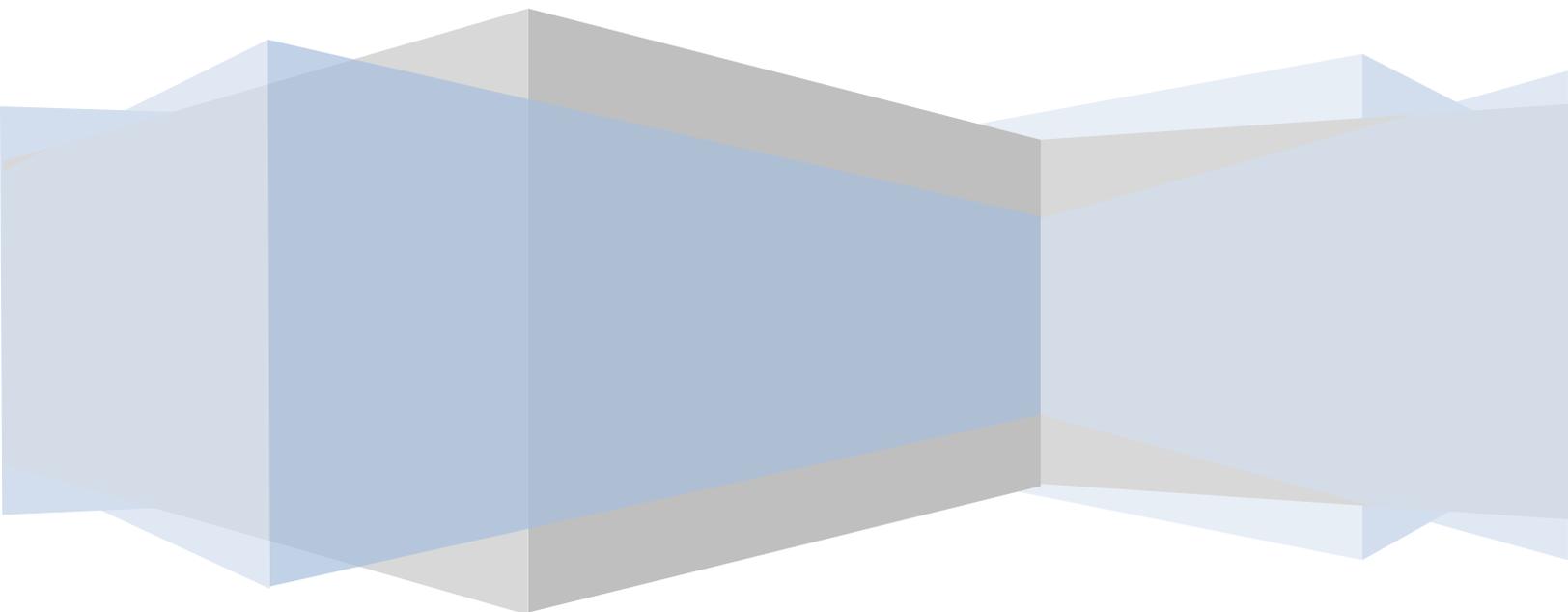


Disability Resource Center  
San José State University

# Learning Outcomes and Assessment Report 2011 / 2012



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**2011 / 2012**

**INTRODUCTION**

During the Academic Year 2011/2012, in continuing with the Division of Student Affairs charge to participate in student Learning Outcomes (LO), the LO Assessment Committee reasoned that the Disability Resource Center's (DRC) first two LO's continue to be vital to the academic success of students with disabilities. To this end, the DRC has maintained its process of ascertaining students' skill sets with respect to students' knowledge of their disability and accompanying functional limitations (see Appendix A for a comprehensive outline of the Process).

**Learning Outcome #1:**

- a. Student can name his/her specific disability with ease.
- b. Student can describe his/her specific disability with ease (e.g. student can provide one to three characteristics/symptoms of the diagnosed disability).
- c. Student can articulate (through concrete examples) how the effects of his/her disability impact the student in an academic setting.
- d. Student can communicate to others (including professors) the ways that the functional limitations of his/her disability impact the student in an academic setting.

**Learning Outcome #2:**

- a. Student understands the impacts of the functional limitations of his/her disability on specific curriculum requirements and can determine reasonable accommodations.
- b. Student can communicate to professors the need for curriculum-related accommodations.

