INSTITUTIONAL RESEARCH, PLANNING AND ASSESSMENT (IRPA) OFFICE

SSU Institutional Assessment Guide

PUBLISHED BY:

Dr. Bernard Fitzgerald Moses
Assistant Vice President, IRPA
SACSCOC Accreditation Liaison
mosesb@savannahstate.edu

TABLE OF CONTENTS

I. Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) 3
A. SSU Reaffirmation of Accreditation Important Dates 3
B. The Purpose for Accreditation 4
C. SACSCOC Region and Accrediting Standards 4
D. Federal Requirement 5
E. SACSCOC 14 Sections of the Principles of Accreditation 8
F. SACSCOC New Standards Cross Walked with Description 9
G. SACSCOC New Federal Standards Cross Walked with Description 17
H. Responding to the Principles of Accreditation Standards 20
I. SACSCOC Section 8 Student Achievement: A Critical Standard 21
J. Questions to Consider Regarding Section 8 23
K. Anticipated Reaffirmation Timeline 24
L. Anticipated Reaffirmation Timeline (Phases 1 - 5) 25
M. SACSCOC Standards by Sections with Table Description 35
II. SSU Assessment Process and Cycle 49
A. What is Assessment? 49
B. SSU Institutional Effectiveness Assessment and Planning Cycle 50
C. Assessment Process at Savannah State University: In Greater Detail 51
D. Assessment Flow Chart at Savannah State University 52
E. The Responsibility of Assessment is “Ours” 53
F. Provost/Associate Provost Responsibilities 53
G. College’s Dean Responsibilities 54
H. Department Chairs Responsibilities 55
I. Program Coordinators Responsibilities 55
J. Faculty (All Levels) Responsibilities 56
III. SSU Comprehensive Program Review (CPR) 58
A. University Systems of Georgia (USG) 58
B. USG Academic Programs Policy Sect. 2.3 58
C. CPR Regent and System Policy 59
D. CPR and Deans, Department Chairs and Program Coordinators 59
E. SSU Assessment Management Software: Campus Labs 59
F. Other Important Software Used by Savannah State University 60
G. SSU Assessment Calendar and Dates Spring 2019 thru 2020 61
IV. SSU and Assessment Collective Responsibility 71
A. SSU Accreditation Liaison 71
B. Culture of Assessment at SSU 71
C. Suggested Writing Approach of the Principles 72
D. Documentary Evidence 73
E. IRPA’s Office Organizational Chart 74
F. IRPA’s Inter-Office Employee’s Job Duties 75
G. Assessment Glossary 80
H. Contact Information 85

I. Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)

Savannah State University (SSU) is accredited by the of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award Associate, Baccalaureate, and Master's degrees.

SSU Reaffirmation of Accreditation Important Dates

Accreditation Events	Dates of Importance
Pre-audit conducted	**October-December 2018**
SACSCOC Leadership Team Orientation in New Orleans	December 9, 2018
SSU's QEP Task Force formed	Spring 2019
Composition of SSU's Compliance Certification Report	June 2019-February 2020
SACSCOC Annual Meeting in Houston	December 7-10, 2019
Advisory Visit with Dr. Nuria M. Cuevas VP w/SACSCOC	April 29 & 30, 2020
Compliance Certification Report due to USG	June 1, 2020
SSU's Compliance Certification Report mailed to SACSCOC	August 28, 2020
SACSCOC Annual Meeting in Nashville	December 5-8, 2020
Focused Report (A Response to the Preliminary Findings of the Offsite Committee) & the QEP due 6 weeks before the SACSCOC On-Site Visit to SSU	January 18, 2021
SSU's On-Site SACSCOC Visit (10 member Review Team)	March 23-25, 2021
Institution's response to Reaffirmation Committee Report due	August 02, 2021
SACSCOC Board of Trustees Decision Annual Meeting in Dallas	December 4-7, 2021

Note: A publication of the IRPA Office. Updated 5/11/2019.

SACSCOC Reaffirmation of Accreditation Review

All institutions accredited by SACSCOC are required to undergo a review for reaffirmation of accreditation every ten years. After being granted initial accreditation by the Commission, new member institutions will be reviewed for reaffirmation of accreditation after five years, then every ten years thereafter. The Commission's reviews of institutions between decennial reaffirmation reviews in accordance with policies governing fifth-year interim reviews, special committee visits, and substantive change visits, normally will not alter the specified date for the decennial reaffirmation review. During the fifth-year interim reporting period, a summary of the institution's Quality Enhancement Plan impact report is due as well.[1]

[1] *Source: sacscoc.org/subchg/policy/reaffirmationpolicy.pdf*

The Purpose for Accreditation

Accreditation is intended to assure constituents and the public of the quality and integrity of higher education institutions and programs, and to help those institutions and programs improve. These outcomes are achieved through rigorous internal and external review processes during which the institution is evaluated against a common set of standards.

When accreditation is awarded to an institution of higher education by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), a regional accrediting agency recognized by the United States Department of Education, it means that the institution has following:

(1) A mission appropriate to higher education;

(2) Resources, programs, and services sufficient to accomplish and sustain its mission;

(3) Clearly specified educational objectives that are consistent with its mission and appropriate to the degrees it offers, and that it is; and

(4) Successful in assessing its achievement of these objectives and demonstrating improvements. Accreditation by SACSCOC is a statement of the institution's continuing commitment to integrity and its capacity to provide effective programs and services based on agreed-upon accreditation standards.[2]

SACSCOC Region and Accrediting Standards

The Department of Education (D.O.E.) duly recognize the Council for Higher Education Accreditation (CHEA) and its members. There are six regional accrediting organizations that the Council for Higher Education Accreditation (CHEA) recognized as their members. They are New England, Middle States, North Central, Northwestern, Southern and Western regional accrediting bodies. Recognition by CHEA affirms that the standards and processes of the accrediting organization are consistent with the academic quality, improvement and accountability expectations that CHEA has established, including the eligibility standard that the majority of institutions or programs each accredits are degree-granting. Department of Education recognize SACSCOC is the regional body for the accreditation of degree-granting higher education institutions in the Southern states. It serves as the common denominator of shared values and practices among the diverse institutions in Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia and Latin America and other international sites

[2] *Source: www.sacscoc.org/faqs.asp*

approved by the Commission that award associate, baccalaureate, master's, or doctoral degrees.[3]

To gain or maintain accreditation with SACSCOC, an institution must comply with **the standards contained in the *Principles of Accreditation: Foundations for Quality Enhancement*** and with **the policies and procedures of the Commission**. The Commission applies the requirements of its Principles to all applicant, candidate, and member institutions, regardless of type of institution (public, private for-profit, or private not-for-profit).[4]

Federal Requirement

The U.S. Secretary of Education recognizes accreditation by SACSCOC in establishing the eligibility of higher education institutions to participate in programs authorized under Title IV of the *Higher Education Act*, as amended, and other federal programs. Through its periodic review of institutions of higher education, the Commission assures the public that it is a reliable authority on the quality of education provided by its member institutions.

The federal statute includes mandates that the Commission review an institution in accordance with criteria outlined in the federal regulations developed by the U.S. Department of Education. As part of the review process, institutions are required to document compliance with those criteria and the Commission is obligated to consider such compliance when the institution is reviewed for initial membership or continued accreditation.

Implicit in every federal requirement mandating a policy or procedure is the expectation that the policy or procedure is in writing and has been approved through appropriate institutional processes, published in appropriate institutional documents accessible to those affected by the policy or procedure, and implemented and enforced by the institution.[5]

[3] The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) is a regional accrediting agency recognized by the United States Department of Education

[4] *Source: www.sacscoc.org/principles.asp*

[5] *Source: http://sacscoc.org/pdf/2012PrinciplesOfAcreditation.pdf*

In addition, all standards are associated with other standards and should be give appropriate review when responding to "Principles". Notwithstanding, institutions that do not demonstrate that they meet accreditation standards may be asked for monitoring reports, placed on the public sanctions of "Warning" or "Probation", or dropped from status as a candidate or an accredited institution. (**For additional information, please visit SACSCOC's website for "Sanctions, Denial of Reaffirmation, and Removal from Membership.")**[6] The philosophy here is that institutions of higher learning seeking or reaffirming their accreditation naturally believe in the idea of self-rule. It is this embodiment that self-rule or self-government of a collective body of free thinkers can and should govern themselves through a rigorous and well-structured internal and external control systems. The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) promotes this very idea in their words saying,

> "Self-regulation through accreditation embodies a philosophy that a free people can and ought to govern themselves through a representative, flexible, and responsive system. Decentralization of authority honors the rich diversity of educational institutions in our pluralistic society and serves to protect both institutional autonomy and the broader culture of academic freedom in our global society. The empowerment flowing from self-regulation promotes both innovation and accountability in achieving the goals of educating and training citizens in a representative democracy. Consistent with these overarching values, accreditation is best accomplished through a voluntary association of educational institutions. Both a process and a product, accreditation relies on integrity; thoughtful and principled professional judgment; rigorous application of requirements; and a context of trust. The process provides an assessment of an institution's effectiveness in the fulfillment of its self-defined mission; its compliance with the requirements of its accrediting association; and its continuing efforts to enhance the quality of student learning and its programs and services. Based on rigorous analysis and reasoned judgment, the process stimulates evaluation and improvement, while providing a means of continuing accountability to the institutions' stakeholders and to the public."[7]

Continuing accountability is the thread that assures those who set out to earn a college education can know that their academic program has been vetted for quality, rigorousness, and adherence to a common core of educational standards. SACSCOC believes accreditors can and must hold institutions accountable for outcomes, such as graduation rates. However, in reason SACSCOC takes into account that a majority of their credited institutions have a large number of transfer students that the Department of Education does not factor into the equation of "first-term, full-time students". Therefore, "SACSCOC takes a closer look at institution outcome metrics including – enrollment, completion rates,

---

[6] *Source: http://www.sacscoc.org/faqs.asp; www.sacscoc.org/pdf/081705/sanctionpolicy.pdf*

[6] SACSCOC 6th edition, of the Principles of Accreditation, page 4

cohort default rates, retention/withdrawal rates, transfer-out rates, loan repayment rates, as well as median earnings."[8]

It is our hope that this assessment guide will add clarity of the many diverse and moving parts of research, planning and assessment here at Savannah State University (SSU).

Over the next, sixteen months the office of Institutional Research, Planning and Assessment (IRPA) will lead Savannah State University through the Reaffirmation of Accreditation process. Which requires SSU to submit our Compliance Certification and the Quality Enhancement Plan (QEP) self-studies. These two documents are SSU's comprehensive compliance audit and enhancement plan that will demonstrate that we have assessed all of our programs and courses that we offered to students' on-campus and off-campus, and those offered through distance learning. The Compliance Certification must be signed by the institution's chief executive officer and accreditation liaison, attesting to the institution's honest assessment of compliance with the accreditation requirements of the Commission on Colleges (including all Standards in the Principles of Accreditation) as applied to all aspects of the institution.

In so doing, this past fall 2018 SACSCOC published their new standards of the Principles of Accreditation that all member institutions must respond to through the submission of our compliance audit called the "Compliance Certification".

Upon your examination of this guide, we hope that you will find the SACSCOC and the University System of Georgia's Comprehensive Program Review (CPR) information beneficial and educational.

Next, you will find SACSCOC new standards listed by name and referenced by total number of subsections and mini-subsections that will make up the writing of the Compliance Certification on the next page.

[8] Wheelan, Belle 2019; Written Testimony before U.S. Senate Committee on Health, Education and Pensions 4/10/2019

SACSCOC 14 Sections of the Principles of Accreditation

The process for initial and continued accreditation involves a collective analysis and judgment by the institution's internal constituencies, an informed review by peers external to the institution, and a reasoned decision by the elected members of the Commission on Colleges' Board of Trustees. The Commission evaluates an institution and makes accreditation decisions based on the following:

SACSCOC New Standards			
#	**Section by Name:**	**# of Subsections:**	**# of Mini-Subsection:**
1.	The Principle of Integrity	**1**	**0**
2.	Mission	**1**	**0**
3.	Basic Eligibility Standard	**1**	**3**
4.	Governing Board	**3**	**15**
5.	Administration and Organization	**5**	**8**
6.	Faculty	**5**	**3**
7.	Institutional Planning and Effectiveness	**3**	**7**
8.	Student Achievement	**2**	**3**
9.	Educational Program Structure and Content	**7**	**8**
10.	Educational Policies, Procedures, and Practices	**9**	**9**
11.	Library and Learning/Information Resources	**3**	**2**
12.	Academic and Student Support Services	**6**	**3**
13.	Financial and Physical Resources	**8**	**5**
14.	Transparency and Institutional Representation	**5**	**4**
Total:		**59**	**70**

Following this page, you will find SACSCOC new standards cross-walked with description from their 2012 edition to their 2018 edition.

SACSCOC New Standards Cross Walked with Description

SACSCOC STANDARDS CROSSWALKED WITH DESCRIPTION		
#	Principles (2012) Edition	Principles (2018) Edition
1.	**PR 1.1 (Integrity)**	**1.1 The institution operates with integrity in all matters.** (Note: While this principle is not addressed by the institution in its Compliance Certification or its application for accreditation, failure to adhere to this principle will lead to the imposition of a sanction, adverse action, or denial of authorization of a candidate committee.) **(Integrity) CR**
2.	**CR 2.4 (Institutional mission)**	**2.1** The institution has a clearly defined, comprehensive, and published mission specific to the institution and appropriate for higher education. The mission addresses teaching and learning and, where applicable, research and public service. **(Institutional mission) CR**
3.	**CR 2.1 (Degree-granting authority)**	**3.1.a** has degree-granting authority from the appropriate government agency or agencies. **(Degree-granting authority**) [CR]
4.	**CR 2.7.4 (Course work for degrees)**	**3.1.b** An institution seeking to gain or maintain accredited status offers all coursework required for at least one degree program at each level at which it awards degrees. (For exceptions, see SACSCOC policy Documenting an Alternative Approach.) **(Course work for degrees) CR**
5.	**CR 2.6 (Continuous operation)**	**3.1.c** An institution seeking to gain or maintain accredited status is in operation and has students enrolled in degree programs. **(Continuous operation) CR**
6.	**CR 2.2 Governing board**	**4.1 [a-e}** The institution has a governing board of at least five members that: (a) is the legal body with specific authority over the institution. (b) exercises fiduciary oversight of the institution. (c) ensures that both the presiding officer of the board and a majority of other voting members of the board are free of any contractual, employment, personal, or familial financial interest in the institution. (d) is not controlled by a minority of board members or by organizations or institutions separate from it. (e) is not presided over by the chief executive officer of the institution. **(Governing board Characteristics) (CR)**
7.	**CS 3.2.2.2 (Governing board control- finances)**	**4.1.b** The institution has a governing board of at least five members that: exercises fiduciary oversight of the institution **(Governing board characteristics)**
8.	**CS 3.1.1 (Mission)**	**4.2.a**. The governing board ensures the regular review of the institution's mission. (**Mission review)**
9.	**CS 3.2.2.3 (Governing board control- policies)**	**4.2.b** ensures a clear and appropriate distinction between the policy-making function of the board and the responsibility of the administration and faculty to administer and implement policy.
10	**CS 3.2.1 (CEO evaluation/selection)**	**4.2.c** The governing board selects and regularly evaluates the institution's chief executive officer. **(CEO evaluation/selection)**
11	**CS 3.2.3 (Board conflict of interest)**	**4.2.d** The governing board defines and addresses potential conflict of interest for its members. (Conflict of interest) **(Conflict of interest)**
12	**CS 3.2.5 (Board dismissal)**	**4.2.e** The governing board has appropriate and fair processes for the dismissal of a board member. **(Board dismissal)**

