



SACS APPEAL

Inside this issue:

Welcome	1
SACS Committee Chairs	2
General Compliance	3
Finance Standards	4
Tips for the QEP	5
Core Requirements	6
The IE Audit Process	7
Assessing Student Learning	8
Helpful Hints, Sample Quality Enhancement Project	9
Good and Bad Practices	10
VSA/IE Evaluator	11-12
What We Should Be Doing Now	13-15

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Welcome

Welcome to this issue of SACS APPEAL, the FSU newsletter designed to keep our campus community informed about the SACS processes in which the university is involved. This newsletter will also serve as a medium for engaging faculty and staff in the process and requesting information, as needed. SACS APPEAL will also be used to inform the FSU community of the tasks that must be completed for reaffirmation and the status of the SACS readiness process. Each issue will be designed to let the reader know where we are on our strategic planning and compliance audit timelines, what we need to do next,

This issue will provide snippets of what we learned at the 2008 SACS Annual Meeting. A 25-member team attended the SACS Annual Meeting in San Antonio, Texas, in December 2008. The team met before leaving for the meeting and determined which conference sessions each member would attend so that FSU would benefit from maximum coverage of the meeting. Upon return, the team members contributed 37 pages of notes describing what was learned at the conference.

On the following pages, a synopsis of the information garnered from the attendees with the name of the attendee who presented the report on each topic. Editorial liberty was taken to consolidate information from more than one source on a given topic. Additional information is posted on the FSU SACS website. Thanks to all of the FSU family who took time out of their schedules to attend the SACS Annual Meeting and prepare notes that could be used in this comprehensive report. This newsletter is valuable because each topic outlines critical information that will be used to guide the SACS readiness process at FSU. Please refer to this information, as well as the information in subsequent newsletters and other correspondence to inform the activities that will be implemented by the University.

Another heartfelt thank you is extended to those who have consented to serve as standards committee chairs for the compliance audit and the development of the FSU Quality Enhancement Plan. Please join me in pledging your support to our colleagues.

Marion Gillis-Olion, SACS Liaison/Coordinator

SACS COMMITTEE CHAIRS

Institutional Mission - Dr. Bertha H. Miller, Professor of History and Special Assistant to the Chancellor

Governance and Administration - Dr. Perry Massey, Professor of Geography and Interim Associate Vice Chancellor for Academic Affairs

Institutional Effectiveness -Dr. Sam Adu-Mireku, Associate Professor of Sociology

All Educational Programs– Dr. Dianne White-Oyler, Professor of History

Undergraduate Programs -Dr. Rollinda Thomas, Assistant Professor of Performing and Fine Arts

Graduate and Post-Baccalaureate Professional Programs -Dr. Joseph Johnson, Professor of Educational Leadership and Faculty Senate Chair

Faculty -Dr. Terri Moore-Brown, Department Chair, Social Work

Library and Other Learning Resources -Dr. Booker T. Anthony, Associate Professor of English and Coordinator of the Honors Program

Student Affairs and Services –Dr. Pius Nyutu, Associate Professor of Psychology

Financial Resources -Dr. Pamela Jackson, Assistant Dean and Pre-Business Program Director, School of Business and Economics

Physical Resources -Ms. Juanette Council, Associate Vice Chancellor for Student Affairs

Editing Committee -Mrs. Marsha McLean, Special Assistant to the Provost of Academic Affairs

Logistics Committee -Mr. Ben Minter, Director of Marketing and Events, University Advancement

Quality Enhancement Plan -Dr. Geraldine Munn, Assistant Dean, School of Education

SACS Steering Committee- Dr. Marion Gillis-Olson, Professor of Education and SACS Self-Study Coordinator

“There are 14 committees and (132) members.”



FSU Faculty, staff and administrators participate in SACS Briefing @ FSU Mid-Year Conference.

General Compliance Audit Information

by Jolene Elkins & Michelle Darnell

Think of SACS as an acronym for ***‘Students Are Central to Our Success’***. If this is our true definition of SACS, then we should not dread the SACS review. Two approaches can be taken as the University approaches the SACS process: SACS is (1) a necessary evil to “prove” we are doing our jobs, or, (2) a chance to improve ourselves with assistance from others. During the on-site visits, SACS representatives will speak to faculty and students; all stakeholders need to be “on the same page” or the whole institution is at risk of failing the reaffirmation process.

