CWI
College of Western Idaho

Mid-Cycle Evaluation:

Assessing Institutional, Program, and Student Learning Outcomes

October 2014

Prepared for the
Northwest Commission on Colleges and Universities

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August 21, 2014

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ASSESSING INSTITUTIONAL, PROGRAM, AND STUDENT LEARNING OUTCOMES

The College of Western Idaho has chosen to use the Basic Skills Education unit and the Nursing Program to respond to Part II of the Mid-Cycle Evaluation. The following examples demonstrate how CWI uses objectives and indicators to lead to outcomes and mission fulfillment. Part III recaps additional steps that CWI needs to put in place in preparation for its Year Seven Report.

Examples of Operationalizing Mission and Core Themes

CWI's Nursing Program – Core Theme One

Core Theme One at the College of Western Idaho is Professional Technical Education (PTE) and the Associate Degree Nursing Program falls under this auspice. The nursing program completes a yearly program assessment process that holistically reviews all aspects of the program which in turn identifies areas where the program can improve. This process allows the program to review processes and practices to work toward continuous program improvement. As part of the assessment process, the goals and outcomes of the program have been aligned with those of Core Theme One, Professional Technical Education.

Core Theme One's first objective is "Professional Technical Education fosters student success by preparing students to successfully gain employment or continue their education." The first indicator is "Students demonstrate their preparation for employment through assessment activities." The nursing program demonstrates the preparation of the students for employment through state board examinations (NCLEX). The expected level of achievement is that the "Pass rate will be at or above the national mean for first time NCLEX-RN takers." CWI's 2013 graduate pass rate was 92%, whereas the national pass rate was 80.95%.

The second indicator for the first objective is "Students obtain employment in business and industry, or continue their education." The 2013 twelve month post graduate survey has been sent to the students. However, in an informal survey of graduates, 40 of 49 graduates had job placement and 24 of 49 were continuing on for their Bachelor's degree.

Core Theme One's second objective is that "Student success is a priority for the Professional Technical education Programs." There are three indicators of achievement. The first is "PTE programs demonstrate that student success is a priority through program completion and retention of their students." The nursing program goal of completion is 85% and the class of 2013 had 100% retention and completion.

The second indicator for objective two states that "PTE programs provide an educational experience that meets student expectations." The 2013 satisfaction survey conducted in the

nursing program by the PTE Learning Community Coordinators indicated that 80% agreed that they felt prepared to enter the workforce, with 10% strongly agreeing.

The final indicator for objective two states "PTE programs offer curriculum that is relevant to business and industry standards." The 2012 employer surveys indicate 86% of the employers were satisfied that graduates were prepared to enter the workforce.

The last objective for the Core Theme of Professional Technical Education is "PTE partners with business and industry to provide qualified employees." The employer satisfaction survey has been sent out for 2013 but the responses have not been compiled as of yet. In addition, the Nursing program has a very active Technical Advisory Committee which meets twice per year. Partners from area hospitals and universities provide input and feedback relevant to nursing and new hires.

The Nursing Program uses the Systematic Evaluation Plan (SEP)[1] for ongoing evaluation of the Program outcomes. The data gathered is analyzed to determine if the goals and outcomes were met. Information is compiled, data is assessed, and modifications and recommendations are made. The Nursing Systematic Evaluation Plan is the annual retrospective assessment of the school year for the nursing program. The table below illustrates the alignment of the Nursing program indicators with core PTE indicators.

Core Theme One – Objective 1

PTE Indicators of Achievement	PTE Metric	PTE Target	Nursing Indicators of Achievement	Nursing Data
Students demonstrate their preparation for employment through assessment activities.	Students will successfully pass an industry recognized certification examination or credential.	70 % of tested students pass a TSA exam.	Pass rate for NCLEX is at or above the national pass rate for first time test takers.	2013 Nursing NCLEX pass rate is 92%. National Pass rate is 80.95%.
Students obtain employment related to their training, continue their education, or serve in the armed forces.	PTE students will obtain employment in a field related to their training, continue their education, or serve in the armed forces.	90% of completers will be employed, enrolled in continuing education, or in military service.	Reports for the Idaho Dept. of Labor and/or Grad surveys indicates 80% employed as RN in six months of graduation and 85% in one year.	2013 informal survey of graduates indicated an employment rate or 40 of 49. Those continuing their education was 24 of 49. No graduates entered the military.

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[1] Nursing Program Systematic Evaluation Plan

Core Theme One – Objective 2

PTE Indicators of Achievement	PTE Metric	PTE Target	Nursing Indicators of Achievement	Nursing Data
PTE programs demonstrate that student success is a priority through program completion and retention of their students.	Students in PTE programs persevere to completion of their program study.	60% of PTE will complete or continue in their programs.	Expected levels of achievement for program completion are determined by the faculty and reflect program demographics and programs options.	100% completion rate for 2012.
PTE programs provide an educational experience that meets student expectations.	Students who respond to a yearly satisfaction survey are satisfied that the education they receive has prepared them for employment in their field.	80% (on average) Satisfaction rating.	Graduate surveys indicate at least 80% agreement with preparation. Surveys conducted in last semester and at least once a year post-graduation.	2013 PTE Learning Community satisfaction survey of graduates indicated that 80% felt they were prepared for the workplace.
PTE programs offer curriculum that is relevant to business and industry standards.	Course evaluations demonstrate that students are satisfied that courses they take prepare them for employment in business and industry.	80% (on average) Satisfaction rating.	Program satisfaction measures (qualitative and quantitative) address graduates and their employers.	Technical Advisory committees meet twice a year. 2012 employer surveys indicated 86% of the respondents felt CWI grads were prepared to enter the workforce.

Core Theme One- Objective 3

PTE Indicators of Achievement	PTE Metric	PTE Target	Nursing Indicators of Achievement	Nursing Data
PTE Partners with business and industry to provide qualified employees.	Employer and industry representatives are satisfied with the PTE programs as indicated on an annual employer survey.	80% (on average) Satisfaction rating.	Reports for the Idaho Dept. of Labor and/or Grad surveys indicates 80% employed as RN in six months of graduation and 85% in one year. (This process is currently under review.)	Technical Advisory committees meet twice a year. 2012 employer surveys indicate 86% of surveyed agree grads were prepared to enter the workforce.

Basic Skills Education – Core Theme Three

Basic Skill Education (BSE) encompasses primary services of the Adult Basic Education (ABE) and English as a second language (ESL) program. Inclusive to BSE are more targeted services to specific populations or learner goals, such as General Educational Development (GED) preparation, English language civics (EL Civics), ESL-to-ABE Bridge, and Integrated Training and Retention Projects (ITRP); all of which support basic skills development of adults so they can benefit from the completion of secondary education (GED), attain employment, and/or transition and successfully participate in post-secondary or short-term training.

The examples provided below illustrate how BSE has utilized its objectives, indicators, and outcomes as a fluid and interconnected process to improve core theme operations and iteratively assess program improvement. The Mission Progress Flowchart[2] illustrates the processes followed and how they relate to each other.

Objective 1: Basic skills education ensures student success by improving students' skills to prepare them for further education and training.

