

ASSESSMENT INVENTORY

Department: _____

Does your Department have:

1. A formal statement of purpose that supports Student Affairs' mission and goals?
_____ Yes (please attach a copy) _____ No
2. Explicit goals which support the Department's purpose?
_____ Yes (please attach a copy) _____ No
3. Procedures to evaluate the extent to which goals are being achieved?
_____ Yes (please describe on a separate attachment) _____ No

Assessment Measures:

During the past year, has your department used any of the following for assessment of outcomes?

Indicate:

Currently using 1	Not currently using 2	Not applicable 3	Not currently using, but interested in using. 4
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1. _____ **Measures of Frequency.** Are sufficient numbers of students – and students representative of the entire student body - using our programs, services, and facilities?
Please specify and provide examples:

2. _____ **Measures of Needs.** Are our programs, services, and facilities a high - priority need for our students?
Please specify and provide examples:

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8. _____ **Measures of Efficiency and/or Service Quality.** Examples: Average turnaround time for filling requests, timely/service/prompt response, budget information, Error rates, accuracy of the information provided, etc.
Please specify and provide examples:

9. _____ **Other methods to obtain client feedback.** Examples: Focus groups, comments via email, evaluation forms, suggestion box, hotline.
Please specify and provide examples:

10. _____ **Staff discussions/evaluations of services to clients**
Please specify and provide examples:

11. _____ **Review of existing data.** Examples: Departmental routine records/reports, institutional data, audits.
Please specify and provide examples:

12. _____ **External evaluators/auditors**
Please specify and provide examples:

Other Information:

1. **Have you used the results of any of the evaluation measures listed above to improve services and operations?**

_____Yes _____No
If so, please identify some examples.

2. **What resources (i.e., training, personnel, technology, etc.) does your unit need to develop better methods for assessing service outcomes and improving service quality and effectiveness?**

3. **Please list any additional comments or concerns.**

Completed by:

Date:

Thank You Very Much

The Assessment Committee