13	**CS 3.2.4 (External influence)**	**4.2.d** Protects the institution from undue influence by external persons or bodies. **(External influence)**
14	**Not Applicable: New Standard**	**4.2g** Defines and regularly evaluates its responsibilities and expectations. **(Board evaluation)**
15	**CS 3.2.2.1-3 (Governing board control- mission)**	**4.3** If an institution's governing board does not retain sole legal authority and operating control in a multiple-level governance system, then the institution clearly defines that authority and control for the following areas within its governance structure: (a) institution's mission, (b) fiscal stability of the institution, and (c) institutional policy. **(Multi-level governance)**
16	**CR 2.3 (Chief executive officer)**	**5.1** The institution has a chief executive officer whose primary responsibility is to the institution. **(Chief executive officer)**
17	**CS 3.2.11 (Control of intercollegiate athletics)**	**5.2.a** The chief executive officer has ultimate responsibility for, and exercises appropriate control over, the following: a. The institution's educational, administrative, and fiscal programs and services. **(CEO control)**
18	**CS 3.2.11 (Control of intercollegiate athletics)**	**5.2.b** The chief executive officer has ultimate responsibility for, and exercises appropriate control over, the following: The institution's intercollegiate athletics program. **(Control of intercollegiate athletics)**
19	**CS 3.2.12 (Fund-raising activities)**	**5.2.c** The chief executive officer has ultimate responsibility for, and exercises appropriate control over, the following: The institution's fund-raising activities. **(Control of fund-raising activities)**
20	**CS 3.2.13 (Institution-related entities)**	**5.3 {a-c}** For any entity organized separately from the institution and formed primarily for the purpose of supporting the institution or its programs: (a) The legal authority and operating control of the institution is clearly defined with respect to that entity. (b) The relationship of that entity to the institution and the extent of any liability arising from that relationship are clearly described in a formal, written manner. (c) The institution demonstrates that (1) the chief executive officer controls any fund-raising activities of that entity or (2) the fund-raising activities of that entity are defined in a formal, written manner that assures those activities further the mission of the institution. **(Institution-related entities)**
21	**CS 3.2.8 (Qualified administrative/academic officers)**	**5.4** The institution employs and regularly evaluates administrative and academic officers with appropriate experience and qualifications to lead the institution. **(Qualified administrative/academic officers)** in part
22	**CS 3.2.9 (Personnel appointments)**	**5.5** The institution publishes and implements policies regarding the appointment, employment, and regular evaluation of non-faculty personnel. (Personnel appointment and evaluation) **(Personnel appoint and evaluation)**
23	**CR 2.8 (Faculty)**	**6.1** The institution employs an adequate number of full-time faculty members to support the mission and goals of the institution. **(Full-time faculty)**
24	**CR 2.8 (Faculty)** **CS 3.4.11 (Academic program coordination)** **CS 3.7.1 (Faculty Competence)**	**6.2.{a-c}** For each of its educational programs, the institution a. Justifies and documents the qualifications of its faculty members. **(Faculty qualifications)** b. Employs a sufficient number of full-time faculty members to ensure curriculum and program quality, integrity, and review. **(Program faculty)** c. Assigns appropriate responsibility for program coordination. **(Program coordination)** Linked to: 9.1 **(Program content)**

25	**CS 3.7.2 (Faculty evaluation)**	**6.3** The institution publishes and implements policies regarding the appointment, employment, and regular evaluation of faculty members, regardless of contract or tenure status. **(Faculty appointment and evaluation)**
26	**CS 3.7.4 (Academic freedom)**	**6.4** The institution publishes and implements appropriate policies and procedures for preserving and protecting academic freedom **(Academic freedom)**
27	**CS 3.7.3 (Faculty development)**	**6.5** The institution provides ongoing professional development opportunities for faculty members as teachers, scholars, and practitioners, consistent with the institutional mission. **(Faculty development)**
28	**CR 2.5 (Institutional effectiveness)**	**7.1** The institution engages in ongoing, comprehensive, and integrated research-based planning and evaluation processes that (a) focus on institutional quality and effectiveness and (b) incorporate a systematic review of institutional goals and outcomes consistent with its mission. **(Institutional Planning)**
29	**CR 2.12 (Quality Enhancement Plan)**	**7.2** The institution has a Quality Enhancement Plan that (a) has a topic identified through its ongoing, comprehensive planning and evaluation processes; (b) has broad-based support of institutional constituencies; (c) focuses on improving specific student learning outcomes and/or student success; (d) commits resources to initiate, implement and complete the QEP; and (e) includes a plan to assess achievement. **(QEP) in part**
30	**CS 3.3.1.2 (IE-administrative support services)**	**7.3** The institution identifies expected outcomes of its administrative support services and demonstrates the extent to which the outcomes are achieved. **(Administrative effectiveness)**
31	**FR 4.1 Student achievement**	**8.1** The institution identifies, evaluates, and publishes goals and outcomes for student achievement appropriate to the institution's mission, the nature of the students it serves, and the kinds of programs offered. The institution uses multiple measures to document student success. **(Student achievement)**
32	**CS 3.3.1.1 (IE-educational programs)**	**8.2.a** The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results in the areas student learning outcomes for each of its educational programs. **(Student outcomes: educational programs)**
33	**CS 3.5.1 (General education competencies)**	**8.2. b** student learning outcomes for collegiate-level general education competencies of its undergraduate degree programs. **(Student outcomes: general education)**
34	**CS 3.3.1.3 (IE-academic & student support services)**	**8.2.c** Academic and student services that support student success. **(Student outcomes: academic and student services)**
35	**CR 2.7.2 (Program Content)** **CS 3.4.11 (Academic program coordination)** **FR 5 (Student complaints)/Old** **12.4 (Student complaints)/New**	**9.1** Educational programs (a) embody a coherent course of study, (b) are compatible with the stated mission and goals of the institution, and (c) are based upon fields of study appropriate to higher education. **(Program content)**

36	**CR 2.7.1 (Program length)** **FR 4.4 Program length**	**9.2** The institution offers one or more degree programs based on at least 60 semester credit hours or the equivalent at the associate level; at least 120 semester credit hours or the equivalent at the baccalaureate level; or at least 30 semester credit hours or the equivalent at the post-baccalaureate, graduate, or professional level. The institution provides an explanation of equivalencies when using units other than semester credit hours. The institution provides an appropriate justification for all degree programs and combined degree programs that include fewer than the required number of semester credit hours or its equivalent unit. **(Program Length)**
37	**CR 2.7.3 (General education)**	**9.3 {a-c}** The institution requires the successful completion of a general education component at the undergraduate level. **(General Education Requirements)**
38	**CS 3.5.2 (Institutional credits for a degree)**	**9.4** At least 25 percent of the credit hours required for an undergraduate degree are earned through instruction offered by the institution awarding the degree. **(Institutional credits for an undergraduate degree)**
39	**CS 3.6.3 (Institutional credits for graduate degree)**	**9.5** At least one-third of the credit hours required for a graduate or a post-baccalaureate professional degree are earned through instruction offered by the institution awarding the degree. **(Institutional credits for a graduate/professional degree)**
40	**CS 3.6.2 (Post-baccalaureate program rigor)**	**9.6** Post-baccalaureate professional degree programs and graduate degree programs are progressively more advanced in academic content than undergraduate programs, and are structured (a) to include knowledge of the literature of the discipline and (b) to ensure engagement in research and/or appropriate professional practice and training. **(Post-baccalaureate rigor and curriculum)**
41	**CS 3.5.3 (Undergraduate program requirements)** **CS 3.6.4 (Post-baccalaureate program requirements)**	**9.7** The institution publishes requirements for its undergraduate, graduate, and post-baccalaureate professional programs, as applicable. The requirements conform to commonly accepted standards and practices for degree programs. **(Program requirements)**
42	**CS 3.4.5 (Academic policies)**	**10.1** The institution publishes, implements, and disseminates academic policies that adhere to principles of good educational practice and that accurately represent the programs and services of the institution. **(Academic policies)**
43	**CS 3.4.3 (Admissions policies)**	**10.2** The institution makes available to students and the public current academic calendars, grading policies, cost of attendance, and refund policies. **(Public information)**
44	**CS 3.13.6 ("Institutional Obligations for Public Disclosure")**	**10.3** The institution ensures the availability of archived official catalogs, digital or print, with relevant information for course and degree requirements sufficient to serve former and returning students. **(Archived information)**

45	**CS 3.4.1 (Academic program approval)** **CS 3.4.10 (Responsibility for curriculum)** **CS 3.7.5 (Faculty role in governance)**	**10.4** The institution (a) publishes and implements policies on the authority of faculty in academic and governance matters, (b) demonstrates that educational programs for which academic credit is awarded are approved consistent with institutional policy, and (c) places primary responsibility for the content, quality, and effectiveness of the curriculum with its faculty. **(Academic governance)**
46	**CS 3.4.3 (Admissions policies)** **CS 3.13.7 ("Advertising, Student Recruitment, and Representation of Accredited Status")** **FR 4.6 Recruitment materials**	**10.5** The institution publishes admissions policies consistent with its mission. Recruitment materials and presentations accurately represent the practices, policies, and accreditation status of the institution. The institution also ensures that independent contractors or agents used for recruiting purposes and for admission, activities are governed by the same principles and policies as institutional employees. **(Admissions policies and practices)**
47	**FR 4.8 Distance and correspondence education**	**10.6** An institution that offers distance or correspondence education: (a) ensures that the student who registers in a distance or correspondence education course or program is the same student who participates in and completes the course or program and receives the credit. (b) has a written procedure for protecting the privacy of students enrolled in distance and correspondence education courses or programs. (c) ensures that students are notified in writing at the time of registration or enrollment of any projected additional student charges associated with verification of student identity. **(Distance and correspondence education)**
48	**CS 3.4.6 (Practices for awarding credit)** **CS 3.4.8 (Noncredit to credit)** **FR 4.9 Definition of credit hours**	**10.7** The institution publishes and implements policies for determining the amount and level of credit awarded for its courses, regardless of format or mode of delivery. These policies require oversight by persons academically qualified to make the necessary judgments. In educational programs not based on credit hours (e.g., direct assessment programs), the institution has a sound means for determining credit equivalencies. **(Policies for awarding credit)**
49	**CS 3.4.4 (Acceptance of academic credit)**	**10.8** The institution publishes policies for evaluating, awarding and accepting credit not originating from the institution. The institution ensures (a) the academic quality of any credit or coursework recorded on its transcript, (b) an approval process with oversight by persons academically qualified to make the necessary judgments, and (c) the credit awarded is comparable to a designated credit experience and is consistent with the institution's mission. **(Evaluating and awarding academic credit)**
50	**CS 3.4.7 (Consortial relationships/contracts)** **CS 3.13.2 ("Agreements Involving Joint and Dual Academic Awards: Policy and Procedures")**	**10.9** The institution ensures the quality and integrity of the work recorded when an institution transcripts courses or credits as its own when offered through a cooperative academic arrangement. The institution maintains formal agreements between the parties involved, and the institution regularly evaluates such agreements. **(Cooperative academic arrangements)**

	CS 3.13.6 ("Institutional Obligations for Public Disclosure")	
51	**CR 2.9 (Learning resources and services)** **CS 3.8.1 Learning/information resources**	**11.1** The institution provides adequate and appropriate library and learning/information resources, services, and support for its mission. **(Library and learning/information resources)**
52	**CS 3.8.3 Qualified staff**	**11.2** The institution ensures an adequate number of professional and other staff with appropriate education or experiences in library and/or other learning/information resources to accomplish the mission of the institution. **(Library and learning/information staff)**
53	**CS 3.4.12 (Technology use)** **CS 3.8.2 (Instruction of library use)**	**11.3** The institution provides (a) student and faculty access and user privileges to its library services and (b) access to regular and timely instruction in the use of the library and other learning/information resources. **(Library and learning/information access)**
54	**CR 2.10 (Student support services)**	**12.1** The institution provides appropriate academic and student support programs, services, and activities consistent with its mission. **(Student support services)**
55	**CS 3.9.3 Qualified staff**	**12.2** The institution ensures an adequate number of academic and student support services staff with appropriate education or experience in student support service areas to accomplish the mission of the institution. **(Student support services staff)**
56	**CS 3.9.1 Student rights**	**12.3** The institution publishes clear and appropriate statement(s) of student rights and responsibilities and disseminates the statement(s) to the campus community. **(Student rights)**
57	**CS 3.13.3 ("Complaint Procedures Against the Commission or Its Accredited Institutions")** **FR 4.5 (Student complaints)**	**12.4** The institution (a) publishes appropriate and clear procedures for addressing written student complaints, (b) demonstrates that it follows the procedures when resolving them, and (c) maintains a record of student complaints that can be accessed upon request by SACSCOC. **(Student complaints)**
58	**CS 3.9.2 Student records**	**12.5** The institution protects the security, confidentiality, and integrity of its student records and maintains security measures to protect and back up data. **(Student records)**
59	**Not Applicable; New Standard**	**12.6** The institution provides information and guidance to help student borrowers understand how to manage their debt and repay their loans. **(Student debt)**
60	**CR 2.11.1 (Financial resources)**	**13.1** The institution has sound financial resources and a demonstrated, stable financial base to support the mission of the institution and the scope of its programs and services. **(Financial resources)**

61	**CR 2.11.1 (Financial resources)**	**13.2** The member institution provides the following financial statements: (a) an institutional audit (or Standard Review Report issued in accordance with Statements on Standards for Accounting and Review Services issued by the AICPA for those institutions audited as part of a system wide or statewide audit) for the most recent fiscal year prepared by an independent certified public accountant and/or an appropriate governmental auditing agency employing the appropriate audit (or Standard Review Report) guide. (b) a statement of financial position of unrestricted net assets, exclusive of plant assets and plant-related debt, which represents the change in unrestricted net assets attributable to operations for the most recent year. (c) an annual budget that is preceded by sound planning, is subject to sound fiscal procedures, and is approved by the governing board. **(Financial documents)**
62	**CS 3.10.1 Financial stability**	**13.3** The institution manages its financial resources in a responsible manner. **(Financial responsibility)**
63	**CS 3.10.3 Control of finances**	**13.4** The institution exercises appropriate control over all its financial resources. **(Control of finances)**
64	**CS 3.10.4 Control of sponsored research/ext. funds**	**13.5** The institution maintains financial control over externally funded or sponsored research and programs. **(Control of sponsored research/external funds)**
65	**CS 3.10.2 Financial aid audits** **FR 4.7 Title IV program responsibilities**	**13.6** The institution (a) is in compliance with its program responsibilities under Title IV of the most recent Higher Education Act as amended and (b) audits financial aid programs as required by federal and state regulations. In reviewing the institution's compliance with these program responsibilities under Title IV, SACSCOC relies on documentation forwarded to it by the U. S. Department of Education. **(Federal and state responsibilities)**
66	**CR 2.11.2 (Physical resources)** **CS 3.11.1 Control of physical resources** **CS 3.11.3 Physical facilities**	**13.7** The institution ensures adequate physical facilities and resources, both on and off campus, that appropriately serve the needs of the institution's educational programs, support services, and other mission-related activities. **(Physical resources)**
67	**CS 3.11.2 Institutional environment**	**13.8** The institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community. **(Institutional environment)**
68	**CS 3.13.5.a ("Separate Accreditation for Units of a Member Institution")** **CS 3.14.1 Publication of accreditation status**	**14.1** The institution (a) accurately represents its accreditation status and publishes the name, address, and telephone number of SACSCOC in accordance with SACSCOC's requirements and federal policy and (b) ensures all its branch campuses include the name of that institution and make it clear that their accreditation is dependent on the continued accreditation of the parent campus. **(Publication of accreditation status)**
69	**CS 3.12.1 Substantive change**	**14.2** The institution has a policy and procedure to ensure that all substantive changes are reported in accordance with SACSCOC's policy. **(Substantive change)**
70	**CS 3.13.4.a ("Reaffirmation of Accreditation and Subsequent Reports")**	**14.3** The institution applies all appropriate standards and policies to its distance learning programs, branch campuses, and off-campus instructional sites. **(Comprehensive institutional reviews)**

71	**CS 3.13.1 ("Accrediting Decisions of Other Agencies")**	**14.4** The institution (a) represents itself accurately to all U.S. Department of Education recognized accrediting agencies with which it holds accreditation and (b) informs those agencies of any change of accreditation status, including the imposition of public sanctions. (See SACSCOC's policy "Accrediting Decisions of Other Agencies.") **(Representation to other agencies)** [
72	**CS 3.13.4.b (part of system or corporate structure)** **CS 3.13.1 ("Accrediting Decisions of Other Agencies")**	**14.5** The institution complies with SACSCOC's policy statements that pertain to new or additional institutional obligations that may arise that are not part of the standards in the current Principles of Accreditation. **(Policy compliance)** **(Note: For applicable policies, institutions should refer to the SACSCOC website [http:/www.sacscoc.org])**
73	**CS 3.13.4.b (part of system or corporate structure)**	**14.5.a** "Reaffirmation of Accreditation and Subsequent Reports" Applicable Policy Statement. If an institution is part of a system or corporate structure, a description of the system operation (or corporate structure) is submitted as part of the Compliance Certification for the decennial review. The description should be designed to help members of the peer review committees understand the mission, governance, and operating procedures of the system and the individual institution's role with in that system. Documentation: The institution should provide a description of the system operation and structure or the corporate structure if this applies.
74	**CS 3.13.5.b-No response required by institution**	**14.5.b** "Separate Accreditation for Units of a Member Institution" Applicable Policy Statement. If the Commission on Colleges determines that an extended unit is autonomous to the extent that the control over that unit by the parent or its board is significantly impaired, the Commission may direct that the extended unit seek to become a separately accredited institution. A unit which seeks separate accreditation should bear a different name from that of the parent. A unit which is located in a state or country outside the geographic jurisdiction of the Southern Association of Colleges and Schools and which the Commission determines should be separately accredited or the institution requests to be separately accredited, applies for separate accreditation from the regional accrediting association that accredits colleges in that state or country. Implementation: If, during its review of the institution, the Commission determines that an extended unit is sufficiently autonomous to the extent that the parent campus has little or no control, the Commission will use this policy to recommend separate accreditation of the extended unit. No response is required by the institution.