Indicators of Achievement	Metric	Target	Findings	Actions
Basic skills education students who are tested after sixty to seventy hours of instruction will complete an educational functioning level exam (EFL).	Educational Gains and Attendance Measures for Pre- and Post-Tested Participants (Table 4B Idaho Management and Accountability System – IMAS).[3]	70% of EFL tested students will have moved up a level.	Inconsistent student level gains from class-to-class in ESL and ABE math.	BSE engaged in ESL Content Realignment BSE created a Redesign Team to develop standardized curricula
Students who have the goal to enter post-secondary or short-term training, will complete this goal within one year.	Core Follow-up Outcome Achievement Measures (Table 5 IMAS) plus Student Surveys.[4]	40% of students will enter postsecondary or short-term Training.	Too few students with post-secondary goal revealing gaps between Test of Adult Basic Education (TABE) and COMPASS and college readiness.	BSE moved from TABE to GAIN assessment to better assess higher skills needed for college. BSE created and is piloting higher level math and language classes to address gaps in FY15.

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[2] Basic Skills Education Mission Progress Flowchart
[3] Educational Gains and Attendance Measures for Pre- and Post-Tested Participants
[4] Core Follow-up Outcome Achievement Measures

Student responses indicate that their basic skills educational experience was satisfactory.	Student Surveys	80% satisfaction rating.	Results have exceeded 80%. However, the survey needed to ask more specific questions related to "satisfaction" in order attain meaningful information.	BSE developed and piloted a revised ABE survey in FY14 that will roll-out program-wide in FY15

BSE's indicators were integral in the process for making programmatic changes to help support student success. Examples include ESL's content realignment which investigated learner competencies level-by-level, ABE's curricula redesign that focused on finding a more appropriate assessment, developing higher level basic math and English classes to improve necessary college readiness skills, and standardizing curricula and ensuring explicit lesson planning to promote consistency and continuity across learning levels. Important longitudinal data is not yet available to validate all of these changes. However, these new processes are continually evaluated for legitimacy and effectiveness as a regular part of the program improvement cycle emphasized in BSE's Objective 2.

Objective 2: Basic skills education sustains student success through continuous improvement.

Indicators of Achievement	Metric	Target	Findings	Action
Continuous improvement model.	Analysis, Identify, Design, Document, and Evaluation (AIDDE).	AIDDE project and report-out will be conducted each year.	In implementing AIDDE plan, it is critical that careful monitoring and continual focus occur to ensure change is adopted and institutionalized within the program.	BSE is creating a Curriculum Advisory Group to ensure sustainability of change effort.
Program review (annual self-assessment).	Annual self-assessment.	Self-Assessment document to be completed and posted on portal each year.	It was determined that the self-assessment illustrative measures and evidence need to be more specific in order to provide meaningful feedback for program improvement.	The metrics BSE is implementing in the program will be directly referred to in the self-assessment.
Strategic plan	Measurements of specific performance indicators.	Proposed objectives will be achieved each year.	Data highlighted that current practices were ineffective to assist students with college transition due to basic skills gaps.	BSE has piloted higher level college transitions classes in FY14 in order to meet a variety of college readiness

				needs. (A full roll-out, reinforced by BSE's Strategic Plan, will occur in FY15.)

Core Theme 3 objectives and indicators are intrinsically tied to one another and support a meaningful process for program improvement. The process has illuminated the need for BSE to continue its focus on current program findings, such as content, instruction, transition, and addressing the gaps therein. While the utilization of existing data has been central to programmatic decision making, it will be even more important to continue creating additional data tools to help support quality change efforts. For example, while the Idaho Management and Accountability System (IMAS) data provide information program-wide to help initiate inquiry; it is insufficient in the ability to drill down for more specific information. Due to this limitation, BSE employs various tools to collect and analyze data, such as Annual Self-Assessment; Outcome Monitoring Sheet; and Student Survey.

Moving Forward to Year Seven

The final step in the College of Western Idaho's journey to being awarded full accreditation is the Year Seven Evaluation Report and Site Visit. Therefore, it is critical that CWI continues to build on the momentum generated to date, and insure that the final milestone is accomplished successfully. To that end, CWI will continue to focus heavily on the following items.
- Continuously monitor the availability of critical resources including facilities, personnel, finances, and policies to ensure they are of sufficient size and scope to continue to meet the needs of the institution as it grows.
- Maintain a balanced budget.
- Engage in yearly reflections on how the core themes, objectives, and indicators can be improved to better meet the needs of the institution and more closely align with the strategic plan and assessment needs. It is critical that core themes, objectives and indicators align and that through these measures the institution can demonstrate mission fulfillment.
- Continue expanding services of the Library to meet and adapt to educational needs.
- Expand Data Collection and Analysis capabilities of the College to support educational outcomes.
- Insure that CWI provides the local community with comprehensive, open-access to affordable, quality teaching and learning opportunities.

To achieve mission fulfillment, the College is committed to engaging in ongoing, purposeful, systematic, integrated, and comprehensive planning. As such, a strategic planning process has been implemented that allows CWI to move toward a commonly accepted set of goals, objectives, and performance measures that are the basis for evaluation of effectiveness and accountability to both internal and external constituencies.

The strategic planning process provides an opportunity for the faculty and staff to be more thoughtful about desired outcomes of the work they do. This is accomplished through the Plan for Collaborative Strategic Objectives, a process of planning objectives, prioritizing them, developing performance measures, setting targets, and establishing benchmarks by which assessments of progress can be made.

Exhibit One: CWI Associate Degree Nursing Program Systematic Evaluation Plan 2013-2014

Exhibit Two: Basic Skills Education Mission Progress Flowchart

Exhibit Three: Sample Table 4B Educational Gains and Attendance Measures for Pre- and Post-Tested Participants System (IMAS)

Exhibit Four: Sample Table 5 Core Follow-Up Outcome Achievement Measures (IMAS)

Exhibit One: CWI Associate Degree Nursing Program Systematic Evaluation Plan 2013-2014
Reviewed May 19, 2014

ACEN Standard 1: Mission and Administrative Capacity

ACEN Standard 1 The mission and nursing education unit's mission reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes.					
Plan				**Implementation**	
Component	**Expected Level of Achievement**	**Frequency of Assessment & Responsible Person(s)**	**Assessment Methods**	**Results of Data Collection & Analysis**	**Actions**
1.1 The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/ goals of the governing organization.	100% congruency of CWI's mission/philosophy and that of the Nursing Program.	At least every three years and/or whenever changes in College or Nursing's mission and/or philosophy by nurse administrator.	A comparative analysis using a grid which shows congruency between the CWI Mission/Philosophy/ Outcomes with AS Nursing Program's.	A table was developed by faculty in 2012 which documents the congruency of the Nursing Program with CWI's mission, philosophy, outcomes, and competencies. Policies and procedures in the CWI Catalog, CWI Student Handbook, CWI Faculty Handbook and CWI Employee Handbook provide for representation of students, faculty and administrators in the ongoing governance of CWI. The first item in the Faculty Handbook is about CWI 'Shared Governance' and discusses faculty and administrator roles Informa-tion is also available under the CWI Faculty Senate on the website; The CWI Employee Handbook also has policies re: faculty roles within the institution. CWI Student Handbook describes student roles in ongoing governance of CWI and in the *Associated Students of the College of Western Idaho*. The Assistant Dean represents the nursing program to the CWI administration and within the rest of college through attending the Dean's Council, PTE meetings, etc. No changes needed at present. Table is	Continue to monitor and review annually. Reviewed 5/20/14

