FLORIDA STATE UNIVERSITY
INSTITUTIONAL PERFORMANCE AND ASSESSMENT

ADMINISTRATIVE SUPPORT SERVICES ASSESSMENT HANDBOOK

Guidelines for Assessing Institutional Effectiveness

Last Updated May 2024

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I. WHAT IS INSTITUTIONAL EFFECTIVENESS?

Institutional Effectiveness (IE) is a cyclical planning, implementation, and assessment process that allows us to evaluate whether our practices are meeting our goals. The process reinforces administrative support services' quality and effectiveness through a systematic review of performance against unit-defined goals.

It is important to understand that we already, regularly and mostly informally, evaluate and enhance how well our departments and offices provide direct and indirect support to students and faculty. Structured, formal assessment allows us to be more organized and intentional in documenting the valuable work we do and ensuring that assumptions of performance are supported by evidence.

II. WHY DO WE EVALUATE INSTITUTIONAL EFFECTIVENESS?

A. Internal Quality Control

IE assessment is "a self-study process that assesses the institution's or program's quality and success in meeting its mission and objectives, highlights opportunities for improvement, and includes a plan for making those improvements" (DOE Accreditation Handbook, page 17). Assessment helps us know, for a fact, that our "services are provided effectively in order for the institution to obtain its strategic goals as well as operational efficiency" (SACSCOC Resource Manual, page 67). It informs us of where we are already excelling and where we need to focus next.

B. Accountability

As a by-product and a consequence of our assessment and quality enhancement work, we also meet important expectations that various state, regional, and national oversight organizations have for FSU as an institution of higher learning. Over the last few decades, accountability for the use of public funds has increased and expectations have become more focused on outcomes. In the state of Florida, the Board of Governors determines funding based on how well each public university meets specific performance benchmarks. Students, their families, donors, funding agencies and others are also interested in seeing evidence of institutional excellence. Assessment strengthens our position in demonstrating the products of our efforts to the public and campus community.

C. Institutional Accreditation

Furthermore, by engaging in the systematic, explicit, and documented assessment of IE, the university meets several accreditation requirements. In the United States, institutional accrediting organizations are charged with the oversight of universities' quality and effectiveness. Federal funds, such as student financial aid, are tied to accreditation. The Southern Association of

Colleges and Schools Commission on Colleges (SACSCOC) is the current institutional accreditor for FSU. SACSCOC's accreditation standards require evidence that the university engages in genuine, systematic, and ongoing reflective evaluation practices and uses the results of these assessments to enhance educational and support services. FSU's accreditation was reaffirmed following its most recent decennial review in 2024.
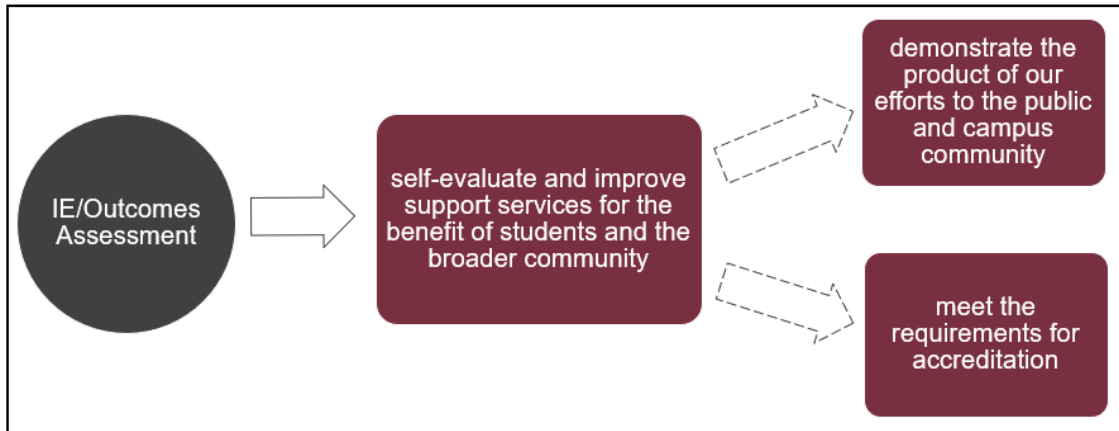
III. HOW DO WE ASSESS INSTITUTIONAL EFFECTIVENESS?

A. Organization

IE is typically assessed at the level of individual administrative support services (Admin) units, which are defined as the basic units of organizational hierarchy, usually with a director as the head of the unit/office. For example, the Budget Office, the FSU Foundation, Facilities, etc. are individual units for IE assessment purposes. A full list of the Admin units can be viewed in the IE Assessment Status Report on the Institutional Performance and Assessment website.

B. Defined Goals

All university units define and set performance goals that are measured and evaluated each year. These goals are referred to as Program Outcomes (POs). Each administrative unit should formulate and actively advance at least two POs in any given year.

POs must directly or indirectly:

1. align with 1-3 Initiatives of the FSU Strategic Plan;

2. support state funding metrics;
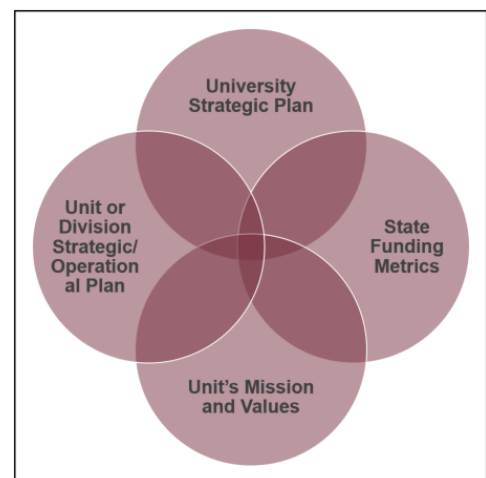
3. support strategic/operational plans of the unit or its division (for example, the FSU Master Plan or the FSU Emergency Management Plan); and/or

4. support the unit's mission statement, vision, and values.