Although the Federal SACSCOC requirements are embedded in the above table, we have also cross-walked them into a table of their own for better clarification and review. See the next page.

SACSCOC New Federal Standards Cross Walked with Description

Principles (2012 Edition)	Principles (2018 Edition)
FR 4.1 Student achievement	**8.1** The institution identifies, evaluates, and publishes goals and outcomes for student achievement appropriate to the institution's mission, the nature of the students it serves, and the kinds of programs offered. The institution uses multiple measures to document student success. **(Student achievement)**
FR 4.2 Program curriculum **CS 3.4.11 (Academic program coordination)** **FR 5 (Student complaints)/Old** **12.4 (Student complaints)/New**	**9.1** Educational programs: (a) embody a coherent course of study; (b) are compatible with the stated mission and goals of the institution; and (c) are based upon fields of study appropriate to higher education. (**Program content**)
FR 4.3 Publication of policies **CS 3.4.3 (Admissions policies)**	**10.2** The institution makes available to students and the public current academic calendars, grading policies, cost of attendance, and refund policies. **(Public information)**
FR 4.4 Program length **CR 2.7.1 (Program length)**	**9.2** The institution offers one or more degree programs based on at least 60 semester credit hours or the equivalent at the associate level; at least 120 semester credit hours or the equivalent at the baccalaureate level; or at least 30 semester credit hours or the equivalent at the post-baccalaureate, graduate, or professional level. The institution provides an explanation of equivalencies when using units other than semester credit hours. The institution provides an appropriate justification for all degree programs and combined degree programs that include fewer than the required number of semester credit hours or its equivalent unit. **(Program Length)**

Principles (2012 Edition)	Principles (2018 Edition) **continued**
FR 4.5 (Student complaints) **CS 3.13.3 ("Complaint Procedures Against the Commission or Its Accredited Institutions")**	**12.4** The institution: (a) publishes appropriate and clear procedures for addressing written student complaints; (b) demonstrates that it follows the procedures when resolving them, and (c) maintains a record of student complaints that can be accessed upon request by SACSCOC. **(Student complaints)**
FR 4.6 Recruitment materials **CS 3.4.3 (Admissions policies)** **CS 3.13.7 ("Advertising, Student Recruitment, and Representation of Accredited Status")**	**10.5** The institution publishes admissions policies consistent with its mission. Recruitment materials and presentations accurately represent the practices, policies, and accreditation status of the institution. The institution also ensures that independent contractors or agents used for recruiting purposes and for admission, activities are governed by the same principles and policies as institutional employees. **(Admissions policies and practices)**
FR 4.7 Title IV program responsibilities **CS 3.10.2 Financial aid audits**	**13.6** The institution: (a) is in compliance with its program responsibilities under Title IV of the most recent Higher Education Act as amended; and (b) audits financial aid programs as required by federal and state regulations. In reviewing the institution's compliance with these program responsibilities under Title IV, SACSCOC relies on documentation forwarded to it by the U. S. Department of Education. **(Federal and state responsibilities)**

Principles (2012 Edition)	Principles (2018 Edition) **continued**
FR 4.8 Distance and correspondence education	**10.6** An institution that offers distance or correspondence education: (a) ensures that the student who registers in a distance or correspondence education course or program is the same student who participates in and completes the course or program and receives the credit. (b) has a written procedure for protecting the privacy of students enrolled in distance and correspondence education courses or programs. (c) ensures that students are notified in writing at the time of registration or enrollment of any projected additional student charges associated with verification of student identity. **(Distance and correspondence education)**
FR 4.9 Definition of credit hours **CS 3.4.6 (Practices for awarding credit)** **CS 3.4.8 (Noncredit to credit)**	**10.7** The institution publishes and implements policies for determining the amount and level of credit awarded for its courses, regardless of format or mode of delivery. These policies require oversight by persons academically qualified to make the necessary judgments. In educational programs not based on credit hours (e.g., direct assessment programs), the institution has a sound means for determining credit equivalencies. **(Policies for awarding credit)**

Responding to the Principles of Accreditation Standards

One area of the reaffirmation process is the University's respond to all of SACSCOC's published standards that covers both academic teaching and learning as well as campus facilities and finances. This document is call "Compliance Certification", which is the document completed by the institution to demonstrate its compliance with Core Requirements, Comprehensive Standards, and Federal Requirements standards recently mention in this guide.

Once this document is completed, it will follow a review and approval process that includes the University System of Georgia (USG) central office. This document will have two signatures of the Chief Executive Officer and the Accreditation Liaison attesting to the institution's honest, forthright, and comprehensive institutional analysis and the accuracy and completeness of its findings. Once the document is approved by USG, it is then forwarded to SACSCOC's Off-Site Reaffirmation Committee and to the institution's Commission staff representative.

Those executive leaders who will be assigned several standards to research, analyze and write a compelling narrative of Savannah State University's compliance, must have a working knowledge of the below **four (4) subject areas** that must be weaved through each assigned standard(s) of their responses:

(1) **Institutional** mission, governance, and effectiveness;

(2) **Programs** academic and support outcomes for students;

(3) **Resources** that are available, equitable and of high quality; and

(4) **Institutional** responsibility for Commission policies. The Comprehensive Standards are more specific to the operations of the institution, represent good practice in higher education, and establish a level of accomplishment expected of all member institutions.

Also, assigned writers must familiarize themselves with SACSCOC sections of standards that have high returns of findings and would require a Monitoring Report for further clarification of the institution's compliance. One of those sections is "Section 8" called **Student Achievement**.

SACSCOC Section 8 Student Achievement: A Critical Standard

If an institution is judged to be significantly out of compliance with one or more of the **Comprehensive Standards**, its reaffirmation of accreditation may be denied.

Section 8: Student Achievement

Student learning and student success are at the core of the mission of all institutions of higher learning. Effective institutions focus on the design and improvement of educational experiences to enhance student learning and support student learning outcomes for its educational programs. To meet the goals of educational programs, an institution provides appropriate academic and student services to support student success.

1. The institution identifies, evaluates, and publishes goals and outcomes for student achievement appropriate to the institution's mission, the nature of the students it serves, and the kinds of programs offered. The institution uses multiple measures to document student success. **(Student achievement) [CR]**.

2. The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results in the areas below:

    a. Student learning outcomes for each of its educational programs. **(Student outcomes: educational programs);**

    b. Student learning outcomes for collegiate-level general education competencies of its undergraduate degree programs. **(Student outcomes: general education**)

    c. Academic and student services that support student success. **(Student outcomes: academic and student services**)

Rationale and Notes for Section 8

Student learning and student success are at the core of the mission of all institutions of higher learning. Effective institutions focus on the design and improvement of educational experiences to enhance student learning and support student learning outcomes for its educational programs. To meet the goals of educational programs, an institution provides appropriate academic and student services to support student success.

An institution needs to be able to document its success with respect to student achievement. In doing so, it may use a broad range of criteria to include, as appropriate: enrollment data; retention, graduation, or course completion; job placement rates; state licensing examinations; student portfolios; or other means of demonstrating achievement of goals.

Note the three related obligations of the institution, in order to meet this standard are:

- Student achievement goals (target levels of performance) must be **identified**;
- Data for student achievement must be presented and **evaluated** (outcomes); and
- Both the goals and the outcomes must be **published**.

For purposes of this standard, "multiple measures" refers to several distinct outcomes, not multiple ways of measuring the same outcome. Being published means in a way accessible to the public—not published only behind an internal firewall. The standard recognizes that not every institution will utilize the same goals or establish the same targets. For example, an open-admissions institution would generally have a lower target for undergraduate graduation rates than a highly selective institution.

An institution that prepares students for transfer to other institutions may use National Student Clearinghouse data for graduation rates while an institution that has little transfer activity might prefer to use IPEDS data. A seminary and an institute of technology may well define job placement "in the field of study" in very different ways.

In some cases, institutions may use local data that can only be benchmarked against itself, such as a locally created alumni survey. Nonetheless, every institution has an obligation to establish goals, collect data, and publish this information. In accord with federal regulations, it is expected that the institution will demonstrate its success with respect to student achievement and indicate the criteria and thresholds of acceptability used to determine that success.

The criteria are the items to be measured (and published); the thresholds of acceptability are the minimal expectations set by the institution to define its own acceptable level of achievement (i.e., a minimum target). The institution is responsible justifying both the criteria it utilizes and the thresholds of acceptability it sets. The items measured and the thresholds of acceptability should be consistent with the institution's mission and the students it serves.

In their reviews, SACSCOC committees will examine and analyze:

(1) **Documentation** demonstrating success with respect to student achievement;
(2) The appropriateness of criteria and thresholds of acceptability **used to determine** Student Achievement; and
(3) Whether the data and other information to document student achievement is appropriately **published**

While this standard does not ask what the institution does when it finds it falls short of its own expectations, institutions not meeting their self-identified thresholds of performance would be expected to document efforts to meet expectations. [See especially Standard 7.1 (Institutional planning), as well as Standard 7.2 (Quality Enhancement Plan), Standard 8.2.a (Student outcomes: educational programs), Standard 8.2.b (Student outcomes: general education), and Standard 8.2.c (Student outcomes: academic and student services).

Questions to Consider Regarding Section 8

- How does the institution determine appropriate measurable goals and outcomes for student achievement consistent with its mission?
- Does a state board or specialized accreditor expect certain student achievement rates that would be relevant for this standard?
- Are data sources for this information clearly identified?
- If the institution does not use examples of criteria mentioned above, what are the criteria used and why are they appropriate?
- Are both criteria and thresholds of acceptability clearly identified?
- Can the institution justify both criteria and thresholds of acceptability that would be found acceptable by a reasonable external party?
- How does the institution publish this information for the public? Sample Documentation
- Published evidence containing tables, charts, and/or narrative that include criteria, thresholds of acceptability, and findings related to student achievement.
- Discussion of the underlying rationale for the chosen criteria and thresholds in relation to the institution's mission.
- Data underlying the findings.[9]

Sample Documentation for Section 8

- Published evidence containing tables, charts, and/or narrative that include criteria, thresholds of acceptability, and findings related to student achievement.
- Discussion of the underlying rationale for the chosen criteria and thresholds in relation to the institution's mission.
- Data underlying the findings.

Coming up next are the "**Anticipated Reaffirmation Timeline**" in two different tables for better understanding of each step along the way toward SSU reaffirming our SACSCOC accreditation.

[9] SACSCOC The Principles of Accreditation: Foundation for Quality Enhancement, 6th edition, page 20

Anticipated Reaffirmation Timeline											
General Preparation	Conduct Planning Activities	Form Leadership Team; Develop Editorial Guidelines	Leadership Team Meets Regularly; Approves QEP Topic		**Orientation of Leadership Team – Atlanta (June 2010)**	Leadership Team Meets Regularly	Leadership Team Approves Compliance Report, Reviews QEP		Leadership Team Approves QEP Prepare for On-Site Visit		**On-Site Peer Review** Respond to On-Site Committee Report Fully Implement 1st Phase of QEP	**Review by SACS Commission On Colleges**
Compliance Preparation	Plan Strategy/ Form Readiness Assessment Team	Begin Readiness Audit Process/ Begin Gathering Evidence	Form Compliance Certification Team/ Fix Problems, Gather Evidence	Draft Narratives Continue Work on Compliance Certification Continue to fix problems			Final Edit/ Approval of Compliance Report	**Compliance Report Due to SACS**	**Off-Site Peer Review Conducted** Prepare Focused Report	Focused Report Due to SACS		**December 2021**
QEP Preparation	Plan Strategy	Form QEP Planning Team/Begin Topic ID Process	Identify QEP Topic	Fully Develop QEP Proposal		Solicit Feedback/ Refine QEP	Edit and finalize QEP		Final Review/ Approval of QEP	QEP Due to SACS; Begin QEP Project		
	Fall 2017 –Spring 2018	Spring 2018	Summer - Fall 2018	Spring 2019	Summer 2019	Fall 2019-Spring 2020	Summer 2020	**Sept. 2020**	Fall 2020	Six weeks prior to on-site visit	Spring 2021	
	2017	**2018-2019**		**2019**		**2019-2020**					**2020-2021**	

The next set of tables 1-10 are a breakout form of the above table timeline that are linked to the five (5) phases of the reaffirmation process. The columns of each table are outline as followed:

1. **Target/Purpose**: this indicator grants us the subject task of focus and signal to the leadership the appropriate resources to managed the required outcome;
2. **Begin and End Date**: simply put we will matriculate through each phase with purpose and intent;
3. **Activities**: this column denotes the many moving part of managing a reaffirmation, taking into account our budget, campus brain trust, resources and manpower.