**The student Learning Outcomes assessed the following student skills:**

1. Disability diagnosis knowledge and elaboration accuracy (LO #1a and b)
2. Knowledge of accommodation needs and the relationship of disability needs to curriculum requirements (LO #2a)

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## ASSUMPTIONS

The following assumptions were acknowledged by the LO Assessment Committee:

- Students will answer the questions posed on the *DRC Confidential Student Intake Form* honestly and freely.
- Students are not answering questions to please the Counselor or to portray themselves more positively.
- Students accept that they have a disability as evidenced by their registration with the DRC.

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## METHODOLOGY

Upon first registering with the DRC, new or existing University students completed the following two questions on the *DRC Confidential Student Intake Form* which correlated to LO #1 and #2 respectively (see Appendix A for a copy of the instrument) :

- “What is the name of your disability(ies)? If the specific name of your disability is not coming to mind, simply explain what the disability is in a few words.”
- “Provide at least one example of how your disability(ies) impacts you in your daily activities (i.e., in the classroom, studying, talking tests, reading, etc.).”

Three hundred ninety six (396) completed the aforesaid questions by means of self-report. Of the 396 students, 130 have a learning disability; 56 have a psychological disability; 65 have Attention Deficit/Hyperactivity Disorder, 23 have Autism Spectrum Disorder; and 122 students fall into the category of ‘other’ which includes physical and temporary disabilities.

The *DRC Confidential Student Intake Form* solicited information to assist DRC counselors in providing students with individualized academic support specific to their disability related functional limitations and potential impact on curriculum requirements. Five professional counselors met one-on-one with students and conducted an intake via the interactive process. The intake process was standardized and conducted in the following manner:

- Counselors utilized information presented by the student on the *DRC Confidential Student Intake Form* to begin the discussion with the student;
- Counselors recorded student responses on the *Learning Outcomes Counselor Response Sheet* and rated student responses on the following scale: No, Somewhat, and Yes (see Appendix A for a copy of the instrument). While the *DRC Confidential Student Intake Form* aimed to determine students’ **perceptions** of their disability, the *discussion* with

the counselor aimed to determine the **accuracy** of students' disability knowledge and functional limitations. The in-person assessment permitted the counselors to observe the students' responses to the questions and into the students' nonverbal communication.

- Counselors verified students' information while referencing submitted documentation to validate whether the student could name his/her disability and accompanying functional limitations;
- Based on the students' responses, the counselor proceeded with the intake using one of two discussions:
  - Student correctly named his/her disability:
    - Counselor initiated a holistic discussion with the student regarding his/her disability, utilizing the counselor's professional knowledge along with the student's input. Using the example(s) provided by the student with regard to the daily impact of his/her disability (i.e. in the classroom, studying, taking test, reading, etc.), the counselor and the student discussed the information for clarification and application to the student's coursework.
  - Student could not name his/her disability:
    - Counselor utilized student's submitted documentation in conjunction with the counselor's professional knowledge to inform and educate the student concerning the nature of his/her specific disability, as well as the functional limitations presented by the disability. Given that the student either provided a limited example, or was unable to provide an example regarding the daily impact of his/her disability (i.e. in the classroom, studying, taking test, reading, etc.), the counselor worked with the student to identify specific functional limitations which could potentially impact curriculum requirements. Subsequently, the counselor worked together with the student in reviewing course syllabi to extrapolate information to assist in determining level of impact the disability would have on the curriculum, if any.

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## RESULTS

Counselors engaged with 396 students new to the DRC, ranging from freshman to senior standing as well as graduate students. There were disparities between students' perceived notions of their disability, and presenting functional limitations, as well as the actual disability diagnoses, and functional

limitations. Each time a students' perception did not match accurate disability-related information, counselors educated students. Counselors referred to the disability documentation in the student's case file in conjunction with the counselor's disability knowledge when educating students. What follows is data on students' expressed knowledge of their disabilities and the impacts of their disabilities on daily activities as assessed by the end of the intake session with the counselor.

**Statement One:** "What is the name of your disability(ies)? If the particular name of your disability is not coming to mind, simply explain what the disability is in a few words."