C. Assessment Cycle

The results of the assessed outcomes are compared to the documented expectations, with any data patterns and trends and other influencing factors identified in an analysis. This analysis is used to determine where the program's processes or procedures may be improved. The changes are implemented in the next year, and the cycle begins anew.
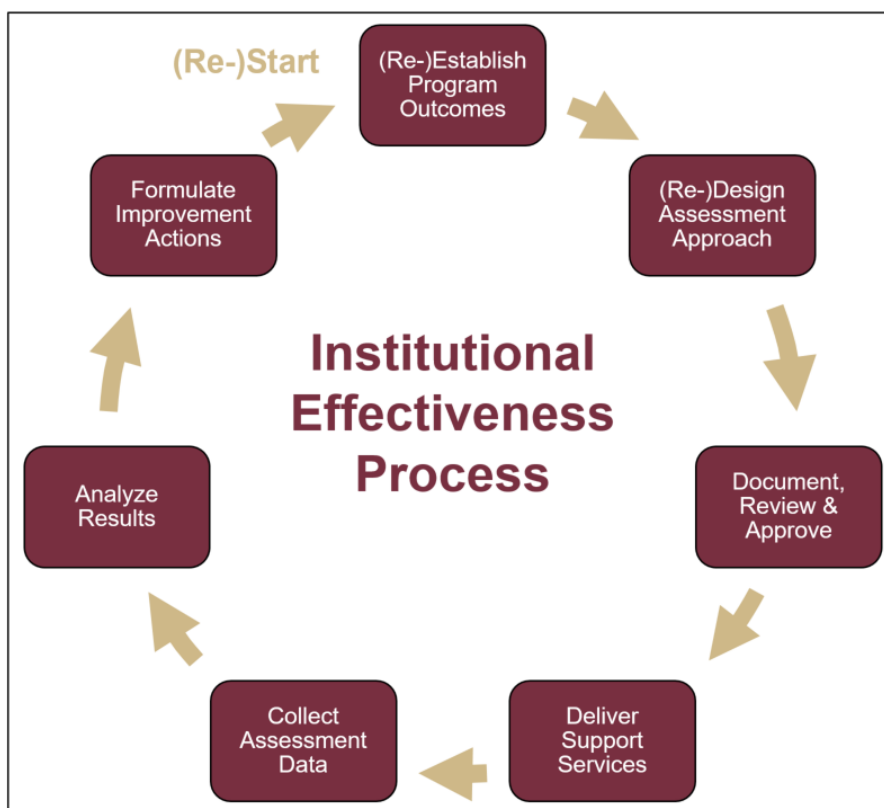
IV. WHO GOVERNS INSTITUTIONAL EFFECTIVENESS?

A. Institutional Level

The Office of the Provost and Executive Vice President for Academic Affairs is responsible for the overall coordination of the university IE assessment process and for the final review and approval of all assessment reports. Within the Office of the Provost, the Office of Institutional Performance and Assessment (IPA) provides related support to all reporting units by:

1. Communicating timelines for the development of assessment plans and reporting of results,

2. Offering group and one-on-one sessions in outcomes assessment, reporting, analysis, and improvement,

3. Offering training and technical support for using FSU's IE Portal to document annual assessment reports,

4. Ensuring unit-level participation in the reporting process; and

5. Providing specific quality assurance feedback to units following annual report entry and reviewing the revisions.

B. Department Level

At the level of individual units, the IE assessment process is a shared responsibility between the Division's senior leadership, department heads/directors, unit assessment coordinators, IE representatives, and staff members. As such, they are all involved in an annual workflow that assures that defined outcomes are appropriately designed, measured, reported, analyzed, and improved.

Typically, each department/office has one **assessment coordinator** who leads and manages the assessment process and implementation of improvements. This individual can also function as the unit's **IE representative**, who is responsible for documenting the unit's assessment in the university IE Portal housed in the Nuventive platform at iep.fsu.edu.

Each unit creates an assessment governance structure most suitable to its size and functions. In administrative units with few employees, the head/director of the department can assume all three roles: function as the unit's assessment coordinator, IE representative, and the **unit's head/director** who approves the final IE assessment report. Regardless of the unit's size, it is expected that all employees of the department participate in the outcomes assessment process.

V. WHEN DO WE ASSESS INSTITUTIONAL EFFECTIVENESS?

A. Defining Reporting Year

While the process of program improvement is always continuous and ongoing, we only formally evaluate the attainment of Program Outcomes once a year, at the end of each unit's annual assessment cycle. Each unit determines the exact start and end dates for its IE process. Generally, most departments/offices that provide administrative support services operate on the fiscal year cycle. Fiscal years at FSU start on July 1 and end on June 31. Occasionally, administrative units use academic years to track and measure certain outcomes. Common academic year cycle timeframes are 1) Fall and Spring semesters, 2) Summer, Fall, and Spring semesters, or 3) Fall, Spring, and Summer semesters.

B. Calendar

The timeline for submission of the prior year's results and the development and documentation of the next year's plans is similar each year. IPA provides a recommended calendar for completing the components of the assessment process in a way that allows the reporting year's analysis of results to inform the improvement actions to be implemented in the remainder of the current fiscal/academic year.

For example, results for the 2022-2023 fiscal year (ending June 31, 2023) will be collected by or in early September 2023. The analysis of these results will be used to determine what changes should be made in the 2023-2024 fiscal year (ending June 31, 2024).

C. Recommended Timeline

Completing outcomes assessment components in the recommended order and by the recommended due dates best positions the university to engage in meaningful evaluation and enhancement of administrative support services. Importantly, all campus units are allowed and encouraged to complete their assessment and reporting before the specified deadlines. IPA recommends the following timeline and step order:

1. *Collect Data and Study Results*

   By the second Friday in September, every unit should collect information/data from the previous academic/fiscal year and assess the levels at which the outcomes were achieved. Results should be analyzed and discussed with appropriate parties within and outside the unit. Based on the analysis of results, every unit should develop a set of improvements that will be implemented to enhance operations or services in the new year.

2. *Formulate Plans*

   By the third Friday in September, every unit should decide which current POs will be continued into the next academic/fiscal year and which current POs will be sunset. In most cases, current outcomes are retained to be pursued in the new assessment cycle.

   If new outcomes are selected, their assessment methodology should be designed, and their numeric targets should be chosen. All new POs must be aligned with 1-3 Initiatives of the FSU Strategic Plan using corresponding functionality in the university IE Portal.

   Sometimes, the outcome itself is retained, but its assessment approach is changed because the unit determines that it is lacking in some aspect and should be replaced with a better assessment plan. The IE Portal allows for sunsetting an outdated assessment plan and entering a new one for the same PO.

3. *Document Last Year's Results and Next Year's Plans*

   By the fourth Friday in September, all units should report the previous year's results, their analysis, and improvement actions in the IE Portal at iep.fsu.edu. Respective POs should be 'continued' into the next year with continued or revised assessment plans and numeric targets and/or new POs with their assessment processes and numeric targets should be added. The unit may use the reporting templates to expedite the documentation process internally, however, the final report must be entered in the IE Portal.