				published in Self-Study, Nursing Student and Faculty Handbooks.	
1.2 The governing organization and nursing education unit ensure representation of the nurse administration and nursing faculty in governance activities; opportunities exist for student representation in governance activities.	1. Students attend 50% of meetings or more of committee meetings with student members through year. 2. Full-time faculty and administrator are members of at least one Program committee. 3. At least one full-time faculty member and administrator are members of a campus committee.	Annually by nurse administrator.	Review and analyze the meeting minutes of CWI for student, faculty, and administrator representation in governance activities. Query faculty and administrator each year about campus committees.	1. Students have volunteered to be on committees and have regularly attended. See meeting minutes: a. Student Affairs had 8 meetings with students attending 88% of the time, outcome met. b. Curriculum/Sims had 7 meetings with students attending 100% of the time, outcome met. 2. Committees formed and made up of needed members. 3. One faculty member will be on the Faculty Senate whereas no one was in 2014. The Program Chair is on the CWI Curriculum Committee. Program Chair is on the PTE Leadership Development Team. One faculty on CWI Student Retention. One Faculty on Rewards and Recognition. One faculty on CWI ADA Disability Committee.	Will continue to monitor. Encourage involvement in college wide committees.
1.3 Communi-ties of interest have input into program processes and decision making.	Input on curricular outcomes and strategic initiatives is obtained from health care community representativ es at a minimum of one annual meeting.	Annually by nurse administrator.	Review and analyze meeting minutes of Community/Technica l Advisory Committee (TAC), committee meetings, emails, and other written documents indicating information was obtained between communities of interest and CWI Nursing Program and used in decision making.	The Nursing Program had meetings with TAC in October of 2013 and April 2014. . Received feedback about our graduates (see minutes), Areas of growth identified and plan made for future to enhance graduate competencies. Encouraged by TAC members to utilize clinical educators or designated facility representative for feedback.	After TAC feedback, integration of enhanced interdisciplinary communication based on QSEN standards will continue to be reinforced. Next meeting in Fall 2014.
1.4 Partnerships exist that promote excellence in nursing education, enhance the professsion, and benefit	1. Each year there will be at least two partnerships outside of the College and Program will provide feedback that verifies the partnership	Annually by nurse administrator.	1. Review and analysis by Program Chair, Assistant Dean, and/or others of feedback from community partners through meeting minutes and emails indicate that partnerships exist that promote	1. Partnering with other Idaho Nursing programs to implement an articulation program. The Program Chair a member of the executive committee for the Council of Nursing Education Leaders group. 2. BSU has agreed to assess the transition from	1. Continue work with Idaho Nursing Programs and with grant to enhance nursing ed. 2. Will follow up with BSN program in spring for survey

the community.	promotes benefit to the community and nursing education. 2. Of transfer students from CWI to BSN completion programs 85% will agree that the transition went smoothly.		nursing education, the profession, and community. 2. Graduate feedback from transfer students.	CWI to BSU on their semester student surveys. Data being collected.	results. 3. Will follow up with other programs to seek more opportunities for students. 4. Student affairs is forming a committee to create a process template.
1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.	100% Compli-ance that the administrator holds a minimum of a masters in nursing.	Annually and when a new nurse administrator is hired by hiring team.	Human resource record review and analyze by the Program Chair and Assistant Dean.	Allison Baker has a MSN from University of Virginia.	Continue to monitor.
1.6 The nurse administra-tor is experi-entially qualified, meets governing organization and state require-ments, and is oriented and mentored to the role.	The nurse administrator is able to acquire adequate resources to assure the program success.	Annually by nurse administrator.	Job description and written annual reports to the NLN and Idaho Board of Nursing verifies authority, responsibility, and that the resources are adequate to meet program outcomes.	Job description and actual job function does include responsibility for budget. Annual report to State Board and ACEN verifies adequate resources available.	Monitor annually and intervene with upper administration if there is a change in resources.
1.7 When present, nursing faculty who coordinate or lead program options/tracks are academically and experienti-ally qualified.	100% Compliance that the course coordinators will hold a minimum of a masters in nursing.	Annually and when a new course coordinator is appointed.	Human resource record review and analyze by the Program Chair and Assistant Dean.	100 % compliance. Faith Chennette, Jen Hutchings, and Allison Baker hold Masters in Nursing.	Continue to monitor

1.8 The nursing administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.	100% compliance that the policies provide for the welfare of faculty and staff and are congruent with CWI.	Annually by Program Chair and Faculty Affairs Committee.	Review and analyze by Program Chair and Faculty Affairs Committee of the Nursing Faculty Handbook and CWI Faculty Handbook, as well as the CWI Policy Book.	Policies and handbooks reviewed in May 2014. Changes were made to several of the policies in order to improve clarity and improve the functioning of the unit. For example, the recommendations for students/clinical faculty illness policy. Justification can be made for all Nursing policies that are different than those of CWI.	Continue to monitor annually and make changes as needed to improve the Nursing Program.
1.9 The nurse administrator has the authority to prepare and administer the budget with faculty input.	100% compliance. A review for budget and supplies will done annually by the nurse administrator and assistant dean with faculty input.	Annually by nurse administrator, assistant dean.	Review and analyze budget by Assistant Dean and Nurse administrator with faculty input.	See Faculty Spring Survey results April 2014. Faculty requesting more skill lab supplies to help with student learning. 6/6 faculty agree that overall fiscal resources are adequate.	Continue to monitor annually during program and team meetings.
1.10 Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.	100% congruency between policies or justifiable difference.	Yearly review and analysis by Program Chair and Faculty Affairs Committee.	Review and analysis of the CWI Faculty Handbook;	Institutional policies that affect faculty and staff are published in the CWI Faculty handbook and CWI Nursing Faculty Handbook. A few policies are unique to nursing faculty; such as health/safety criteria. Minutes of meetings reveal that faculty handbook is revised and added to as needed throughout the year and totally reviewed for needed changes annually. Existing handbook and revisions are congruent with the CWI faculty and CWI Nursing faculty handbooks unless justified by professional nursing standards/legalities. The faculty handbook is given new faculty and reviewed during orientation.	Continue to evaluate congruencies of policies annually and as changes are made.

| 1.11 Distance education when utilized is congruent with the mission of the governing organization and the mission/ philosophy of the nursing education unit. | | | | Per CWI (SSR p 38) : CWI defines distance education as courses taught through a learning management system that allows the student to be self-directed and not need to come to campus. The nursing education unit does not currently use distance education as defined by the governing organization. | |

ACEN Standard 2: Faculty and Staff

ACEN Standard 2: Qualified and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient quailed staff are available to support the nursing education unit.					
Plan				**Implementation**	
Component	**Expected Level of Achievement**	**Frequency of Assessment & Person(s) Responsible**	**Assessment Methods**	**Results of Data Collection & Analysis**	**Actions**
2.1 Full-time faculty hold a graduate degree with a major in nursing. Full and part time faculty include those individuals teaching and or evaluation of students in classroom, clinical, or laboratory settings.	100% Compliance as all have masters degrees.	Yearly review and analysis by Program Chair and Assistant Dean with Adm. Assistant assistance.	Review and analysis of faculty files by will indicate compliance as 100% will meet requirements.	As of April 2014, 100% of faculty have masters. 5/6 with MSN and 1/6 with MEd.	Continue to monitor at least annually and recruit/ retain highly qualified faculty. The MEd faculty projected to complete MSN in May 2015.
2.2 Part-time faculty hold a minimum of a baccalaureate degree with a major	Over 50% of part-time faculty will hold masters degrees.	Review and analysis each semester by Program Chair and/or Assistant Dean with Adm. Assistant assistance.	Review and analysis of faculty files by will indicate compliance at least 51% will meet masters requirements.	For SY 2013-14, 100% of the part-time faculty members hold masters in nursing degrees. See table with faculty qualifications for verification.	Continue to monitor at least annually and recruit/retain highly qualified faculty.