Table: 1 Anticipated Reaffirmation Timeline		
Phase 1		
Target/Purpose	**Begin and End Date**	**Activities**
General Preparation	**Spring 2018-Fall 2018**	**Conduct Planning Activities:** **A. Hire Four Assessment Coordinators** 1. Two (2) Non-Academic 2. Two (2) Academic **B. Establish Unit Assessment Coordinators** 1. Non-Academic Assessment Coordinators 2. Academic Program Assessment Coordinators **C. Implement Campus Labs** 1. Align & Upload Unit Annual Report Outline 2. Align & Upload I.E. Plan Report Outline **D. Conduct Training: Campus Labs** 1. Assessment Day 2. Small Groups and Individual Workshops **E. Attend SACSCOC Orientation for SSU** **F. Establish 2017-2018 Annual Report & I. E. Plan Submission Dates** **(November 1, 2018)** **(January 18, 2019)** **(January 28, 2019)**

Table 2 Anticipated Reaffirmation Timeline Continued		
Phase 2		
General Preparation	**Spring & Summer 2019**	**Form Leadership Team:** **A. Establish our SACSCOC Leadership Team** 1. Executive Leadership Council (ELC) 2. Senior Leadership Council (SLC) **B. Develop Editorial Guidelines** **C. Establish a Regular Meeting Day and Time** **D. Receive QEP Suggestion from SSU Personnel** **E. Establish Guidelines on Choosing a QEP topic** **F. Research, Review and Write Estimated Budgets** 1. Meet with Fiscal Affairs 2. Submit QEP Budget 3. Submit SACSCOC On-Site Committee Budget

Table 3 Anticipated Reaffirmation Timeline Continued		
Phase 2		
Compliance Preparation	**Spring, Summer & Fall 2019**	**Compliance Certification Development:** **A. Plan Strategy/Form Readiness Assessment Team** 1. Assign Standards to ELC/SLC Members 2. Recruit Data Extraction Team for Campus Labs **B. Begin Readiness Audit Process/Begin Gathering Evidence** **C. Draft Narratives (SACSCOC Standards)**
QEP Preparation	**Spring, Summer & Fall 2019**	**Plan Strategy:** **A. Form QEP Planning Team** **B. Begin Topic ID Process** **C. Finalize QEP Topic Selection** ➢ ELC/SLC Vote **D. Advertise and Hire a QEP Director** **E. Research & Write the QEP Literature Review** **F. Fully Develop QEP Proposal**

Table 4 Anticipated Reaffirmation Timeline Continued		
Phase 3		
Compliance Finalization	**January2020 March 2020**	**Edit and Finalize Compliance Certification (CC) and the QEP:** **A. January 2020 MEET with the Following Teams:** 1. ELC & SLC 2. Assigned Standard Writers 3. Data Extraction Team 4. Editing Team 5. Campus Labs Compliance Assist SSU Rep. 6. Compliance Review Sub-Committee **B. Produce a Draft Compliance Document:** 1. Editing Team Finalize CC 2. Continue to Fix Problems 3. Set Meeting Date for Leadership Final Approval of the CC

Table 5 Anticipated Reaffirmation Timeline Continued		
Phase 3		
QEP Finalization	**January thru March 2020**	**Plan Strategy:** **A. January 2020 MEET with the Following Teams:** 1. ELC & SLC 2. Assigned Standard Writers 3. Data Extraction Team 4. Editing Team 5. QEP Director 6. Campus Labs Compliance Assist SSU Rep. 7. Campus Labs Compliance Assist SSU Rep **B. Produce a Draft QEP Document:** 1. Editing Team Finalize QEP 2. Continue to Fix Problems 3. Set Meeting Date for Leadership Final Review and Approval of the QEP

Table 6 Anticipated Reaffirmation Timeline Continued		
Phase 4		
Over Sight USG	**January thru March 2020**	**Package Documents for USG:** **A. Prepare Compliance Certification for delivery to USG SACSCOC POC** 1. Establish Webpage Link 2. Test Run ALL links 3. Forward Link to USG by April 1, 2020 **B. Prepare QEP for delivery to USG SACSCOC Consultant** 1. Establish Webpage Link 2. Test Run ALL links **3.** Forward Link to USG by April 1, 2020
Receive Drafts Back from USG	**May 18, 2020** **July 1, 2020**	**Meeting with Editing Team and Others:** **A. Review, Research, Make Corrections** **B. Forward the Corrected CC and QEP to ELC and SLC for Review, Questions, and Recommendations (If any).** **C. Set Meeting Date and Time for Documents Final Review and Approval from SSU Leadership.** **D. Assemble Documents for submission to SACSCOC** 1. CC submit by September 1, 2020 2. QEP submit by January 18, 2021

Table 7 **Anticipated Reaffirmation Timeline Continued**		
Phase 5		
Focused Report Preparations	Date of Receipt: TBA Date of Submission: TBA	**Focused Report:** **1.** Receive Feedback from the SACSCOC Off-Site Committee. **2.** Research, Review, Correction and Prepare the Focused Report. **3.** Submit and Receive Back Editing Team's Corrected Focused Report. **4.** Forward the Focused Report to ELC and SLC for Review, Questions, and Recommendations (If any). **5.** Set Meeting Date for Leadership Review and Final Approval of the Focused Report **6.** Prepare Focused Report for SACSCOC Submission (Date of submission TBA)

Table 8 Anticipated Reaffirmation Timeline Continued		
Phase 5		
Focused Report Preparations	Date of Receipt: TBA Date of Submission: TBA	**Focused Report:** 1. Receive Feedback from the SACSCOC Off-Site Committee 2. Research, Review, Correction and Prepare the Focused Report 3. Submit and Receive Back Editing Team's Corrected Focused Report. 4. Forward the Focused Report to ELC and SLC for Review, Questions, and Recommendations (If any). 5. Set Meeting Date for Leadership Review and Final Approval of the Focused Report. 6. Prepare Focused Report for SACSCOC Submission (Date of submission TBA)

Table 9

Anticipated Reaffirmation Timeline Continued

Phase 5		
SACSCOC On-Site Preparations	February 2021 thru March 26, 2021	**SACSCOC On-Site Visit Action Items:** 1. Obtain Reaffirmation Committee Roster from SACSCOC 2. Contact SACSCOC Staff Rep. and Reaffirmation Committee's Chair 3. Submit to them SSU's Information Outline for Committee Visit 4. Make Hotel Accommodations 5. Establish Meal Protocol 6. Solidify Transportation a. From and to the Airport b. From the Hotel and Campus 7. Purchase a polite gift 8. Establish a on campus work space 9. Establish Mandatory Attendance of all ELC and SLC (Limit Vacation Request) 10. Have Umbrellas on the ready 11. Market QEP Topic and purchase paraphernalia for campus aesthetics 12. Purchase workroom supplies

Table 10 Anticipated Reaffirmation Timeline Continued		
Phase 5		
Respond to On-Site Committee Report	**TBA 2021**	**On-Site Committee's Report Response Steps:** **1.** Receive Feedback from the SACSCOC On-Site Committee's Report. **2.** Research, Review, Correction and Prepare the Response to the On-Site Committee's Report. **3.** Submit and Receive Back Editing Team's Corrected of the Report. **4.** Forward the said Report to ELC and SLC for Review, Questions, and Recommendations (If any). **5.** Set Meeting Date for Leadership Review and Final Approval of the On-Site Committee's Report. **6.** Prepare Report for SACSCOC Submission (Date of submission TBA)

SACSCOC Standards by Section with Table Description

This table describes the meaning of each column of the table on page 36. You can revert to this page to ascertain the purpose of each column of the **SACSCOC Reaffirmation Tables of Standards** starting on the next page.

Meaning of the Columns in the Chart	
Column 1	The number of the standard (or named substandard) of the *Principles of Accreditation.*
Column 2	The descriptor for the standard.
Column 3	Standards that are Core Requirements (see glossary).
Column 4	Standards that are part of the Fifth-Year Interim Report.
Column 5	Standards that are part of the application for institutions seeking membership (candidacy status and initial accreditation). This does not apply to institutions seeking separate accreditation from a current member institution.
Column 6	Standards that will be reviewed on-site regardless of the off-site finding. This is either due to the standard being a federal requirement of recognized accreditors, or because the standard was not reviewed by the Off-Site Reaffirmation Committee (in the case of the QEP).
Column 7	Standards that require a published institutional policy or procedure. Narratives in the body of the *Resource Manual* will cite the SACSCOC good practices statement Developing Policy and Procedures Documents. **Note.** Implicit in every standard mandating a policy or procedure is the expectation that the policy or procedure is in writing and has been approved through appropriate institutional processes, published in appropriate institutional documents, accessible to those affected by the policy or procedure, and implemented and enforced by the institution. At the time of review, an institution will be expected to demonstrate that it has met all of the above elements. If the institution has had no cause to apply its policy, it should indicate that an example of implementation is unavailable because there has been no cause to apply it.
Column 8	Standards that are related to a SACSCOC Policy Statement

SACSCOC Standards by Sections

#	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NO.	Standard Number	Descriptor	*CR	5th Yr.-Report	App. Candidacy	Rev. On-Site	Pub. SSU Req. Policy	SACSCOC Policy
SECTION 1								
1	1.1	**Integrity**	✓		✓	✓		✓
Institutional integrity is essential to the purpose of higher education. Integrity functions as the basic covenant defining the relationship between the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and its member and candidate institutions. The principle serves as the foundation of a relationship in which all parties agree to deal honestly and openly with their constituencies and with one another.								
SECTION 2								
2	2.1	**Institutional mission**	✓		✓			
A clearly defined and comprehensive mission guides the public's perception of the institution. It conveys a sense of the institution's uniqueness and identifies the qualities, characteristics, and values that define its role and distinctiveness within the diverse higher education community. Fundamental to the structure of an institution's effectiveness, the mission reflects a clear understanding of the institution by its governing board, administration, faculty, students, staff, and all constituents.								

*CR- Core Requirement

#	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NO.	Standard Number	Descriptor	*CR	5th Yr.- Report	App. Candidacy	Rev. On-Site	Pub. SSU Req. Policy	SACSCOC Policy
SECTION 3								
3	3.1.a	Degree-granting authority	✓		✓			
4	3.1.b	Coursework for degrees	✓		✓			✓
5	3.1.c	Continuous operation	✓		✓			
SACSCOC accredits degree-granting institutions in the southern region of the United States and those operating in select international locations. To gain or maintain accreditation with SACSCOC, an institution is a continuously functioning organization legally authorized to grant degrees and other academic credentials, and able to demonstrate compliance with SACSCOC standards and policies.								

*CR- Core Requirement

#	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NO.	Standard Number	Descriptor	*CR	5th Yr.- Report	App. Candidacy	Rev. On-Site	Pub. SSU Req. Policy	SACS COC Policy
SECTION 4								
6	4.1	Governing board characteristics	✓		✓			✓
7	4.2.a	Mission review						✓
8	4.2.b	Board/administrative distinction					✓	
9	4.2.c	CEO evaluation/selection			✓			
10	4.2.d	Conflict of interest			✓		✓	
11	4.2.e	Board dismissal					✓	
12	4.2.f	External influence						
13	4.2.g	Board self-evaluation					✓	
14	4.3	Multiple-level governing					✓	✓

The institution's governing board holds in trust the fundamental autonomy and ultimate well-being of the institution. As the corporate body, the board ensures both the presence of viable leadership and strong financial resources to fulfill the institutional mission. Integral to strong governance is the absence of undue influence from external sources.

#	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NO.	Standard #	Descriptor	CR	5th Yr.-Report	App. Candidacy	Rev. On-Site	Pub. SSU Req. Policy	SACS COC Policy
SECTION 5								
15	5.1	Chief executive officer	✓		✓			✓
16	5.2.a	CEO control						
17	5.2.b	Control of intercollegiate athletics						
18	5.2.c	Control of fund-raising activities						
19	5.3	Institution-related entities					✓	
20	5.4	Qualified administrative		✓	✓	✓		
21	5.5	Personnel appointment and evaluation					✓	

The institution's chief executive officer has ultimate responsibility for priorities and initiatives that advance its board-approved mission, goals, and priorities. The chief executive officer oversees an organizational structure that includes key academic and administrative officers and decision makers with credentials appropriate to their respective responsibilities.

#	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NO.	Standard#	Descriptor	CR	5th Yr.-Report	App. Candidacy	Rev. On-Site	Pub. SSU Req. Policy	SACS COC Policy
SECTION 6								
22	6.1	Full-time faculty	✓	✓	✓	✓		
23	6.2.a	Faculty qualifications			✓			
24	6.2.b	Program faculty		✓	✓	✓		✓
25	6.2.c	Program coordination		✓		✓		
26	6.3	Faculty appointment and evaluation					✓	
27	6.4	Academic freedom					✓	
28	6.5	Faculty development						

Qualified, effective faculty members are essential to carrying out the mission of the institution and ensuring the quality and integrity of its academic programs. The tradition of shared governance within American higher education recognizes the importance of both faculty and administrative involvement in the approval of educational programs. Because student learning is central to the institution's mission and educational degrees, the faculty is responsible for directing the learning enterprise, including overseeing and coordinating educational programs to ensure that each contains essential curricular components, has appropriate content and pedagogy, and maintains discipline currency. Achievement of the institution's mission with respect to teaching, research, and service requires a critical mass of qualified full-time faculty to provide direction and oversight of the academic programs. Due to this significant role, it is imperative that an effective system of evaluation be in place for all faculty members that addresses the institution's obligations to foster intellectual freedom of faculty to teach, serve, research, and publish.

#	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NO.	Standard#	Descriptor	CR	5th Yr.- Report	App. Cand.	Rev. On-Site	Pub. SSU Req. Policy	SACS COC Policy
SECTION 7								
29	7.1	Institutional planning	✓		✓			
30	7.2	Quality Enhancement Plan				✓		✓
31	7.3	Admin. Effectiveness			✓			

Effective institutions demonstrate a commitment to principles of continuous improvement, based on a systematic and documented process of assessing institutional performance with respect to mission in all aspects of the institution. An institutional planning and effectiveness process involves all programs, services, and constituencies. Which are linked to the decision-making process at all levels and provides a sound basis for budgetary decisions and resource allocations.

The Quality Enhancement Plan (QEP) is an integral component of the reaffirmation of accreditation process that is derived from an institution's ongoing comprehensive planning and evaluation processes. It reflects and affirms a commitment to enhance overall institutional quality and effectiveness by focusing on an issue the institution considers important to improving student learning outcomes and/or student success.

#	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NO.	Standard#	Descriptor	CR	5th Yr.-Report	App. Cand.	Rev. On-Site	Pub. SSU Req. Policy	SACS COC Policy
SECTION 8								
32	8.1	Student achievement	✓	✓	✓	✓		
33	8.2.a	Student outcomes: educational programs		✓	✓	✓		✓
34	8.2.b	Student outcomes: general education			✓			✓
35	8.2.c	Student outcomes: academic and student services			✓			✓
Student learning and student success are at the core of the mission of all institutions of higher learning. Effective institutions focus on the design and improvement of educational experiences to enhance student learning and support student-learning outcomes for its educational programs. To meet the goals of educational programs, an institution provides appropriate academic and student services to support student success.								

#	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NO.	Standard#	Descriptor	CR	5th Yr.-Report	App. Cand.	Rev. On-Site	Pub. SSU Req. Policy	SACS COC Policy
SECTION 9								
36	9.1	Program content	✓	✓	✓	✓		✓
37	9.2	Program length	✓	✓	✓	✓		✓
38	9.3	General education requirements	✓		✓	✓		
39	9.4	Institutional credits for an undergraduate degree						✓
40	9.5	Institutional credits for a graduate/ professional degree						✓
41	9.6	Post-baccalaureate rigor and curriculum						
42	9.7	Program requirements						

Collegiate-level educational programs emphasize both breadth and depth of student learning. The structure and content of a program challenges students to integrate knowledge and develop skills of analysis and inquiry. General education is an integral component of an undergraduate degree program through which students encounter the basic content and methodology of the principal areas of knowledge. Undergraduate and graduate degrees develop advanced expertise in an integrated understanding of one or more academic disciplines or concentrations.

#	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NO.	Standard#	Descriptor	CR	5th Yr.-Report	App. Cand.	Rev. On-Site	Pub. SSU Req. Policy	SACS COC Policy
SECTION 10								
43	10.1	Academic policies					✓	✓
44	10.2	Public information		✓	✓	✓	✓	✓
45	10.3	Archived information		✓				✓
46	10.4	Academic governance					✓	✓
47	10.5	Admissions policies and practices		✓	✓	✓	✓	✓
48	10.6	Distance and correspondence education		✓	✓	✓	✓	✓
49	10.7	Policies for awarding credit		✓	✓	✓	✓	✓
50	10.8	Evaluating and awarding academic credit					✓	✓
51	10.9	Cooperative academic arrangements		✓				✓

Effective academic policies related to an institution's educational programs are developed in concert with appropriate input and participation of the constituencies affected by the policies, conform to commonly accepted practices and policies in higher education, accurately portray the institution's programs and services, and are disseminated to those benefiting from such practices. These academic policies lead to a teaching and learning environment that enhances the achievement of student outcomes and success. To advance learning, all coursework taken for academic credit has rigor, substance, and standards connected to established learning outcomes. To protect the integrity of degrees offered, the institution is responsible for the quality of all coursework transcript as if it were credit earned from the institution.

#	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NO.	Standard#	Descriptor	CR	5th Yr.-Report	App. Cand.	Rev. On-Site	Pub. SSU Req. Policy	SACS COC Policy
SECTION 11								
52	11.1	Library and learning/information resources	✓		✓			✓
53	11.2	Library and learning/information staff			✓			
54	11.3	Library and learning/information access			✓			✓

To provide adequate support for the institution's curriculum and mission, an institution's students, faculty, and staff have access to appropriate collections, services, and other library-related resources that support all educational, research, and public service programs wherever they are offered and at the appropriate degree level. The levels and types of educational programs offered determine the nature and extent of library and learning resources needed to support the full range of the institution's academic programs. Qualified, effective staff are essential to carrying out the goals of a library/learning resource center and the mission of the institution, and to contributing to the quality and integrity of academic programs.

