

**Eastern New Mexico University  
Strategic Plan and Student Learning Assessment Plan/Report  
Academic Units 2004-2005**

**Department:**

**Program Assessment Contact Name:**

**Phone:**

**Mission**

[Link to University Mission](#)

[Link to College Mission:](#)

[Link to Graduate School Mission:](#)

URL

**Strategic Plan**

How has the Plan been shared within the Unit?

Any changes to the unit Strategic Plan?

Progress to date on unit's Strategic Plan goals or objectives?

**Form 1: STRATEGIC PLAN END OF YEAR REPORT FOR 2004-2005**

**Objectives** = specific measurable targets for accomplishing goals  
**Outcomes** = results

**Measures** = specific performance data relating to the objective  
**Actions Taken** = Use of results to improve planning or achieve department's mission

<b>Goal</b>			
<b>Objective(s)</b>	<b>Measures</b>	<b>Outcome(s)</b>	<b>Action(s) Taken</b>

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**Form 2: ASSESSMENT PLAN/REPORT OF STUDENT LEARNING 2004-2005**

**Measure** = Intended student learning outcome    **Performance Criteria** = standard against which performance is assessed

**Outcome** = Result

**Action Taken** = Use of results to improve student learning

**NOTE: Please attach all rubrics used for each learning objective.**

PLAN		
Learning Objective #1		Gen Ed. Competency? <input type="checkbox"/> No <input type="checkbox"/> Yes Competency Number <input type="checkbox"/> Accreditation Objective? <input type="checkbox"/> No <input type="checkbox"/> Yes
1a	Measure(s)	1a Performance Criteria
		▪ Timeline/Population
1b		1b
REPORT		
1a	Finding(s) or Outcome(s)	1a Action(s) Taken
		1a Timeline for Action(s)
1b		1b

PLAN		
Learning Objective #2		Gen Ed. Competency? <input type="checkbox"/> No <input type="checkbox"/> Yes Accreditation Objective? <input type="checkbox"/> No <input type="checkbox"/> Yes
2a	Measure(s)	2a Performance Criteria
		▪ Timeline/Population
2b		2b
REPORT		
2a	Finding(s) or Outcome(s)	2a Action(s) Taken
		2a Timeline for Action(s)
2b		2b

Note: Add as many of the above tables as necessary.

**Form 3: DETAILED ACTION PLANS and PLANNED CHANGES**

Listed below are the improvements in the program over the past year that have resulted from the above assessment findings.

**Changes to Plan:**

- 1. Revise Student Outcome Objective(s)
- 2. Revise Measurement Approach(es)
- 3. Collect and Analysis Additional Data and Information
- 4. Change Method(s) of Data Collection
- 5. Change Timetable for Data Collection
- 6. Other planned change(s)

**Detailed description of each checked item:**

**Changes to Academic Processes:**

- |   | <b>Implemented Changes</b> | <b>Planned Changes</b>   |
|---|----------------------------|--------------------------|
| 1. Modify Frequency or Schedule of Course Offerings | <input type="checkbox"/>   | <input type="checkbox"/> |
| 2. Make Technology Related Improvements             | <input type="checkbox"/>   | <input type="checkbox"/> |
| 3. Make Personnel Related Changes                   | <input type="checkbox"/>   | <input type="checkbox"/> |
| 4. Implement Additional Training                    | <input type="checkbox"/>   | <input type="checkbox"/> |
| 5. Revise Advising Standards or Processes           | <input type="checkbox"/>   | <input type="checkbox"/> |
| 6. Revise Admission Criteria                        | <input type="checkbox"/>   | <input type="checkbox"/> |
| 7. Other Implemented or planned change(s)           | <input type="checkbox"/>   | <input type="checkbox"/> |

**Detailed description of each checked item:**

**Changes to Curriculum:**

	<b>Implemented Changes</b>	<b>Planned Changes</b>
1. Revise and/or Enforce Prerequisites	<input type="checkbox"/>	<input type="checkbox"/>
2. Revise Course Sequence	<input type="checkbox"/>	<input type="checkbox"/>
3. Revise Course Content	<input type="checkbox"/>	<input type="checkbox"/>
4. Add Course(s)	<input type="checkbox"/>	<input type="checkbox"/>
5. Delete Course(s)	<input type="checkbox"/>	<input type="checkbox"/>
6. Other implemented or planned change(s)	<input type="checkbox"/>	<input type="checkbox"/>

**Detailed description of each checked item:**

**Form 4: CURRICULAR MAP OF STUDENT LEARNING OBJECTIVES/OUTCOMES**

Enter course numbers across the top of the matrix. Below, indicate where the targeted outcome is “introduced,” “emphasized,” “reinforced,” or “assessed.”

**I = Outcome is introduced                      E = Outcome is emphasized                      R = Outcome is reinforced                      A = Outcome is assessed**

<b>Course numbers →</b>	<b>101</b>	<b>102</b>	<b>200</b>	<b>207</b>	<b>302</b>	<b>303</b>	<b>304</b>	<b>306</b>	<b>311</b>	<b>314</b>	<b>315</b>	<b>321</b>	<b>Capstone Assessment</b>
<i>Outcome 1 (Example): Critical Thinking Skills</i>		<i>I</i>	<i>E, A</i>		<i>R</i>	<i>R</i>	<i>R</i>	<i>R</i>	<i>R</i>	<i>R</i>	<i>R</i>	<i>R, A</i>	<i>A</i>
<b>Outcome 1</b>													
<b>Outcome 2</b>													
<b>Outcome 3</b>													
<b>Outcome 4</b>													

**Form 5: PROGRAM LONGITUDINAL ASSESSMENT DATA**

<b>Outcome</b>	<b>AY02</b>	<b>AY03</b>	<b>AY04</b>	<b>AY05</b>	<b>AY06</b>
<i>Example Outcome # 2: Critical Thinking Skills</i>	<i>NM</i>	<i>M</i>	<i>E</i>		
<b>Outcome #1</b>					
<b>Outcome #2</b>					
<b>Outcome #3</b>					

**NM = Not Met**

**M = Met**

**E = Exceeded**