#### 2009-2010 Assessment Report for Division of Student Affairs

Department	Disability Resource Center
Person(s) Submitting Report	Cindy Marota
Date	July 21, 2010
Director Signature	

#### Please list department learning outcomes (add rows if needed)

Learning Outcome #1	What is the name of your disability(ies)? If the particular name
	of your disability is not coming to mind, simply explain what
	the disability is in a few words.
Learning Outcome #2	Provide at least one example of how your disability(ies) impacts
	you in your daily activities (i.e., in the classroom, studying,
	taking tests, reading, etc.).

### For Fall 2009, please indicate which learning outcomes were the focus of data collection, type(s) of assessment was/were utilized, and results.

L.O. #	Was data collected in Fall 09? (yes/no)	Type(s) of assessment utilized (rubric, survey, test, focus group, employee evaluations,, etc)	Findings (how many students participated in assessment, most significant findings, summary of themes and/or actual data if available)				
1	Yes	Student Intake Form, Counselor Response Sheet & Interactive Process	Response	Fall 09 LO #1 Counselor Response	Fall 09 LO#1 Objective Met	Fall 09 LO #2 Counselor Response	Fall 09 LO# 2 Objective Met
2	Yes	Student Intake Form, Counselor Response Sheet & Interactive Process	Yes No Somewhat	58 5 9		61 5 7 Total: 136 Completed: 72	62 4 7
3							

# For Fall 2009, please indicate if findings noted above were discussed in your department and/or what actions have been taken in response to the findings.

<b>L.O.</b> #	How were findings analyzed?	How were findings communicated to	Actions taken as a result of findings (revised training, revised
	(statistical analysis, generation of	staff in your department? (staff	curriculum for workshops, revised materials, development of a new
	common themes,	meeting, retreat,	instrument, revised instrument, etc)
	benchmarked with	email, etc)	
1	1) student self - report 2) counselor response sheet verified w/ student's submitted documentation 3) interactive process	Case Management Team meetings	Continue to meet with individual students to confirm knowledge of disability and/or to educate students on their functional limitations.
	See attached report for comprehensive response		
2	Intake appointment & Case Management Team meetings	Case Management Team meeting	Increased collaboration with community resources as well as on campus services. Refined Intake questions to better address findings.

# For Spring 2010, please indicate which learning outcomes were the focus of data collection, type(s) of assessment was/were utilized, and results.

L.O. #	Was data collected in Spring 10? (yes/no)	assessment utilized (rubric, survey, test, focus group, employee evaluation, etc)	assessmen	(how many t, most sig d/or actual	nificant fin	dings, su	
1	Yes	Student Intake Form, Counselor Response Sheet & Interactive Process	Response	Spring 10 LO #1 Counselor Response	Spring 10 LO# 1 Objective Met	Spring 10 LO #2 Counselor Response	Spring 10 LO# 2 Objective Met
2	Yes	Student Intake Form, Counselor Response Sheet & Interactive Process	Yes No Somewhat	52 5 13	56 4 10 Spring 2010	58 2 10 Total: 135	59 2 9
3 4					Both Forms Co	ompleted: 70	
5				ļ	ļ		

## For Spring 2010, please indicate if findings noted above were discussed in your department and/or what actions have been taken in response to the findings.

L.O. #	How were findings analyzed? (statistical analysis, generation of common themes, benchmarked with previous data)	How were findings communicated to staff in your department? (staff meeting, retreat, email, etc)	Actions taken as a result of findings (revised training, revised curriculum for workshops, revised materials, development of a new instrument, revised instrument, etc)
1	1) student self - report 2) counselor response sheet verified w/ student's submitted documentation 3) interactive process  See attached report for comprehensive response	Case Management Team meetings	Continue to meet with individual students to confirm knowledge of disability and/or to educate students on their functional limitations.
2	Intake appointment & Case Management Team meetings	Case Management Team meeting	Increased collaboration with community resources as well as on campus services. Refined Intake questions to better address findings.

## For Fall 2010, please indicate which learning outcomes will be the focus of data collection and what type(s) of data collection will be utilized.

L.O. #	Will data be collected in	Type of assessment utilized (rubric, survey,
	<b>Fall 10?</b> (yes/no)	test, focus group, evaluations, etc)
1	Yes	Student Intake Form, Counselor Response Sheet
		& Interactive Process
2	Yes	Student Intake Form, Counselor Response Sheet
		& Interactive Process

Based on your assessment experience in 2009-10, what changes (if any) do you plan to make for 2010-11 related to learning outcomes? (instrument, analysis, communication to staff, etc)

The DRC will be following with current Learning OutComes for the 2010 / 2011due to a
reduction in DRC Professional Counselors as a result of re-assignment, resignation and
maternity leave. Given that the number of DRC counselors has been reduced by 50%, the
Case Team has chosen to continue with current Learning OutComes until such time the
number of DRC counselors increases to ensure Learning OutComes are achieved.

For 2009-10, please indicate any satisfaction assessments that were completed for your department.

Date and type of assessment (survey, focus group, etc)	What areas were assessed related to satisfaction? (services, service hours, customer service, etc.	Findings (# of students who responded, response rate, summary of themes, etc)

For 2009-10, please indicate any other assessment activities that took place in your department (usage, demographics, event participation, etc).

See attached report for comprehensive response

Assessment reports for 2009-10 are due July 30, 2010 to Sharon Willey with a copy to department's Associate Vice President. Thank you.