#	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NO.	Standard #	Descriptor	CR	5th Yr.- Report	App. Cand.	Rev. On-Site	Pub. SSU Req. Polic	SACS COC Policy
SECTION 12								
55	12.1	Student support services	✓	✓	✓	✓		✓
56	12.2	Student support services staff						
57	12.3	Student rights					✓	✓
58	12.4	Student complaints		✓	✓	✓	✓	✓
59	12.5	Student records						✓
60	12.6	Student debt						

Student success is significantly affected by the learning environment. An effective institution provides appropriate academic and student support programs and services, consistent with the institution's mission, that enhance the educational and personal development experience(s) of students at all levels; contribute to the achievement of teaching and learning outcomes; ensure student success in meeting the goals of the educational programs; and provide an appropriate range of support services and programs to students at all locations. Qualified and effective faculty and staff are essential to implementing the institution's goals and mission and to ensuring the quality and integrity of its academic and student support programs and services. An effective institution has policies and procedures that support a stimulating and safe learning environment.

#	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NO.	Standard#	Descriptor	CR	5th Yr.-Report	App. Cand.	Rev. On-Site	Pub. SSU Req. Policy	SACS COC Policy
SECTION 13								
61	13.1	Financial resources	✓		✓			
62	13.2	Financial documents	✓		✓			
63	13.3	Financial responsibility						
64	13.4	Control of finances						
65	13.5	Control of sponsored research/ external funds						
66	13.6	Federal and state responsibilities		✓	✓	✓		
67	13.7	Physical resources		✓	✓	✓		✓
68	13.8	Institutional environment		✓				

Although missions vary among institutions, both a sound financial base and a pattern of financial stability provide the foundation for accomplishing an institution's mission. Adequate financial resources allow for deliberate consideration of the effective use of institutional resources to fulfill that mission. Adequate physical resources are essential to the educational environment and include facilities that are safe and appropriate for the scope of the institution's programs and services. It is reasonable that the general public, governmental entities, and current and prospective students expect sufficient financial and physical resources necessary to sustain and fulfill the institution's mission.

#	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NO.	Standard#	Descriptor	CR	5th Yr.-Report	App. Cand.	Rev. On-Site	Pub. SSU Req. Policy	SACS COC Policy
SECTION 14								
69	14.1	Publication of accreditation status		✓	✓	✓		✓
70	14.2	Substantive change					✓	✓
71	14.3	Comprehensive institutional reviews		✓	✓	✓		✓
72	14.4	Representation to other agencies		✓	✓	✓		✓
73	14.5	Policy compliance			✓			✓

An institution is responsible for representing accurately to the public its status and relationship with SACSCOC; reporting accurately to the public its status with state or the federal government, if receiving funding from either or both; maintaining openness in all accreditation-related activities; ensuring the availability of institutional policies to students and the public; and publishing appropriate information with respect to student achievement. SACSCOC's philosophy of accreditation precludes removal from or denial of membership or candidacy to a degree-granting institution of higher education on any ground other than an institution's failure to meet the standards of the membership as determined by the professional judgment of peer reviewers, or failure to comply with SACSCOC policies and procedures.

II. SSU Assessment Process and Cycle

The assessment process for educational programs at Savannah State University guides Faculty, Program Coordinators, Department Chairs, and Deans in the systematic evaluation of all program and student learning outcomes in alignment with SSU's mission, vision, goals, and institutional learning outcomes. The aim is the constant improvement of the academic programs and student learning at our institution, based on principles of shared governance, participative management, and transparency.

What is assessment?

"…a systematic way of paying attention to our curriculum." Source: Nancy Metz, English Faculty, Virginia Tech

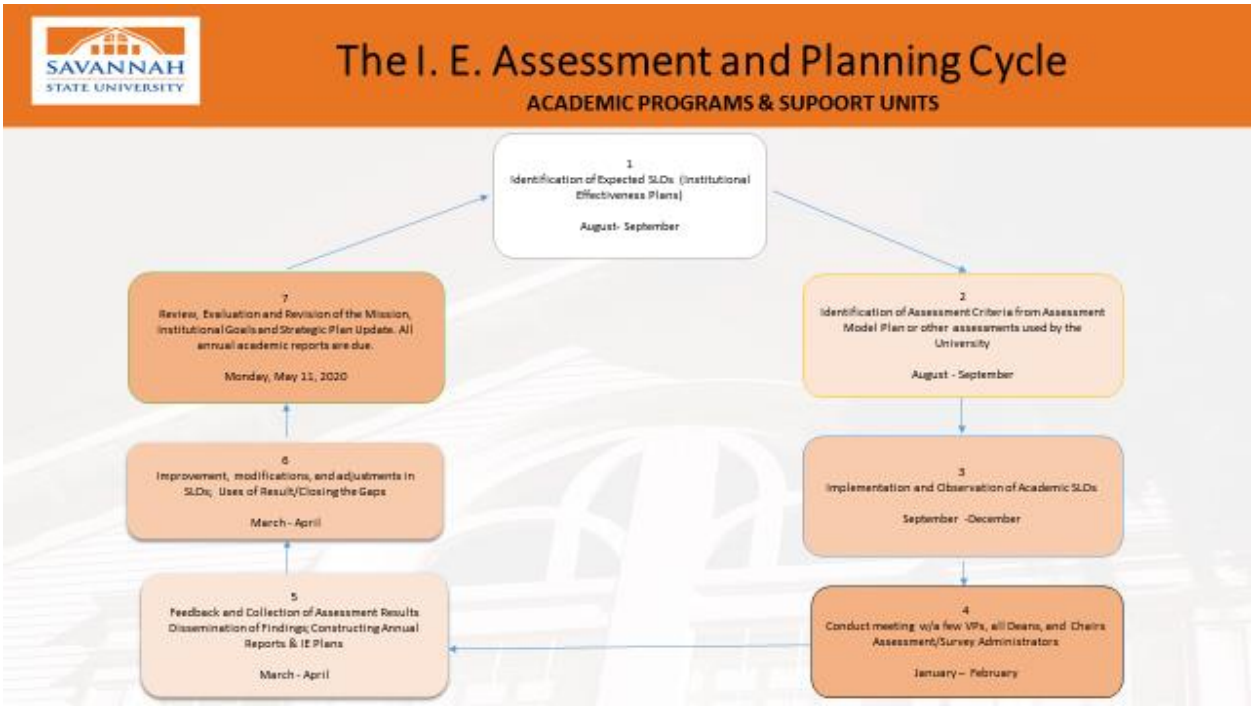
"…the systematic gathering of information about student learning, using the time, resources, and expertise available, in order to improve the learning." *Source: Barbara Walvoord,* Assessment Clear & Simple *(2004)*

"Assessment is an integral part of instruction, as it determines whether or not the goals of education are being met. Assessment affects decisions about grades, placement, advancement, instructional needs, curriculum, and, in some cases, funding.

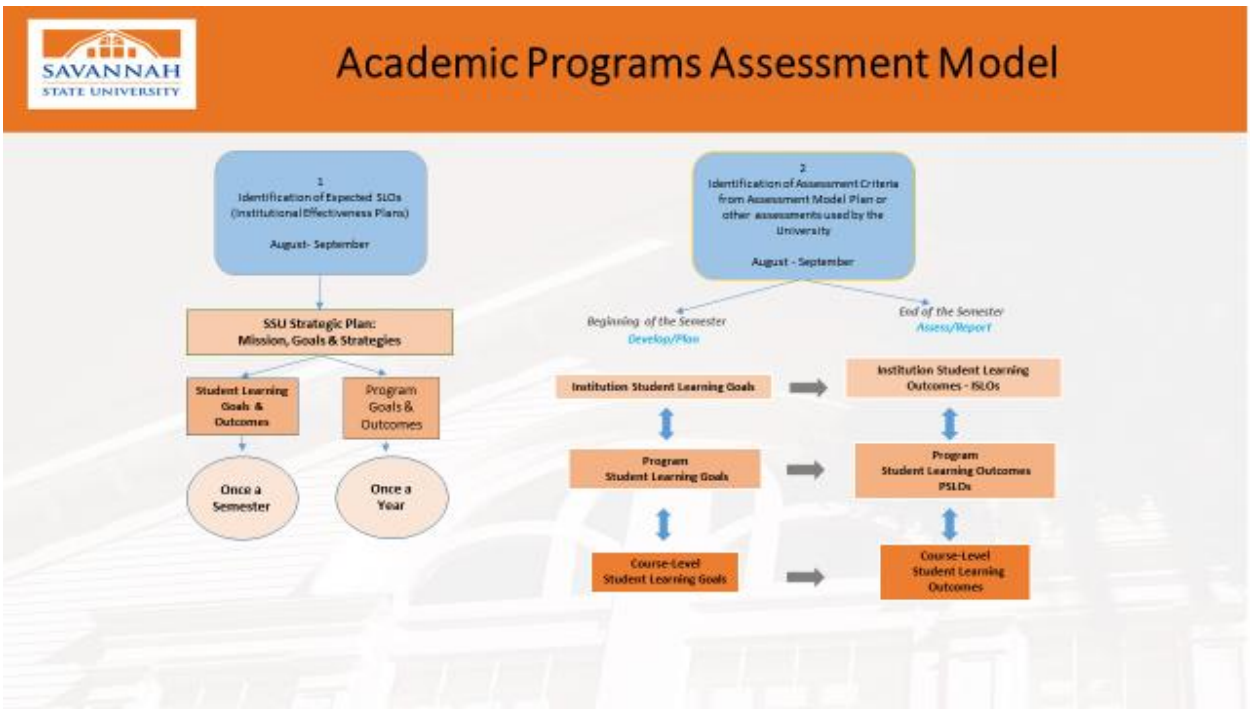
Assessment inspires us to ask these hard questions: 'Are we teaching what we think we are teaching?' 'Are students learning what they are supposed to be learning?' 'Is there a way to teach the subject better, thereby promoting better learning?'" *Source: www.edutopia.org/assessment-guide-importance.*

"...the process of gathering and discussing information from multiple and diverse sources in order to develop a deep understanding of what students know, understand, and can do with their knowledge as a result of their educational experiences; the process culminates when assessment results are used to improve subsequent learning." *Source: Mary E. Huba & Jann E. Freed,* Learner-Centered Assessment on College Campuses *(2000)*

An Institution's assessment process speaks to its integrity, which is essential to the purpose of higher education. Integrity functions as the basic covenant defining the relationship between the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and its member and candidate institutions. The principle serves as the foundation of a relationship in which all parties agree to deal honestly and openly with their constituencies and with one another. Those words are the gold standard of any institution's reaffirmation of its accreditation. Next is SSU's **2019-2020** assessment and planning process illustrated from beginning to end.



Academic programs at SSU work through the below assessment model, that links their programs to the University's mission, vision, and strategic priorities.



Assessment Process at Savannah State University: In Greater Detail

Institutional Effectiveness is an established culture in which university officials demonstrate how well they succeed in accomplishing the institution's mission and meet goals. These measures are overtly expressed in the new SACSCOC criteria of 7.1 (Institutional Planning). Institutional effectiveness, research, planning, and assessment process allows University officials to choose expected outcomes based on a self-identified mission.

Faculty and administrators develop mission statements for each academic program and administrative unit, which are derived from the University's mission statement. Then program and expected outcomes are defined and reported in an annual Institutional Effectiveness Plan that is used also to write the program's Annual Report.

The institution's leadership drives the assessment process through a reciprocal engagement that includes the Provost, Deans, Department Chairs, Program Coordinators, Faculty and Students. At each level of the assessment process, communication channels are robust and critical to the required engagement that each leader will value and appreciate.

In greater detail and in accordance to SACSCOC Standard regarding section 8, student learning and student success are at the core of the mission of all institutions of higher learning. Effective institutions focus on the design and improvement of educational experiences to enhance student learning and support student learning outcomes for its educational programs.

To meet the goals of educational programs, an institution provides appropriate academic and student services to support student success. In so doing, all academic programs will achieve the following:

1. The institution identifies, evaluates, and publishes goals and outcomes for student achievement appropriate to the institution's mission, the nature of the students it serves, and the kinds of programs offered. The institution uses multiple measures to document student success. (Student achievement); and

2. The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results in the areas below:

    a. Student learning outcomes for each of its educational programs. (Student outcomes: educational programs);

    b. Student learning outcomes for collegiate-level general education competencies of its undergraduate degree programs. (Student outcomes: general education); and

    c. Academic and student services that support student success. (Student outcomes: academic and student services). See the following page for our **reciprocal flow of engagement**.

SSU's Reciprocal Flow Chart of Student Engagement

Provost develops **SSU Academic Strategic Plan**, discusses and shares **SSU Strategic Plan, SSU Academic Strategic Plan, Institutional Student Learning Goals** (for the new academic year) with Deans	**PROVOST**	Provost reviews Deans' reports/summaries/presentations, analyzes information, develops presentation/report showing **SSU Academic Outcomes**, **Student Learning** scenario (**Institutional Student Learning Outcomes—ISLOs and Program Student Learning Outcomes— PSLOs**), and **Program Outcomes—POs**, provides improvement recommendations to be implemented in the upcoming semester and academic year, and share results*
Deans elaborates, discusses, and shares College Strategic Plan with team, peers, and supervisor and shares SSU Strategic Plan, SSU Academic Strategic Plan, and Institutional Student Learning Goals with Department Chairs & Program Coordinators	**DEANS**	Dean reviews Department Chairs/Program Coordinators' Program Outcomes—POs & Program Student Learning Outcomes-PSLOs reports, writes a report/summary/ presentation showing the College scenario, includes improvement recommendations/actions to be implemented in the upcoming academic year (POs) and in the upcoming semester (PSLOs), and share results*
Department Chair/Program Coordinator elaborates, discusses and shares Program Strategic Plan (including Program Goals) and Program Student Learning Goals with team, peers and supervisor, and shares SSU Strategic Plan, SSU Academic Strategic Plan, Institutional Student Learning Goals, College Strategic Plan with Faculty	**DEPARTMENT CHAIRS & PROGRAM COORDINATORS**	Department Chair/Program Coordinator reviews Faculty members' reports, assesses Program Outcomes (POs) every year and Program Student Learning Outcomes (PSLOs) every semester, selects key classes to be assessed, analyzes data, writes a report for the POs and a report for the PSLOs, includes improvement recommendations/actions to be implemented in the upcoming semester, includes samples that represent student work, and share results
Department Chair/Program Coordinator elaborates, discusses and shares Program Strategic Plan (including Program Goals) and Program Student Learning Goals with team, peers and supervisor, and shares SSU Strategic Plan, SSU Academic Strategic Plan, Institutional Student Learning Goals, College Strategic Plan with Faculty	**FACULTY**	Department Chair/Program Coordinator reviews Faculty members' reports, assesses Program Outcomes (POs) every year and Program Student Learning Outcomes (PSLOs) every semester, selects key classes to be assessed, analyzes data, writes a report for the POs and a report for the PSLOs, includes improvement recommendations/actions to be implemented in the upcoming semester, includes samples that represent student work, and share results.
Students attend all enrolled courses on time and prepared for study. Maintains course syllabus among their course materials.	**STUDENTS**	Students participates, complete all assignments and uploads assignments as directed.

The Responsibility of Assessment is "Ours"

There is an over use cliché that says, "Team work makes the dream work". However, in many cases it is true, teamwork allows us the sense that we are not alone in achieving our institutional priorities and objectives. Conversely, our "Road to Reaffirmation" will take the entire SSU community doing the work of researching, analyzing, recommending and writing narratives that are compelling with documentary evidence that supports our compliance of the standards.