In response to the first question on the *DRC Confidential Student Intake Form (assesses perceptions)*, "What is the name of your disability(ies)? If the particular name of your disability is not coming to mind, simply explain what the disability is in a few words." Following the student's self-report during the intake session, the counselor discussed the response with the student and recorded the student's oral response on the *Learning Outcomes Counselor Response Sheet (assesses actual knowledge)* using the following scale to determine whether the objective was met: "Yes, Somewhat, or No".

Responses revealed the following:

- 346 (87%) students accurately named their disability and could effectively explain the disability;
- 16 (4%) students could not name their disability or explain it; and
- 34 students (9%) could somewhat name and explain their disability.

**Statement Two:** "Provide at least one example of how your disability(ies) impacts you in your daily activities (i.e., in the classroom, studying, taking test, reading, etc.)"

In response to the second question on the *DRC Confidential Student Intake Form (assesses perceptions)*, "Provide at least one example of how your disability(ies) impacts you in your daily activities (i.e., in the classroom, studying, taking test, reading, etc. )" Following the student's self-report during the Intake session, the counselor discussed with the student his/her response and recorded the student's oral response on the *Learning Outcomes Counselor Response Sheet (assesses actual skills demonstrated)* using the following scale to determine whether the objective was met: "Yes, Somewhat, or No".

Responses revealed the following:

- 367 (93%) students accurately provided at least one example of how their disability impacts them in their daily life;
- 9 (2%) students could not provide an example; and
- 20 (5%) could somewhat provide an example.

As expected, the positive results for LO #2 exceeded the positive results of LO #1 by 6%. This can be attributed to the fact that students often find it easier to give examples of the effects of their disabilities instead of providing information about the disability itself. In addition, the number of students who answered yes to statements one and two, decreased from the previous year. This could be attributed to a sharp increase in populations of students with those specific categories of disabilities that may affect their ability to understand or articulate an answer to the question.

<b>Learning Outcome</b>	<b>2010/2011</b>	<b>2011/2012</b>	<b>Change</b>
LO 1	91%	87%	-4%
LO 2	96%	93%	-3%

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## **LIMITATIONS**

Portions of the LO data collected may have been affected by the change in staffing that occurred in Fall 11, during which one DRC counselor vacated her position. Every effort has been made to confirm all student responses were accounted for; however, data may still be incomplete.

The new/proposed ongoing assessment plan to collect information on an additional tier of data for Spring 11 (see ongoing assessment section below) was postponed, and will be implemented at a future date; however, due to staff member leave and loss of 3 counselor positions, the time frame is yet to be determined.

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## **ONGOING ASSESSMENT**

Currently, the Learning Outcomes for students are assessed during their initial intake meeting with a DRC counselor. This is effective in providing a baseline of the students' knowledge of their own disabilities and the impact of the disability on their lives. In order to assess students' ongoing progress toward the learning outcomes, the DRC is considering implementing an additional tier of data collection to the Learning Outcome assessment process in the future. This additional tier may include the collection of qualitative data in the form of a self-evaluation/survey from all new and returning DRC students. This data will be collected each semester to monitor the students' responses and will implement a method of data collection that can be modified to assess other learning outcomes in the future as necessary.

## Appendix A

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DRC Learning Outcomes 2011 – 2012 Process Procedures

Instrument: *DRC Confidential Student Intake Form*

Assessment Tool: *Learning Outcomes Counselor Response Sheet*

# DRC LEARNING OUTCOMES

## 2011 - 2012

### PROCESS PROCEDURES

#### Learning Outcomes

Newly registered students will work one-on-one with a DRC Counselor to:

1. identify their specific disability; and
2. Identify their functional limitations resulting from the disability.

#### DRC Goals

- To assess the level of student's disability knowledge to facilitate a successful learning experience
- To assist students in gaining an understanding of his/her functional limitations and how the functional limitations will/will not impact his/her curriculum requirements

#### Target Population

- New students exclusively  
(definition of new student: new to DRC, **NOT** SJSU)

#### LO Timeline

- Data Collected July 1 2011 to June 30 2012
- Assessment report: Summer/Fall 2012

