**Annual Departmental Plan Report**

**Program Information**

Program/Department: Human Services/Behavioral Sciences

Department Chair: Dr. Christine Shane

Department Assessment Committee Contact: Dr. Lynne Kellner

***Please be as detailed as possible in your responses. We will use this information to fulfill our NECHE requirements and this report will help with your next Program Review or aid with your external accreditation. This file is to be kept in the department and an electronic file is due to the Director of Assessment by May 31 each academic year.***

**Program Learning Outcomes (PLOs) (Educational Objectives)**

1. **List all PLOs and the timeline for assessment.**

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| **PLO #** | **PLO – Stated in assessable terms.** | **Timing of assessment (annual, semester, bi-annual, etc.)** | **When was the last assessment of the PLO completed?** |
| **1.** | Students will apply an ethical decision-making model to demonstrate critical understanding of and ability to apply relevant ethics in analyzing a professional dilemma in the HMSV field. (See Appendix A)(K) | Annual | Spring 2019 |
| **2.** | Students will be able to advocate for marginalized groups (See Appendix B, C, & D) (S and K) | Annual | Spring 2019 |
| **3.** | Students will be able to assess, analyze, and synthesis empirical research from a Human Services primary source. (S) | Each semester | Spring 2019 |
| **4.** | Adhered to ethical standards in the Human Services Field (A) | Annual | Spring 2019 |
| **5.** | Students will be able to write a professional level Mental Status Exam (S) | Annual | Fall 2018 |
| **6.** |  |  |  |

1. **PLO Assessment (Please report on the PLOs assessed and/or reviewed this year, programs should be assessing at least one each year.)**

Using the table below, list and briefly describe the **direct method(s)** used to collect information assessing whether students are learning the core sets of knowledge (K), skills (S) and attitudes (A) identified as essential.

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| **PLO #** | **Assessment description (exam, observation, national standardized exam, oral presentation with rubric, etc.)** | **When assessment was administered in student program (internship, 4th year, 1st year, etc.)** | **To which students were assessments administered (all, only a sample, etc.)** | **What is the target set for the PLO? (criteria for success)** | **Reflection on the results: How was the “loop closed”?** |
| 1 | Series of three papers (K)Reviewed expectations and explained answers after returning first set of papers. | Juniors-Seniors | All students in Professional Issues Class (N=12) | Minimum of 7.5 on 10-point scale | One the first paper, 4 students did not meet the criteria. On papers 2 & 3, only 1 student did not meet the criteria. |
| 2 | Group Project and Oral presentation (K and S) | Sophomores-Juniors | All students in the Diversity in HMSV Class | Minimum grade of 80/100 | When first implemented, (Fall 2017), students produced well-meaning, but not well-researched programs and had difficulty integrating complex information. As a result, the rubric was revised to better scaffold the assignment; it resembles a grant proposal (minus funding requests). Students were given more specific prompts to walk them through the process of developing the foundation of a human services program: they also acted as “reviewers” to evaluate one another’s proposals and presentations. As a result, in Spring 2019, 21 of the 23 (92%) students in the class met the criteria of 80% or better using the rubric   |
| 3 | Article Critique Paper (Appendix E) | Sophomores-Juniors | Research Methods Class | Minimum of Proficient Rating | The textbook was switched to *Research Methods for Social Workers*(8th ed.) by Yegidis, Weinbach, and Myers. In Fall 2018, 85.71% (18/21) and in Spring 2019, 94.73% (18/19) scored proficient or higher on the article critique rubric. |
| 4 | Site Supervisor’s Evaluation from Practicum | Senior Capstone | All students in Internship | Minimum of 4 on 5-point scale | Student scores averaged 4.83; goal achieved and continue to monitor |
| 5 | Paper (See Attached F) (S) | Senior Year | Students in HMSV 3800: Case Management Class (N = 18) | Minimum 17/20 points | 83% of students met criteria; the lecture will be re-focused to include more on “Thought and Perceptual Difficulties”, which the students scored lowest on. |

1. **Summary of Findings:** Briefly summarize the results of the PLO assessments reported in Section II above combined with other relevant evidence gathered and show how these are being reviewed/discussed. How are you “closing the loop”?