4. *Provide Feedback*

   By the second Friday in October, IPA staff will review the submitted reports. Each unit will either receive a written confirmation that their report meets the standards or will receive a written request for revisions. Assessment reports submitted after the end of September may receive delayed feedback.

5. *Make Necessary Revisions*

   By the fourth Friday in October, units asked to strengthen their assessment report should revise their submission and enter the revisions in the portal. Shortly after, the unit will receive a written confirmation if their revised report meets quality standards. It is rare to receive a second request for revisions.

6. *Director-Level and Division VP-Level Review and Approval*

   By the second Friday in November, the unit's head/director (or designee) should review the final assessment report and certify in writing that it accurately represents results and plans for the department/office POs. Early and continual involvement of the unit's head/director ensures that there will no revisions requested at this stage of the reporting cycle.

   By the first Friday in December, the unit's assessment report should be reviewed and approved by the division VP or designated representative(s). Once achieved, final approval should be communicated in writing to the Provost-level representative and/or the Office of IPA.
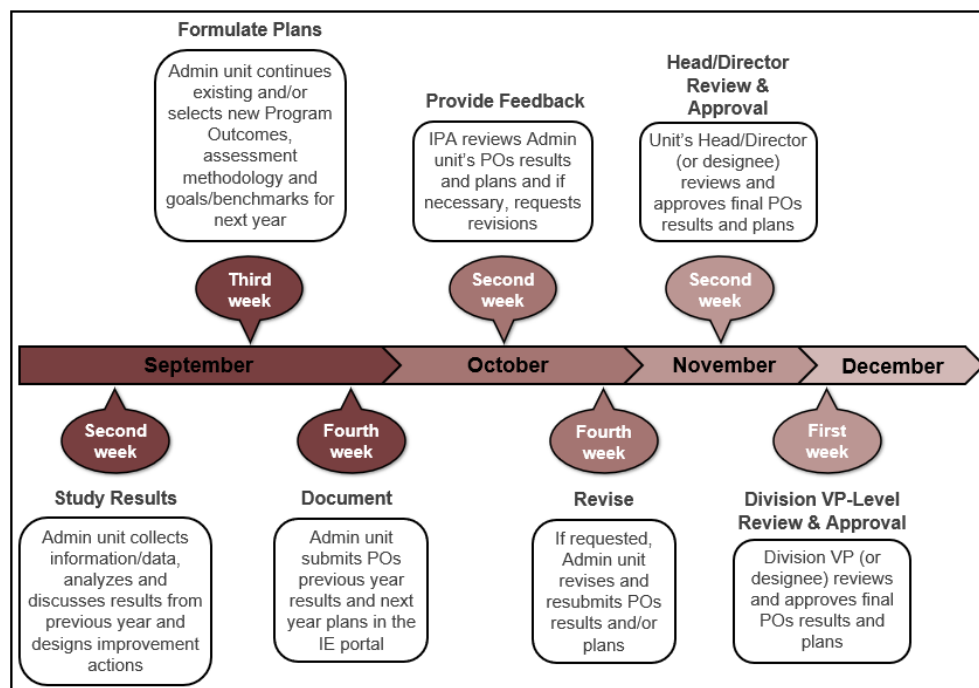
VI. CRAFTING YOUR MISSION STATEMENT

Every administrative support unit should have an active and current mission statement documented in the IE Portal. Having a clear understanding of the unit's mission helps develop strong and relevant Program Outcomes. A well-defined mission statement includes the following components:

A. Purpose of the Unit

The purpose is the reason(s) why you perform your major activities or operations; it may be helping the university recruit the best-suited employees, supporting the research funding process, or ensuring a safe environment for students.

B. Unit's Stakeholders

These are the groups of individuals who participate in your programming and/or are benefiting from the provided services. Some examples of stakeholders may be graduate students, assistant professors seeking tenure, university staff, internal or external oversight groups, or taxpayers of the state of Florida.

C. Primary Functions

Your unit's most important operations, services, and/or offerings that support its purpose should be included in the mission statement. For instance, those functions may include offering search committee training to faculty and staff, assisting faculty with research grant applications, maintaining the university's physical infrastructure, communicating with government representatives, or providing data-based decision support to university leadership.

D. Connection to the University's mission, core values, or vision

Your unit's mission may be focused on leadership education and community engagement, which supports part of FSU's mission to "instill strength, skill and character." Or, your mission may be assisting faculty in patenting their inventions, which directly aligns with FSU's dedication to excellence in research and vision to "be among the nation's most entrepreneurial and innovative universities." Below is an example of the Office of IPA mission statement, with the four components of a well-defined mission statement underlined.

(unit's stakeholders)
We are dedicated to supporting the University community in our continuous improvement efforts.
(unit's purpose)
Our goal is to facilitate systematic, comprehensive, and data-based planning and evaluation processes
(primary function)
focused on enhancing institutional quality and effectiveness.
(connection to University's mission)