Evidence (indicators of performance) should be regularly reviewed and used to improve programs and procedures. Evidence must be used for action, by itself evidence does nothing. A culture of evidence uses data collected to inform decision-making, planning, and improvement. “Good” evidence is relevant, verifiable, representative, cumulative and actionable (used to make decisions). In addition, the use of committees shows commitment to process and teamwork, allows more participation, allows more thorough evaluation and review, and the institution is less likely to overlook areas and better able to deal with weaknesses. Pointers from COC staff included working on the QEP and the compliance certification at the same time and starting early (it takes longer than expected).

A lot of work is required, but a committee approach to creating a compliance certification report contributes to a successful SACS review. The use of committees shows commitment to process and teamwork, allows more participation, allows more thorough evaluation and review, and the institution is less likely to overlook areas and better able to deal with weaknesses. The downside of a committee is people procrastinate, have multiple personalities and agendas, some are reluctant, and there are varied writing abilities and inconsistency in styles and phrasing. It was suggested that the university create templates (with fields that couldn’t be changed) and samples for the writing. It is important to start early, stick to deadlines, and keep documents digitally.

Substantive Change

by Leontye Lewis

A new program certificate or degree needs prior approval and a prospectus when the proposed curriculum or level differs from that which is offered at the institution; a new program that is similar to a program currently offered, needs only to submit notification to the Commission on Colleges of SACS. The institution should develop a template for submission that is utilized by each area, with common information readily available to facilitate the Substantive Change Process—to build on rather than start from scratch for each submission.

Substantive change is a significant modification or expansion in the nature and scope of an accredited institution. The types of substantive change and the procedures for addressing them appropriately may be found in the Commission’s policy on substantive change. Certain types of substantive changes, for example adding branch campuses, level changes, mergers/consolidations, and changes in governance require a visit by a substantive change committee to determine continued compliance with the Commission’s Principles of Accreditation. When a committee visit has been authorized by the President of the Commission, the institution will be asked to provide documentation of the impact of the change on selected requirements in the Principles of Accreditation.

“This conference was the most informative that I have ever attended on helping me understand how to better assess student learning. I believe that we should send a handful of faculty to this conference every year regardless of our proximity to reaffirmation. I was very impressed and thankful for the opportunity.”

—David Barlow

Finance Standards

by *Jolene Elkins*



In the finance area, the advice imparted was to “tell a good story and have a good way of telling it”. Use MD&A (management discussions and analysis which is included in the financial statements) and ratios to show financial strengths. MD&A should supplement, not replace, the SACS narrative presentation. NACUBO has published some guidelines and suggested ratios to include in the SACS narratives. Trends do matter and ratios will help establish trends. Involvement of executives throughout the organization (not just the business office) and the telling of ‘what’ and ‘why’ will help the MD&A and SACS narratives to be more ‘readable’, not just number driven.

Those who had been through the process say the new rules make it somewhat easier, but the key is still documentation. Some other tips were to present operations separate from endowments, be prepared for on-site review of physical plant (including maintenance and space utilization), be prepared for library review (especially on-line access), and tie the budget process to strategic planning.

“Qualification of faculty/
staff is not simply about
degrees earned, but also
experiences and special
training”

Resources

by *Michelle Darnell*

The presenters pointed out that in the reaffirmation review, the highest negative findings for libraries are: qualified library staff, provision of learning/information facilities and resources appropriate to support teaching/research/service mission, adequate library collections. It was also stressed that SACS expects the University to provide narrative analysis and not just raw data. Both of these forms of information must be used to convince peer evaluators that an institution is in compliance with accreditation Principles. Qualification of faculty/staff is not simply about degrees earned, but also experiences and special training. There must be evidence that there is a link between a job description and individual’s qualifications.