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| **Other than GPA, what data/ evidence is used to determine that graduates have achieved the stated outcomes for the degree? (e.g., capstone course, portfolio review, licensure examination)** | **Who interprets the evidence?** **What is the process?****(e.g. annually by the curriculum committee)** | **What changes have been made as a result of using the data/evidence? (close the loop)** |
| 1 & 4 above: Feedback from site supervisors for Case Management class and Internship (Formal evaluation form) | Faculty supervising practicum/internship and Field Placement Coordinator; reviewed every semester | Included more emphasis on professional presentation in Case Management and Professional Issues class |
| Students will be able to establish rapport with service recipients at placement sites and respect their points of viewFeedback from site supervisors for Case Management class and Internship (Formal evaluation form) | Faculty supervising practicum/internship and Field Placement Coordinator; reviewed every semester | Increased emphasis on Person-Centered Planning in Building Community Supports for Persons with Disabilities and Case Management classes |
| 3 above: Students will present a brief synopsis of 5 research articles pertaining to their placement sites during the capstone Internship Seminar | Faculty Supervisor each semester; Curriculum Committee during annual Retreat | See reflections on Section I, # 3. |
| Review by HMSV Review Committee | Core Faculty | Students at risk of not achieving a minimum of 2.5 in core classes are reviewed by the committee and a corrective action plan is established for each. The Chair provides additional monthly check-ins with students at high risk. |

**Assessment Plan for Program/Department**

1. Insert the program or department Assessment Plan
2. Explain any changes in the assessment plan including new or revised PLOs, new assessments that the program/department plans to implement and new targets or goals set for student success.
3. If you do not have a plan, would you like help in developing one?

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

Yes

**University Data**

1. **SSC Data**

Indicate **at least one** Student Success Performance Measure that the department/program has identified for planned change or improvement.

Freshman retention, bottleneck courses, graduation rates, at risk student retention etc.

1. What was the focus this year?

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| **Student Success Measure****(data point from SSC)** | **Implemented Intervention** | **Update on Implemented Intervention** **(i.e. change in target, satisfied with outcome, not satisfied, will continue or not)** |
| HMSV 2050 | Change Textbook | Although the professor was not completely satisfied with the new textbook, 95.24% (20/21) of students in Fall 20-18, and 89.47 (17/19) students in Spring 2019 achieved 2.3 or better in the course We are satisfied with the outcome. |
| HMSV 3800 | Increase advising on internship planning | 16% of students taking this senior level course do not graduate; this has not changed since last year. Therefore, we will continue this goal to decrease the number to 12% |

1. What will your focus be for the upcoming year?\*

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| **Student Success Measure****(data point from SSC)** | **Rationale for selection** | **Planned or Implemented Intervention** | **Current score/ Target Score** | **This measure was selected because of last Program Review or Accreditation (yes/no)** |
| HMSV 3800 graduation rates | 16% of students completing course do not graduate | Increase advising for internship | Decrease to 12% | yes |
| HMSV 4890 graduation rates | 92% of students complete course; since this is the capstone internship, it brings up the question of why the graduation rate is not higher | Increase advising and refer students to appropriate services when obstacles emerge in completing their degrees | Increase to 95% | no |

\*Note: Programs may wish to monitor or review the same data point over multiple years.

1. **Trend Data**

Indicate **at least one** Department Performance Measure that the program/department identified for change or improvement.

Number of graduates, number of majors, credit production, substitutions etc.

1. What was the focus this year?

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| **Department Performance Measure****(data point from Trend Data)** | **Implemented Intervention** | **Update on Implemented Intervention** **(i.e. change in target, satisfied with outcome, not satisfied, will continue or not)** |
| Graduation Rates for Hispanic Students | Provide extra support and understand the value of family for Hispanic students | The graduation rate for Hispanic students in our major has risen from 50% to 51.5%. This is higher than the institutional one of 45.5% for Hispanic students, so we are encouraged by our progress. However, this is an ongoing goal and would like to increase nearer to the 57.5% for non-Hispanic HMSV students. |
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1. What will be the focus next year?\*

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| **Department Performance Measure****(data point from Trend Data)** | **Rationale for selection** | **Planned or Implemented Intervention** | **Current score/ Target Score** | **This measure was selected because of last Program Review or Accreditation (yes/no)** |
| Time for students transferring from SPED to complete HMSV major | average time = 4.9 years | Meet with SPED faculty to inform them of our program as an option for students who may want to change majors | Reduce average time to 4.5 years | No |
|  |  |  |  |  |

\*Note: Programs may wish to monitor or review the same data point over multiple years.