Yet, there are departmental responsibilities that the following areas of leadership must undertake:

A. Institutional Research, Planning and Assessment Office (IRPA) Responsibilities

1. .	Ensures SSU meets all standards for regional accreditation (Regional Accreditation Body: SACSCOC), by articulating standards of assessment which must be met in both university and program assessment efforts and ensuring that all departmental assessment efforts clearly demonstrate that they are meeting these standards
2.	Reviews assessment reports and indicates which program assessment efforts are meeting university and accreditation standards and, if standards are not met, identifies specific deficiencies and reports these to the appropriate department, college/school Dean or division head, and to the IRPA Director and Associate Provost.
3.	Provides consultation to help programs develop and implement an assessment plan that meets the required standards.
4.	Supports the integration of systems through which assessment data can be gathered and analyzed, including surveys, online course assessment systems, learning management systems and/or ePortfolio systems.
5.	Maintains a repository of assessment data and assessment reports so that the university can provide evidence of systematic and comprehensive assessment of academic programs.
6.	Develops and maintains reports tracking the performance of systematic assessment across all academic programs and the level of student achievement of university learning outcomes.
7.	Provides assessment training and consultancy to Faculty, Program Coordinators, Department Chairs, Deans, and Provost, in partnership with the Center for Faculty Excellence. Training examples: Assessment Process at SSU, Assessment Plan, Assessment Report, Curriculum Map, Rubrics, Syllabus and Assignments Design, and Campus Labs, developed by the Institutional Research, Planning and Assessment Office (IRPA) and the Center for Academic Success (CFAS).
8.	Supports the Provost coordinating Faculty, Department Chairs and Deans' assessment tasks and deadlines

B. Provost/Associate Provost Responsibilities

1.	Develops SSU Academic Strategic Plan, based on SSU Strategic Plan and SSU Student Learning Goals.
2.	Presents and discusses the **SSU Strategic Plan and SSU Academic Strategic Plan** with the Deans, reinforcing the institutional mission, goals and student learning outcomes for the current and upcoming academic years.
3.	Reviews/discusses the College Strategic Plans developed by the Deans
4.	Reviews/discusses the summary/presentation/reports developed by the Deans.
5.	Approves the reports/summary/presentation developed by the Deans.
6.	Analyzes information, develops presentation/summary/report reflecting all Colleges/SSU student learning scenario, provides improvement recommendations, and shares results with the Executive Leadership Council, Deans, and IRPA.
7.	Respects and enforces assessment deadlines.

C. College's Dean Responsibilities

1.	Develops a Strategic Plan for the College/School/Library, including mission, goals, and Program Student Learning Goals. Note: the plan needs to be aligned with SSU Strategic Plan, SSU Academic Strategic Plan and the SSU Student Learning Goals).
2.	Shares and discusses SSU Strategic Plan, SSU Academic Strategic Plan, Institutional Student Learning Goals, and the College Strategic Plan with the Department Chairs and Program Coordinators.
3.	Gives support to the Department Chairs and Program Coordinators in terms of assessment
4.	Reviews plans and reports (related Program Outcomes and Program Student Learning Outcomes) developed by the Department Chairs and Program Coordinators.
5.	Develops a summary/presentation reflecting all programs of the College/School/Library and attaches the Department Chairs and Program Coordinators reports to it.
6.	Submits the College summary/presentation and Department Chair Reports to the Provost, and shares results with Department Chair, Program Coordinators, and IRPA.
7.	Respects and enforces assessment deadlines.

D. Department Chair Responsibilities

1.	Department chairs should ensure that all programs are developing assessment plans and reports in accordance with the scheduled assessment cycle.
2.	Chairs should also ensure that the appropriate digital tools are being used to store assessment data/artifacts, plans, and reports, so that these documents/artifacts will be available for future faculty and leadership.
3.	Chairs should ensure that all faculty are participating in the assessment process. Manage and oversee Coordinators and faculty of programs within their purview.
4.	Chairs should assist Program Coordinators in conducting regular program review since this may involve funding, travel, or networking.
5.	Chairs will ensure that all appropriate information from the administration is conveyed to coordinators and faculty about the assessment process, including scheduled assessment cycle, ISLOs, and due dates for plans and reports.

E. Program Coordinator Responsibilities

1.	Coordinators will ensure that the program is assessed according to a regularly scheduled assessment cycle of data collection during the semester, review of data at the end of the semester, and plan for the next semester at the end of the semester.
2.	Coordinators will ensure that all Program Student Learning Outcomes (PSLOs) will be assessed twice in each 3 year assessment cycle. Note: it is preferable to assess each PSLO 3 times in each cycle to obtain a baseline, an intervention, and a test of the efficacy of the intervention over time.
3.	Over the course of the assessment cycle, Coordinators will ensure that all appropriate, data-driven changes are made to the curriculum, PSLOs, curriculum maps, and all assessment tools.
4.	Coordinators will ensure that all appropriate documents are generated and stored in Campus Labs the University's Assessment Management System (AMS) so department, college, and university leadership (must have authorized permission) will have access to them. Also, digital storage of the documents ensures that future faculty and leadership will have access to them.
5.	All assessment artifacts should be stored digitally in the Learning Management System (LMS) for future use. Coordinators will work with faculty to facilitate student use of the LMS and the AMS.
6.	Over the course of a 3 year cycle (data collection years 2017-2018, 2018-2019, and 2019-2020) programs should generate 3 Institutional Effectiveness Plans (I.E. Plans) and 3 Program Annual Reports. The I. E.

	Plans and Annual Reports will assist the program faculty in making the appropriate changes to the curriculum and the assessment tools used to measure the learning outcomes
7.	Plans will include student learning expectations, which are set in accordance with a curriculum map. They will also include targets for overall student performance to be reviewed at the end of the semester after assessing the data.
8.	Reports will include all assessment of the data collected, including a determination of whether targets were met and whether changes need to be made to the curriculum or the assessment process.
9.	Coordinators will ensure that Program Outcomes are developed and assessed on a yearly basis. Program Outcomes set the goals for the program not to include student learning outcomes. Program Outcomes may include goals such as enrollment, graduation rates, etc.
10.	Coordinators will ensure that program meeting agendas and minutes are generated and stored in Campus Labs.
11.	All PSLOs should be aligned with Institutional Student Learning Outcomes (ISLOs) to assist the administration of the university with assessment. The alignment of the PSLOs with the ISLOs should be communicated to the Institutional Assessment Committee via the Campus Labs.
12.	Coordinators should note that not all PSLOs will align with an ISLO, so there is no expectation that all ISLOs will be assessed through a single program's assessment.

Faculty (All Levels) Responsibilities

1.	Attends a required training related to the Assessment Process at SSU, Assessment Plan, Assessment Report, Curriculum Map, Rubrics, Syllabus and Assignments Design, and Campus Labs, developed by the Institutional Research, Planning and Assessment Office (IRPA) and the Center for Academic Faculty Excellence (CFAS)
2.	Develops a Syllabus for each class a faculty member teaches, includes content, goals and the following: a. Class Student Learning Outcomes - CSLOs, b. Program Student Learning Outcomes - PSLOs, and c. Institutional Student Learning Outcomes—ISLOs, instruments used to measure the CSLOs, and target levels.
3.	Develops assignments for students
4.	Requests students upload their assignments on D2L and Campus Labs
5.	Note: Student work must be uploaded to D2L and Campus Labs
6.	It is recommended that students upload their own work, so faculty members do not need to do it
7.	Selects one key assignment per class to be assessed (if several sections are taught by the same faculty member, select just one assignment of

	one section to represent the course)
8.	Develops a rubric to assess the key assignment in accordance with CSLOs, PSLOs, and ISLOs.
9.	Note: The IRPA team will include the rubrics on Campus Labs.
10.	Assesses the key assignment through Campus Labs (according to the rubrics already available in Campus Labs).
11.	Participates in assessment meetings to discuss their students performance and strategies for improvement.
12.	Uses the Syllabus and the Assessment Plan and Report as tools for class and student learning improvement: implements the improvement actions and evaluates them in the upcoming semester, following the same process as previously described.
13.	Respects and enforces assessment deadlines.

SSU have established an internal assessment submission process and timeline for all academic programs and non-academic support units as it relates to their Institutional Effectiveness Plan (I.E. Plan) and the Program Annual Report. IRPA also, have established a one-stop shop of the University System of Georgia's Comprehensive Program Review (CPR) on our webpage.[10] This external assessment process for all undergraduate and graduate majors must be reviewed every seven and ten years respectively. To that end, this guide will now speak to the many moving parts of the USG's Comprehensive Program Review.

[10] https://www.savannahstate.edu/irp/comprehensive-program-review.shtml

III. SSU Comprehensive Program Review (CPR)

University Systems of Georgia (USG)

Each USG institution shall conduct comprehensive academic program reviews for Career Associates, Associate degrees with a designated major, bachelor degrees and graduate degrees.

Consistent with efforts in institutional effectiveness and strategic planning, each USG institution shall develop procedures to evaluate the effectiveness of its academic programs to address the quality, viability, and productivity of efforts in teaching and learning, scholarship, and service as appropriate to the institution's mission.

Institutional review of academic programs shall involve analysis of both quantitative and qualitative data, and institutions must demonstrate that they make judgments about the future of academic programs within a culture of evidence. Planning and conducting of academic program reviews shall be used for the progressive improvement and adjustment of programs in the context of the institution's strategic plan and in response to findings and recommendations of the reviews. Adjustment may include program enhancement, maintenance at the current level, reduction in scope, or, if fully justified, consolidation or termination.

USG Academic Programs Policy Sect. 2.3

An institution's cycle of review for all **undergraduate academic programs** shall be **no longer than seven (7) years**, and for all **graduate programs no longer than ten (10) years**. **Newly approved programs** should automatically be reviewed **seven years after launch**. If successfully reviewed, the new program will then become part of the regular institutional cycle. If unsuccessful, the institution will present a plan of action to the System Office. **Programs accredited by external entities** may not **substitute an external review for institutional program review**, but material submitted as part of an external accreditation process may be used in the institutional review. Institutions may align program review cycles with required external accreditation review, so long as no program review cycle at any level exceeds ten (10) years. Institutions must also review **General Education every five (5) years**; learning **outcomes for each Area A-E** of institutional core curricula must be approved by the Council on General Education. Institutions are also encouraged to review Learning Support programs.

Each USG institution shall provide a web link outlining institutional comprehensive program review procedures and shall post program review results on a password protected institutional web site, which shall include the **institutional review cycle** and a **summary of current institutional reviews**.

Academic Affairs staff will **perform spot audits** on the posted institutional comprehensive program reviews to ensure that reviews are being used to inform institutional decision-making on the issues of **program quality, productivity and viability.** The System Office staff will continue to provide data on programs with low enrollment for institutional information.

CPR Regent and System Policy

Board of Regents Policy Manual 3.6.3	USG Academic Affairs Handbook: 2.3.6
http://www.usg.edu/policymanual/section3/policy/C341/	www.usg.edu/academic_affairs_handbook/section2/handbook/C731/

CPR and Deans, Department Chairs and Program Coordinators

When academic programs reach their University System of Georgia's assessment year, all Program Coordinators are expected to conduct Comprehensive Program Review by following the instructions cited under the tab "Comprehensive Program Review (CPR)" located on IRPA's web page. Since this will likely involve funding, Department Chairs will help facilitate program reviews. The Comprehensive Program Review Report should be stored with all other assessment reports in Campus Labs. For more detailed information Program Coordinators should review the IRPA's webpage under the tab, **"Comprehensive Program Review (CPR)".** There you will find all the steps to perform an exhaustive report.[11] Also, middle managers may need to review further the role of hiring adequate number of faculty to teach as well as maintaining the proper level of resources to achieve their program and student learning outcomes. One method is "Full-time Equivalent" calculation.

SSU Assessment Management Software: Campus Labs

An integrated platform:

The Campus Labs' platform provides users to warehouse their required assessment processes and analysis to experience and reveal actionable insights for the improvement of student learning and support outcomes. It is a centralized hub for a holistic view of our campus assessment programs and procedures, so we can collect and connect our data and then explore the right questions. Whether the goal is meaningful reporting for accreditation, a more precise way to predict retention, or innovative tools for student engagement, Campus Labs' platform gives educators the power to extract valuable insights about our institution's effectiveness.

[11] https://www.savannahstate.edu/irp/comprehensive-program-review.shtml

Other Important Software Used by Savannah State University

- **Blackboard Analytics:** with the help of Blackboard Analytics' data-driven solutions, colleges, universities, and systems can identify and overcome barriers to student success and keep learners on track for graduation.
- **D2L:** classroom management, electronic grade book, and e-learning platform
- **Degree Works:** helps students and their advisors successfully navigate curriculum requirements.
- **Educational Advisory Board (EAB):** provides the tools to streamline the advisor's workday leaving needed room for more student engagement.
- **Chalk and Wire**: Designed to monitor and verify student learning outcomes, our ePortfolio enabled educational assessment platform is robust, content-neutral and easily scalable.

Next this guide will explore the assessment calendar for the rest of 2019 and into the spring of 2020.

SSU Assessment Calendar and Dates

To accomplish SACSCOC deadlines and to reinforce the importance of the development of a culture of assessment, constant student learning improvement, and student-centered environment enhancement, all classes must be assessed every semester. Please see below the **Assessment Day Calendar that extends from Thursday, January 10, 2019 to Thursday, April 23, 2020**.

SAVANNAH STATE UNIVERSITY ASSESSMENT CALENDAR SPRING 2019			
Tasks	**Due Date**	**Responsible Stakeholders**	**Institutional Research, Planning and Assessment (IRPA) Personnel**
Assessment Day Overview and Review of the Precepts of SSU's Assessment Initiative: • I.E. Plans both APAC and NAAC; • Annual Report Template; • Types of Assessment Instruments; • Review of the Assessment Management System (Campus Labs); and • All Assessment Documents Submission (Due) Dates.	Thursday, January 10, 2019 Note Meeting Location: Social Science Building, Computer Lab Room: 220 Start Time: 9:00am to Noon	Administrators, Deans, Department Chairs, Program Faculty, Academic Program Assessment Coordinators (APAC) And Non- Academic Assessment Coordinators (NAAC)	Dr. Mable Moore CIO and Vice President Institutional Research, Planning & Assessment and Technology moorem@savannahstate.edu Ext. 4404 IRPA Assistant Personnel Dr. Nancy Linden Assistant to IRPA lindenn@savannahstate.edu Ext. 4158 Mrs. Shetia Butler Lamar Assistant to IRPA butlers@savannahstate.edu Ext. 3401 Ms. Tyranise Harris Research and Assessment Coordinator harristy@savannahstate.edu Ext. 4172 Mrs. Naomi Singleton Assistant to IRPA singletonn@savannahstate.edu Ext. 4413

SAVANNAH STATE UNIVERSITY ASSESSMENT CALENDAR SPRING 2019			
Tasks	**Due Date**	**Responsible Stakeholders**	**Institutional Research, Planning and Assessment (IRPA) Personnel**
Formal Meeting with Academic Program Coordinators (APC)	Thursday. February 14, 2019 Note: All 2017-2018 I.E. Plans and Annual Reports are due into the Assessment Management System (Campus Labs)	APAC	Dr. Nancy Linden Assistant to IRPA lindenn@savannahstate.edu Ext. 4158 Mrs. Shetia Butler Lamar Assistant to IRPA butlers@savannahstate.edu Ext. 3401
Formal Meeting with Non-Academic Assessment Coordinators (NAAC)	Thursday. February 14, 2019 Note: All 2017-2018 I.E. Plans and Annual Reports are due into the Assessment Management System (Campus Labs)	NAAC	Ms. Tyranise Harris Research and Assessment Coordinator harristy@savannahstate.edu Ext. 4172 Mrs. Naomi Singleton Assistant to IRPA singletonn@savannahstate.edu Ext. 4413
Any updates/changes to the assessment plan due in the Assessment Management System (Campus Labs)	Thursday. February 21, 2019	APAC & NAAC	IRPA Assistant Personnel
Official Announcement of All Academic IE Plans and Program Annual Reports are due by Tuesday, April 30, 2019	Announcement Date: Thursday, March 14, 2019 Note: Email Notification	APAC	Dr. Nancy Linden Assistant to IRPA lindenn@savannahstate.edu Ext. 4158 Mrs. Shetia Butler Lamar Assistant to IRPA butlers@savannahstate.edu Ext. 3401