## Procedures

1. Susan/student assistant receives completed *DRC Confidential Student Intake Form* from student prior to meeting with counselor to ensure student has signed his/her initial at the bottom of page one and completed LO questions.
2. *DRC Confidential Student Intake Form* is scanned to the student's confidential file by Susan/student assistant.
3. Susan/student assistant gives hard copy of student's *DRC Confidential Student Intake Form* to scheduled counselor for meeting with student.
4. When counselors are finished with the *DRC Confidential Student Intake Form* counselors place the intake form in the "To Be Filed" box on the student assistant desk<sup>†</sup>
5. Intake forms collected to a central file.
6. Susan/student assistant to file *DRC Confidential Student Intake Form* in the central file
7. Counselors to retain individual *Learning Outcomes Counselor Response Sheet*<sup>†</sup>

## Action Steps

1. When Front Desk schedules appointment, informs student to arrive 15 minutes early to complete *DRC Confidential Student Intake Form*
2. Prior to first meeting with counselor, student completes *DRC Confidential Student Intake Form* answering questions pertaining to his/her disability as accurately as he/she is able to
3. During student's scheduled appointment, counselor begins dialogue with student regarding student's disability utilizing student's *DRC Confidential Student Intake Form* responses as a guide
4. Counselor determines student's disability knowledge and accuracy based on student's Intake process and student submitted disability documentation
8. Counselor completes *Learning Outcomes Counselor Response Sheet*<sup>†</sup>

† Forms used for the 2011-2012 LO assessment report. As of August 1, 2012, responses are paperless and are recorded by counselors in the student database.

# DRC Confidential Intake Form

Administration (ADM) Bldg., Rm. 110 · One Washington Square, San Jose, CA 95192 · v. (408) 924-6000 · TTY (408) 924-5990 · f. (408) 924-5999

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last name, First name mm/dd/yyyy

Gender:  M  F Date of Birth: \_\_\_\_\_ SJSU ID: \_\_\_\_\_  
mm/dd/yyyy 9-digits

Major: \_\_\_\_\_ Are you a:  DOR client  Veteran

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City, State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(xxx) xxx - xxxx (xxx) xxx - xxxx

Email: \_\_\_\_\_

Can we leave a message?  Yes  No Preferred Contact:  Home Phone  Cell Phone  Email

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(xxx) xxx - xxxx

In the event of a campus emergency, do you require specific evacuation assistance?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you currently use any assistive technology? (Check all that apply)

- Kurzweil  Read and Write Gold  Jaws  Dragon Naturally Speaking  
 Natural Reader  Inspiration  Alternative media (e-text, Braille, enlarged print)

Other \_\_\_\_\_

If you are a prospective student, have you applied to SJSU?  Yes  No  N/A

If yes, for what term have you applied or been admitted? \_\_\_\_\_  
ex: Fall 2014

Year entered SJSU: \_\_\_\_\_ Entered as a:  Freshman  Transfer Std.  Grad Std.

## Disability Information

The information you provide below will assist DRC Counselors in providing you with individualized academic support specific to your disability related limitations and curriculum requirements.

Please provide responses, in a few sentences, below.

### ALL INFORMATION WILL REMAIN CONFIDENTIAL.

1. What is the name of your disability(ies)? If the particular name of your disability is not coming to mind, simply explain what the disability is in a few words.

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2. Provide at least one example of how your disability(ies) impacts you in your daily activities (i.e., in the classroom, studying, taking tests, reading, etc.).

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#### **DRC OFFICE USE ONLY - Parking Only:**

Short-term    *End Date:* \_\_\_\_\_     Long-term  
mm/dd/yyyy

# Learning Outcomes Counselor Response Sheet

Administration (ADM) Bldg., Rm. 110 · One Washington Square, San Jose, CA 95192 · v. (408) 924-6000 · TTY (408) 924-5990 · f. (408) 924-5999

Date: \_\_\_\_\_ Semester: \_\_\_\_\_  
mm/dd/yyyy Term yyyy

Counselor Name: \_\_\_\_\_  
First name

Student Name: \_\_\_\_\_  
Last name, First name

SJSU ID: \_\_\_\_\_ Disability: \_\_\_\_\_  
9-digits

<b>Learning Outcome Questions</b>	<b>Counselor Response</b> <i>(Yes/Somewhat/No)</i>	<b>Met Objective</b> <i>(Yes/Somewhat/No)</i>
1. What is the name of your disability(ies)? If the particular name of your disability is not coming to mind, simply explain what the disability is in a few words.		
2. Provide at least one example of how your disability(ies) impacts you in your daily activities (i.e., in the classroom, studying, taking tests, reading, etc.).		