 **Program Review Action Plan or External Accreditation Action Letter/Report**

***Annual Reflection/Follow-up on Action Plan from last Program Review or external accreditation (only complete the table that is appropriate for your program)***

* 1. **Programs that fall under Program Review:**
		1. Date of most recent Review:
		2. Insert the Action Plan table from your last Program Review and give any progress towards completing the tasks or achieving targets set forth in the plan.

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| **Specific area where improvement is needed** | **Evidence to support the recommended change** | **Person(s) responsible for implementing the change** | **Timeline for implementation** | **Resources needed** | **Assessment Plan** | **Progress Made this Year** |
| N/A |  |  |  |  |  |  |
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* + 1. If you do not have an action plan, would you like help in developing one based on your last program review and needs of the program?

Yes

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

* 1. **Programs with external Accreditation:**
		1. Accreditor: Council for Standards in Human Services Education
		2. Date of last review: June 2016
		3. Date of next review and type of review: June 2021
		4. List key performance indicators:

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| **List key issues for continuing accreditation identified in accreditation action letter or report.** | **Key performance indicators as required by agency or selected by program (licensure, board or bar pass rates; employment rates, etc.)(If required.)** | **Update on fulfilling the action letter/report or on meeting the key performance indicators.** |
| Clarify learning objectives in Case Management class | CSHSE Indicator | All student met goal of 80% on Psychosocial History assignment |
| 21 Standards | <https://cshse.org/wp-content/uploads/2018/06/CSHSE-National-Standards-Baccalaureate-Degree-2018-1.pdf> | Please see letter for our accreditation organization:<https://cshse.org/wp-content/uploads/2018/11/VP-Decision-Letter-to-Fitchburg.pdf> |

**Campus Climate**

Each department was asked to review the Campus Climate Survey information distributed by the Leading for Change Committee and determine what your department has been doing to contribute to the positive outcomes identified.

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The survey data may be found through this link: <https://www.fitchburgstate.edu/offices-services-directory/institutional-research-and-planning/office-of-assessment/campus-climate-survey/>

Please list the feedback and recommendations that your department provided to the Leading for Change Committee, along with any additional plans that you might have to further explore this data.

The main take-away from this survey was the difference in comfort levels of White versus non-White students; faculty discussed ways to engage students more in the classroom and through advising.

