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**INSTRUCTORS REPORTING ON CLASSROOM ASSESSMENT**

**CSUNs IMPLEMENTATION FIDELITY ASSESSMENT RUBRIC**

**Background**: The Implementation Fidelity Self-Assessment Process was established to support California State University, Northridge’s efforts to self-assess program and institutional level assessment of student learning outcomes. To fulfill that charge, the Office of Academic Assessment and Program Review has modified a self-assessment rubric by Linda Suskie and further developed by other college campuses across the country (e.g., SUNY College).

This self-assessment rubric focuses on program-level and institutional-level assessment practices to address the Western Association of Schools and Colleges (WASC) re-accreditation review in October 2021, which suggests that we “Build a culture of evidence [and reporting] for data-informed decision-making, regularly evaluating the effectiveness of student success initiatives that support goals for accountability.” From that visit and our newly instituted institutional-led assessment process, it became clear that CSUN would benefit from having a tool to apply to programs to gauge how they were doing in this area every three years.

An analytic rubric seemed the best way to present the various aspects of assessing institutional assessment practices. Since this rubric was designed as an institutional self-assessment tool, it is intended to serve both a formative and summative function. It can be used to shine a spotlight on areas of program-level assessment and institution-level assessment that may need improvement to advance overall institutional effectiveness.

The rubric may also reveal how well programs and the institution are “closing the loop” by questioning how well assessment findings are used in planning and resource allocation. This rubric was not designed to compare programs or faculty within or outside a department at CSUN. It was designed in the spirit of the assessment movement for use by Departments and CSUN for self-improvement.

**Interpretative Notes**: The language used throughout the rubric was intended to be applied at the program and institutional levels. Thus, the terms “area” and “unit” were meant as generic terms for any organizational entity (e.g., programs, departments, etc.). Similarly, the term “outcome” must be understood as relative to the area or unit being examined. In some instances, depending on the department or unit, the term “outcome” may refer to student learning outcomes, program learning outcomes, and institutional learning outcomes. In other instances, outcomes other than student learning may be the focus.

The intended meanings of the terms attached to the four levels of the scale also warrant comment. These labels were chosen to convey degrees of institutional progress toward assessment-related goals, and the labels are approximations at best:

1. “**Not evident**” suggests assessment-related work is mostly or absent.
2. “**Emerging”** implies such work is underway, possibly newly created, but still largely piecemeal in its manifestation and with no overall institutional coordination/support.
3. “**Proficient**” means the institution is doing a competent job with assessment, but there are still slight gaps/deficiencies.
4. “**Excelling**” is meant to capture the point at which an institution has a thorough and accomplished process. Of course, saying it is “accomplished” does not mean the assessment is done.

We are all well aware that assessment is a systematic process in the service of continual institutional improvement. In that same spirit, this rubric is likely to be a continually evolving document. Suggestions for improvement can be directed to the office of academic assessment and program review at [academic.assessment@csun.edu](mailto:academic.assessment@csun.edu).

**Directions:** For each row in the rubric, select the level (0, 1, 2, or 3) that most accurately describes the current state of your program. Optimal results may be obtained by working closely with each department in your College and completing the rubric for each department, and submitting the results to the Dean, Associate Dean, Department Chair, and the Office of Academic Assessment and Program Review for discussion and planning.