QEP (Quality Enhancement Plan

by Leontye Lewis

A QEP (Quality Enhancement Plan) is very expensive. The average cost for 4-year schools was more than \$1 million over a 5-year period. Most institutions find that their budget for QEP is not sufficient. The QEP for Nova Southern University was entitled: Enhancing Student Academic Engagement; a common denominator across all programs at the University. Three strategies were employed, with each program choosing which strategy to emphasize: (1) increase dialogue among students and faculty, (2) increase participation in research and scholarly activities, and (3) enhance quality of clinical practice (internships/externships). In addition, an "in-house" publication, a "QEP Report Card" was created, so that all stakeholders understand the strengths and weaknesses. Developing a QEP is SACS Core Requirement 2.12. Resources needed to educate and facilitate the process are available at <http://www.sacscoc.org/pdf/081705/QEP%20Handbook.pdf> and <http://www.sacscoc.org/pdf/Directions%20for%20Reaffirmation%20Report.pdf>. A Leadership Team must be established and committees must be supported in order to get the workload of (1) Topic Identification, (2) Plan Development, and (3) Implementation. The following must be completed:

- Establish a QEP Topic Identification Team to ensure the QEP is aligned to the university's Strategic Plan and Outcomes.
- Establish deliverables and timeline for each team/committee.
- Create website for QEP Awareness (a link from the SACS News website) with a Web based suggestion box for feedback.
- Use surveys to involve the community.

When tasks assigned to faculty are directly aligned to the institution's Quality Enhancement Plan (QEP), mutual classroom observations with cohort and mentor discussions on the observations, provide an opportunity for faculty to discuss strategies applied to enhance the goals of the QEP rather than to have faculty work independently, as is a common process for educators, and consider providing a stipend as opposed to release time for work related to the QEP.

Tips for the QEP

by Pamela Jackson

The QEP is instrumental to successfully completing the reaffirmation process. The University should provide a two (2) year lead-time and limit topic search to six (6) months. For a topic selection: (1) Invite campus (faculty/staff/students) to submit ideas; and, (2) Use Survey Monkey to vote on topics (e.g., global learning for all instead of a few (study abroad). It must be demonstrated through data spanning several years that the topic is critical to the University's viability. The QEP topic must also be inherent in the University's mission. Since it must be tied into the mission, FSU will already have resources dedicated to it because it is part of the strategic plan and mission and is something the University is going to do anyway.

In order to ensure broad based participation in the selection of the topic, a committee of 15–20 people) may be selected to guide the University in the selection of the topic. These individuals' should:

- be generalists whose only job is topic selection. Others should be responsible for implementation;
- document the degree to which the topic emerged from ongoing planning (e.g., strategic planning); and,
- have one person shepherd each goal. Make it part of their job (cabinet level leadership).

The Self Study Director in consultation with the Vice Chancellor to whom the Self Study reports should identify coordinators in each school/college who have expertise on the topics and can lead the initiative. These coordinators should meet on a frequent (e.g., weekly) basis.

A Sample Quality Enhancement Project

By Blanche Radford Curry

Belmont University provided an overview of a university-wide civic engagement collaborative project between academic curricula and student affairs. The theme of the year long project was developed by all constituents of the institution (all academic units/support units and student input). Their theme for 2008 was "Debate 08: Civic/Political Engagement in High Gear..." Students were able to earn up to 450 + points in a variety of ways: symposiums in performing/fine arts, business, humanities, convocation, speaker series program, etc. all related to the theme. Faculty linked their courses with the engagement theme for students to earn points. First year programs had political/civic topics and community service projects related to the theme for students' engagement. The theme was displayed throughout campus and the main campus focus (their bell tower) was used as an image to "brand" the theme. Important aspects of developing a project/theme were the following: common purpose (among all constituents), real influence (students thinking that their engagement would make a difference), connection with students' personal interests (blending of public and personal spheres), inspiring and not patronizing. Their theme/project was very successful with students electing to give up personal time to complete projects.