in nursing; a minimum of 50% of the part time faculty also hold a graduate degree with a major in nursing.					
2.3 Faculty (full- and part-time) credentials meet governing organization and state require-ments.	100% compliance with all faculty meeting state and organi-zational requirements .	Yearly review and analysis of files by Program Chair and Assistant Dean with Adm. Assistant.	Review and analysis of faculty files indicates all faculty meet the governing body and state requirements by having a masters and clinical experience.	All faculty members meet the State of Idaho qualifications .	Continue to monitor and recruit/retain highly qualified faculty.
2.4 Preceptors when utilized are academi-cally and experienti-ally qualified, oriented, mentored, and monitored, and have clearly documented roles and responsi-bilities.	100% compliance. Preceptors are experientially qualified, oriented and mentored.	Preceptors are evaluated annually by facility and CWI faculty.	Preceptor handbook delineates functions and responsibilities. Student evaluations of preceptor experiences are collected and shared with the facility at the end of the preceptorship.	Identified gaps and opportunities in the preceptorship process. For example, communication gaps between the facility representative and the faculty. Preceptor handbook revised to reflect program objectives.	Continue to monitor preceptor qualifications.
2.5 The number of full time faculty is sufficient to ensure that the student learning outcomes and program outcomes are achieved.	100% agreement by faculty that faculty ratios are sufficient.	Yearly review and analysis of spring workshop meeting minutes by program chair and or assistant dean.	During annual spring workshop, faculty will report sufficient faculty ratios to ensure student learning outcomes and program outcomes achieved.	100% of faculty agree that program learning outcomes have been achieved.	Formal assessment will be added to 2015 faculty survey.

2.6 Faculty (full and part time) maintain expertise in their areas of respon-sibility and their perform-ance reflects scholar-ship and evi-dence based teaching and clinical practices.	100% compliance with annual review for faculty.	Annual review by Assistant Dean and program chair	Annual faculty performance evaluations and curriculum vitaes are located in employee files. Faculty self-review and peer review will indicate compliance annually.	100% compliance with professional development participation. Assistant dean and program chair met with faculty individually regarding professional competency. 100% faculty work or volunteer in the community.	Continue to monitor and encourage on going professional development.
2.7 The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.	100% compli-ance all non-nursing faculty and staff will have commen-surate credentials which is a high school diploma.	Yearly review and analysis by Program Chair and/or Assistant Dean.	Review and analysis of non-nursing faculty and staff files indicates compliance with commensurate credentials.	All non-nursing faculty and staff are qualified for designated positions. During workshop the faculty identified the need for a dedicated nursing administrative assistant.	Continue to monitor and recruit and retain qualified non nursing faculty and staff.
2.8 Faculty (full- and part-time) are oriented and mentored in their areas of response-bility.	100% Compliance with all faculty having been oriented and mentored. This record will be documented and recorded in their files.	Review and analysis yearly by files by Program Chair, and minutes by Faculty Affair Committee.	Review and analysis of mentoring documents in mentees files, and minutes of Faculty Affairs Committee will indicate compliance and mentoring was performed.	Documentation of new faculty orientation completion on file. Ongoing mentoring is also occurring for all new full time and adjunct faculty. A detailed mentoring checklist for full time faculty was revised. See Nursing Faculty Handbook for copy. Faculty report this has improved orientation and mentoring process.	Continue to monitor
2.9 Systematic assessment of faculty (full- and part-time) perform-ance demon-strates competen-cies that are consistent with program	100% compli-ance with annual year view process for full-time faculty.	Review and analysis yearly by Program Chair and Assistant Dean	Annual Faculty performance evaluations in employee files & annual faculty self-review will indicate compliance by being done and filed at least every year.	100% of annual evaluations were completed in spring 2014. The Assistant Dean and Program chair have provided feedback for full-time faculty and the majority of the part-time faculty to discuss their goals for the year. CWI does not require formal evaluations of part-time faculty. However, part-time faculty members are given feedback from their mentors and students.	Continue to evaluate faculty performance in regards to program goals and outcomes.

goals and outcomes.					
2.10 Faculty (full and part time) engage in ongoing development and receive support for instructional and distance technologies				The nursing program at CWI does not currently engage in any distance delivery of its course. Thus, it does not engage in ongoing development or support for distance education modalities.	One faculty to attend training to assist in development of future online classes.

ACEN Standard 3: **Students**

ACEN Standard 3: Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.					
Plan				**Implementation**	
Component	**Expected Level of Achievement**	**Frequency of Assessment & Person(s) Responsible**	**Assessment Methods**	**Results of Data Collection & Analysis**	**Actions**
3.1 Policies for nursing students are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes and program outcomes.	100% congruency between policies or justifiable difference.	Yearly review and analysis by Program Chair and Student Affairs Committee.	Review and analysis of the CWI Nursing Student Handbook; CWI Student Handbook; Nursing Application process, And other student policies, examine differences in a table with rationale.	Institutional policies that affect students are published in the CWI catalog and CWI Student Handbook. The catalog is published annually. A few policies are unique to nursing students; those are admission criteria, appeal policy, progression criteria, and health/safety criteria. (Due to nursing standards). Minutes of meetings reveal that student handbook is revised and added to as needed throughout the year and totally reviewed for needed changes annually. Existing handbook and revisions are congruent with the CWI student handbook unless justified by professional nursing standards/legalities. The student handbook is given to students admitted to program and reviewed with them by faculty. A grievance policy and a records maintenance policy are in place in the student handbook.	Continue to evaluate congru-ency of policies annually and as changes are made.

3.2 Public information is accurate, clear, consistent and accessible, including program's accreditation status and the ACEN contact information.	100% compliance of accurate information accessibility on website	Reviewed annually	Review of website by Program Chair and student affairs committee	Public information updated as needed throughout SY 2013-14. 100 % compliant.	Continue to monitor for congruent informa-tion.
3.3 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.	100% changes will be made consistently available to students and records of receipt of handbook is in 100% of student files.	Review and analyze annually by student affairs committee and program chair	1. Blackboard sites include notice of changes to student records when reviewed indicate all have signed documents showing students have read and received the handbook.	All changes are posted on Blackboard and simultaneously emailed to each student. If class is in session, announcements are also made verbally.	Continue to monitor and assess annually
3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.	80% of students will agree or strongly agree that they were satisfied with student services at CWI on the mid-program survey	Review and analyze annually by Student Affairs Committee	Assess and analyze the results of mid-program satisfaction survey. Information to be included in committee meeting minutes and on survey summary.	Per mid program student survey, 95% stated they were satisfied with CWI Student Services.	Continue to monitor annually the satisfac-tion scores of students regarding student services
3.5 Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.	100% records will be in compliance with standards.	Review and analyze annually by Student Affairs Committee and Program Chair.	Information about compliance will be obtained through email communication with Financial Aid and the Department Administrative Assistant	As stated in the Nursing student handbook, the student educational records are kept in a locked cabinet in the administrative assistant's office. This office is locked when no one present and during non-office hours. CWI keeps financial records separately in the financial office. FA officer has details and reports 100% compliance. Program Chair reviews immunization and background information through Certified Background.	Continue to assess annually and as indicated.
3.6 Compliance with the Higher Education Reauthorization Act Title IV eligibility and	All nursing student records will be in compliance.	Review and analyze annually by Program Chair.	Information about compliance will be obtained through email communi-cation with Director of Student Services	Obtained information from Financial Aid office saying compliance is maintained. Information came from CWI FA Director. See email May 23, 2014	Continue to assess annually and as indicated.

