The program review process is intended to provide each unit the opportunity to evaluate their programs and services. This program review has been designed to follow the CAS Professional Standards for Higher Education (2015). Every unit will undergo a full program review every five years. A five-year schedule has been developed in advance (see Appendix). Since some units are required to participate in accreditation procedures specific to their functional area, components of the required agency accreditation may be used to fulfill some or all of the SEES program review requirements in an effort to reduce duplication. This decision will be made in conjunction with the unit leader, the AVP for the area, and the Assessment & Planning office.

Phase 1: Preparation for the Program Review

I. Appoint a Self-Study Team, including Chair

The team is comprised of internal staff members. One of the team members can be a student who is familiar with the work of the office. In order to make the process as collaborative as possible, unit leaders should encourage participation by all staff.

Generally, the chair of the self-study team is the unit leader or the assistant director. However, the unit leader does have the flexibility to appoint as chair any other staff member in the office. The primary role of the chair will be to serve as the main point of contact for the SEES Assessment & Planning office, to facilitate all phases of the self-study process. The self-study team must be approved by the assistant/associate Vice-President.

Phase 2: The Unit Self-Study

The unit self-study report is the primary foundation on which the program review is built. The success and usefulness of the self-study is dependent upon the unit approaching the process with candor, honesty, and with the intention of true self-reflection and integrity. With this in mind, a content framework, derived from the CAS self-assessment guidelines and standards, is being provided for units to use. There are 15 areas to be addressed in the report, including a summary. Please be sure to address each bulleted discussion point. Additional clarifying information may be provided.

I. Content of the Report

1. Mission and Goals
2. Core Programs and Services
3. Leadership
4. Human Resources
5. Ethics
6. Legal Responsibilities
7. Equity and Access
8. Diversity
9. Organization and Management
10. Campus and External Relations
11. Financial Resources and Budget
12. Technology
13. Facilities and Equipment
14. Assessment and Evaluation
15. Summary
1. Mission and Goals
   A. What is the mission of the unit? When was the last time it was updated and reviewed?
   B. In what ways does the mission contribute to and support the mission of the division and the University?
   C. How does the mission embrace student learning, development and success?

2. Core Programs and Services
   A. Detail the core programs and services provided by the unit and explain the purpose of each.
   B. How do the unit’s core programs and services align with the SEES and University strategic plans and goals?
   C. What evidence exists to confirm that the unit contributes to student learning, development, and success?
   D. What evidence is available to confirm unit goals’ achievement?

3. Leadership
   A. What leadership practices are used most often by the unit director(s)? For example, how does the unit leadership articulate and create short- and long-range planning goals?

4. Human Resources
   A. What are the pressing concerns related to staffing the unit?
   B. In what ways are training and professional development, supervision, and evaluation of each staff member provided?
   C. In what ways are student workers, interns, and/or graduate students utilized?

5. Ethics
   A. What ethical principles, standards, statements, or codes guide the unit and its staff members? (Provide documentation of ethical standards policies for the unit including, but not limited to: privacy of records, confidentiality, conflicts of interest, management of funds, and treatment of others.)
   B. How are standards reviewed, published, and implemented?
   C. What is the unit’s strategy for managing student and staff member confidentiality issues?

6. Legal Responsibilities
   A. What are the crucial legal issues faced by the unit?
   B. How are staff kept abreast of changing laws, regulations, and policies where non-compliance can result in legal risks and liabilities?

7. Equity and Access
   A. How does the program insure non-discriminatory, fair, and equitable treatment to all constituents?
   B. What policies and/or practices are in place to address imbalances in participation among selected categories of students and imbalances in staffing patterns among selected categories of staff members?

8. Diversity
   A. In what ways does the unit contribute to the nurturing of diversity on campus?
   B. How does the unit serve the needs of diverse populations?

9. Organization and Management
   A. What are the institutional organizational structures that define, enable, or restrain the program?
   B. What protocols or processes are in place to insure effective management of the unit?

10. Campus and External Relations
    A. With which relevant individuals, groups, campus offices, and external agencies must the unit maintain effective relationships?
    B. What evidence confirms effective relationships with unit constituents?
    C. In what ways do leaders engage in collaboration with campus partners?

11. Financial Resources and Budget
    A. What are the immediate concerns related to funding?
    B. What evidence exists to demonstrate efficient, effective, and responsible stewardship of fiscal resources?
12. Technology  
A. Describe how the unit uses technology to provide updated mission, location, staffing, programs, and services information, as well as how it is used to make official contacts to students and constitutions.  
B. What are the pressing concerns related to technology?