How To Document and Demonstrate Institutional Effectiveness

by Pamela Jackson

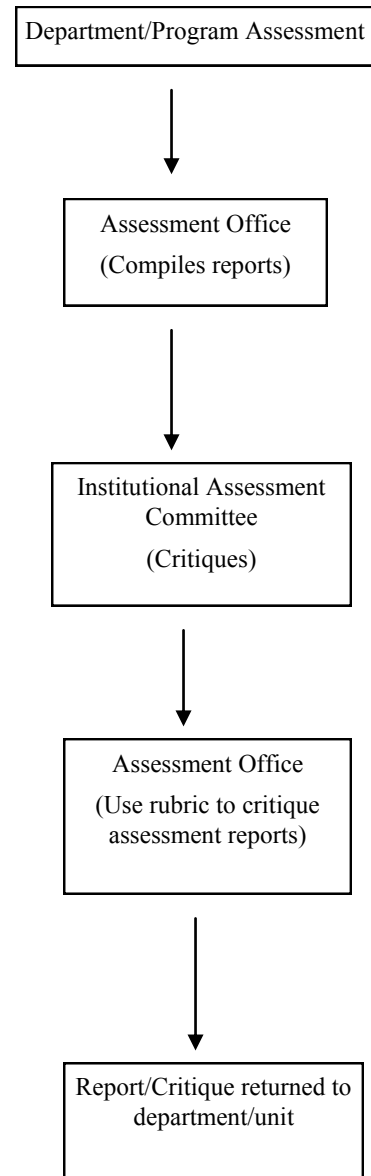
The IE (Institutional Effectiveness): Audit Process

When addressing the IE Audit Process the following must be considered:

- Start with standards and identified expected outcomes based on existing standards.
- Create an Assessment Audit Committee (6 people selected from University Assessment Committee). Assign each member a number of offices/degree programs of which they would be in charge. Use a spreadsheet to keep up with submissions among units.
- Assess achievements and create an audit checklist to provide evidence of improvement based on an analysis of the report in each of the following areas:
 - (1) *Education programs (use academic inventory);*
 - (2) *Education support services (use budgets);*
 - (3) *Administrative support services (use budgets);*
 - (4) *Research (create list of all research units); and*
 - (5) *Public service (create list of all public service units).*
- Ask units if they are using assessments. If no assessments are being used, the unit has to provide a justification. Units provide written documentation on how they used results. Results are mapped to University level goals.



A Sample Institutional Effectiveness Assessment Workflow



Key Concepts of Institutional Effectiveness:
Assessment and Strategic Leadership
by Leontye Lewis

- ◇ Strategic Planning and Assessment Development and Use are directly related to Institutional Effectiveness (IE) (SACS Comprehensive Standard 3.3)
- ◇ A University Assessment Committee, reporting to the Vice Chancellor and Chancellor, is critical to the self-study process. Use of data for program and university improvement must be documented.
- ◇ Student Affairs measures include orientation and exit surveys, NSSE, and a summative assessment.
- ◇ Department Performance Review, as a component of the self-study, should be completed over a year.
- ◇ Action plans, including an outline on the implementation process must be developed.
- ◇ Assessment strategies directly related to the university strategic plan and implementation process must be designed.
- ◇ Student learning outcomes are critical attributes to the Strategic Plan as are Operational Outcomes, which include productivity and costs.
- ◇ The entire institution must be involved in the process, including a direct relationship between academic affairs and student services.
- ◇ Document and demonstrate

Interesting Things Going On



University of South Florida and NC State University developed an analytic scale that is available for use (for free!) by any institution: the CLAQWA (Cognitive Level and Quality of Writing Assessment). It is a common rubric to be used across an institution that allows inter-institutional comparison and is an on-line system. It was developed to address the need for greater scoring consistency across faculty, the need to address weaknesses in student performances across disciplines, and the need for reliable and easily accessible resources.

Traits evaluated are: assignment parameters, organization and development – structural integrity, organization and development – reasoning and development of ideas, language – contextual and audience appropriateness, observation of standard edited English – grammar and mechanics (more specific criteria within each “trait” are listed, and a scale of 1-5 is explained).

Texas Christian University revised its core curriculum around the theme “Preparing Students to Think and Act as Ethical Leaders and Responsible Citizens in the Global Community”: 27 hours in “Human Experiences and Endeavors” (“Develop students’ knowledge of the human condition and its connections to the good and the beautiful and to the natural and social orders”), 18 hours in “Heritage, Mission, Vision, and Values” (“Cultivate the broader skills and awareness associated with TCU’s distinctive Heritage, Mission, Vision and Values”), 18 hours in “Essential Competencies” (“Strengthen student’s basic skills to ensure their abilities to communicate clearly and to think analytically”).

