Rubric for USG CPR Analysis

| Areas of CPR Focus | Emerging | Established | Exemplary | | | | |
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| Character of Institutional Process | Character of Institutional Process | | | | | | |
| Clear process expectations | Timeline, review process, and assignment of responsibility are incomplete, ambiguous and/or inconsistent. Templates specifying expectations are incomplete. | Timeline, review process, and assignment of responsibility are complete and consistent. Templates specifying expectations are largely complete. | Timeline, review process and assignment of responsibility are unambiguous, complete, consistent, and used by all units. Templates clearly specify expectations | | | | |
| Inclusion of broad-based review and input | Incomplete evidence that process is broad-based and systematic. Partial provision of feedback from relevant administrators and/or committees. Little provision for external review of program where such review is appropriate | Process shows incorporation of broad-based institutional collaboration as well as external review where appropriate. | Extensive demonstration of broad-based, systematic, ongoing involvement of faculty and staff Process shows multiple levels of review, feedback, and response. | | | | |
| Process is balanced and comprehensive. | Process proscribed addresses most, but not all, key benchmarks of performance. Consideration of Productivity, Quality, and Viability is ambiguous or incomplete. | Productivity, Quality, and Viability are generally in evidence as themes. | Productivity, Quality and Viability are comprehensively addressed. | | | | |
| CPR is a meaningful process on campus | While cycles of review include some programs, including General Education, insufficient evidence exists to demonstrate full participation and engagement. | Cycle of review includes most programs, including General Education. Evidence that programs are participating. | Cycle for review covers all programs including General Education. Strong evidence that all programs are participating and are fully engaged. | | | | |

| Distribution of reports | Website for posting CPR documents is in progress. | Website exists for posting CPR documents. | Website for posting CPR documents is clear, |
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| | | System office and peer reviewers can access website. | comprehensive, and accessible to both internal users and p |
| | | | reviewers. |
| Goal Driven | · · · · | | |
| Analysis is contextual | CPR reports make minimal reference to earlier reviews and inadequately discuss | CPR reports include references to earlier cycles of review. Continuity exists between | CPR reports make reference to earlier reviews and discuss implementation and impact of |
| | implementation and impact of changes proposed in earlier | recommendations from earlier cycles and present use of results. | recommendations from earlier cycles. |
| | cycles. | | Strong demonstration of continuity between past and present CPRs. |
| Goals are formed and outcomes | Programs do not clearly specify | Programs specify clear student | All programs specify clear |
| are measurable. | student learning outcomes. Programs do not clearly specify productivity related outcomes. Programs do not clearly specifiy viability related outcomes. | learning outcomes, productivity related outcomes, and viability related outcomes. | student learning outcomes, productivity related outcomes, and viability related outcomes. |
| Performance Expectations | Expectations of performance are not clear or are not adequate to capture critical threshold levels of performance. | Standards of performance are clearly stated, reasonable, and appropriate for the program and institution. | Strong evidence that standards of performance are consistent with discipline and/or accreditation standards. Expectations for process and performance outcomes are clearly defined and articulated. |
| Diversity goals | Programs provide an incomplete or ambiguous explanation of how the program supports diversity goals. | Programs provide an adequate explanation of how the program supports diversity goals. | Programs provide a clear and detailed explanation of how the program supports diversity goals. |
| Culture of evidence | | | |
| Degree to which appropriate data are identified, collected, | The collection and use of data are in evidence, but insufficient | The identification, collection, analysis, and use of appropriate | The use of data is compelling. Data include multi-year trends |

| analyzed and reported. Relevance of measures | to adequately address specified program outcomes or measures. Inadequate use of trends and benchmarks where applicable. The relationship between a measure and its goal or outcome is not clearly articulated. | data are sufficient to demonstrate congruence with student learning and other program outcomes. The measures employed adequately demonstrate congruence with the program goals and outcomes. | and benchmarking where appropriate for the program. Findings include references to regional/professional accreditors when appropriate. The relationship between a measure and its corresponding goal or outcome is clearly articulated. Measures of student learning are |
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| Quality of measures | Measures largely rely on self- report or indirect sources. | Metrics employed represent satisfactory combination of direct and indirect measures of | appropriate to and consistent with discipline standards. Data clearly include both direct and indirect measures of student learning and other program |
| | | student learning and other program outcomes. | outcomes. |
| Reliability and validity of data | Measures do not generate reliable, valid, or critical data to support program goals and outcomes. | Measures generate adequate data to support program goals and outcomes. | Measures generate reliable and valid data that clearly and comprehensively support program goals and outcomes. |
| Linking data to decisions | Analysis and reporting yield non- specific, generalized claims without supporting evidence. | Analysis and reporting are adequate to demonstrate the extent to which program outcomes are met. | Analysis and reporting yield clear and specific evidence related to each outcome. |
| Emphasis on quality assurance an | nd program improvement | | |
| Identification of programmatic areas of excellence and areas in need of improvement. | Reports address program as a whole rather than consider specific factors individually OR report addresses individual factors, but does not address how they interrelate. | The structure and processes proscribed by the completed CPRs are adequate to identify programmatic areas of excellence and those in need of improvement. | CPR reports address individual outcomes and specific factors that have been reviewed AND fully define key inter- relationships among them. |

| Articulation of realistic and meaningful plans of action | Proposed changes are superficial. For many indicators, report concludes implicitly or explicitly "no action required." Proposed changes are not supported by reference to results of assessment. Proposed changes include no resource/budget information. | CPR reports include adequate proposed actions in response to findings of review. Proposed changes/actions largely address substantive elements of program. CPR includes at least minimal references to requisite resource/budget information. | CPR reports include multiple proposed actions in response to findings of review. Proposed changes/actions are comprehensive and involve substantive elements of program, including curriculum, course design, and pedagogy. Proposed changes are supported by reference to results of assessment. Proposed changes |
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| Evaluation and tracking of plans of action | Action plans include inadequate provision for changes based on ongoing evaluation. Inadequate evidence of institutional response to identification of areas in need of improvement. | Action plans include adequate provision for changes based on ongoing evaluation. Consistent evidence of institutional response to identification of areas in need of improvement. | include resource/budget information. Action plans clearly define and articulate provision for changes based on ongoing evaluation. Pervasive evidence of institutional response to identification of areas in need of improvement. |