# Annual Departmental Plan Report

## Program Information

Program/Department:    *Criminal Justice / Behavioral Science*
Department Chair:        Dr. Christine Shane
Department Assessment Committee Contact:    Dr. Randall Grometstein

*Please be as detailed as possible in your responses. We will use this information to fulfill our NEASC 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)

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

| PLO # | PLO – Stated in assessable terms. | Timing of assessment (annual, semester, bi-annual, etc.) | When was the last assessment of the PLO completed? |
|-------|-----------------------------------|----------------------------------------------------------|----------------------------------------------------|
| 1.    | Criminal justice knowledge        | Annual                                                   | 2016                                               |
| 2.    | Understanding of crime and crime causation | Annual                                          | 2016                                               |
| 3.    | Critical thinking                 | Annual                                                   | 2016                                               |
| 4.    | Effective writing                 | Annual                                                   | 2016                                               |
| 5.    | Moral and ethical reasoning       | Annual                                                   | 2016                                               |
| 6.    | Quantitative analysis             | Annual                                                   | 2016                                               |

II. **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.

| 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"? |
|---|---|---|---|---|---|
| 1-5 | Paper written in CJ 4100 Colloquium in CJ | Students must have 90+ credits to take the Colloquium | An entire section (20 or so students) in the fall semester | See rubric | Discussion at CJ program meetings |
| 6 | Paper written in CJ 3140 CJ Data Analysis | Students may take CJ 3140 as early as their sophomore year, but most take it as seniors | An entire section (20 or so students) in the fall semester | Basic knowledge of quantitative analysis | Discussion at CJ program meetings |
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III. **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"?

| Other than GPA, what data/ evidence is used to determine that graduates have achieved the stated outcomes for the degree? (e.g., | 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) |
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| capstone course, portfolio review, licensure examination) | | |
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| PLOs 1-5: see above | The CJ faculty meets to discuss the results of the assessment. In the summer of 2017, we were unable to assess student papers because no one uploaded them to Tk-20. | We have not addressed the issue of inter-rater reliability. We are in the process of developing examples for our rubric that would assist raters in determining the differences between meeting, exceeding or failing to meet standard. |
| PLO 6: see above | " | A few years ago, we added CJ 3235 Advanced Research Methods, so that our two-course sequence became a three-course sequence. The university also made SPSS (a statistical program) available again. In the summer of 2018, we will assess whether there is evidence of improved student performance in quantitative skills. |
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## Assessment Plan for Program/Department

I.      Insert the program or department Assessment Plan

During the academic year just completed (2017-2018), the CJ program underwent a program review with a self-study and an outside reviewer. The CJ faculty has yet to meet with the Provost and Dean to evaluate what was learned during the program review and formulate an action plan. This could, of course, have implications for our assessment program. In the meantime, we are proceeding to assess papers this summer from the Colloquium and CJ Data Analysis, and will be ready in the fall to report on our findings. Additionally, we will analyze data gathered in the fall of 2017 that we described in last year's assessment report. (Briefly, we administered the same writing assignment to two sections of freshmen and volunteers from a section of the senior Colloquium. We intend to compare the results.)

II.     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.

III.    If you do not have a plan, would you like help in developing one?

☐   Yes

# University Data

### I.     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.

a.   What was the focus this year?

| 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) |
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b.   What will your focus be for the upcoming year?*

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

### II.     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.

a.  What was the focus this year?

| 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) |
|---|---|---|
| The focus of the CJ program this year was on preparing for a program review. See above. | | |
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b.  What will be the focus next year?*

| 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) |
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*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)*

I.  **Programs that fall under Program Review:**
    i.  Date of most recent Review: *Spring 2018 – see remarks above*
    ii. 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.

| 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 |
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    iii. 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

II. **Programs with external Accreditation:**
    i.  Accreditor:
    ii. Date of last review:
    iii. Date of next review and type of review:
    iv. List key performance indicators:

| 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. |
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# UARC Peer Review of the Program Annual Report

Program: _____ Date of Review: _____

| Program Learning Outcomes (PLOs) | | | | | |
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| **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 | Very limited use of data from PLO assessment incorporated with | Used evidence other than PLO assessment to | No summary utilizing | |

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| | evidence to formulate the summary and analysis supports the summary. | additional evidence to formulate the summary and analysis somewhat supports summary. | formulate the summary or analysis of the data doesn't seem to support summary. | assessment data is evident. | |

| **Assessment Plan for Program/Department** | | | | | |
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| **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** | | | | | |
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| **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 | At least one component of the SSC selected to assessed, some of the rationale provided, | SSC data discussed and some or part of the assessment, targets or | No SSC data analyzed and/or reported on. | |

| | seems to be appropriate based on information provided. | targets set and intervention seems to be appropriate based on information provided. | interventions are emerging but not fully appropriate. | | |
|---|---|---|---|---|---|
| *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*** | 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 | Key issues and/or performance standards are either not provided or there | |

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| *Annual Reflection on Report/Letter from accrediting body.* | | | progress plans stated. | 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.**