Assessing Student Learning

by David Barlow

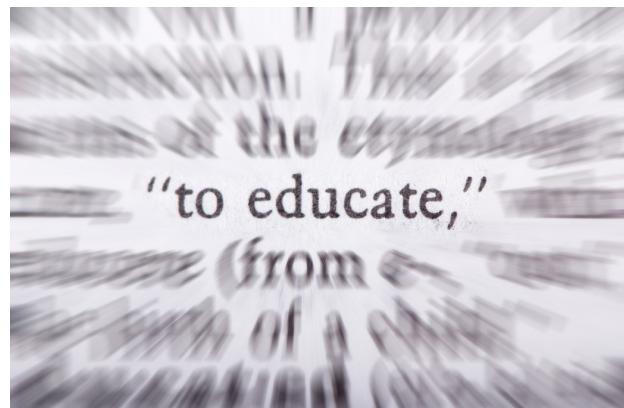
Learning Portfolios are a rich, convincing, and adaptable method of recording intellectual growth. They involve taking the time to allow students reflect as they answer the following questions:

1. What have I learned?
2. Why did I learn?
3. When have I learned?
4. In what circumstances?
5. Under what conditions?
6. How have I learned or not learned and do I know what kind of learner I am?
7. How does what I have learned fit into a full, continual plan for learning?
8. What difference has learning made in my intellectual, personal, and ethical development?
9. In what ways is what I have learned valuable to have learned at all?

Scoring rubrics are explicit schemes for classifying products or behaviors into categories along a continuum. They can be used to classify virtually any product or behavior from essays to works of art. They can be used to provide feedback, to grade, or to assess. Self, faculty, students, and others can make judgments. There are two major types of scoring rubrics: holistic scoring – one global score for a product or behavior, and analytical rubrics – separate scoring of specific characteristics of a product or behavior. Rubrics should be provided to students up-front on their syllabi.

The strengths of rubrics include:

1. Complex products or behaviors can be examined efficiently;
2. They can help to precisely define faculty expectations;
3. Well-trained reviewers apply the same criteria and standards which promotes consistency;
4. Rubrics are based on criteria rather than norms; and,
5. Students can use them to assess their own work or others can assess them.



Helpful Hints for the Successful Reaffirmation Process and Report

by Blanche Radford Curry



- ⇒ Use the 5 C's checklist for successful accreditation reports: clarity, conciseness, completion, correctness, and courteous.
- ⇒ To make core requirement 2.5 (the Institutional Effectiveness process) work effectively, involve ongoing integration of research based planning/evaluation processes that incorporate a systematic review of institutional mission, goals, and outcomes, resulting in continued improvement in institutional quality and demonstration of institutional effectiveness in accomplishing its mission.
- ⇒ Develop meaningful partnerships based on commitment, communication, and trust.
- ⇒ Do not use SACS as a means of punishment for faculty/staff.
- ⇒ SACS should have faculty ownership.
- ⇒ Clarify the role and responsibilities of Academic Affairs in the process.
- ⇒ View SACS as an ongoing project, rather than for a SACS visit.

The Voluntary System of Accountability (VSA)

by Kelly Charles

“Hampton University developed their QEP to target mathematics and financial literacy. Points of interest included strategies to identify and select the focus of the QEP, developing the long-range goals that would be specifically addressed in the QEP, using institutional effectiveness data to drive the QEP and evaluating the QEP. I was impressed with the campus-wide projects and the community engagement efforts which focused major constituencies on discussions related to the QEP.

--Kelly Charles

Three hundred and ten (310) public universities have agreed to participate in the VSA. College Portrait templates for each of the participating institutions are currently available and serve as a clearinghouse to track standardized information.

This portrait includes student engagement data, aggregate reports on written communication, problem solving, and critical thinking, as an example. The overall goal of the VSA is to systematically collect data on students' preparation for work, global skills and civic engagement. Fayetteville State University is one of the IHE participating in the voluntary system of accountability. The VSA website is <http://www.aascu.org/accountability/survey/?u=1>. Check us out!