SAVANNAH STATE UNIVERSITY ASSESSMENT CALENDAR SPRING 2019			
Tasks	**Due Date**	**Responsible Stakeholder**	**Institutional Research, Planning and Assessment (IRPA) Personnel**
Official Announcement of All Non-Academic IE Plans and Program Annual Reports are due by Thursday, June 13, 2019	Announcement Date: **Thursday, April 4. 2019** Note: Email Notification	NAAC	Ms. Tyranise Harris Research and Assessment Coordinator harristy@savannahstate.edu Ext. 4172 Mrs. Naomi Singleton Assistant to IRPA singletonn@savannahstate.edu Ext. 4413
Formal Meeting with Academic Program Coordinators (APC) Discussion of spring assessment findings, calibration/norming on assessment instruments; and Planning for the next assessment cycle of AY 2019-2020	Thursday, May 9, 2019 Location: TBA Note: Last Meeting for Current Assessment Year	APAC	Dr. Nancy Linden Assistant to IRPA lindenn@savannahstate.edu Ext. 4158 Mrs. Shetia Butler Lamar Assistant to IRPA butlers@savannahstate.edu Ext. 3401
Formal Meeting with Non-Academic Assessment Coordinators (NAAC) Discussion of spring assessment findings, calibration/norming on assessment instruments; and Planning for the next assessment cycle of AY 2019-2020	Thursday, May 9, 2019 Location: TBA Note: Last Meeting for Current Assessment Year	NAAC	Ms. Tyranise Harris Research and Assessment Coordinator harristy@savannahstate.edu Ext. 4172 Mrs. Naomi Singleton Assistant to IRPA singletonn@savannahstate.edu Ext. 4413

SAVANNAH STATE UNIVERSITY ASSESSMENT CALENDAR SPRING 2019			
Tasks	**Due Date**	**Responsible Stakeholder**	**Institutional Research, Planning and Assessment (IRPA) Personnel**
Run AY 2018-2019 Assessment Report from the Assessment Management System (Campus Labs) for both Academic and Non-Academic Units	Thursday, June 20, 2019		Dr. Bernard Fitzgerald Moses Assistant Vice President Institutional Research, Planning & Assessment mosesb@savannahstate.edu Ext. 4169 IRPA Assistant Personnel
IRPA will complete a feedback report for Deans of Colleges	Thursday, July 11, 2019		Dr. Bernard Fitzgerald Moses Assistant Vice President Institutional Research, Planning & Assessment mosesb@savannahstate.edu Ext. 4169 IRPA Assistant Personnel
2019-2020 Assessment Calendar	Next Publication: May 01, 2019		Dr. Bernard Fitzgerald Moses Assistant Vice President Institutional Research, Planning & Assessment mosesb@savannahstate.edu Ext. 4169 IRPA Assistant Personnel

During May through July 2019 the Institutional Research, Planning and Assessment (IRPA) Office will be inventorying, our entire assessment and accreditation processes for preparation of our reaffirmation. From page 24 through 29 of this guide, please review our fall 2019 and spring 2020 Assessment Calendars.

SAVANNAH STATE UNIVERSITY ASSESSMENT CALENDAR Fall 2019			
Tasks	**Due Date**	**Responsible Stakeholders**	**Institutional Research, Planning and Assessment (IRPA) Personnel**
Assessment Day Institutional Effectiveness Assessment Cycle Overview; • Institutional Effectiveness Plan (IE Plan) Academic • Institutional Effectiveness Plan (IE Plan) Non-Academic Campus Labs Overview Identify Academic Program Assessment Coordinators (APAC)	Wednesday, August 07, 2019 Location: TBA	Administrators, Deans, Department Chairs, Program Faculty, Academic Program Assessment Coordinators (APAC) And Non-Academic Assessment Coordinators (NAAC)	Dr. Bernard Fitzgerald Moses Assistant Vice President Institutional Research, Planning & Assessment mosesb@savannahstate.edu Ext. 4169 IRPA Assistant Personnel
Formal Meeting with Academic Program Coordinators (APC)	Thursday. August 29, 2019 Location: TBA	Academic Program Assessment Coordinators (APAC)	Dr. Nancy Linden Assistant to IRPA lindenn@savannahstate.edu Ext. 4158 Ms. Shetia Lamar Assistant to IRPA butlers@savannahstate.edu Ext. 3401

Tasks	Due Date	Responsible Stakeholder	Institutional Research, Planning and Assessment (IRPA) Personnel
Formal Meeting with Non-Academic Assessment Coordinators (NAAC)	Thursday. August 29, 2019 Location: TBA	Non-Academic Assessment Coordinators (NAAC)	Ms. Tyranise Harris Research and Assessment Coordinator harristy@savannahstate.edu Ext. 4172 Mrs. Naomi Singleton Assistant to IRPA singletonn@savannahstate.edu Ext. 4413
Identify Program Student Learning Outcomes (PSLOs); and Course Level Student Learning Outcomes (CSLOs) for the current AY due in the Assessment Management System (Campus Labs)	Thursday, September 12, 2019 Note: First Two Columns of the IE Plans for both Academic Units/Departments must be completed.	Academic Program Assessment Coordinators (APAC)	Dr. Nancy Linden Assistant to IRPA lindenn@savannahstate.edu Ext. 4158 Ms. Shetia Lamar Assistant to IRPA butlers@savannahstate.edu Ext. 3401
Identify departmental objectives for the current AY due into the Office of IRPA.	Thursday, September 26, 2019 Note: First Two Columns of the IE Plans for Non-Academic Departments must be completed.	Non-Academic Assessment Coordinators (NAAC)	Ms. Tyranise Harris Research and Assessment Coordinator harristy@savannahstate.edu Ext. 4172 Mrs. Naomi Singleton Assistant to IRPA singletonn@savannahstate.edu Ext. 4413

Tasks	Due Date	Responsible Stakeholders	Institutional Research, Planning and Assessment (IRPA)
Feedback on Assessment Plans due	Thursday, October 11-17, 2019 Note: Each NAAC personnel will receive some form of feedback per review of submitted Objectives with identified measureable instruments.	NAAC and IRPA	Ms. Tyranise Harris Research and Assessment Coordinator harristy@savannahstate.edu Ext. 4172 Mrs. Naomi Singleton Assistant to IRPA singletonn@savannahstate.edu Ext. 4413
Feedback on Assessment Plans due	Thursday, October 17-24, 2019 Note: Each APAC personnel will receive some form of feedback per review of submitted SLOs with identified measureable instruments.	APAC and IRPA	Dr. Nancy Linden Assistant to IRPA lindenn@savannahstate.edu Ext. 4158 Ms. Shetia Lamar Assistant to IRPA butlers@savannahstate.edu Ext. 3401
Last Fall 2019 Formal Meeting with Non-Academic Assessment Coordinators (NAAC) Subject: Next steps for spring 2020	Thursday. November 07, 2019 Meeting Location: TBA	NAAC	Ms. Tyranise Harris Research and Assessment Coordinator harristy@savannahstate.edu Ext. 4172 Mrs. Naomi Singleton Assistant to IRPA singletonn@savannahstate.edu Ext. 4413
Last Fall 2019 Formal Meeting with Academic Program Assessment Coordinators (APAC) Subject: Next steps for spring 2020	Thursday. November 07, 2019 Meeting Location: TBA	APAC	Dr. Nancy Linden Assistant to IRPA lindenn@savannahstate.edu Ext. 4158 Ms. Shetia Lamar Assistant to IRPA butlers@savannahstate.edu Ext. 3401

SAVANNAH STATE UNIVERSITY ASSESSMENT CALENDAR Spring 2020			
Tasks	**Due Date**	**Responsible Stakeholders**	**Institutional Research, Planning and Assessment (IRPA)**
Assessment Day Overview and Review of the Precepts of SSU's Assessment Initiative: • I.E. Plans both APAC and NAAC; • Annual Report Template; • Types of Assessment Instruments; • Review of the Assessment Management System (Campus Labs); and • All Assessment Documents Submission (Due) Dates.	Thursday, January 09, 2019 Note: Meeting Location: TBA	Administrators, Deans, Department Chairs, Program Faculty, Academic Program Assessment Coordinators (APAC) And Non-Academic Assessment Coordinators (NAAC)	Dr. Bernard Fitzgerald Moses Assistant Vice President Institutional Research, Planning & Assessment mosesb@savannahstate.edu Ext. 4169 IRPA Assistant Personnel
Formal Meeting with Academic Program Coordinators (APC)	Thursday. February 13, 2020 Note: All 2017-2018 I.E. Plans and Annual Reports are due into the Assessment Management System (Campus Labs) Meeting Location: TBA	APAC	Dr. Nancy Linden Assistant to IRPA lindenn@savannahstate.edu Ext. 4158 Ms. Shetia Lamar Assistant to IRPA butlers@savannahstate.edu Ext. 3401
Formal Meeting with Non-Academic Assessment Coordinators (NAAC)	Thursday. February 13, 2020 Note: All 2017-2018 I.E. Plans and Annual Reports are due into the Assessment Management System (Campus Labs) Meeting Location: TBA	NAAC	Ms. Tyranise Harris Research and Assessment Coordinator harristy@savannahstate.edu Ext. 4172 Mrs. Naomi Singleton Assistant to IRPA singletonn@savannahstate.edu Ext. 4413

Tasks	Due Date	Responsible Stakeholders	Institutional Research, Planning and Assessment (IRPA)
Any updates/changes to the assessment plan due in the Assessment Management System (Campus Labs)	Thursday. February 20, 2020	APAC & NAAC	IRPA Assistant Personnel
Official Announcement of All Academic **IE Plans and Program Annual Reports are due by Tuesday, May 12, 2020** **VITAL ASSESSMENT YEAR REGARDING SACSCOC REAFFIRMATION**	Announcement Date: **Thursday, March 12, 2020** Note: Email Notification	APAC	Dr. Nancy Linden Assistant to IRPA lindenn@savannahstate.edu Ext. 4158 Ms. Shetia Lamar Assistant to IRPA butlers@savannahstate.edu Ext. 3401
Official Announcement of All Non-Academic IE Plans and Program Annual Reports are due by Tuesday, May 12, 2020 **VITAL ASSESSMENT YEAR REGARDING SACSCOC REAFFIRMATION**	Announcement Date: **Thursday, March 12, 2020** Note: Email Notification	NAAC	Ms. Tyranise Harris Research and Assessment Coordinator harristy@savannahstate.edu Ext. 4172 Mrs. Naomi Singleton Assistant to IRPA singletonn@savannahstate.edu Ext. 4413

Tasks	Due Date	Responsible Stakeholders	Institutional Research, Planning and Assessment (IRPA)
Formal Meeting with Academic Program Coordinators (APC) Discussion of spring assessment findings, calibration/norming on assessment instruments; and Planning for the next assessment cycle of AY 2020-2021	Thursday, April 16, 2020 Location: TBA Note: Last Meeting for Current Assessment Year	APAC	Dr. Nancy Linden Assistant to IRPA lindenn@savannahstate.edu Ext. 4158 Ms. Shetia Lamar Assistant to IRPA butlers@savannahstate.edu Ext. 3401
Formal Meeting with Non-Academic Assessment Coordinators (NAAC) Discussion of spring assessment findings, calibration/norming on assessment instruments; and Planning for the next assessment cycle of AY 2020-2021	Thursday, April 23, 2020 Location: TBA Note: Last Meeting for Current Assessment Year	NAAC	Ms. Tyranise Harris Research and Assessment Coordinator harristy@savannahstate.edu Ext. 4172 Mrs. Naomi Singleton Assistant to IRPA singletonn@savannahstate.edu Ext. 4413

NOTE: WHILE THE IRPA'S OFFICE WAS WORKING THROUGH OUR ASSESSMENT CALENDAR, WE HAVE ALSO BEEN WORKING SIMULTANEOUSLY THROUGH THE BELOW REAFRIMATION TIMELINE

IRPA'S TOTAL ATTENTION BY APRIL OF 2020 TURNS TO

PHASE 3 AND 4

OF THE

REAFFIRMATION TIMELINE BACK ON PAGE 24 – 34.

IV. SSU and Assessment Collective Responsibility

SSU Accreditation Liaison

The Reaffirmation Process is Not Completed by our SACSCOC Accreditation Liaison. This process is the collective responsibility of our entire university community. The role of the Accreditation Liaison is to provide expert guidance to Senior Leadership Council of SSU, serve as the go-between with SACSCOC and to facilitate our completion of the reaffirmation of our accreditation process successfully.[12]

Our President is the supreme driver of the University's successful march towards reaffirming the compliance of all 14 sections, 59 subsection and 70 mini-subsections of the Principles of Accreditation standards under the direction of our accreditation agency SACSCOC.

The President's responsibility is not isolated; it is a shared cause towards achieving academic excellence that is supported and driven as well by our Executive and Senior Leadership administrators. Our faculty and staff are charged to research, collect the specific data per the assigned standard, analyze the data, make recommendation about the data to leadership and assist in the narrative writing of the standard. In narrating the writing, we all have the responsibility to make the case in a compelling argument with documentary evidence that SSU is in compliance with the assigned standard.

Culture of Assessment at SSU

Consider "Academic Program Assessment" of the Principles as an example:

The Principles' states, "The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results in the areas below:"

- Student learning outcomes for each educational program."
- We must demonstrate our compliance with the Principle for each one of our educational programs (each bachelor degree, each associates degree, and each certificate program).
- A cookie cutter approach simply will not work.

Compliance requires identified outcomes and assessment of each outcome at the program level for each program (not just course level). It requires evidence over an extended period of time (multiple academic years), and it requires evidence of analysis and evidence that we have taken the results seriously (closing the loop).

[12] http://www.sacscoc.org/pdf/081705/accreditation%20liaison.pdf

At some institutions hiring a "Consultant" to write and edit the standards has been an option for them. But, consider these questions:

1. If assessment is something that is done by someone else (e.g., SSU' Institutional Research, Planning and Assessment (IRPA)) (not you), is it really possible for that hired Consultant (not an expert in your field of study) to really understand what a graduate of your program should know and be able to do (outcomes)?;
2. Is it really possible for that Consultant to evaluate attainment of those outcomes (in a range of programs at SSU from languages to social sciences to hard sciences)?; and
3. Is it possible for that Consultant to analyze results and decide what is needed to improve in such diverse areas?

The obvious answers are "no" "no" and "no"

A Culture of Assessment is essential in meeting the requirements of the Principles of Accreditation. Moreover, we must approach this with the same exactitude and intellectual inquisitiveness as applies in our own teaching and research. In short, we assess because we believe it's inherent value – not because we are required to do so.

