Service Area Outcomes (SAOs)

Phase I: Department Mission Statement or Program Description & Identification of Outcome(s)

Date:	**2011-12 SAO's**	**Submitted: November 1, 2011**
The Department Name:	**Student Services**	**EOPS/CARE Program**

Contact Person & Others Involved in Process:	**Lead: Olga Artechi, Coordinator**	**Others: Mabel Vargas**

Mission Statement or Description of the Department or Program:	**The mission of the Extended Opportunity Programs and Services (EOPS) and Cooperative Agencies Resources for Education (CARE) programs at Imperial Valley College shall be to supplement the regular education programs of the college, to encourage the enrollment of students handicapped by language, social, and economic disadvantages, and to facilitate the successful completion of these students' educational goal and objectives.**

Institutional Learning Outcomes Supported: Please check the ILOs that are supported by your program:

____**ILO1** = communication skills; ____I**LO2** = critical thinking skills; __X__**ILO3** = personal responsibility;

____I**LO4** = information literacy; ____I**LO5** = global awareness

Please identify at least one outcome and assessment method, and estimated date for the completion of Section II. Please keep in mind the Comprehensive Program Review Schedule.

Service Areas (Student Services, Financial Aid, Student Affairs, etc.): Please analyze at least one Outcome per year.

1.Outcome #1: Provide instruction to EOPS students on the use of E-SAR's and encourage them to be responsible for setting and keeping the three mandated appointments.

Est. Completion Date: 6/30/12 Way(s) to assess: The number of E-SARS's appointments will be compared to 2010-2011 as will the percentage of students completing the three mandated appointments.

2.Outcome #2: None

Est. Completion Date: Way(s) to assess:

3.Outcome #3: None

Est. Completion Date: Way(s) to assess:

Once Section I is completed, please send e-copy & mail hard copy to SLO Coordinator. Then at the end of the data collection/assessment period, please analyze data with co-workers and other members of the IVC community, and complete Section II.

Service Area Outcomes

Phase II: Assessment of Service Area Outcomes

In this section, please re-state each outcome and indicate the method(s) of assessment, provide a summary of the results, and tell how your program will use this information to improve student learning. Each Goal should have at least one Method of Assessment. To encourage collaboration and the sharing of ideas, you are encouraged to share your outcomes, assessment data, and findings with all available members of your department or program. Please list the names of all faculty, staff, and students who were involved in summarizing or evaluating the data. The names may differ from those on Section I.

Date:	**2011-2012 SAO's Submitted: September 4, 2012**

Contact Person/Others Involved in Process:	**Lead: Olga Artechi, EOPS/CARE Coordinator** **Others: Mabel Vargas**

<u>Outcome #1 (please repeat here</u>): Provide instruction to EOPS students on the use of e-SARS and encourage them to be responsible for getting and keeping the three mandated appointments

1. **First Method of Assessment:**
    a. Assessment is based on the comparison of e-SARS appointments for 2010-11 and 2011-12
    b. The students making their own appointments through e-SARS during the 2011-12 academic year represented 25% of students making their appointments on e-SARS during 2010-11. During 2010-2011, 365 appointments were made on e-SARS. During 2011-12, 92 appointments were made on e-SARS
    c. We will have to analyze data for 2010-11 in order to determine what was done during 2010-11
    d. Timeline for complete modification is October 31, 2012

2. **Second Method of Assessment**:
    N/A

3. **Third Method of Assessment**:
   N/A

<u>Outcome # 2 (please repeat here)</u>: N/A

1. **First Method of Assessment**:
   N/A

2. **Second Method of Assessment**:
   N/A
3. **Third Method of Assessment**:

   N/A

<u>Outcome # 3 (please repeat here)</u>: N/A

1. **First Method of Assessment**:
   N/A
2. **Second Method of Assessment**:
   N/A
3. **Third Method of Assessment**:
   N/A

Once Section II is completed, please send e-copy & mail hard copy to SLO Coordinator. Thank you very much for taking part in outcomes and assessments.