“Good” and “Bad” Practices Employed by Institutions during the Assessment Process

by Dean Swinford, Pamela Jackson, and Rollinda Thomas

Good Practices

1. Strong administrative support.
 - a. Reports actually read and used in decision-making by chairs, deans, administrators.
 - b. People not punished for reporting less-than-perfect outcomes.
 - c. Classroom assessment techniques are offered to build a culture of assessment.
 - d. Assessment recognized as a time-consuming process.
2. Start with things that work—don’t reinvent the wheel.
 - a. Existing course/ programs used creatively for program outcomes assessment. Be systematic:
 - i. Capstone courses.
 - ii. Embedded work to capture artifacts for later analysis.
 - b. Curriculum maps provide a good starting point.
3. Use multiple measures and seek external validity.
 - a. People trained to use rubrics (“useful” in loose sense).
 - b. Instructors not the main source of evaluative information.
 - c. Not all assessment eggs in the same assessment basket.
4. Direct and indirect assessment measures needed.



Bad Practices

1. Doing assessment because accreditors say you have to do it.
 - a. Reports titled “SACS report.”
 - b. Seeing this as external and not an internal process.
 - c. Use of a standard required template, often with reports partially filled out.
 - d. Software/ structure more important than content.
 - e. Identical wording year after year.
2. Environment where administrators are entirely responsible for program assessment.
 - a. No faculty development activities related to assessment/ evaluation techniques.
 - b. Report contents show no indication of broad faculty involvement.
 - c. No linkage of course content to program goals.
3. Confusing course assessment with program assessment.
 - a. Program assessment based on course completion as evidence of competence and/ or outcomes assessment.
 - b. Faculty as free agents—no interaction among faculty teaching the same subject.
 - c. Faculty not teaching “core” gen. ed courses view gen. ed content as “their” (not “our”) responsibilities.
4. Insufficient concern about matching assessment tools to outcomes.
 - a. Exams given, but no results.
 - b. General results for national exams, but no interpretation of results (MAPP, CAAP, MRT).
 - c. Using national exams to reach conclusions not related to desired competencies.

What Does an IE Evaluator Look For?

by Rollinda Thomas

- I. The IE Evolutionary Cycle
 - a. Institutions' first IE is often basic and perfunctory. Common misconceptions include:
 - i. They erroneously think course grades are program assessment. Many factors contribute to an assigned grade.
 - ii. Mistake completed strategies for assessments. Example: Revising Student-Teaching Handbook. This is a strategy, not an assessment goal.
 - iii. List portfolios as an assessment, but have not developed a rubric. This converts a portfolio into a numerical assessment.
 - iv. Try to cover with academic jargon; "teach" what institutional effectiveness is and is not. They may be too specific or not specific enough.
 - v. Poor alignment between assessments and outcomes and goals. Example: The following outcome and assessment are not aligned.
 1. Outcome: To develop ethical pilots with character who are leaders in their field.
 2. Assessment: Federal Aviation Administration Exams
 - vi. Fail to close the loop
 1. Modifications come from nowhere (not tied to IE results)
 2. No assessment results are cited. This is the same as not having results and not being able to show continuous improvement.
 3. Some cite results, but do nothing about them.
 - b. Advanced Institutions in the IE evolutionary cycle
 - i. Benchmark against other institutions
 - ii. Recognize that surveys are subjective, incomplete assessments of academic programs
 - iii. Use an assortment of well-matched assessment types
 1. Academic units – major field tests, exit interviews, employer surveys, rubrics, internship supervisor surveys, etc. Remember, one size does not fit all.
 2. Administrative units – internal logs, financial records, financial audit, work order summaries, surveys, focus groups, etc.
 3. Show learning objectives and outcomes, not just major exit exams (PRAXIS, NCLEX Nursing Exam, etc.).
 4. Use exam outcomes to provide feedback for future instructional decisions.
 5. You can have a focus group twice a year to determine whether the program is in compliance.
 6. Be honest. Do not indicate that the institution is in compliance if it isn't. Just include a statement that "While we believe there is significant progress, these are the things we need to work on. These are the things we do well, these are the things that need improvement."
 - c. Questions on the IE Evolutionary Cycle
 - i. Is your institution in the early phase or advanced? What will move them to grow?
 - ii. Use internal resources. Are there select academic programs and administrative support units who can teach others?
 - iii. What can you do if your compliance certification is due in a year? Six months? Three months?
 - d. IE is operational, covers the bases, maintains the core of your operations, and sees that you accomplish your reason for existence. These goals/outcomes don't change much from year to year. Strategies for accomplishing these goals may and probably should change.
 - e. Strategic planning is the long-term, rifle-shot aim you take at future, targeted goals. It moves beyond the status quo and includes new initiatives.

