

Non-Academic

Departmental Review

TEMPLATE

August 2019

***DEPARTMENT***



Non-Academic Departmental Review

Self-Study

**Department:**

**Department Head:**

Submitted by:

Submission Date:

*INSTRUCTIONS:*

*Complete this form using department documentation and your own observations. This self-study is designed to be a narrative document and all responses to questions should be supported by rationale, explanation and or specific documentation.*

**All documentation provided for the Non-Academic Departmental Review Self-Study should include the previous five years, beginning with the 2014-2015 academic year.**

Adapted from Azusa Pacific University, Arizona State University, & Tyler Junior College, 2017.

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# 1: Non-Academic Departmental Review Participants

List the names of **your department personnel** who contributed to the writing of this report and their position/association within your department.

|  |  |
| --- | --- |
| **Name** | **Association/Dept Role** |
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# 2: Departmental Profile

## Mission/Purpose

1. What is the mission of the department and how does it align with the institutional mission and other strategic priorities?

## Human Resources

*Combine all Sub-units for analysis.*

1. How does the department assure that all personnel are qualified for their position?
2. Include an organizational chart with names and titles.

1. List departmental, divisional, College, professional, or community committee or board activities and leadership roles, if applicable, of each full-time employee for the past **five** years.
2. List names and anticipated dates of retirement (month, year) within the next five years.

|  |  |  |
| --- | --- | --- |
| NAME | MONTH | YEAR |
|  |  |  |
|  |  |  |
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1. How are the results of employee evaluations used in identifying professional development needs?
2. What department-specific professional development opportunities are offered/provided by the department?
3. Show evidence that employees have continued their professional development by attaching a list of current full-time employees who participated in professional development activities during the past **five** years, and those activities.

## Description of the Department and the Customers/Clients Served

1. What are the key functions, processes and services provided by the department? Include production level data such as students/customers served, transactions processed, etc. Explain any compliance duties or responsibilities.
2. What impact do those services have on students and other key stakeholders? What are the department’s enhancements to the institution?
3. Discuss how the department utilizes appropriate technology to provide services to its stakeholders.
4. Describe any existing continuous improvement activities.
5. Provide any other relevant information needed for a complete understanding of your department.

# 3: Departmental Resources

1. Describe the overall adequacy of resources (human, technological, capital, facilities, and fiscal) available to the department for providing effective service delivery and achieving outcomes. If additional resources are needed, please provide data and describe how those resources would improve services.

*Include documentation if requesting additional resources.*

# 4: Departmental Innovation

1. Does the department engage in extracurricular activities as a service to the students and community (yes or no)?

*If yes, list activities and explain how they benefit the students and/or community (e.g. fliers, internal department documentation)*

1. What innovative ideas have been incorporated into the operation of the department during the last five years? Discuss the results and provide documentation.

# 5: Outcomes, Assessment Measures, Targets of Achievement, and Prior Results

1. If data has previously been gathered, list the intended objectives for the department for the past three years and cite the institutional Essential Skills and other Strategic Plan priorities that each objective supports.
2. Describe the data gathering process and give results.
3. Analyze the data by comparing the actual results to the targeted levels of achievement and document what was learned.
4. The department will gather feedback regarding expectations and performance from stakeholders through interviews, surveys, focus groups or other appropriate measures. This feedback shall be considered when selecting performance measures and when continuous improvement plans are developed. Describe what changes have been made in response to these measures.

Attach copies of any stakeholder survey results for your department.

1. Use the results to develop a Continuous Improvement Plan for the department, improving efficiencies based on targeted outcomes. Include consideration for resources, processes, data collection, analysis and timelines for monitoring and assessing the results. List intended outcomes for the department that insure alignment with institutional Essential Skills and other strategic priorities.

For each outcome identify at least one method of measurement that will be used to assess progress toward the outcome. Assessment is strengthened when multiple measures are used. An assessment measure should provide meaningful, actionable data that the department can use to assess efficiency and improve processes.

Describe the target level of achievement for each measure. Levels of achievement shall be:

* Specific and measurable.
* Stated in numerical terms.
* Stated in realistic terms.
* Directly related to the outcome.
* Inclusive of all aspects of the outcome.
* Manageable and practical.

To demonstrate efficiency, determine if external or internal benchmarks are available for comparison.

# 6: Additional Comments

This space is for the department to add any additional comments to help clarify or explain its functions, if applicable.

# 7: Executive Summary

1. Briefly describe how the department review was conducted:
2. Describe the MAJOR conclusions regarding the present state of the department:
3. Briefly describe the goals and objectives of the department:
4. Comment on the progress on previous Departmental Review Action Plans or Recommendations

Departments completing the review for the first time will not have these items and need not answer this question.

1. Describe the department strengths:
2. Describe what areas need improvement:
3. State the recommendations for the department:

# 8: Departmental Action Plan (with timelines for recommendations)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|  | Actions & Budget  Implications | Actions & Budget  Implications | Actions & Budget  Implications | Actions & Budget  Implications | Actions & Budget  Implications |
| Recommendation 1:  Measure of Success: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: |
| Recommendation 2:  Measure of Success: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: |
| Recommendation 3:  Measure of Success: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: |
| Recommendation 4:  Measure of Success: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: |
| Recommendation 5:  Measure of Success: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: | Actions:  Budget Implications:  Timeline: |

# 9: Signature Page and Archiving

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Department Head/Director Date

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VP of Instruction & Student Svcs or VP of Administrative Services Date

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Vice President of Institutional Effectiveness & Accountability Date

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President Date

**Archiving**:

***Division Leader submits to VP of Institutional Effectiveness & Accountability.***

1. A complete electronic version of the Academic Comprehensive Program Review
2. All documentation (electronic)
3. A signed signature page