VII. PROGRAM OUTCOMES

A. Program Outcome Category

POs of administrative support services units should be focused on fulfilling the main role(s) that the unit serves at FSU and on providing the most important contribution(s) that the unit can make to the university's success. Most outcomes for are chosen because of their assumed or proven positive impact on operational efficiency, administrative effectiveness, and financial stability. Chosen POs should be a result of a unit's analysis of its program's strengths and weaknesses and should reflect its commitment to ensuring the quality of its contributions.
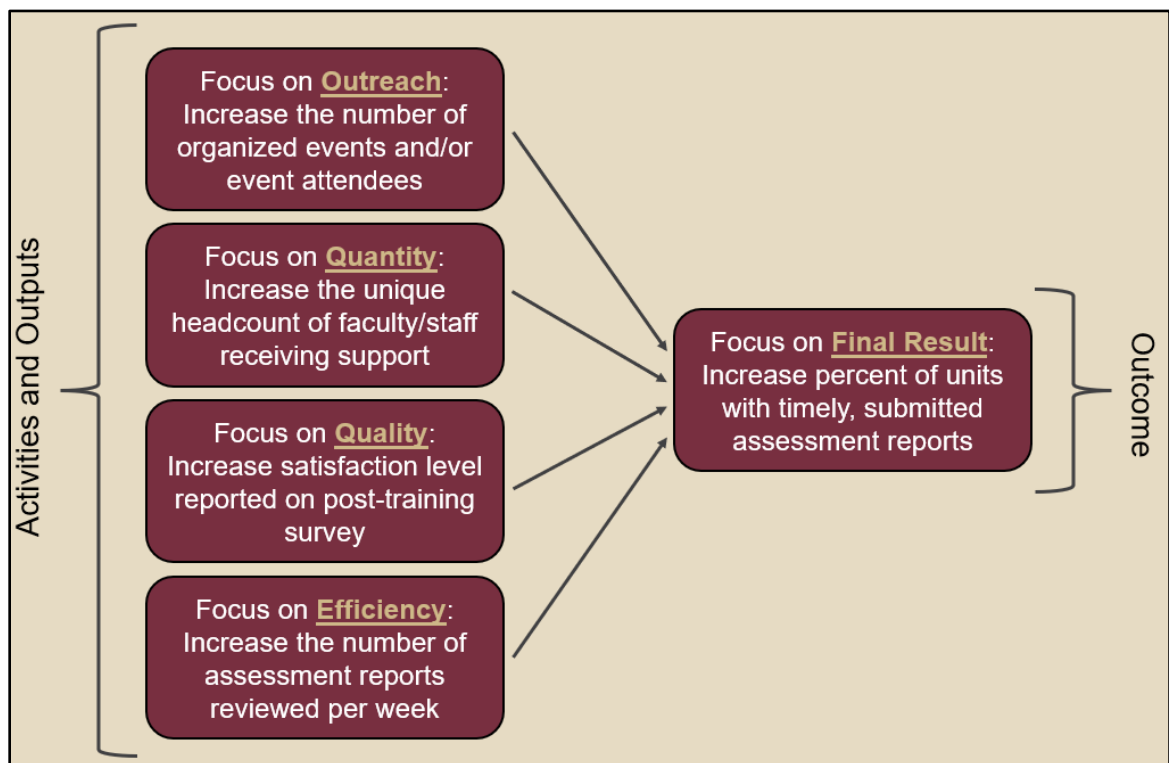
Dependent on the purpose and primary functions of the unit, outcomes selected by an individual department/office/center typically fall into three categories:

1. Outcomes focused on the **efficiency, breadth and/or quality** of unit's support services or **monetary targets**. Examples include energy usage, response times, error rates, "clean report" targets, customer satisfaction levels, fund-raising goals, amount of research grants, auxiliary income targets. For instance, FSU Facilities may have a PO to optimize the work order fulfillment time, so it never exceeds one-week threshold. Human Resources may have a PO focused on increasing the breadth of professional development opportunities offered to faculty and staff. FSU Foundation may have a goal to increase cash gifts to the University endowment by a certain dollar amount. Transportation and Parking Services may have an outcome focused on maintaining a certain level of student and faculty/staff satisfaction with campus parking.

2. Outcomes focused on developing certain **knowledge, skills, behaviors, values, and attitudes** among students, faculty, and/or staff. The FSU Office of Research Development may have a goal of increasing confidence in the ability to submit a fundable grant proposal for graduate students completing a webinar on proposal writing. The FSU Office for Human Subjects Protection may choose a PO that targets adherence to ethical principles and laws by faculty, staff, and students conducting research studies as measured by an increase in average test score following the completion of ethics training.

3. Outcomes directly focused on a **specific aspect of the university's Mission, Vision, Core Values, and/or Strategic Plan**. The FSU Sustainability office may have a PO to strengthen the university's commitment to sustainability through increasing its rating by the Association for the Advancement of Sustainability in Higher Education. The FSU Presidential Events unit may have a PO focused on increasing funds raised for services that benefit local families, like the United Way campaign.

B. Level of Control over Program Outcome

Typically, administrative units can more directly influence activities and strategies aimed at achieving a certain outcome:

- increasing Seminole Boosters memberships to reach a fundraising target,

- increasing the number of outreach events by FSU Police to decrease campus crime rates,

- offering a variety of employee assistance programs to improve their well-being,

- process more support tickets within a week to improve customer satisfaction.

Activities and Outputs

Focus on **Outreach**:
Increase the number of organized events and/or event attendees

Focus on **Quantity**:
Increase the unique headcount of faculty/staff receiving support

Focus on **Quality**:
Increase satisfaction level reported on post-training survey

Focus on **Efficiency**:
Increase the number of assessment reports reviewed per week

Focus on **Final Result**:
Increase percent of units with timely, submitted assessment reports

Outcome

POs that measure activities and outputs are easier to affect; POs that measure final results of (multiple) activities are often not fully within the unit's control. The Office of IPA recommends assessing new programs and services using measures of activities and outputs; when the program or service matures, the unit should focus on measuring the final desired outcomes and the effectiveness of their activities.

When achievement of an outcome is heavily reliant on new or increased funding, the unit should request it through the proper channels and attach a copy of the budget request in the IE Portal.

C. Measurability

Units are advised not to select POs that resemble a 'to-do' list or a plan to accomplish a task or a series of tasks, especially if they can only be completed if new funding is requested and received (e.g., hiring an employee, renovating office suite, buying new computers). In rare cases when a unit has a strong preference for focusing on short-term (one year) or multi-year operational processes or tasks as their outcome, the assessment plan for such PO must include a detailed timetable with description of specific steps and deliverables and their due dates. In this case, the targets for the outcome will be meeting the schedule for all deliverables outlined in the plan.

When POs are being developed, the ability of the unit to use existing data or feasibly collect new data as evidence of effectiveness is an essential consideration. Whenever possible, the units should use centrally maintained data sources (e.g., university ledgers, annual reports to Board of Trustees or Board of Governors, financial data reported to federal agencies) to ensure consistency and efficiency in reporting efforts. However, in most cases, units develop internal surveys or use internal software or tracking mechanisms to assess their outcomes.