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| **Aspect** | **Element** | **Goal** | **Level 0:**  **Not Evident** | | **Level 1:**  **Emerging** | | **Level 2:**  **Proficient** | | **Level 3:**  **Excelling** | |
| **Design** | **Outcomes** | Measurable outcomes (program level and course level) have been articulated in the department for each program, including undergraduate and graduate courses. | Outcomes (program or course level) either have not been written or, where they do exist, they are not stated in ways that directly suggest how to measure them. | | The department has outcomes statements. For example, there are identified program learning outcomes, but not all courses have student learning outcomes. | | The department has outcomes statements, but not all of these are stated in terms that link to measurement operations. | | The department has clearly stated measurable outcomes for every program. | |
| **Alignment** | Outcomes (e.g., courses) are aligned with broader, higher-level outcomes (e.g., program/institutional-level or external accredited body). | Course/program area outcomes are not mapped to higher-level outcomes, nor are they shown to be related to institutional learning outcomes. | | Course/program outcomes are not mapped to or aligned with higher-level outcomes, nor are they shown to be related to institutional outcomes. | | The alignment of lower-level outcomes to higher-level outcomes is complete primarily—alignment of higher levels unit outcomes to institutional outcomes. | | The department indicates how its outcomes are aligned with institutional outcomes. Alignment is specific and appropriate to the unit and its role in institutional-led assessment. | |
| **5-Year Plan** | The program has a formal assessment plan that documents an organized, sustained assessment process covering standard courses all students take in the program. | There is no overall department plan for assessment. Assessment may be conducted at the institution, but it is completed on an ad hoc basis when it occurs. | | The department participates in assessment annually and has a 5-year plan that pertains to assessment; there is no coordination of assessment set by the department. | | The department conducts assessment systematically and may follow or have written procedures to guide the process. There is no overall department plan that serves to coordinate assessment data to improve institutional effectiveness. | | A written plan specifies responsibility for conducting assessment at both the program and institution levels that identifies reporting timelines and procedures. The plan also indicates what assessment data is to be collected and measured. | |
| **Implementation** | **Resources** | Financial, human, technical, and physical resources are adequate to support assessment practices. | No human resources are available to support the assessment. | | The department has human resources to support assessment; it is handled ad hoc. | | There is budgetary support for assessment at the college level. | | The department has committed to assessment and provides human resources for assessment in committee form. | |
| **Culture** | Evidence of faculty at all levels are involved in assessment activities. | Assessment, if occurring, is done by a lone individual charged with assessment responsibilities. | | The department involves faculty in assessment planning and data collection and review. | | The department involves faculty/staff in some aspects of assessment, planning data collection, and review of data. | | All members of the department are involved in assessment activities. Institution leaders frequently articulate assessment as an essential value/activity of the institution. | |
| **Data Focus** | Data from multiple sources and measures are considered in assessment. | Assessment data are not collected. | | Assessment data are collected in the department but consist primarily of survey results and anecdotal evidence. | | The department collects some combination of direct and indirect evidence to assess performance. | | Assessment is based on multiple performance measures, including direct and indirect measures and quantitative and qualitative data. | |
| **Sustainability** | Assessment is conducted regularly, consistently, and in a manner that is sustainable over the long term. | The department cannot document sustainable assessment activity occurring within courses that all students take to graduate. | | The department can document that sustainable assessment activity is regularly occurring within several core/GE courses aligned to the ILOs. Still, assessment practices are either not universal or not sustainable for the long term. | | Assessment is routinely conducted. The sustainability of the assessment activity varies in terms of how regularly it occurs or in how systematically outcomes are assessed. Assessment activity is becoming a regular part of the department’s functioning. | | Assessment is routinely conducted. The sustainability of the assessment activity is evident in that assessment occurs regularly and systematically and has been ongoing for many years. Assessment activity is a regular part of each department’s functioning. | |
| **Monitoring** | Mechanisms are in place to systematically monitor the implementation of the department assessment plan. | There is little or no evidence that the department has in place or is developing effective systematic monitoring of the quality and implementation of assessment activities within and across departments. | | Assessment plans are in place. Systematic monitoring of the quality and implementation of assessment activities occurs within the departments. There is little evidence of department monitoring of institutional-led assessment activities. | | Systematic monitoring of the quality and implementation of assessment activities is occurring within the department. The department has begun establishing a means for ensuring that the department regularly participates in institutional-led assessment activities. | | There is evidence of systematic monitoring of the quality and implementation of assessment activities within the department. The department has an established mechanism for monitoring faculty compliance with institutional-led assessment practices and procedures. | |
| **Impact** | **Communication** | Assessment results are readily available to all parties with interest in them. | Assessment results are “live” in the department and are not broadly communicated. | | Assessment results are owned by the department and are shared with others on an as-needed basis. | | Departments share assessment results routinely with the institution. Public disclosure of appropriate assessment data is limited. | | Assessment results are disseminated to appropriate audiences at appropriate times; data appropriate to external audiences are available in easily accessible public domains; data needed for internal decision-making are readily accessible to decision-makers. | |
| **Strategic Planning and Budgeting** | Assessment data are routinely considered in strategic planning and budgeting. | Assessment data stay within the area in which they were collected. They do not factor into program strategic planning and budgeting. | | One or more units use assessment results in budgetary requests to inform strategic planning. | | Assessment data are used in strategic planning and budgeting, but there is no precise mechanism to ensure this is accomplished routinely. | | The department can demonstrate that strategic planning and budgeting processes have routinely used assessment data in decision-making. | |
| **Closing the Loop** | Assessment data have been used for department improvement | There is little or no evidence that assessment results are used for program improvement. | | There is evidence that assessment results are occasionally used for institutional improvement. | | There is evidence that all units regularly use assessment results to inform improvements. | | The department is committed to using assessment results to inform improvements; Data is regularly used to close the loop; the department presents evidence that assessment results, including student learning assessment, are routinely used for program improvement, effectiveness, and planning. | |
| **Total** | | | |  | |  | |  | |  | |

Total points 

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