certification requirements is maintained, including default rates and the results of financial or compliance audits.			and put into meeting minutes. Review and analyze meeting minutes for information on records for verification of achievement.		
3.6.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.	At all times a written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available to students.	A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available online at all times. Program Committee to assess annually.	A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available online. This is reviewed by Program Committee.	Financial Aid office and Director has the information on student loan repayment, student information, counseling, monitoring and cooperation with lenders. He reports there is a written, comprehensive program. See email May 23 2014	Continue to assess annually and as indicated.
3.6.2 Students are informed of their ethical responsibilities regarding financial assistance.	At all times a written, students will have information available to them about their ethical responsibilities regarding financial assistance.	A written student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.	Website is assessed and analyzed at least annually for information. Communication with Financial Aid director will verify that students are informed ethically about financial assistance.	CWI Director of FA reports that all students are informed of ethical responsibilities regarding financial assistance. Details are on the FA website also. See email May 23, 2014	Continue to assess annually and as indicated.
3.6.3 Financial aid records are maintained in compliance with the policies of the governing organization, state, and federal guidelines.	At all times, student records will be maintained in compliance with CWI policies, state, and federal guidelines.	Review and analyze annually by Program Chair.	Financial Aid director will verify that students records are maintained per CWI, state, and federal guidelines.	CWI Director of FA reports that all records are maintained per CWI, state, and federal guidelines. See email May 23, 2014	Continue to assess annually and as indicated.
3.7 Records reflect that program complaints and grievances receive due process and include	1. A review of the grievance procedure in the Nursing Student Handbook indicates that the procedure is clear and fair.	Annually by nurse administrator and Student Affairs Committee.	1. Procedure is deemed fair and clearly laid out and reviewed by Student Affairs Committee members. 2. Review and analyze	1. Procedures in place for Nursing Program and CWI. We did decide that the students needed education regarding where to find information on grievances and appeals. The grievance procedure was placed in all syllabi.	Continue to monitor policies and evaluated any grievances .

evidence of resolution	2. Review of grievances indicates process was followed and appropriate.		grievances/appeals by Program Chair and Student Affairs Committee indicate that 100% of the procedures were followed and adequate documentations was kept.	2. Grievance policy reviewed and deemed fair by Student Affairs Committee Fall 2013. No grievances made this year.	
3.8 Orientation to technology is provided and technological support is available to students	80% of students will agree or strongly agree that they were satisfied with technology at CWI on the mid-program and graduate surveys.	Review and analyze annually by Student Affairs Committee and Program Chair.	Assess and analyze results of mid-program and graduate student satisfaction with survey. Information to be included in committee meeting minutes and on survey summary.	As of Spring 2014mid semester student survey results indicate that 95% of students were satisfied with their orientation to technology. Faculty members give orientation to the Simulation lab equipment/mannequins prior to student's first experience with either mid-fidelity or high fidelity simulation. Students required to pass a Computer Skills Assessment as prior to admission which helps ready them for the high tech environment in healthcare.	Continue to assess annually and as indicated.
3.9 Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.				CWI Nursing program does not offer long distance education at this time.	

ACEN Standard 4: Curriculum

ACEN Standard 4: The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary healthcare environments.					
Plan				**Implementation**	
Component	**Expected Level of Achievement**	**Frequency of Assessment & Person(s) Responsible**	**Assessment Methods**	**Results of Data Collection & Analysis**	**Actions**
4.1 The curriculum incorporates established professional standards, guidelines, and competencies,	1. 100% of course Outcomes Matrix will evidence clearly articulated student learning and	Every two years and as significant curriculum revision made by Course Coordinators, Curriculum Committee,	1 & 2. Information to be found in course reports to Curriculum Committee and reviewed and analyzed by the Curriculum	1. Review of syllabi, course outcomes matrixes, course schedules & materials demonstrate the incorporation of standards, competencies and learning outcomes. Meeting minutes show reports by course	Continue to assess every two years and as indicated as the curricu-

and has clearly articulated student learning outcomes and program outcomes and program outcomes consistent with contemporary practice.	program outcomes. 2. Clear evidence through a documented grid of ANA SOP, IOM Comp., & QSEN incorporated in curriculum and reported in annual course report.	&Nurse Administrator.	Committee for clarity and completeness. Reported in Curriculum and/or Program meeting minutes.	coordinators and include course results by semesters, concerns, discussion, and decisions by curriculum committee**.** 2. Documented grid of ANA SOP and IOM comp in the CWI Nursing student handbook and self-study. QSEN grid for simulation throughout the program curriculum.	lum or standards change. Curriculum Commit-tee has been charged with updating the grid with ANA SOP, IOM Comp., and QSEN for Fall 2014 and Spring 2015.
4.2 The student learning out-comes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	In end of course reports, 100% of faculty will report using learning outcomes to organize, guide, and evaluate instruction.	Every two years and as significant curriculum revision made by Course Coordinators, Curriculum Committee, & Program Chair.	Annual course reports to Program meeting as seen in the meeting minutes of Curriculum Committee.	The end of semester reports were presented by course coordinator during Spring 14 workshop.	Review end of semester reports for compli-ance. Continue to assess every other year and as indicated.
4.3 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.	100% of course curriculum developed by faculty.	Review and analyze findings every two years and as significant curriculum change occurs by Curriculum Committee.	Evidence found in Spring Workshop and Curriculum meeting minutes.	Curriculum is being reviewed each semester and all current curriculum was developed by faculty.	Reviewed Spring 2014. Continue to assess every other year and as indicated.
4.4 The curriculum includes general education courses that enhance professional nursing knowledge and practice.	100% compliance with state board of education general education course requirements.	Review and analyze annually by the CWI General Education Requirement Committee.	General Education Requirement Committee meeting minutes reviewed by Program Chair.	100% compliant to Idaho State Board of Education requirements.	Continue to monitor and update as needed.
4.5 The curriculum includes cultural, ethnic,	In annual course review, 100% of faculty report	Every two years and as significant curriculum revision made by	Curriculum meeting minutes include findings about inclusion.	Reports indicate that this outcome was met at 100%.	Assess annual course reports