D. Program Outcome Alignment

1. *Alignment with the Strategic Plan*

All POs should be clearly connected to the institutional goals as they are outlined in the 2023-2027 FSU Strategic Plan. These are:

Goal #	Objectives/Initiatives
I	RESEARCH AND ACADEMIC EXCELLENCE Expanding Research and Academic Excellence
I.1	Increase the recruitment, development, and retention of high-impact faculty
I.2	Catalyze Translational Scholarship, Arts, and Research
I.3	Expand and Promote the Arts, Performance, Humanities, and Creative Activities
I.4	Build upon and Create Graduate Opportunities
II	STUDENT SUCCESS Ensuring Student Success on Campus and Beyond
II.1	Enhance Curricular Practices for Engaged Learning and Robust Outcomes
II.2	Create an Environment That Encourages Healthy Behaviors and Wellness
II.3	Expand and Strengthen Academic Advising and Student Support Services

II.4	Bolster Students' Co-Curricular and Career Development Opportunities
III	**ENTREPRENEURIAL SPIRIT** **Nurturing and Inspiring FSU's Entrepreneurial Spirit**
III.1	Cultivate a Creative, Innovative, and Entrepreneurial Ecosystem
III.2	Commercialize Creative, Innovative, and Entrepreneurial Endeavors
IV	**INCLUSIVE EXCELLENCE** **Committing to Inclusive Excellence and Civil Discourse**
IV.1	Create Rich Experiences and Opportunities for All Populations
IV.2	Increase International Engagement and Cultural Competencies for Students, Faculty, and Staff
V	**INSTITUTIONAL BRAND EXCELLENCE** **Enhancing Our Brand to Reflect Institutional Excellence**
V.1	Focus the FSU Brand to Bolster Our Reputation
V.2	Leverage Diversified Financial Resources to Invest in Institutional Excellence
V.3	Become a National Leader in Operational Excellence
	STRATEGIC OPPORTUNITIES
	Positioning ourselves for membership in the Association of American Universities (AAU)
	FSU Health will improve health outcomes and change lives

POs should be aligned with 1-3 Strategic Plan Initiatives. This process is known as 'institutional back mapping'; it allows for a visual representation of the link between the goals of individual units and the strategic priorities of the institution (Nichols & Nichols, 2005, pages 62-66). This alignment must be documented in the IE Portal (for instructions, see pages 12-13 in the IE Portal User Guide). Below are several examples of different units' POs' alignment with the initiatives of the FSU Strategic Plan.

	I.1	I.4	II.1	II.2	II.3	II.4	III.2	IV.2	V.1	V.2	V.3
PO – Departmental participation in InternFSU program will increase			∨			∨					
PO – Improve tenured and tenure-track faculty retention	∨										∨
PO – Establish and maintain a strong and positive social media presence									∨		
PO – More faculty will engage in cross-institutional academic leadership programs	∨										
PO – Increase student satisfaction with maintenance, grounds, and building services				∨	∨						
PO – Improve visa processing time for international graduate student applicants		∨									
PO – Promote student participation in FSU's Study Abroad program								∨			

PO – Increase the Number of Commercialized FSU Technologies						٧					
PO – Develop and offer sustainability-related co-curricular opportunities											٧
PO – Foster interdisciplinary contract and grant proposal writing										٧	٧
PO – Implement the Classroom Space Optimization recommendations											٧

2. *Alignment with Budget Request and Allocation*

POs should be aligned with budgetary decisions and resource allocation. Outcomes and their level of achievement may even be directly referenced in the annual unit- and division-level budget request; however, the university's IE process is not the primary mechanism for requesting funding.

3. *Alignment with the University's Mission, Core Values, or Vision*

Finally, all planning, assessment, and implementation activities should relate to, and advance, the University's mission, core values, or vision. The system of relationships between these elements is illustrated in the figure below (adapted from Hoefer, 2019).

E. Stating Program Outcomes (in the IE Portal)

Below and in the subsequent sections, all assessment report components (as they are requested in the IE Portal) are illustrated using an example PO from the FSU Office of Research Development.

Provide a succinct name for the PO:

Outcome Name: PO - Faculty Research Mentoring.

Identify the expected outcome that the unit will strive to achieve:

Outcome Statement: Improve faculty research mentoring of colleagues and graduate students.

F. Retiring Program Outcomes

It is unusual to have a PO pursued for only one year; the typical 'lifespan' of an outcome is 3-6 years. A longer implementation period allows for more thoughtful planning, consistent multi-year assessment, and data-based, sustained enhancement efforts.

Reasons for 'retiring' a PO may include:

1. the outcome that the unit wanted to attain has been achieved and that achievement appears to be sustainable,

2. the outcome is no longer a priority for the unit,

3. the outcome is no longer under the purview of the unit,

4. the outcome needs significant modification.

Administrative units may contact the Office of IPA to consult on "sunsetting" existing POs and/or selecting new POs. When assistance with outcome selection is necessary, units are advised to contact IPA at least one month before the reporting due date.

G. Designing the Assessment Plan

Assessment methodology for a PO should be focused on accurately measuring the extent to which the desired results were achieved. It is important to evaluate outcomes with appropriate assessment instruments, within the context of a unit's functions, and in a methodologically consistent fashion to allow for year-over-year assessment.

1. The following questions may be useful when designing the assessment plan:

    - Why is this outcome important? Briefly describe the service, program, activity, etc. that is the focus of your unit's PO. How does it benefit FSU students, faculty, staff, or others?

    - What data/information will be used in assessment? Regardless of whether you already collect this data or information for another purpose or if you plan to develop a new data collection tool (such as a survey, a third-party analytics report, an attendance tracker), describe the process of collecting and aggregating data/information for reporting.

    - Which groups of students, faculty and/or staff will be included or excluded? Will you collect information about various characteristics of your population of interest (e.g., home department/college, race/ethnicity, job codes and titles, year in college)?

    - What will be counted, tallied, multiplied, divided, etc.? What is the best method of summarizing the data: unique headcount, duplicated totals, average satisfaction rate, percentages, ratios, etc.? What breakout (disaggregation by various characteristics) will be necessary to provide a comprehensive picture of important trends and patterns?

    - What is the assessment timeframe? Will you use academic, fiscal, calendar, or some other type of year? What is the exact start and end date for the tracked activity on which you will be reporting?

    - Who in your unit will be responsible for pulling the data/information every year for assessment and reporting? Will aggregated results be shared and discussed with unit staff and leadership? When and where (e.g., at staff retreat every August)?

2. Below is an example assessment plan description as documented in the IE Portal:

   Description of Assessment Plan: The mission of the FSU Research Mentor Academy is to promote a culture of support for research mentoring and to provide training in optimizing mentoring relationships for FSU mentors with their mentees at all levels of their research careers. The Research Mentor Academy uses an evidence-based curriculum developed by researchers from the Center for Improved Mentoring Experiences in Research (CIMER). The topics for the training include maintaining effective communication, addressing equity and inclusion, aligning expectations, assessing understanding, fostering independence, promoting professional development, articulating your mentoring philosophy, and creating an action plan.

The Research Mentor Academy at FSU is offered at least two times per year, with 8-24 participants in each cohort, including FSU faculty researchers across all career levels. Participants complete ~8 hours of in-person training on strategies to support effective mentoring.