**UARC Peer Review of the Program Annual Report**

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Program Learning Outcomes (PLOs)** |
| **Criterion** | **Highly Developed (3)** | **Developed (2)** | **Emerging (1)** | **Initial (0)** | **Score** |
| *Program Learning Outcomes (PLOs)* | All or almost all PLOs clearly stated and measurable. | Most of the PLOs clearly stated and measurable. | PLOs written in general, broad or abstract statements OR are not measurable. | PLOs not provided. |  |
| *Expected Timing of Assessment*  | All or almost all PLOs have a timeline stated. | Most PLOs have a timeline stated. | Very few PLOs have a stated timeline. | No timelines are given or are To Be Determined (TBD). |  |
| *Assessment Tool Quality* | Assessment tool(s) is/are strong: very good quality and appropriate. | Assessment tool(s) are acceptable: good quality and appropriate  | Assessment tool(s) are a good start but could use some strengthening or changes. | Assessment tool(s) are either not appropriate or not discussed. |  |
| *PLO Assessment* | More than one PLO assessed and information is complete in the chart. | At least one PLO assed and information is complete in chart. | At least one PLO assessed, information is not complete in chart. | No assessments completed during the academic year reported. |  |
| *Criteria for Success* | The criteria for student success of each PLO is clearly stated and is appropriate. | Most criteria for student success of each PLO is clearly stated and is appropriate. | Criteria for student success discussed or touched upon but not clearly stated or is not appropriate. | Criteria for student success not provided. |  |
| *Summary of Findings* | Measures used in from PLO assessment fully incorporated with additional evidence to formulate the summary and analysis supports the summary. | Very limited use of data from PLO assessment incorporated with additional evidence to formulate the summary and analysis somewhat supports summary. | Used evidence other than PLO assessment to formulate the summary or analysis of the data doesn’t seem to support summary. | No summary utilizing assessment data is evident. |  |
| **Assessment Plan for Program/Department** |
| **Criterion** | **Highly Developed (3)** | **Developed (2)** | **Emerging (1)** | **Initial (0)** | **Score** |
| *Department or Program Assessment Plan* | Assessment Plan provided. Has clearly stated process with reasonable expectations. | Assessment Plan provided. Has somewhat clear process and/or somewhat reasonable expectations. | Assessment Plan provided, the process is not clear and/or the expectations are not reasonable. | No Assessment Plan provided. |  |
| *Activities and Adjustments to/Deviation from the Department/Program Assessment Plan* | Decision to change or not change the assessment plan are clearly stated and decision(s) are appropriate based on the reported results. | Decision to change or not change the assessment plan are described in general terms and may be appropriate based on the reported results. | Decision to change or not change the assessment plan are vague and lack clarity. | No changes are discussed. |  |
| **University Data** |
| **Criterion** | **Highly Developed (3)** | **Developed (2)** | **Emerging (1)** | **Initial (0)** | **Score** |
| *SSC Data for Current Review Period* | Intervention undertaken by program/department for at least one SSC data point. Clearly documented results.  | Intervention undertaken by program/department for at least one SSC data point. Plan not fully implemented. | Planned intervention by program/ department for at least one SSC data point. No plan implemented. | No SSC data analyzed and/or reported on. |  |
| *SSC Data for Upcoming Review Period* | At least one component of the SSC data selected to assess, rationale provided, targets set and intervention seems to be appropriate based on information provided. | At least one component of the SSC selected to assessed, some of the rationale provided, targets set and intervention seems to be appropriate based on information provided. | SSC data discussed and some or part of the assessment, targets or interventions are emerging but not fully appropriate. | No SSC data analyzed and/or reported on. |  |
| *Trend Data for Current Review Period* | Intervention undertaken by program/department for at least one Trend data point. Clearly documented results.  | Intervention undertaken by program/department for at least one Trend data point. Plan not fully implemented. | Planned intervention by program/ department for at least one Trend data point. No plan implemented. | No Trend data analyzed and/or reported on. |  |
| *Trend Data for Upcoming Review Period* | At least one component of the Trend data selected to assess, rationale provided, targets set and intervention seems to be appropriate based on information provided. | At least one component of the Trend selected to assessed, some of the rationale provided, targets set and intervention seems to be appropriate based on information provided. | Trend data discussed and some or part of the assessment, targets or interventions are emerging but not fully appropriate. | No Trend data analyzed and/or reported on. |  |
| **Action Plane or External Accreditation Action Letter/Report** |
| **Criterion** | **Highly Developed (3)** | **Developed (2)** | **Emerging (1)** | **Initial (0)** | **Score** |
| ***Only for those under Program Review****Annual Reflection on Program Review*  | Full Action Plan provided with definitive on-going progress clearly stated. | Full Action Plan provided with some discussion of on-going progress plans stated. | Full Action Plan provided with vague ideas regarding on-going progress plans stated. | Action Plan is either not provided or there no progress or plans stated for progress discussed. |  |
| ***Only for those under External Accreditation****Annual Reflection on Report/Letter from accrediting body.*  | Key issues and performance standards provided with definitive on-going progress clearly stated. | Key issues and performance standards provided with some discussion of on-going progress stated. | Key issues and performance standards provided with vague ideas regarding on-going progress plans stated. | Key issues and/or performance standards are either not provided or there has been no progress or plans stated for progress. |  |
| Comments: |

**NOTE: This rubric is NOT an evaluation of the program/department. It is simply a tool for UARC to use as an aid in reviewing and providing constructive feedback to each program.**