Suggested Writing Approach of the Principles

Start Now

- Consider this principle (a core requirement) as an example:
  - "The institution engages in ongoing, comprehensive, and integrated research-based planning and evaluation processes that (a) focus on institutional quality and effectiveness and (b) incorporate a systematic review of institutional goals and outcomes consistent with its mission. (Institutional Planning) [CR]".
- Break the principle into its components – each component must be separately addressed:
  - Ongoing
  - Comprehensive
  - Integrated
  - Research based
  - Focuses on institutional quality and effectiveness
  - Institutional goals and outcomes incorporated into the process
  - Process carried out in a manner consistent with institutional mission

Documentary Evidence

1. Methodically collect documentary **evidence** of the college's compliance with this Principle;

2. Organize an outline of a response with a separate heading for each element (see above) of that Principle;

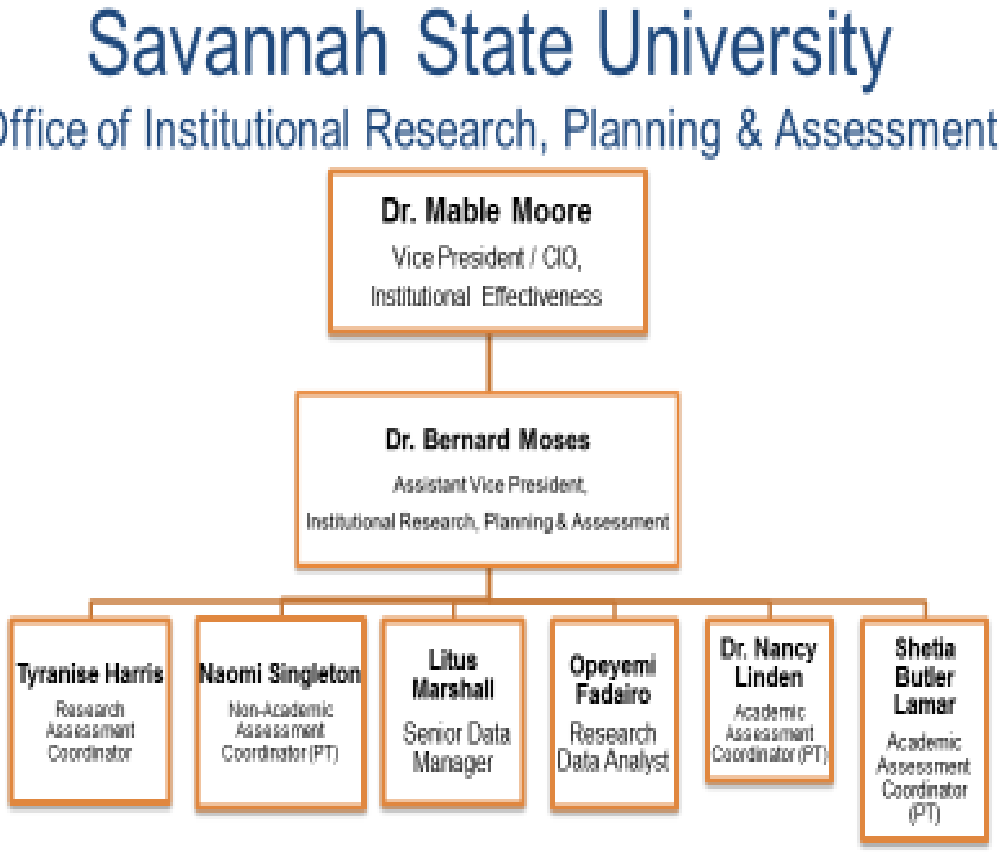
3. Write a response which separately addresses how EGSC, as an institution with a unique access mission, **complies with each element of that principle;**

4. If you make an assertion in your response, include evidence of that assertion with your response;

5. If your evidence includes a college policy or procedure, simply including that policy or procedure as evidence is not enough;

6. Provide evidence that the policy or procedure is
   a. **Published;** and
   b. Actually **applied** on a regular basis.

IRPA's Office Organizational Chart



IRPA's Inter-Office Employee's Job Duties

EMPLOYEE NAME:	TITLE:	JOB DUTIES:
Dr. Bernard Fitzgerald Moses	**Assistant Vice President**	➢ Research, Write, Edit, Publish and Implement SSU's Compliance Cert., QEP and other Accreditation Documents ➢ Plan, organize, design, coordinate and implement a comprehensive program of research projects for the University. ➢ Act as the Accreditation Liaison Officer; assist the Vice President of Academic Affairs by providing research, analysis and organizational support for accreditation including the self evaluation and other reports required by the accrediting commission. ➢ Organize, coordinate and monitor on-going implementation of accreditation agendas and recommendations; articulate accreditation activities with the District as necessary; and provide regular progress reports to the College and administration. ➢ Direct or perform studies for College, District, state and federal accountability measures; assure accuracy and integrity of all College data; submit reports as required. ➢ Support and organize program review and other key initiatives in institutional planning, institutional accountability, effectiveness and decision-making. ➢ Audit and release official information about college student enrollment, faculty, student and staff characteristics. ➢ Perform all duties pertaining to the IPED Key Holder for SSU ➢ Provide data and analysis to support resource development and grant applications, implementation and follow-up reports as necessary; coordinate with District staff as required.

		➢ Direct and coordinate institutional research information exchanges with other institutions. ➢ Conduct student equity research including success, persistence, basic skills and graduation and transfer rates; assure compliance with established regulations; participate in the preparation of mandated student equity plans. ➢ Integrate statistical and planning software, processes and models including data warehousing and client server database procedures with academic master planning. ➢ Retrieve information from the USG database (Banner); verify and interpret results from both internal and external sources for use in a variety of on-line and printed reports. ➢ Prepare local and state matriculation reports; develop and maintain University matriculation databases; work with USG Information Systems to develop, maintain and enhance matriculation databases and query tools; provide research support for all components of matriculation. ➢ Coordinate, direct and supervise the activities/services of assigned staff in providing services to faculty, staff and administrators resulting in their ability to perform desktop research via a web-based system(s) for user access of data and information. ➢ Promote creativity and innovation in the development of research projects and services within the Research and Institutional Effectiveness department. ➢ Promote research projects and services and encourage collaboration, teamwork and positive working relationships among administrators, faculty, staff, and community leadership. ➢ Supervise and evaluate the performance of assigned staff; interview and participate in selecting

		employees; train, counsel, develop, and discipline personnel according to established policies and procedure. ➢ Develop, maintain and control the departmental budget. ➢ Perform related duties and responsibilities as assigned.
Ms. Tyranise Harris	**Research and Assessment Coordinator**	➢ Maintain and update IRPA website ➢ Maintain filing system ➢ Developing and maintain working data files ➢ Distributing, collecting and processing survey instruments ➢ Administrator for Campus Labs Assessment Portal (Baseline, Planning, Compliance Assist) ➢ Create and Administer University Internal Surveys ➢ Train users in Campus Labs ➢ Manage and Maintain Institutional Effectiveness Plans and Annual Reports for Non-Academic Units ➢ Proofread, edit and assist in the development of SACSCOC accreditation documents ➢ All other duties as assign
Mr. Litus Marshall	**Senior Data Manager**	➢ Maintain current knowledge of useful software and hardware for departmental use and products for data architecture and information processing ➢ Develop and maintain in coordination with AVP and ITS personnel enterprise systems and the institutions' data warehouse ➢ Produce accurate data collections and files for use by institutional stakeholders ➢ Assist in developing Key Performance Indicators for IRPA and IRPA website ➢ Assist Research Data Analyst in annual production and posting of the Institutional fact book to the IRPA website ➢ Assist in keeping current IRPA's website using SSU's content management system ➢ Transmit aggregated data sets in

		various modes to recipients as necessary ➢ Train, coach, and supervise department staff engaged in internal or external data reporting ➢ Assist with Assessment Management and assessment management system (Campus Labs) ➢ Assist department with data requests for SACSCOC 5th year, reaffirmation, and SACSCOC institutional requests as needed ➢ Perform other duties as assigned by the AVP to support the IRPA department and University ➢ Create and manage .Net computer and web applications for data management and reporting ➢ Manage data transfer to integrated applications (EAB, Starrez, Campus Labs) ➢ Translate data into meaningful relationships and insights ➢ Manage SSU's entire Database Network ➢ Manage SSU's website and environment.
Dr. Nancy Linden	**Academic Assessment Coordinator**	➢ Manage the development and implementation of a comprehensive program of assessment for the purpose of institutional improvements in accordance with accreditation requirements in support of institutional effectiveness. ➢ Coordinate work with Deans, Department Chairs and Major Coordinators to develop effective strategies for the academic assessment of student learning outcomes at the general education and program levels. ➢ Provide ongoing support for assessment activities, assist with the analysis of assessment methods and results and report such results to both internal and external stakeholders. ➢ Coordinate the collection, evaluation, and dissemination of all academic, support, and administrative unit's

		Institutional Effectiveness (IE) Plans and Annual Report. ➢ Train all academic stakeholders on Campus Labs' Assessment Warehousing Portal for uploading and publication purposes.
Mrs. Shetia Butler Lamar	**Academic Assessment Coordinator**	➢ Manage the development and implementation of a comprehensive program of assessment for the purpose of institutional improvements in accordance with accreditation requirements in support of institutional effectiveness. ➢ Coordinate work with Deans, Department Chairs and Major Coordinators to develop effective strategies for the academic assessment of student learning outcomes at the general education and program levels. ➢ Provide ongoing support for assessment activities, assist with the analysis of assessment methods and results and report such results to both internal and external stakeholders. ➢ Coordinate the collection, evaluation, and dissemination of all academic, support, and administrative unit's Institutional Effectiveness (IE) Plans and Annual Report. ➢ Train all academic stakeholders on Campus Labs' Assessment Warehousing Portal for uploading and publication purposes.

Assessment Glossary

Accreditation Committee: The Accreditation Committee visits a candidate institution or an institution seeking separate accreditation to verify compliance with all standards in the Principles of Accreditation (except for Standard 7.2 [Quality Enhancement Plan]). The candidate institution is seeking renewal of candidate status or initial membership. An institution may remain in candidacy status for a maximum of four years.

Accreditation Contact: The Accreditation Contact is the member of the applicant institution's Leadership Team who works closely with SACSCOC staff during review of the application for membership and with the Chair of the Candidacy Committee to prepare for the institution's first on-site review.

Accreditation Liaison: Each candidate and member institution appoints an Accreditation Liaison to
serve as the resource person on campus for SACSCOC accreditation questions and as an institutional contact person for SACSCOC personnel. (A complete description of the responsibilities of the Accreditation Liaison is available at www.sacscoc.org under Institutional Resources.)

Adverse Action: The Commission defines four actions made by the SACSCOC Board of Trustees as adverse actions: (1) Denial of Candidacy for Initial Accreditation, (2) Removal from Candidacy for Initial Accreditation, (3) Denial of Initial Membership, and (4) Removal from Membership. All four actions are appealable.

Alignment: The process of linking content and performance standards to assessment, instruction, and learning.

Analytics: The transformation of raw data into actionable information by analyzing various data points to gain insight and make informed decisions about complex issues.

Assessment: Assessment is an ongoing process aimed at understanding and improving student learning and service delivery.

It involves making our expectations explicit and public; setting appropriate criteria and standards for learning and service quality; systematically gathering, analyzing, and interpreting evidence to determine how well performance matches those expectations and standards; and using the resulting information to document, explain, and improve performance. (adapted from Tom Angelo, 1995)

Assessment Measure: An assessment measure is a data source or tool used to indicate outcome attainment. While it is desirable to use multiple assessment measures over different points in time, each outcome must have at least one assessment measure. Assessment measures for programmatic outcomes may include survey data (e.g., Graduate, Employer, and Transfer Student Surveys), and other routine data reports posted on the IRPA webpage (e.g., headcounts, FTES, graduates). Assessment measures may include direct and/or indirect measures.

Assessment Tools: Assessment tools are the instruments used to gather data about student learning and service delivery. Tools can be both quantitative and qualitative.

Benchmark: A standard, usually showing the best performance possible at a certain time.

Branch Campus: A branch campus is an instructional site located geographically apart and independent of the main campus of the institution. A location is independent of the main campus if the location is (1) permanent in nature; (2) offers courses in educational programs leading to a degree, diploma, certificate, or other recognized educational credential; (3) has its own faculty and administrative or supervisory organization; and (4) has its own budgetary and hiring authority. All branch campuses related to the parent campus through corporate or administrative control must (1) include the name of the parent campus and make it clear that its accreditation is dependent on the continued accreditation of the parent campus and (2) be evaluated during reviews for institutions seeking candidacy, initial membership, or reaffirmation of accreditation. (For more information on branch campuses, see SACSCOC Policy Separate Accreditation for Units of a Member Institution.)

Capstone Project: A project planned and carried out by the student during the final semester as the culmination of the educational experience. These projects typically require higher-level thinking skills, problem-solving, creative thinking, and integration of learning from various sources.

Capstone Assessment: Assessment of outcomes structured into learning experiences occurring at the end of a program. The experiences involve demonstration of a comprehensive range of program outcomes through some type of product or performance. The outcomes may be those of the major and of the general education program or of the major only.

Capstone Course: An upper division class designed to help students integrate their knowledge. For assessment purposes student work needs to be evaluated by faculty members responsible for the program, not just the instructor of the course. Capstone experiences and standardized exams are sometimes part of a capstone course.

Capstone Experience: An activity for graduating seniors that is designed to demonstrate comprehensive learning in the major through some type of product or performance.

Case Studies: Detailed analyses of projects or problems that result in exemplary models.

Competitions/Meets: Experiences during which students demonstrate their expertise and are judged or rated by experts in the field while in competition with other students.

Competency Test: A test intended to establish that a student has met established minimum standards of skills and knowledge and is thus eligible for an acknowledgment of achievement such as graduation, certification, etc.

Compliance: A finding of compliance in a report resulting from committee review indicates that an institution has documented that it meets the expectations set forth in a standard or requirement in the Principles of Accreditation. Reports written by committees require judgments about the compliance or noncompliance of the institution with all of the standards relevant to the review; each judgment is summarized in a short narrative that details how the institution meets or fails to meet the standard or requirement. (See Parts III and V of the Handbook for Institutions Seeking Reaffirmation of Accreditation.)

Compliance Components: Embedded in the wording of the standards of the Principles of Accreditation,
the compliance components are the multiple discrete issues that must be addressed for each standard. These components are frequently signaled by alphanumeric letter, numbers, commas, and the use of compound modifiers. When writing a narrative for a standard, all compliance components should be addressed.

Comprehensive Standard: Prior to the 2018 edition of the Principles of Accreditation, some standards
were identified as Comprehensive Standards. This distinction was removed in the 2018 edition.

Course-Embedded Assessment: Data gathering about learning that occurs as part of the course, such as tests, papers, projects, or portfolios; as opposed to data gathering that occurs outside the course, e.g., student placement testing.

Core Requirements: Basic, broad-based, foundational requirements, the Core Requirements establish a threshold of development required of all institutions seeking initial accreditation or reaffirmation. Core Requirements are designated with a "(CR)" designation following the standard, and are listed in Appendix A of this document.

Credit Hour: For the purpose of accreditation and in accord with federal regulations, a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates (1) not less than one hour of classroom or direct faculty instruction and a minimum of two hours out-of-class student work each week for approximately 15 weeks for one semester or trimester hour of credit, or 10 to 12 weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or (2) at least an equivalent amount of work as required outlined in item 1 above for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours. (Further information on the definition of credit hour is available in SACSCOC policy Credit Hours at www.sacscoc.org.)

Denial of Reaffirmation: An institution is denied reaffirmation upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that, during its decennial review, the institution (1) has failed to comply with any of the Core Requirements, (2) demonstrates significant noncompliance with other standards of the Principles, or (3) does not comply with SACSCOC policies. Denial of reaffirmation is accompanied by a sanction. Denial of reaffirmation is not an appealable action. (Further information is available in SACSCOC policy Sanctions, Denial of Reaffirmation, and Removal from Membership at www.sacscoc.org.)

Distance Education: In conjunction with the federal definition, SACSCOC defines distance education as a formal educational process in which the majority of the instruction (interaction between students and instructors and among students) in a course occurs when students and instructors are not in the same place. Instruction may be synchronous or asynchronous. A distance education course may use the Internet; one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audio conferencing; or video cassettes, DVDs, and CD-ROMs, if used as part of the distance learning course or program. (See SACSCOC policy Distance and Correspondence Education at www.sacscoc.org.)

Dual Enrollment Program: A dual-enrollment program (or dual credit program) is one where a high school student earns college credit for courses that also satisfy high school requirements. Higher education institutions awarding college credit to high school students are fully responsible for the quality and integrity of that credit.

Educational Program: An educational program is a coherent set of courses leading to a credential (degree, diploma, or certificate) awarded by the institution.

Executive Council: Composed of thirteen members, the Executive Council is the executive arm of
the SACSCOC Board of Trustees and functions on behalf of the Board and the College Delegate Assembly between meetings. (See Appendix E in this Manual. Further information on the composition and selection of the Executive Council and its duties is available in SACSCOC policy Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly at www.sacscoc.org.)

Exit Conference: Committee visits end with a brief meeting between the Committee and the institution's leadership, the Exit Conference, at which time the Committee orally presents an overview of its draft report with emphasis on its findings of compliance/noncompliance. (See Part V of the Handbook for Institutions Seeking Reaffirmation of Accreditation.)

CONTACT INFORMATION

Office of Institutional Research, Planning, and Assessment (IRPA)
https://www.savannahstate.edu/irp

Dr. Mable Moore
CIO & Vice President
Institutional Research, Planning and Assessment
moorem@savannahstate.edu
Office: 912-358-4400

Dr. Bernard Fitzgerald Moses
Assistant Vice President
Institutional Research, Planning and Assessment
mosesb@savannahstate.edu
Office: 912-358-4169

Ms. Tyranise Harris
Assessment and Research Coordinator
harrist@savannahstate.edu
Office: 912-358-4172