and socially diverse concepts and may also include experiences from regional, national, or global perspectives.	incorporation of cultural, ethnic, and socially diverse concepts into courses.	Course Coordinators, Curriculum Committee, & Nurse Administrator.			for compli-ance. Continue to assess every other year and as indicated.
4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and current standards of practice.	100% of courses reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation.	Every two years and as significant curriculum revision made by Course Coordinators, Curriculum Committee, & Nurse Administrator.	Evidence to be found in faculty course reports, minutes of Curriculum and/or course meetings.	Our Philosophy and educational theories are identified in the Student and Faculty handbook. Multiple educational theories used. Experts from other disciplines are utilized in learning process. Simulation experiences enable students to use and practice interdisciplinary collaboration in a variety of scenarios. Technological advances used including simulation. We are 100% in compliance with this outcome.	Continue to assess every two years and as indicated.
4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning.	100% of courses use varied evaluation methodologies, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes as reported by faculty and peer reviewers.	Review and analyze data annually by Curriculum Committee.	Evidence to be found in faculty course reports, minutes of Curriculum and/or course meetings, matrix, and peer review reports. This will be reviewed and analyzed by the Curriculum Committee.	Self-evaluations are completed in clinical by students and faculty members provide response to students. Course & Standardized test results are evaluated by faculty for achievement of learning outcomes. Evaluations methodologies include: testing, skills check offs, nursing care plans, concept maps, low fidelity to high fidelity simulations, written papers, presentations, teaching projects, service learning projects, clinical observations, standardized testing, process recording. Surveys are geared toward program outcomes. Specific standardized exam scores are used in measuring student learning and program outcomes.	Continue to assess annually and as indicated.
4.8 The length of time and the credit hours required for program completion are	Total credits are in line with state and College standards.	Every two years and as significant curriculum revision made by Course Coordinators,	Review and analyze Spring 2014 Workshop discussion about the appropriateness of the length of the	The program is 70 credits which is consistent with standards and policies for AS programs. NCLEX pass rates will be another measure of the attainment of identified	Continue to assess every two years and as indicated.

congruent with the attainment of identified student learning outcomes and program outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.		Curriculum Committee, and Program Chair.	program.	outcomes in relation program length. The length of the program has led to desired outcomes.	
4.9 Practice learning environments support the achievement of student learning outcomes and program outcomes.	85% agreement by faculty that learning environment is appropriate and supports student learning.	Every two years and as significant curriculum revision made by Course Coordinators, Curriculum Committee, & Program Chair.	Faculty surveys about appropriateness of learning indicate that practice environment is appropriate.	100% of faculty agreed that the learning environment is appropriate and supports student learning.	Alternate clinical sites will be explored and evaluated.
4.10 Students participate in clinical experiences that are evidence based and reflect contemporary practice and nationally established patient health and safety goals	100% agreement by faculty that clinical experiences are evidence based and reflect health and safety goals.	Review annually by Curriculum Committee and Program Committee.	Meeting minutes for Curriculum and Program committees, student evaluations, and clinical facility site evaluations.	100% of faculty agree that clinical experiences reflected evidence based and patient health and safety goals.	Continue to monitor annually and as needed.
4.11 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.	100% of written agreements specify expectations for all parties and ensure the protection of students.	Review annually and as significant curriculum revision made by Program Chair and Assistant Dean.	Review of contracts.	Clinical contracts are maintained in the office of the administrative assistant and are reviewed regularly.	Review yearly.
4.12 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and	85% agreement that learning activities, instructional materials, and evaluation methods are appropriate for the delivery	Every two years and as significant curriculum revision made by Curriculum and Program Committees.	Each semester students complete clinical evaluation forms. Curriculum Committee reviews these and determines if appropriate sites are being used.	100% of faculty agree that learning activities, instruct-tional materials, and evaluation methods are appropriate.	Continue to assess every two years and as indicated.

consistent with student learning outcomes.	format and con-sistent with student learning outcomes.			

ACEN Standard 5: Resources

ACEN Standard 5: Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the student learning outcomes and program outcomes of the nursing education unit.					
Plan				**Implementation**	
Component	**Expected Level of Achievement**	**Frequency of Assessment & Responsible People**	**Assessment Methods**	**Results of Data Collection & Analysis**	**Actions**
5.1 Fiscal resources are sustainable, sufficient to ensure the achievement of the student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.	Survey of faculty indicates 90% satisfied with budget for lab supplies.	Annually review and analyze by Nurse Administrator and Assistant Dean.	Assess faculty survey results every year for faculty's satisfaction with the budget for lab supplies.	Per Spring 2014, 83% of faculty agreed or strongly agreed that resources have been sufficient to accomplish outcomes, aeb: $ for faculty development; able to purchase SLS, ATI Skills Modules, books & all essentials for learning resources within program. In 2014 Spring Workshop, faculty discussed supply utilization and prioritization of budget items.	Continue to assess annually and as indicated.
5.2 Physical resources are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.	Survey of faculty indicates 85% satisfaction with physical resources.	Annually review and analyze by Faculty Affairs and Program Chair.	Assess and analyze faculty survey results every year for feelings of adequacy of resources.	33% of faculty (per Spring 2014 Faculty Survey) agree or strongly agree that physical resources specifically office cubicles) is sufficient. Assistant Dean (2013-14) has private office which is available for faculty meetings, committees, and could be used for student conferences. Other private rooms are available when faculty need to meet with students. Office space continues to lower the score. A new building is being planned which should help relieve the space issues. Faculty commented that students need a designated study area on campus.	Steps have been taken to improve the space including pur-chasing head-phones and other creative solutions to promote privacy. Continue to assess annually and as indicated.
5.3 Learning resources and technology are selected with the faculty	Survey of faculty indicates 80% satisfaction with adequacy	Annually review and analyze by Program Chair and Assistant Dean.	Assess and analyze faculty survey results every year for feelings of	Per Spring 2014 Faculty Survey, 100% of faculty agree or strongly agree they are satisfied with technology that is available to students and	Continue to assess annually and as indicated.

| input and are comprehensive, current, and accessible to faculty and students. | of learning resources. | | adequacy of learning resources. | faculty. Online resources including Blackboard, ATI, and SLS (simulation modules) are helpful in student learning and enhance engagement. | |
| 5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery. | | | | At this time, CWI Nursing Program does not offer distance learning. | |

