

Academic Program Assessment Report Template

Instructions: This template is a running document of each annual Academic Program Assessment Report due to the department chairs and Provost the last Friday in October. The final report in the document should be the official report of the year of the full Program Review. All reports below use the same report template. If the report is the Program Review year, please indicate it next to "Program Review Year."

Department: Kinesiology

Academic Program Evaluated: Allied Health Program Review Year: 2018-19

	Year 1 Academic Year: Spring 18	Year 2 Academic Year: Fall 18	Year 3 Academic Year:	Year 4 Academic Year:
Faculty members involved in this assessment process: (List all faculty members who participated: program coordinator, reviewers, committee members, etc.)	Keith Hardy Sarah Walters	Keith Hardy Sarah Walters		
Number of students in sample: (If known, supply the number of students in each class/year who were used in the assessment report.)	Freshmen: Sophomores: Juniors: Seniors: Graduate:	Freshmen: Sophomores: Juniors: Seniors: Graduate:	Freshmen: Sophomores: Juniors: Seniors: Graduate:	Freshmen: Sophomores: Juniors: Seniors: Graduate:
Instrument(s) used in assessment: (List the exams, standardized tests, portfolios, etc. that were used in the assessment process.)	Final Comprehensive Exam Score, Journal Critiques, Capstone Presentation, Class Presentations	Research Performance Orthopedic Assessment (skipped one year due to change in AT program)		

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Additional Data: (List any			
additional information/data			
that informed this report.)			
Methodology: (Explain the	Collection and grading of	Research performance based	
method of data collection	comprehensive final exam,	on research proposal and	
and the data analysis	journal article critiques using	review of literature	
process.)	rubric (see attached), and		
	presentation score using rubric		
	(see attached).		
Results of Assessment: (List	These data demonstrated	These data demonstrated	
the findings in summary	student competence in the	student competence in	
format as narrative.)	Content Knowledge (87.5%	Research (82.2% Avg.).	
Tormat as marrative.	Avg.), Oral Communication and	Research (02.2 /) Avg. J.	
	Use of Technology (88.7%		
	Avg.), and Critical Thinking		
	(93%).	7 H 1	
Data: (Provide the graphs,	Initial data retrieval suggest	Fall data was limited to	
charts, etc. that were used to	a 0.8975 (90%) overall	research performance from	
show data results. Do not	proficiency rating on	Research Methods Course.	
include the actual data.)	Program Learning Outcomes	These data were not previously	
	ALTH 3.2 Knowledge, ALTH	captured and comparisons	
	2.1 Critical Thinking, and	were not made. Competence	
	ALTH 1.2-2 Oral	was met as revealed in the fall	
	Communication. Critical	data (82.2%).	
	Thinking rated the highest	Orthopedic Pathology data	
	(93%), Oral Communication	were not collected due to	
	second (89%), and	change in AT program moving	
	Knowledge (88%). The first	to MSAT. The course skipped a	
	two Outcomes Critical	year to capture only Allied	
	Thinking and Oral	Health students and not	
	Communication were	Athletic Training students.	
	assessed using senior level	Timetic Training Students.	
	classes and the Knowledge		
	was assessed in a sophomore		
	level course.		
	lever course.		
	A11	7	
Strengths: (From the	All programs in the Kinesiology	Limited assumptions can be	

findings, list the areas of strengths that currently exist in the academic program.)	department have CLO's, PLO's, Outcomes and Rubrics on syllabi and are uploaded on Course Commons for assessment purposes. These programs include: Allied Health, Exercise Science, Physical Education, and Sport Management. Spring data from 2018 was collected and analyzed for Allied Health and Exercise Science. A change in personnel delayed the Physical Education and Sport Management areas. All areas were monitored for progression by Sarah Walters (Assessment Coordinator) since implementation in Fall 2017. The data collected for Exercise	made from fall data only; other than to say the competency level for research was met.	
	The data collected for Exercise Science was limited to one Outcome and one Assessment.		
Areas in need of improvement: (From the findings, list the areas of weakness(s) that currently exist in the academic program.)	Data collection from newly upload PLO's in EXER, SMGT, and PE need associated Rubrics tied to them in Couse Commons.	Collect Fall 19 data to include Orthopedic Pathology.	

Year 1:

Plans for improvement: (Provide the improvement plan, when it will be implemented, and person who will administer the improvement plan.)

Plan for Improvement	Timeline	Responsible Person
Collect more data	2018-2019	K. Hardy

Year 1:

Improvements made: (List completed improvement plans and dates of actual implementation.)

Improvement Plan	Implementation Date	
Include all PLOs, CLOs, etc.	Dec. 2018	

Year 2:

Plans for improvement: (Provide the improvement plan, when it will be implemented, and person who will administer the improvement plan.)

Plan for Improvement	Timeline	Responsible Person
Collect more data	2019-2020	K. Hardy

Year 2:

Improvements made: (List completed improvement plans and dates of actual implementation.)

Improvement Plan	Implementation Date	
Compare and contrast yearly	Dec. 2019	
change		

Year 3:

Plans for improvement: (Provide the improvement plan, when it will be implemented, and person who will administer the improvement plan.)

Plan for Improvement	Timeline	Responsible Person
Make appropriate adjustments to curriculum to improve low scores. Determine if other PLO's or CLO's are necessary to assess program.	Spring 2020	K. Hardy

Year 3:

Improvements made: (List completed improvement plans and dates of actual implementation.)

Improvement Plan	Implementation Date

Year 4:

Plans for improvement: (Provide the improvement plan, when it will be implemented, and person who will administer the improvement plan.)

Plan for Improvement	Timeline	Responsible Person

Year 4:

Improvements made: (List completed improvement plans and dates of actual implementation.)

Improvement Plan	Implementation Date