What Does an IE Evaluator Look For? (cont.)

by Rollinda Thomas

II. Document Compliance with SACS IE Principles 2.5 and 3.3.1: What Does the IE Evaluator Need to See?

- a. Numbers; percentages, comparative, longitudinal data (research-based)
- b. IE documentation for complete cycles. Ongoing and systematic.
- c. How many cycles does it take to prove that IE is more than episodic? More than two years, ideally all you have.
- d. What do you do with the results? Leaders analyze, share, discuss, and act upon the results. Analysis. Integrated.
- e. Highlighted sections pointing to the proof (Evidence of improvement)
- f. What makes a SACS IE committee member's job difficult?
 - i. Count the number of IE pages for a single program.
 - ii. Multiply this number by three (ongoing cycles for evidence)
 - iii. Multiply this sum by the number of your IE units (estimate)
 - iv. For an off-site committee, multiply this sum by 3-4.
 - v. Help the IE evaluator find important documentation. Go straight to the relevant documentation and highlight it. Mention important evidence in the narrative.
- g. Questions on Documentation
 - i. Bullets and charts can be used, but not too much flowery language. Remain concise and to the point. Summarize.
 - ii. Policy, Practice, and Product. These are the three things to focus on in the narrative. Point to evidence (documentation) of each.
 - iii. What if the IE reports are too long and contain extraneous information? Glean the essential information and direct the IE reviewer to it. Bracket them, highlight them, label it, etc.
 - iv. Have you read all of your IE reports? Don't assume that everybody gets it. Schedule time to meet with people to make certain that they turn in important charts, numbers, and information. Give reminders and helpful examples to move people forward.
 - v. If the reports do not contain results (numbers), what can you do about it now? Admit where you are in the process and highlight the data you do have. Develop charts from previous exit exams or information. Identify the data you need to collect.
 - vi. Nichols model (five column model, four separate documents for each program).

III. How to Organize IE Narrative and Documentation: Where Does the IE Reviewer Begin

- a. Organizational charts, policy books (faculty-staff handbooks, etc), catalogs, and website
- b. Provide charted overviews of programs and department matched to these. Institution-wide. 2.5. (Sample provided below) Show Department, Units and Majors, Strategies, Outcomes, etc. and provide links to evidence.
- c. Chartist overviews on the website can include hyperlinks so the IE evaluator can immediately view documentation of each.
- d. It may be unusual to have checks in every square of a chart
- e. Problems with organization:
 - i. No overview of which units submit IE and when.
 - ii. Multiple formats for documentation; no consistency in format or language (call them assessments, goals, outcomes, etc.)
 - iii. Confusion about programs offered in traditional vs. nontraditional formats
 - iv. Inconsistent names used for same program, office, or assessment
 - v. Mismatch between IE academic unit documentation and information in catalog and website
 - vi. Mission statement should include measurable objectives, not just broad statements (how can you quantify the economic impact to the state, etc.)
- f. Organize your narrative by key terms. Underlined terms represent hyperlinks that would appear on a website that the IE evaluator can visit.
 - i. Ongoing – The chart of IE units with their submission dates illustrates that 95% of the institution's academic programs and administrative support units have engaged in IE processes for three cycles beginning in 2005-2006 and continuing through 2008-2009, ...
 - ii. Integrated – IE processes are integrated into the fabric of the academic programs which may be seen in the example of minutes from an Academic Council meeting...
 - iii. Institution-wide – A comparison of the university's organizational charts and its chart of IE units illustrates the majority of the academic programs and support departments are responsible for planning and assessment...
- g. What else must you prove?
 - i. Systematic
 - ii. Research-based
 - iii. Continuing improvement
 - iv. Accomplishing mission
- h. Identify outcomes (for educational programs and administrative/educational support services). Assess whether it achieves these outcomes.
- i. Provide evidence of improvement based on analysis of those results.