The post-training survey was designed by CIMER and is part of a national data collection effort to examine effective mentoring strategies in higher education. The survey has 37 questions, including items related to participant demographics, competency in each topic/area, and satisfaction with program. FSU Office of Research Development will send the link to the survey via email to all participants at the conclusion of the Research Mentor Academy.

One specific question will be used to assess this PO. Question #17 asks "As a result of the training, how likely are you to make changes in your mentoring relationships?". The response options are on a Likert scale (1=very unlikely to 5=very likely). The program coordinator will work with CIMER to produce the survey report at the end of each academic year and will share the results with the office at one of the staff meetings in August.

3. Assuming that the overarching outcome remains a priority of the unit, the questions below may be considered in determining whether the assessment plan for an existing outcome requires revision. Instructions for 'inactivating' an old assessment plan and adding a new one are in the IE Portal User Guide.

- Does the data collection process yield information that is needed and that is clear, consistent, and accurate? If not, how can the assessment process be improved (e.g., changing a survey question wording to make it clearer to respondents, expanding the dataset to include more columns with specific calculations, using deduplicated attendance counts)?

- Is the collected data sufficiently detailed? If not, how might the data collection process to be modified (e.g., by adding biodemographics questions, by switching from anonymous to identifiable program participation, by adding questions that allow for open-ended responses)?

- Is the data collection system efficient in terms of cost and required effort? If not, is there a better way to collect the data (e.g., reusing data that is already available from another source, combining two separate surveys into one survey with duplicate questions removed)?

- Does the frequency and timing of data collection meet the unit's needs? If not, can it be reasonably adjusted (e.g., administering the survey at the end of the training rather than in a follow-up email post-training, collecting data quarterly rather than annually, requiring that all attendance rosters be submitted within one week after the event)?

H. Setting Numeric Targets

The preferred approach to ascertaining whether an outcome is achieved is setting multi-year quantitative targets based on data that can be expressed using numbers. A unit can choose to set a goal for a PO, a benchmark, or both.

1. *Goals*

    For the purposes of IE assessment, a **goal** denotes a desired numeric change between two values. For example, increasing program participation by 50 students every year, or speeding up data requests processing by 1 hour every quarter, or improving reported satisfaction rate by 5% annually.

    It is important to distinguish between the "percent" increase or the "percentage point" increase. For example, a 5 percent increase means growing the number of students who attended an event from 20 students to 21 students. Alternatively, a 5 percentage point increase means growing the headcount of attendees from 70% to 75% of the total invitees. (Here is more information about the difference between a percent and a percentage point.)

2. *Benchmarks*

    A **benchmark** denotes a minimum or a maximum numeric threshold that the unit will strive to meet. For example, having at least 90% of invitees attend an event, or having at least 98% of service requests being completed within two weeks, or fundraising at least $1M by the end of the annual campaign.

3. *Timetables*

    Qualitative (non-numeric, descriptive, text) information may also be used to measure POs, but this approach to setting targets is less precise and is open to subjectivity. As mentioned above in sub-section C Measurability, in rare cases, when a unit has strong preference to focus on operational processes and tasks, the assessment plan for such PO must include a detailed **timetable** with description of specific steps and deliverables, and their due dates. Microsoft Planner is available to all FSU employees. It may be used to create electronic project management plans, including timelines. In addition, several stand-alone customizable project timeline templates are available to download here.

4. *Standards for Comparison*

    When units determine numeric targets, they may study relevant industry standards, performance of similar units at peer institutions, and/or review the unit's own past levels of performance if this data exists. The numeric target should be set at a level that is ambitious, yet achievable with some effort.

Importantly, "[w]ithin institutional effectiveness, [administrative] departments are free to stretch themselves to the limit and to attempt innovative approaches to provide services without fear of failure. Within institutional effectiveness, departments are not held accountable for failure or success, only for having in place a process for stating outcomes, measuring accomplishments, and using the results to improve programming." (Nichols, 1995).

5. *Documentation*

Below is an example of a specific, measurable numeric target that defines success in achievement of the outcome, as documented in the IE Portal:

Numeric Target: Our goal for every year is to have at least 90% of attendees who respond to the survey indicate that as a result of the training they are likely or very likely to make changes in their mentoring relationships.

Units can upload in the IE Portal any documents relevant to the assessment plan and/or the numeric target (e.g., copies of survey questions, unit's annual reports, program flyers, or data tables and graphs showing historical performance). Instructions for uploading files are in the IE Portal User Guide.

6. *Changing or Appending the Numeric Target*

Over the years, the numeric target(s) for the same PO may evolve.

Sometimes units decide to decrease or increase their PO goal or benchmark. In this case, historical numeric targets must be preserved in the IE Portal, and any new information must be appended onto the existing content in the 'Numeric Target' field, with the timeframe to which the new target applies specified (e.g., "Beginning in the 2021-2022 fiscal year, the benchmark will be increased from 300 training attendees per year to at least 350 attendees.").

If in addition to a change in the numeric target, an existing outcome also needs a new or significantly modified assessment plan, the unit should preserve all historical assessment plans and numeric targets and enter all new information under a separate, new assessment plan. Instructions for 'inactivating' an old assessment plan and numeric target and adding a new assessment plan and numeric target are in the IE Portal User Guide.

I. **Providing the Results Statement**

During the fiscal/academic year, administrative units continue to operate programs and provide services. At the end of each assessment cycle, units aggregate data/information and report results according to the assessment plan

documented at the beginning of the year. A proper results statement is usually brief and mostly quantitative (i.e., includes counts, percentages, total, etc.).

In cases when data/information necessary for reporting of results is missing or is incomplete, units should provide the results statement using the best available data/information. In addition, the units should explain the reasons for missing data/information and describe steps that will be taken in the new assessment cycle to ensure the issue does not reoccur.

Below is an example of presenting information regarding the levels at which the PO target was achieved:

Results Statement: During the 2022-2023 academic year, 51 FSU faculty participated in research mentor training across 4 cohorts. Following the sessions, questionnaires were sent to all participants. The response rate was 57% (29 out of 51 participants responded).

Of those responding, 83% (24 of 29) reported that they are likely or very likely to make changes in their mentoring relationships as a result of the training. The goal to have at least 90% of respondents indicate this was not achieved.

