SUNY Potsdam
Administrative Unit
Assessment Summary Form

Administrative Unit: *Office of Institutional Effectiveness* ***Unit Contact Name:*** *Matt LeBire* ***Date:*** *05/09/2024*

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PURPOSE

This annual assessment summary form provides the opportunity for units to follow-up on their assessment plans, track progress toward goals, and to highlight actions taken to improve processes and/or efficiencies in functioning that lead to outcomes that benefits students, staff, or the college. These could be process changes or improvements in efficiency, skill level of staff, opportunities for the college, or other aspects over which the unit has a certain amount of control.

SECTION 1: ASSESSMENT PLAN FOLLOW-UP

A key component of the continuous improvement assessment process is regularly following up on your assessment plan. Please review your plan and select one-third of your unit goals, along with related desired outcomes and objectives to report on the progress made. Units should select a goal that has not been previously reported during the '22 – '26 assessment cycle.

Selected Goal

Copy/Paste or enter the goal(s) from your unit plan that you wish to highlight and summarize.

Serve as the university's primary data source for accountability reporting to Federal and State governments, SUNY, and other various educational and commercial agencies.

Desired Outcomes/Objectives

Copy/Paste or enter the desired outcomes and objectives connected to your selected goal that you will be reporting on.

1A: OIE will successfully complete, on time, all Federal IPEDS reports and submissions that are required and assigned to their office.
1B. OIE will successfully complete, on time, all State reports, such as NYSED submissions, that are required and assigned to their office.
1C. OIE will successfully complete, on time, all IR related SUNY SIRIS submissions.
1D. OIE will successfully complete, on time, various external surveys and reports that are IE related.

Related Targets/Measures
Copy/Paste or enter the target desired outcomes and objectives connected to your selected goal that you will be reporting on.

1A/B/C: Method = Review of IE submission report, comparison of due dates with dates actually submitted.
1B2: Method = Review of relevant online dashboards such as NYSED.
1D: Method = review of survey calendar schedule/due dates with actual dates submitted.
1A/B/C/D: Target = 100% on-time completion by due date or approved extension dates.

Describe the progress made toward the selected goal and the related desired outcomes and objectives. Be sure to include steps taken and any information/data collected and results.

Over the past year, significant progress was made towards achieving the desired outcomes and objectives outlined above and in our assessment plan. OIE monitored and managed the submission timelines for all required reports and surveys and met the target for all of 100% on-time completion by due dates.

For Federal IPEDS reports (1A) and NYSED submissions (1B), OIE consistently met or exceeded the target of completing submissions on time. Regular review of submission schedules and calendars combined with the creating and following of planning calendars and reminders helped ensure or compliance with federal reporting requirements. 100% on time submission.

Similarly, for IR-related SUNY SIRIS submissions (1C), OIE has remained proactive in completing these reports within the specified timelines. Close collaboration with connected campus departments and stakeholders and efficient internal processes have facilitated timely submissions. The same is true for the various external surveys and reports completed by OIE (1D), We has successfully met all deadlines. Regular review of survey calendars and meticulous planning have contributed to our ability to achieve this result.

Based on the assessment data and information shared above, what planned actions were or will be taken as a result?

Based on the assessment data and progress achieved, OIE will continue to implement the following actions to sustain and enhance our performance:

1. Maintain ongoing communication and collaboration with relevant departments stakeholders to ensure timely data verification and corrections.

2. Conduct regular reviews of submission processes and requirements. Forward any relevant changes to appropriate departments and individuals within two weeks of receipt.
3. Finalize the creation of an Argos datablock/report to enable stakeholders to review data issues prior to them being manually discovered and reported by OIE.

SECTION 2: DATA INFORMED DECISIONS & UNPLANNED ASSESSMENT (OPTIONAL, BUT VALUABLE)

The experiences of every administrative unit contribute to our collective narrative as a campus. We encourage you to share an example from this past year where you leveraged data or assessment type activities. This could involve planning, taking action, and/or solving a problem.

Unlike section 1, there's no need for a formal reporting structure for this section. Instead, focus on a narrative that highlights what was done, the results and the impact of your efforts. Please include any related data and information when available and appropriate.

This past semester (Fall 2023), OIE identified a data issue with our SIRIS submissions to SUNY. Our SUNY BI dashboards flagged a red threshold error for both Race/Ethnicity and Hispanic Origin, which means our submission had missing or unknown values for each of those fields for 10% or more of the student records.

Leveraging data from the submission itself, we discovered the majority of unknowns stemmed from new graduate student records.

We then took action by meeting with the Graduate Admissions Office. Through this collaboration, we identified potential issues with both application/data entry and application design. OIE was able to share a list of students with data available but not entered with Graduate Admissions, who then entered the missing information into Banner, resolving the immediate issue with current student records. To prevent future occurrences, Graduate Admissions implemented changes to their application/data entry procedures to ensure this information is consistently entered when available. They also adjusted their application design to ensure the relevant questions are displayed to all applicants.

As a result of this data-driven approach, we were able to take interventional actions that resulted in immediate improvement with our SIRIS data submission. Our most recent SIRIS submission showed significant improvement, with both unknown percentages dropping back to yellow threshold levels which means less than 10% of the records have unknown values for those two fields. We're confident these changes will keep these metrics within acceptable ranges for future submissions, with the threshold level possibly even dropping below 5% by next academic year.