IV. How to Conduct IE Audit: How Can You Know If You Are In Compliance?

- a. Schedule time between unrelated departments.
- b. Take one year's plan and exchange it with another department. This allows you to view documentation through the eyes of an off- or on-site committee member.
- c. Try to match the goals with data that documents them. You can use a sample IE Audit Form.
- d. Evaluate one another's results

What We Should Be Doing Now: Initial Planning and Participation

STUDENTS

- Participate in the NSSE Survey—you received notification of how to participate by email.
- Complete the Advisement survey each semester.
- Accept and/or volunteer for positions on the self-study committees and participate fully in committee work as assigned.



STAFF

- Participate in the Campus Quality Survey—it is offered annually in the Spring through Institutional Research.
- Make sure you know and understand the policies that relate to you and your job, i.e., how to process requests, how to respond to complaints, how to create and retrieve records, and how and when to keep or destroy records.
- Complete your page on the Academic Scholars website
- Ensure that the campus directory is up to date for your unit and yourself.
- Maintain records of your professional goals and how you have met them.
- Maintain records of your evaluations.
- Make sure all documents that you produce for your unit are in digital format and organized by date—this includes minutes, newsletters, work orders, sign-in sheets/reports for laboratories, sign-out reports for equipment, etc.



FACULTY

- Participate in the Campus Quality Survey—it is offered annually in the Spring through Institutional Research.
- Update your faculty website to adhere to FSU guidelines for faculty websites, include any additional studies or other scholarly activity you have completed related to your course assignments, include your course loads for each semester starting fall 2008, links to your syllabi, an adviser link where you provide general advisement information or link students to a site with general advisement information and a link to the Scholars website.
- Enter your educational, scholarly and service activities into the Scholars system and keep it up to date.
- Participate in the strategic planning processes for your department, your school or college, and the university by developing written, personal annual goals that are aligned with the FSU strategic priorities and your unit goals.
- Participate in the faculty evaluation Beta test.
- Participate in the design and implementation of program assessment processes that go beyond course grades as evidence of student learning in the degree programs in which you teach.
- Participate on SACS Committees as requested.

What Should We Be Doing Now: Initial Planning and Participation in the Reaffirmation

UNIT HEADS

Unit heads have responsibility to:

- ◆ Participate in the Campus Quality Survey—it is offered annually in the spring through Institutional Research.
- ◆ Ensure that the goals, objectives and policies of your unit are written, current and accessible to all impacted by them, i.e., staff, faculty and students.
- ◆ Ensure that minutes or other documents are available as evidence that your unit has goals and objectives which are evaluated annually and modified based on an analysis of the data collected to assess the effectiveness and efficiency of the implementation of your plans.
- ◆ Ensure that there is evidence of participation in professional development by the persons under your supervision.
- ◆ Identify and/or verify baseline data available for your unit's services, e.g., the number of students enrolled in a degree program, advisee lists, the number of students participating in extracurricular activities or service learning activities and the nature of these, the results of the Campus Quality Survey or the NSSE or the FSSE that apply to your unit, the number of calls for service to which you responded this year.
- ◆ Participate in the budget planning process as requested.
- ◆ Create an Operational Plan and Assessment Record for 2009-2019 by August 30 based on quantitative data about your unit and the strategic priorities for 2009-2014.

There is something for all of us to do.

We are all responsible for our continued accreditation.

Let's all do our part to be ready when SACS comes!

DIVISION HEADS

Division Heads have the responsibility to:

- ◆ Participate in the Campus Quality Survey.
- ◆ Ensure that the units under your supervision are employing good practices of institutional effectiveness and that the division has operational goals.
- ◆ Ensure that the policies and procedures of your unit are current, written, and accessible to all impacted by them i.e., staff, faculty, students, and board members.
- ◆ Ensure that minutes or other documents are available as evidence that your unit has goals and objectives, which are evaluated annually and modified, based on an analysis of the evaluation results.
- ◆ Ensure there is evidence of participation in professional development by the persons under your supervision.
- ◆ Create an Operational Plan and Assessment Record for 2009-2019 by August 30 based on quantitative data about your unit and the strategic priorities for 2009-2014.

CHANCELLOR/CHIEF OF STAFF

Chancellor/Chief of Staff have the responsibility to:

1. Ensure that there are appropriate resources allotted to support the self-study process.
2. Encourage the interconnectedness of the strategic planning processes with the SACS standards.
3. Ensure that policies of the Board of Trustees are clearly understood by members of the Board and that there is evidence (documentation) that the Board follows those policies.

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