changes that are resource neutral, the action item will require UAC review and approval;
- d) for program related issues that require additional funds, the action item would be sent to the UPC for review and approval.

E. GLOSSARY OF TERMS

Alignment – The alignment process connects dimensions of the University that support achievement of goals: Student Learning Outcomes reflect and advance Program Learning Outcomes which reflect and advance Institutional Learning Outcomes.

Advancement of Student Learning Council (ASLC) – The University-wide group which oversees the assessment process for the entire University; there is one representative from each school. The Associate Provost for Assessment and Institutional Effectiveness serves as an *ad hoc* member.

Assessment Plan – The assessment plan is a schedule for examining the PLOs, including the type of evidence and who is responsible for conducting the review and closing the loop. A program should rotate through assessment of all of its PLOs in a 5-year cycle.

Authentic Evidence – Authentic evidence refers to assessment which measures a student's ability to apply his or her knowledge in real world applications and involves having experts outside the University evaluating the student's knowledge--as in an internship--rather than using an academic construct such as a test. *See: <http://jfmuller.faculty.noctrl.edu/toolbox/whatisit.htm#definitions>.*

Benchmarking – This involves using comparisons to make meaning of empirical data. When you're benchmarking, you don't just look at a given number, say, 68% graduation within 6 years; you look at it *in comparison* to some standard that helps you to decide how good or bad your number is: say, in comparison to your in-house goal of 85% graduation in 6 years, or the 75% graduation rate of peer institutions. A benchmark is a point of reference.

Capstone – The capstone is a culminating project or experience that generally takes place in the student's final year of study and requires review, synthesis, and application of what has been learned over the course of the student's college experience. The result may be original research, an innovative design, an art exhibit, or a performance. The capstone can provide evidence of assessment of a range of outcomes.

Closing the Loop – This is an iterative ongoing four-step process: 1. defining learning outcomes, 2. choosing a method or approach and using it to gather evidence of learning, 3. analyzing and interpreting the evidence, 4. using this information to improve student learning. The cycle must be completed and repeated to see whether the changes have produced the desired result.

Core Competencies – Graduating students should demonstrate mastery in five areas: written and oral communication, quantitative reasoning, critical thinking, and information literacy.

Curriculum Map – This is a map outlining the Program Learning Outcomes promoted by each course in the discipline. “**I**” indicates courses that *introduce* the PLO, “**D**” indicates courses that *develop* the PLO, and “**M**” indicates courses that result in a *mastery* of the PLO.

Direct Evidence – Evidence gathered from a performance-based observation or sampling of student work. *Example:* using a rubric to evaluate the quality of student papers. Direct evidence may include locally-developed tests, performance appraisal, oral examinations, simulations, behavioral observations, portfolios, external examinations of student work, and other course activities assessed with rubrics.

Diversity – Diversity involves multiple perspectives and the representation and recognition of people of different backgrounds and points of view in the various constituencies of the university: students, faculty, staff, and administration.

Educational Effectiveness Indicators – EEs are also known as educational performance indicators and are a list of direct and indirect ways in which the University examines student learning.

External Review – The review of the program which is conducted by an outside expert in the field or discipline. The external reviewer is selected by the program reviewers.

High Impact Practices (HIPs) – HIPs include first-year seminars, writing-intensive courses, collaborative assignments, undergraduate research, service learning, internships, capstones, and international programs.

Indirect Evidence – Evidence that assesses the perceptions of students or faculty. This evidence may be collected through student surveys, questionnaires, focus groups, archival records, interviews, and other indirect methods. *Example:* using a survey to assess how students perceive the quality of your discipline’s writing curriculum.

Institutional Learning Outcomes (ILOs) – The specific knowledge or skills students should actually acquire/develop through their educational experience *while at Pepperdine University*. These should be broad and general so that a wide variety of Program Outcomes can relate to each.

Internal Review – The review of each program review report which is conducted by the Advance of Student Learning Council (ASLC).

Inter-rater Reliability – This is a group activity used to calibrate or norm a rubric; this means that each member of the group applies the rubric to evaluate a product or behavior; then the members of the group compare judgments and discuss the basis of the judgments; the goal is to achieve consistency in applying standards.

Memorandum of Understanding (MOU) – The MOU is developed by the dean as a part of “Closing the Loop” and outlines the guidelines, expectations, and plans for program improvement over the next five years.

National Survey of Student Engagement (NSSE) – This is a nationally normed, widely administered survey that asks students about their behaviors: how often they ask questions in class, use the library, consult a professor outside of class, and how many hours they study. This does not assess learning directly.

Norming – In assessment of student learning norming is a process of training rater to use rubrics to evaluate student products and performances consistently.

Numerical Expectations – A quantitative measure used to indicate whether student work exceeded, met, or fell below expectations. This expectation is set prior to the assessment and used to evaluate the results in the findings section. *Example:* stating in the introduction that the discipline expects to see 85% of its students writing at a level of “satisfactory” or above.

Program Learning Outcomes (PLOs) – The specific knowledge or skills students actually acquire/develop through their educational experience in *a particular disciplinary program or major*. These should align with the Institutional Learning Outcomes and the Student Learning Outcomes should align with them.

Quality Improvement Plan (QIP) – is developed by the program which is being reviewed and is based on the evidence-based changes which grow out of the review including the recommendations of both the external and internal reviewers.

Rubric – A rubric is a simple assessment tool for measuring student work by classifying statements or behaviors into categories along a continuum. It is a scoring guide that evaluates a student's performance based on a full range of criteria rather than a single numerical score. When administering rubrics, it is ideal to use multiple raters and to establish inter-rater reliability among raters. For sample rubrics and a rubric generator go to: [WASC Rubrics](#).

Student Learning Outcomes (SLOs) – The specific knowledge or skills students actually acquire/develop through their educational experience in *a particular course*. These appear on the syllabi and should be aligned with the Program Learning Outcomes.

University Academic Council (UAC) – The UAC is the chief policy-making body for academic procedures, policies, and requirements in the schools. It reviews proposals submitted by the academic council of a particular school for changes or additions to the curriculum, graduation requirements, and general academic policies.

University Planning Committee (UPC) – The UPC is the body responsible for coordinating university-level assessment, planning, program review, and resource allocation processes.

F. REFERENCES

- Allen, M. J. (2004). *Assessing academic programs in higher education*. Boston, MA:
- Anker. Astin, A. W. (1991). *Assessment for excellence*. New York: ACE and Macmillan.
- Boyer, E. L. (1990). *Scholarship reconsidered: Priorities of the professorate*. San Francisco: Jossey-Bass.
- Bresciani, M. J. (2006). *Outcomes-based academic and co-curricular program review*. Sterling, VA: Stylus.
- Suskie, L. (2009). *Assessing student learning: A common sense guide*. San Francisco: Jossey-Bass.
- WASC. (2103) *2013 Handbook of Accreditation: Penultimate Draft*.
- WASC. (2009). *WASC resource guide for “good practices” in academic program review*.
- WASC. (2002). *Evidence guide*. Retrieved from <http://www.wascsenior.org/>

WASC WSCUC Redesign of 2013 Lumina

Degree Qualifications Profile

Lumina Degree Qualifications Profile Document