J. Analyzing Results

The culmination of the assessment process is the analysis of why the outcome was achieved at the level that it was. Units should identify any noticeable data trends or patterns and determine the reason(s) why the PO was attained at this level. Most reasons will include specific factors, decisions, actions, and events that negatively and/or positively influenced the results.

1. *"Closing the Loop"*

Units need to 'close the loop' on the prior year'(s') improvement action(s) by explicitly stating whether those changes were implemented as planned and whether they had the intended positive effect. This is a significant part of the analysis that is becoming increasingly important to institutional accreditors.

2. *A Strong Analysis of Results*

- Compares most recent PO results to past year:
    - Did the numbers go up, go down, by how much, or did they stay the same? Why?

- Identifies any important data trends (across time) or patterns (within single year):
    - Have the numbers been consistently trending down or up for a while? Why?

- o Did some groups of students/faculty/staff behave differently from other groups? For example, did faculty from one college participate in outreach events at higher rates than faculty from another college? Why do you think this happened?
  - o If survey data is reported, what is the breakdown of results by the response type? For example, what was the percent of "Strongly Agree" responses vs. "Agree" vs. "Disagree" vs. "Strongly Disagree." Why do you think people responded in this pattern?
  - o Did groups' values change over time? For example, did revenue from one source increase over the last few years while revenue from another source fell? Why do you think this happened?

- Identifies specific and significant factors that (may have) negatively and/or positively influenced the results:
  - o Did any decisions, actions, or events directly affect the numbers? For example, did any legislative changes lead to stopping programming under the PO? Did hiring two new staff members help process more support tickets in a timely manner? Was the PO's project placed on hiatus because the interim director assigned priority to other work?

- If applicable, addresses the representativeness of results:
  - o If survey data is reported, provide percent and/or number of responded out of total number who were asked/received survey. If the response rate is below 20%, why do you think this happened?
  - o If partial data is reported, explicitly state what data is missing and explain why. For example, a third-party vendor only provided software utilization rates for the 1st and 2nd quarters due to major technical issues in the second half of the fiscal year.

- If applicable, includes explanation of why the PO assessment process and/or instrument needs to be changed:
  - o If survey is used, are any changes needed to specific questions, response options, number of items, administration protocol, data collection and cleaning process, etc.?
  - o Will any changes be made to the data source, like switching from locally collected and generated reports to reports from a consultant or new technology provider?

- Includes takeaways from internal discussions regarding the data:
  - o Have the results been discussed internally (at a staff meeting/retreat, with select individuals inside or outside your department, with leadership)? What is their opinion about the results? Did they notice any data trends or patterns and identify possible causes?

- Highlights areas of success in addition to areas needing enhancements:
    - Explicitly state what is working well and why and give credit to individuals responsible for the outcome's success.
    - Explicitly state what is not working well and why but refrain from identifying specific individuals.

- Forms the link between the data and the new improvement action(s):
    - Does the analysis logically connect the data/results and any changes to improve the outcome?

3. *Documentation*

An analysis of results section may have a similar structure but cannot contain verbatim copies of the narratives from past years. It is expected that specific elements of the analyses will vary year over year due to differences in influencing factors, data, leadership, depth and focus of the analysis, etc.

In the IE Portal, the file bank associated with each outcome allows users to upload any relevant supporting documents, such as data tables, charts and graphs, minutes/notes from meeting(s) where results were discussed. These kinds of records provide documented evidence of assessment and improvement efforts and should be included when available. Instructions for uploading supporting documentation are in the IE Portal User Guide. Below is an example of the results analysis section, as documented in the IE Portal:

Closing the Loop: In accordance with last year's improvement actions, we added one more facilitator to the training sessions, which allowed our small groups receive more immediate support and feedback during the hands-on activities. Additionally, we conducted three focus groups with graduate students from several FSU colleges; we used student feedback regarding the mentoring process to make a few changes to the program content.

Analysis of Results: The Research Mentor Academy continues to be a successful and sought-after activity for researchers. Enrollment numbers, along with the results of the survey, demonstrate program effectiveness.

Although we approached the target of 90%, the 2022-2023 results of the survey revealed that only 83% of respondents were planning to make changes in their mentoring relationships following the training. This statistic indicates improvement, compared to the 76% in the 21-22 and 77% in the 20-21 academic years. We also noticed that compared to past years, we had a greater proportion of 'very likely' responses: 69% of respondents in the 22-23 year vs. 50% and 44% of respondents in the 21-22 and 20-21 years. We believe the increases are due to some of the changes we made to programming this past year, specifically, the addition of reflective activities and interactive case study discussions with peer faculty and the facilitators.

Five respondents indicated that they were unlikely (n=2) or neither likely or unlikely (n=3) to make changes in their mentoring relationships. In their open-ended responses, 4 out of 5 participants indicated there was too much information being covered, and that focusing on depth or on discussion and reflection around the topics would be more useful. One remaining participant did not provide any additional information regarding their neutral response.

K. Formulating Improvement Action(s)

The most important component of the annual assessment process is devising and implementing changes to enhance unit's services and operations based on the results and their analysis. Formulating sound improvement plans requires the participation of unit staff, of any relevant external partners and data providers, and of representatives/groups receiving unit's services. Whether PO targets have been met or not, it is the responsibility of the department/office leadership and assessment coordinators to determine a plan of action for the next year.

1. When Targets Are Not Met

When an outcome does not reach the desired numeric target, the unit should use the insights from the analysis to identify areas where changes are needed and develop a plan to implement them in the new year. These plans should be deliberate, detailed, and should describe specific, new and/or different changes, ranging from small-scale enhancements to significant modifications in a unit's operations. Improvement actions may also focus on adjusting the assessment plans and/or the numeric targets.

2. When Targets Are Consistently Met

In cases when the existing numeric target for the PO is being achieved over several years and the assessment process is considered reliable and consistent, IPA recommends:

- Increasing the numeric target to a more ambitious goal/benchmark,

- Modifying the assessment plan to focus on a different aspect of the same PO (e.g., focus on amount of raised dollars vs. number of donors),

- Creating a new PO that would address other important areas of the unit's work (e.g., 'retire' an outcome on capital items inventory and select a new outcome on processing travel reimbursements).

- If these changes are not feasible, the unit should consider how they will ensure that numeric targets continue to be met.

