

of the results.)

Institutional Effectiveness Report

NAME OF ADMINISTRATIVE, ACADEMIC AND STUDENT SUPPORT, OR COMMUNITY SERVICE UNIT:

CONTACT PERSON: Email: Phone:
ASSESSMENT CYCLE:
INSTITUTIONAL GOALS: (Which institutional goals from the College's strategic plan do your services or unit support?)
UNIT MISSION STATEMENT:
OUTCOMES FOR UNIT: (How well do our services function? What is the skill/knowledge we want faculty, staff, and students to receive from the services offered? Are the clients we serve learning from the services offered? What is the level of satisfaction of our clients with services offered?)
1.
STRATEGIES FOR ACHIEVING THE OUTCOMES:
1.
MEANS OF ASSESSMENT : (What will provide us with the information as to whether we are accomplishing our outcome?)
1.
CRITERIA FOR SUCCESS : (What level of accomplishment do we hope to see? This assessment cycle may be used to establish baseline data)
1.
DATA/EVIDENCE AND ANALYSIS OF RESULTS: (Provide the results obtained from the conducted assessment described above. Compare results to prior year if applicable. Explain when and how results were disseminated and discussed. Provide an interpretation



1.

USE OF RESULTS TO MAKE IMPROVEMENTS : (Provide an explanation of usage of results to make improvements.)				
1.				
APPROVALS: Circulate a printed copy first and after approval by a Vice President and email the IE Plan to ie@abac.edu.				
Unit Director Date	te	VP for Unit	 Date	
Director of Institutional Effectiveness	Date			