ACEN Standard 6: Outcomes

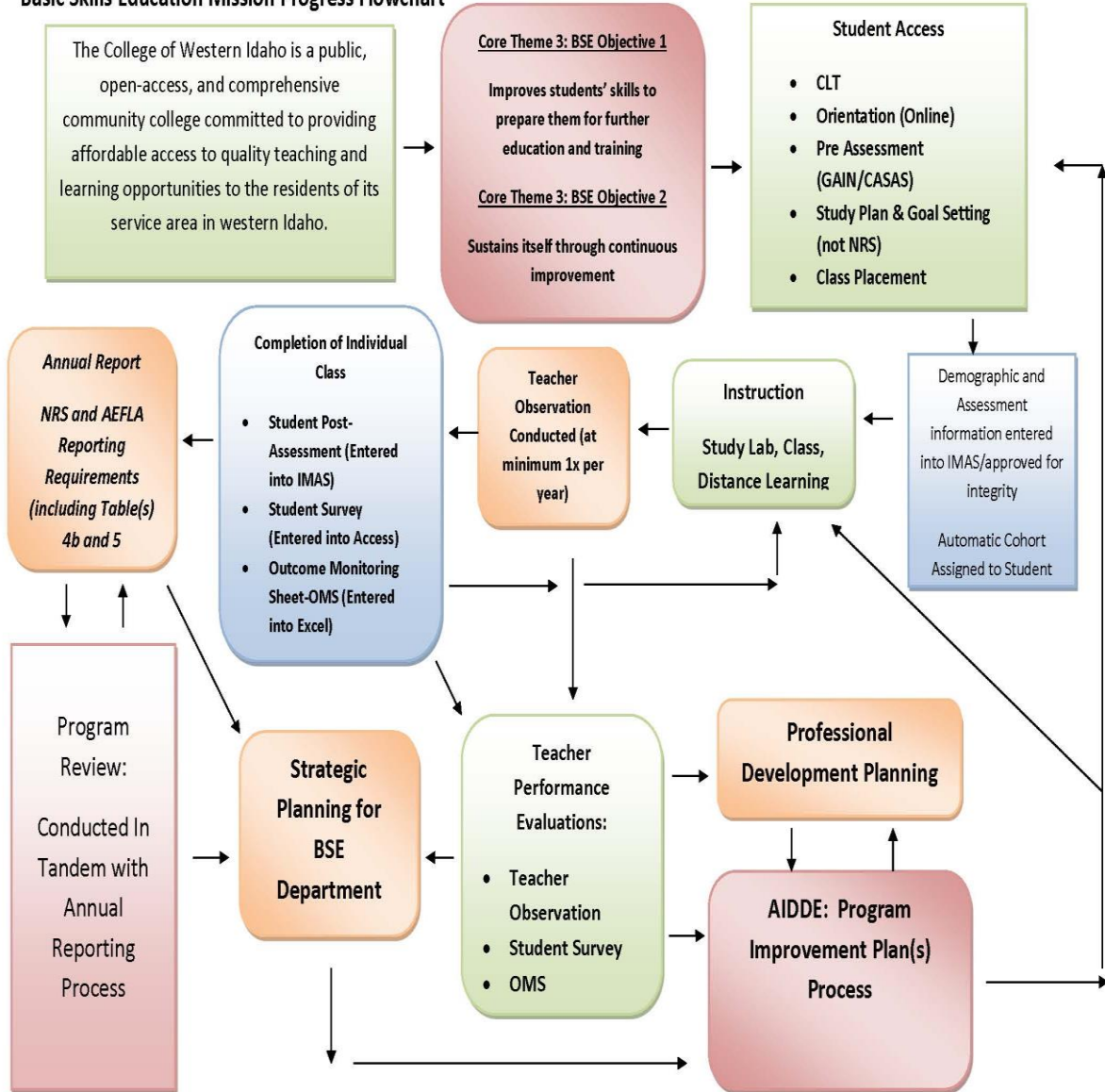| ACEN Standard 6: Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.					
Plan				**Implementation**	
Component	**Expected Level of Achievement**	**Frequency of Assessment & Responsible Person(s)**	**Assessment Methods**	**Results of Data Collection & Analysis**	**Actions**
6.1 The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following: *the student learning outcomes; program outcomes; role specific graduate competencies; the ACEN standards*. The systematic plan of evaluation	SEP demonstrates ongoing student assessment of the program and learning outcomes which reflect the vision and values of CWI Nursing Program and ACEN standards.	The Program Committee will assess and analyze data annually.	Program Committee will evaluate the SEP to assure that it is being used to assess the identified outcomes.	The Program Committee did evaluate the SEP and made changes that were appropriate to assure the assessments are appropriate and reflect the vision and values of CWI Nursing Program and ACEN standards.	Continue to assess SEP annually.

contains specific, measureable expected levels of achievement; frequency of assessment; appropriate assessment methods; and a minimum of 3 years of data for each component within the plan.					
6.2 Evaluation findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision-making and the maintenance and improvement of the student learning outcomes and the program outcomes.	Decisions are consistently made using outcome data (e.g. ATI results) to improve or maintain student outcomes.	The Program Committee will assess and analyze annually.	SEP meeting minutes and ATI results to be reviewed. Outcomes data and meeting minutes are found to be used in decision making.	Per Spring 2014 Workshop discussion regarding ATI, areas that need attention are	Continue to assess other ATI scores and intervene as needed through-out the year.
6.3 Evaluation findings are shared with communities of interest.	Outcomes will be shared annually at (100%) Community Advisory Meeting.	The Program Committee will assess and analyze data annually.	Meeting minutes will be reviewed and analyzed for sharing of outcomes with Community Advisory members.	100 % compliant. Meeting minutes from the community/ technical advisory council/committee (TAC) indicate data was shared with community.	Continue to provide informa-tion to com-munity as requested this academic and plan to provide more in spring.
6.4 The program demonstrates evidence of	Graduate and Employer Surveys indicate 80% of surveyed	The Program Committee will assess annually.	Survey of employers and graduates regarding agreement with	A twelve month post-graduation survey has been sent to graduates in May 2014. Discussion with	Continue to annually tabulate

achievement in meeting the program outcomes.	agree grads were prepared for career.		preparedness.	community advisory board indicated that our graduates were competent.	data as additional graduate surveys are returned.
6.4.1 Performance on licensure exam: The program's three year mean for the licensure exam pass rate will be at or above the national mean for the same three year period.	Pass Rate at or above the National Mean for 1st time NCLEX-RN takers.	The Curriculum Committee will assess and analyze annually.	Report from the ID BON or other BONs; Plus, access license information from the NURSY website: https://www.nursys.com/LQC/TermsConditionsLQC.aspx	45 out of 49 of Spring 2013 graduates passed the NCLEX at first attempt. This is a 92% pass rate. The national pass rate for the second quarter was 80.95% and 81.43% for the year according to the NCSBN at: https://www.ncsbn.org	Continue to monitor results through-out the year.
6.4.2 Program Completion: Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, and program options.	Graduation rates will be 85% or higher.	The Program Chair, Assistant Dean, and Program Committee will assess and analyze results annually.	Review and analyze records of student admission and completion.	100% of the Class of 2013 graduated.	Continue to assess program comple-tion and reasons why students do not complete the program.
6.4.3 Graduate Program satisfaction: Qualitative and quantitative measures address graduates 6-12 months post-graduation.	Graduate, surveys indicate at least 80% agreement with preparation. (in last semester, then at least once a year post-grad).	The Program Chair, Department Administrative Assistant, and Program Committee will assess annually.	Review of survey findings.		Continue to assess annually and as indicated.
6.4.4 Employer program satisfaction: Qualitative and quantitative measures address	Employer surveys indicate at least 80% agreement with student preparation.				

employer satisfaction with graduate preparation for entry level positions 6-12 months post-graduation.					
6.4.5 Job placement rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measures 6-12 months post-graduation.	Reports for the Idaho Dept. of Labor and/or Grad surveys indicates 80% employed as RN in six months of graduation and 85% in one year.	The Program Chair, Assistant Dean, and Program Committee will assess and analyze data annually.	Graduate and employer survey results and/or Idaho Dept. of Labor Reports through the Idaho State Board of Education.		Follow up with Idaho Dept. of Labor for a report from them. Continue to assess annually and as indicated.

Exhibit Two: Basic Skills Education Mission Progress Flowchart

Basic Skills Education Mission Progress Flowchart

The College of Western Idaho is a public, open-access, and comprehensive community college committed to providing affordable access to quality teaching and learning opportunities to the residents of its service area in western Idaho.