3. *A Strong Improvement Plan*

- Describes specific actions aimed at improving or sustaining performance that will be implemented in the next reporting year,

- Directly addresses any shortcomings identified in the analysis of data/results,

- Provides exact timelines for implementation and people/positions responsible for each part of the plan,

- Does not contain verbatim copies of improvement actions from past years,

- May include actions that are outside of unit's control (e.g., receiving approval for new recurring expense or a new position) and must include actions that are within unit's control (e.g., improved communication or outreach, closer monitoring of internal timelines),

- If applicable, states the intention to change the outcome's assessment plan, numeric target, or assessment instrument, along with the reasoning for the change. If the entire outcome is being 'sunset,' the reason for archiving the PO is provided, along with a brief description of the new outcome that will replace it.

4. *Documentation*

Below is an example of improvement actions, as documented in the IE Portal:

Improvement Action(s): In response to participants' feedback, we will be cutting more of the background information/lecturing and spending more time on applying new content (e.g., by using case studies, discussion, and reflective activities). The Program Director will be responsible for incorporating these changes into the Academy's lesson and activity plans before our programming starts for the new cohort in August 2023.

In addition, we will also have the participants create mentoring philosophy documents as end-of-academy takeaways, building a connection between the topics and their own values as mentors.

Finally, even though we had more than half of our participants (57%) respond to the survey, we would like to have all or almost all of our cohort members provide input. To increase the survey response rate, we will incorporate it into our programming by setting aside 15 minutes during the final in-person session to filling out the online survey form.

Appendix A: Assessment Components of a Program Outcome
Transportation and Parking Services Brief Example

1. *Mission Statement*: The purpose of the Florida State University Transportation and Parking Services department is to provide the campus community with reliable, high-quality, and efficient parking and transportation services. We fulfill this purpose through applying the industry's best practices and latest technology, facilitating and promoting alternative transportation options, and effectively managing the University parking lots and motor fleet vehicles. We support the university mission and strategic goals of operational excellence and service to community.

2. *PO Name*: Campus Ridesharing Program.

3. *PO Statement*: The usage of the FSU Rideshare program will increase.

4. *Assessment Process*: We will assess this Outcome using two measures: the total number of unique participants/users and the total number of rideshare postings. Both will be tracked using data from the RideShark mobile app. Both measures will be per fiscal year (July 1 – June 30).

5. *Numeric Target*: At least 25% increase in the number of users and at least 10% increase in the number of postings over previous fiscal year.

6. *2018-19 Results Statement*: In fiscal year 2018-19 (July 1, 2018 – June 30, 2019), the number of unique users increased by 144% (from 254 people to 619 people) and the number of rideshare postings increased by 686% (from 317 posting to 2,492 postings). Both numeric targets set for this outcome were achieved.

7. *Analysis of Results*: It was not anticipated that the new ridesharing program would become so popular so quickly. We believe that the significant increase in users and postings was because the program filled a pressing need for our students. Also, because over the last two years the ridesharing program proved to be a quick, safe, and economic way to commute, we think that the users kept coming back to it and also spread the word to others.

8. *Improvement Action(s)*: In order to continue expanding transportation options and reducing campus parking demand, we will renew our contract with the RideShark vendor. We will also create some promotional materials and will distribute them at various student events and on social media. Another method to increase the app usage that will be implemented is to offer one free ride to every new user who installs the app.

Appendix B:
2024 IE Assessment Calendar for Administrative Support Services

General Timeframe	Due Date in 2024	Step	Component
1) By second Friday in September	September 13th, 2024	Collect Data and Study Results	Unit gathers necessary information/data from 2023-2024 fiscal year (or academic year if applicable), reviews, analyzes and discusses 2023-2024 results, and formulates improvement actions for 2024-2025 year
2) By third Friday in September	September 20th, 2024	Formulate Plans	Unit continues existing and/or determines new Program Outcomes, assessment methodology and numeric targets for 2024-2025 fiscal year (or academic year if applicable)
3) By fourth Friday in September	September 27th, 2024	Document	Unit submits POs 2023-2024 Results and 2024-2025 Plans in the IE Portal
4) By second Friday in October	October 11th, 2024	Provide Feedback	IPA reviews unit's Program Outcomes 2023-2024 Results and 2024-2025 Plans and if necessary, requests revisions
5) By fourth Friday in October	October 25th, 2024	Revise	If requested, the unit revises and resubmits POs 2023-2024 Results and/or 2024-2025 Plans
6) By second Friday in November	November 8th, 2024	Head/Director Review & Approval	Unit's Director/Head reviews and approves revised POs 2023-2024 Results and/or 2024-2025 Plans
7) By first Friday in December	December 6th, 2024	Division VP-Level Review & Approval	Division VP (or designee) reviews and approves final POs 2023-2024 Results and/or 2024-2025 Plans

Appendix C:
Frequently Requested IE Report Changes

1. ***Add a numeric target to the** Assessment Plan.* Each active reporting year should have a numeric target. If the prior year's target specified an effective and expiration date (e.g., FY 22-23), a new numeric target should be defined, or the existing numeric target should be continued.

2. ***If a new** Assessment Plan **is created, provide a more detailed description.*** Include specifics of the data collection and aggregation plan as outlined above, in the section VII G Designing the Assessment Plan.

3. ***Revise the** Results Statement **to be consistent with the** Assessment Plan **and** Numeric Target*. Results Statements should obviously correlate with the planned assessment approach and achievement targets. Unrelated information, even if positive performance indicators for the unit, should not be included here.

4. ***If multiple** Numeric Targets **exist for the same PO and reporting year, split up** Results Statements **using a list format or separate paragraphs, each corresponding to specific target.*** Preferably, targets and matching results should be numbered.

5. ***If surveys were used in data collection, include the response rate in the** Analysis of Results.* If the response rate was low (below 20%), discuss why you think it happened and whether the results are representative of the population.

6. ***Discuss data trends (over time) and patterns (within single year) in the** Analysis of Results.* If results are different over years or between different groups, discuss the reasons that this may be so and whether the trends and patterns hold over time or across all groups.

7. ***Provide evidentiary support for conclusions made in the** Analysis of Results*. Anecdotal data or information on similar trends elsewhere in higher education may be used as evidentiary support.

8. ***Include in the** Analysis of Results **a description of any significant events or factors (internal or external) that may have influenced the results.*** The coronavirus pandemic is a good example of an influencing factor, as it impacted operations significantly throughout the University and worldwide.

9. ***Make sure the changes to be made in the** Improvement Actions **in the next reporting year are directly connected to the** Analysis of Results.* Unrelated changes should not be included unless issues identified in the Analysis of Results cannot be addressed before the seemingly unrelated changes are implemented (for example, changes to a software system cannot be implemented because the unit's technicians are focused on another project).