

## 2010-2011 Assessment Report for Division of Student Affairs

Department	Disability Resource Center
Person(s) Submitting Report	Cindy Marota
Date	September 1, 2011
Director Signature	

**Please list department learning outcomes (add rows if needed).**

Learning Outcome #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.
Learning Outcome #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.).

**For Fall 2010, please indicate which learning outcomes were the focus of data collection, type(s) of assessment was/were utilized, and results.**

L.O. #	Was data collected in Fall 10?	Type(s) of assessment utilized	Findings ( <i>how many students participated in assessment, most significant findings, summary of themes and/or actual data if available</i> )				
1	Yes	Student Intake Form, Counselor Response Sheet & Interactive Process	Fall 2010				
			Response	Fall 10 LO #1 Counselor Response	Fall 10 LO# 1 Objective Met	Fall 10 LO #2 Counselor Response	Fall 10 LO# 2 Objective Met
2	Yes	Student Intake Form, Counselor Response Sheet & Interactive Process	Yes	91	103	109	107
			No	0	0	1	0
			Somewhat	19	10	3	6
			Fall 2010 Total: 113 Both Forms Completed: 103				

**For Fall 2010, please indicate if findings noted above were discussed in your department and/or what actions have been taken in response to the findings.**

<b>L.O. #</b>	<b>How were findings analyzed?</b> ( <i>statistical analysis, generation of common themes, benchmarked with previous data</i> )	<b>How were findings communicated to staff in your department?</b> ( <i>staff meeting, retreat, email, etc</i> )	<b>Actions taken as a result of findings</b> ( <i>revised training, revised curriculum for workshops, revised materials, development of a new instrument, revised instrument, etc</i> )
1	1) student self - report 2) counselor response sheet verified w/ student's submitted documentation 3) interactive process  See attached report for comprehensive response	Case Management Team meetings	Continue to meet with individual students to confirm knowledge of disability and/or to educate students on their functional limitations.
2	Intake appointment & Case Management Team meetings	Case Management Team meeting	Increased collaboration with community resources as well as on campus services. Self-evaluation and survey to assess students' ongoing progress.

**For Spring 2011, please indicate which learning outcomes were the focus of data collection, type(s) of assessment was/were utilized, and results.**

<b>L.O. #</b>	<b>Was data collected in Spring 10?</b>	<b>Type(s) of assessment utilized</b>	<b>Findings</b> ( <i>how many students participated in assessment, most significant findings, summary of themes and/or actual data if available</i> )				
1	Yes	Student Intake Form, Counselor Response Sheet & Interactive Process	Spring 2011				
			<b>Response</b>	<b>Spring 11 LO #1 Counselor Response</b>	<b>Spring 11 LO# 1 Objective Met</b>	<b>Spring 11 LO #2 Counselor Response</b>	<b>Spring 11 LO# 2 Objective Met</b>
2	Yes	Student Intake Form, Counselor Response Sheet & Interactive Process	Yes	73	85	87	90
			No Somewhat	2 18	0 8	2 4	1 2
			Spring 2011 Total: 93 Both Forms Completed: 91				

**For Spring 2011, please indicate if findings noted above were discussed in your department and/or what actions have been taken in response to the findings.**

<b>L.O. #</b>	<b>How were findings analyzed?</b> ( <i>statistical analysis, generation of common themes, benchmarked with previous data</i> )	<b>How were findings communicated to staff in your department?</b> ( <i>staff meeting, retreat, email, etc</i> )	<b>Actions taken as a result of findings</b> ( <i>revised training, revised curriculum for workshops, revised materials, development of a new instrument, revised instrument, etc</i> )
1	1) student self - report 2) counselor response sheet verified w/ student's submitted documentation 3) interactive process  See attached report for comprehensive response.	Case Management Team meetings	Continue to meet with individual students to confirm knowledge of disability and/or to educate students on their functional limitations.
2	Intake appointment & Case Management Team meetings	Case Management Team meetings	Increased collaboration with community resources as well as on campus services. Self-evaluation and survey to assess students' ongoing progress.

**For Fall 2011, please indicate which learning outcomes will be the focus of data collection and what type(s) of data collection will be utilized.**

<b>L.O. #</b>	<b>Will data be collected in Fall 10?</b> ( <i>yes/no</i> )	<b>Type of assessment utilized</b> ( <i>rubric, survey, test, focus group, evaluations, etc</i> )
1	yes	Student Intake Form, Counselor Response Sheet & Interactive Process
2	yes	Student Intake Form, Counselor Response Sheet & Interactive Process

**Based on your assessment experience in 2010-11, what changes (if any) do you plan to make for 2011-12 related to learning outcomes?** (*instrument, analysis, communication to staff, etc*)

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 will be implementing an additional tier of data collection to the Learning Outcome assessment process beginning in Spring 2011. This additional tier includes 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.

**For 2010-11, please indicate any satisfaction assessments that were completed for your department.**

<b>Date and type of assessment (survey, focus group, etc)</b>	<b>What areas were assessed related to satisfaction? (services, service hours, customer service, etc.</b>	<b>Findings (# of students who responded, response rate, summary of themes, etc)</b>
N/A		

**For 2010-11, please indicate any other assessment activities that took place in your department (usage, demographics, event participation, etc).**

See attached report for comprehensive response

*Assessment reports for 2010-11 are due September 30, 2011 to Sharon Willey with a copy to department's Associate Vice President. Thank you.*