Core Theme 3: BSE Objective 1

Improves students' skills to prepare them for further education and training

Core Theme 3: BSE Objective 2

Sustains itself through continuous improvement

Student Access

- CLT
- Orientation (Online)
- Pre Assessment (GAIN/CASAS)
- Study Plan & Goal Setting (not NRS)
- Class Placement

Demographic and Assessment information entered into IMAS/approved for integrity

Automatic Cohort Assigned to Student

Instruction

Study Lab, Class, Distance Learning

Teacher Observation Conducted (at minimum 1x per year)

Completion of Individual Class

- Student Post-Assessment (Entered into IMAS)
- Student Survey (Entered into Access)
- Outcome Monitoring Sheet-OMS (Entered into Excel)

Annual Report

NRS and AEFLA Reporting Requirements (including Table(s) 4b and 5

Program Review:

Conducted In Tandem with Annual Reporting Process

Strategic Planning for BSE Department

Teacher Performance Evaluations:

- Teacher Observation
- Student Survey
- OMS

Professional Development Planning

AIDDE: Program Improvement Plan(s) Process

Exhibit Three: Educational Gains and Attendance for Pre- and Post-Tested Participants
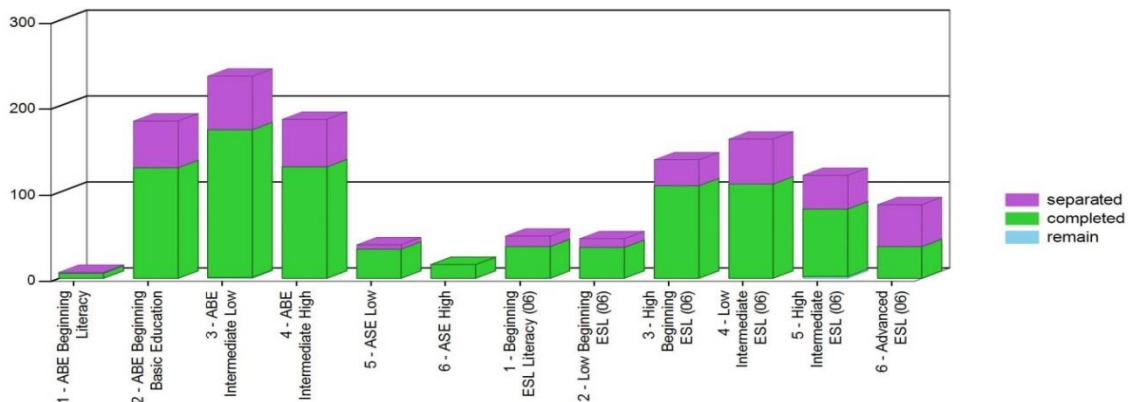
Table 4B EMASS Report (Sample from FY12)

Enter the number of participants for each of the categories listed, the total number of attendance hours, and calculate the percentage of participants completing each level.

Entering Educational Functioning Level (A)	Total Number Enrolled (B)	Total Attendance Hours (C)	Number Completed Level (D)	Number who Completed a level and Advanced one or more Levels (E)	Number Separated Before Completed (F)	Number Remaining within Level (G)	Percentage Completing Level (H)
1 - ABE Beginning Literacy	7	798.75	6	6	1	0	86 %
2 - ABE Beginning Basic Education	183	23,483.00	129	129	54	0	70 %
3 - ABE Intermediate Low	235	27,844.25	172	172	62	1	73 %
4 - ABE Intermediate High	185	16,433.25	130	130	55	0	70 %
5 - ASE Low	39	3,585.50	34	34	5	0	87 %
6 - ASE High	16	686.25	16	0	0	0	100 %
1 - Beginning ESL Literacy (06)	49	4,788.25	37	37	12	0	76 %
2 - Low Beginning ESL (06)	46	5,042.00	36	36	10	0	78 %
3 - High Beginning ESL (06)	138	15,229.75	108	106	30	0	78 %
4 - Low Intermediate ESL (06)	162	17,202.75	110	110	52	0	68 %
5 - High Intermediate ESL (06)	120	12,572.00	79	78	39	2	66 %

Include in this table only students who are both pre- and post-tested Column D is the total number of learners who completed a level, including learners who left after completing and learners who remain enrolled and moved to one or more higher levels Column E represents a sub-set of Column D (Number Completed Level) and are learners who completed a level and enrolled in one or more higher levels. Column F is students who left the program or received no services for 90 consecutive days and have no scheduled services. Column D+F+G should equal the total in column B. Column G represents the number of learners still enrolled who are at the same educational level as when entering. Each row in Column H is calculated using the following formula: H=D/B Work-based project learners are not included in this table.

*Completion of ASE high level is attainment of a secondary credential or passing GED tests.
Number 1830-0027, Expires 1/31/03

Exhibit Four: Core Follow-up Outcome Achievement

Table 5 EMASS Report *(Sample from FY12)*

<table>
<tr><td colspan="7">TABLE 5
Core Follow-up Outcome Achievement</td></tr>
<tr>
<td>Core Follow-up Outcome Measure

(A)</td>
<td>Number of Participants with Main or Secondary Goal

(B)</td>
<td>Number of Participants Included in Survey Sample

(C)</td>
<td>Number of Participants Responding to Survey or Used for Data Matching
(D)</td>
<td>Response Rate or Percent Available for Match

(E)</td>
<td>Number of Participants Achieving Outcome

(F)</td>
<td>Percent Achieving Outcome

(G)</td>
</tr>
<tr><td>Entered Employment *</td><td>472</td><td>472</td><td>416</td><td>88.0%</td><td>185</td><td>44.0%</td></tr>
<tr><td>Retained Employment **</td><td>844</td><td>844</td><td>759</td><td>90.0%</td><td>313</td><td>41.0%</td></tr>
<tr><td>Obtained a GED or Secondary School Diploma ***</td><td>216</td><td>0</td><td>211</td><td>98.0%</td><td>149</td><td>71.0%</td></tr>
<tr><td>Placed Postsecondary Education or Training ****</td><td>76</td><td>0</td><td>73</td><td>96.0%</td><td>32</td><td>44.0%</td></tr>
</table>

Instructions for Completing Table 5

* Report in Column B the number of participants who were unemployed at entry and who had a main or secondary goal of obtaining employment and who exited during the program year. Do not exclude students because of missing Social Security numbers or other missing data.

** Report in Column B: (1) the number of participants who were unemployed at entry and who had a main or secondary goal of employment who exited during the program year and who entered employment by the end of the first quarter after program exit and (2) the number of participants employed at entry who had a main or secondary goal of improved or retained employment who exited during the program year.

*** Report in Column B the number of participants with a main or secondary goal of passing GED tests or obtaining a secondary school diploma or its recognized equivalent who exited during the program year.

**** Report in Column B the number of participants with a main or secondary goal of placement in postsecondary education or training who exited during the program year.

If survey is used, then the number in Column C should equal the number in Column B unless random sampling was used. If one or more local programs used random sampling, then enter in Column C the total number of students included in the survey. If data matching is used, then Column C should be left blank.

If survey is used, then the number in Column D should be less than Column C, unless there was a 100-percent response rate to the survey. If data matching is used, then the number reported in Column D should be the total number of records available for the data match. That number is normally less than the number in Column B. (If the numbers in these two columns are equal, then it means that all Social Security numbers are valid and that there are no missing Social Security numbers.)
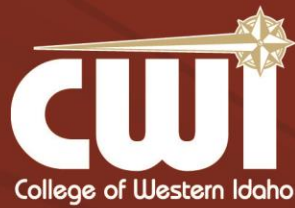
Column E = ColumnD/ColumnB , unless one or more programs used random sampling. If random sampling was used, see Appendix C of the NRS Survey Guidelines for further instructions on reporting.

In Column F, the number should be equal to or less than the number in Column D.

Column G is the number in Column F divided by the number in Column D. Column G should never be greater than 100 percent. If the response rate is less than 50 percent (Column E), then the percent reported In Column G is not considered valid.

Number 1830-0027, Expires 1/31/03

Filter: Program: College of Western Idaho Region 3|
Dates: From 7/1/2011 To 6/30/2012

CWI
College of Western Idaho

Achieve More