13. Facilities and Equipment  
A. What are the immediate concerns related to facilities and equipment? Does the space provide the support needed to achieve the unit’s mission and goals? If not, please describe the challenges faced.  
B. What evidence exists to confirm facilities and equipment access, as well as health, safety, and security for all who are served by the program?

14. Assessment and Evaluation  
A. What are the assessment expectations for the program?  
B. What evidence exists to insure that the stated mission, program goals and objectives, and student learning, development, and success outcomes are achieved?  
C. In what ways have assessment and evaluation results been used to revise and improve the quality of programs and services?

15. Summary  
A. Highlight the major accomplishments and strengths of the unit discovered through the self-study. Define ways (within existing resources) the unit intends to maintain and/or improve upon these strengths.  
B. Highlight areas of improvement that the unit has identified through the self-study.  
C. Articulate goals and recommendations for the unit, including an action plan for improvement.  
D. Identify questions, concerns, or priorities upon which the CAS review team can focus.

II. Submission of the Report  
The completed report should be provided to the unit’s AVP and the Director of Assessment & Planning.

Phase 3: CAS Review Team  
The CAS Review Team will consist of at least two reviewers randomly selected from the Assessment Committee. The purpose of the CAS Review team is to provide an unbiased and objective evaluation of the unit’s programs and services and to examine the alignment with division and university goals and missions. The CAS Review Team will also identify areas of outstanding performance as well as areas of weakness.
Phase 4: Develop and Action Plan

Approximately four weeks after receiving the CAS Review Team’s report, the unit leader will submit an action plan in response to the recommendations to the assistant/associate Vice-President and the Director of Assessment & Planning. The action plan will provide a starting point for the next program review cycle.

I. Note Areas of Strength

Using the CAS Criterion Measure Rating Scale, identify each component area that was considered to be “Exceeds” or “Exemplary” (i.e., overall component average rating of 3.0 or higher) and describe the areas of exception or significant accomplishment.

II. Note areas with Insufficient Evidence and Rating Discrepancy

- Summarize the areas which were rated as “Insufficient Evidence/Unable to Rate” because of inadequate evidence.
- Summarize any items that were rated as “Does Not Apply (DNA)” because of a unique situation that precluded the expectation from applying.
- Summarize the areas where significant discrepancy (more than two points) among the raters was observed.

III. Write Action Plan for Areas of Program Weakness

Regarding the 15 component areas, identify each area that was considered to be “Partly Meets” or “Does Not Meet” (i.e., overall component average rating of 1.9 or lower). Considering importance, need, and achievability, prioritize these measures and write an Action Plan for each specifying what needs to be done to address the shortcomings. (Note: Additional initiatives can be suggested to enhance program quality and effectiveness that do not necessarily relate to areas of weakness.)

For each Action Plan recommendation:

A. Identify resources (i.e., human, fiscal, physical) that are essential to program enhancement
B. Set dates by which specific actions are to be completed
C. Identify responsible parties to complete the action steps

IV. Appendices: Please attach a copy of the Collective Ratings as an appendix.

* Please note that this document includes language that is taken directly from the CAS 2015 Self-Assessment Guides (SAGs) and Longwood University with revision and adaptation for internal use at Old Dominion University
**Phase 5: Implementing an Action Plan**

The action plan should be implemented in the fall immediately the summer following the creation of it. Units should be certain elements of the plan are incorporated into their annual goals and outcomes recorded in WEAVE.

**Phase 6: Progress Report**

One year after the action plan has been implemented, the unit will provide a status update on implementation progress. The action plan template (Appendix E) can be used to provide updates on the action plan. The progress report is submitted to the AVP and the Director of Assessment & Planning.

**Timeline:**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Unit Notification of Upcoming Program Review</td>
<td>August</td>
</tr>
<tr>
<td>Orientation Overview Meeting held With Unit</td>
<td>August</td>
</tr>
<tr>
<td>Unit Appoints Self-Study Team</td>
<td>August</td>
</tr>
<tr>
<td>Submit Completed Self-Study Report to AVP/ Director of Assessment and Planning for SEES</td>
<td>December</td>
</tr>
<tr>
<td>Self–Study Report Goes to CAS Program Review Team</td>
<td>Early Spring (Jan/Feb)</td>
</tr>
<tr>
<td>CAS Program Review Team Report Submitted</td>
<td>Late Spring (March/April)</td>
</tr>
<tr>
<td>Action Plan Drafted in Response to the CAS Program Review Team Recommendations</td>
<td>June</td>
</tr>
<tr>
<td>Program Review Final Meeting</td>
<td>June</td>
</tr>
<tr>
<td>Implementation of Action Plan</td>
<td>August</td>
</tr>
<tr>
<td>Progress Report Due to AVP/Director of Assessment and Planning</td>
<td>August (one year from previous item)</td>
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