Assessment
Handbook
2021-2023

GUAM**COMMUNITY**COLLEGE

Office of Assessment, Institutional
Effectiveness & Research (AIER)

Table of Contents

Assessment, Institutional Effectiveness, and Research

Assessment at Guam Community College is viewed as a collective effort to demonstrate commitment to an institutional dialogue about student learning. There are two major reasons that drive all assessment processes at GCC: accountability and improvement. A policy document adopted by the Board of Trustees on September 4, 2002 (Policy 306, Comprehensive Assessment of Instructional Programs, Student Services, Administrative Units and the Board of Trustees) is the institutional mandate that fuels all campus-wide assessment activities. Three goals effectively guide the Office of Assessment, Institutional Effectiveness, and Research (AIER) in its mission of assessment excellence at the College:

1. To develop and sustain assessment momentum at the College through capacity building efforts that will empower constituents to use assessment results for accountability and improvement;

2. To systematize assessment protocols, processes and policies both in hardcopy and online environments and thereby allow the College to meet its WASC ACCJC accreditation requirements; and

3. To exert and affirm community college assessment leadership regionally and nationally.

At the core of these processes, are three (3) important questions that the institution asks regarding student learning: What do students know? What do they think and value? What can they do? These three questions correspond to the cognitive, affective and behavioral domains of student learning. By continually asking these questions, the College is drawn closer to what it says it can do in both teaching and learning environments and to what it promises its programs and services can deliver in terms of results.

The Office of Assessment, Institutional Effectiveness, and Research (AIER) is located on the 2nd floor of the Student Services & Administration Building, Suites 2226 and 2227 with telephone number (671)7355520.

A Historical Perspective

Accreditation is designed to assure educational quality and improvement. It is the basic requirement for institutions to access federal and state funds such as student financial aid and other federally sponsored programs. Institutional accreditation is coordinated by regional accrediting organizations and guided by standards and federal requirements. The Western Association for Schools and Colleges Accrediting Commission for Community and Junior Colleges (WASC ACCJC) is the regional accrediting body for the Guam Community College.

A central feature of accreditation is assessment, an ongoing process of systematically gathering, analyzing, and interpreting evidence to determine how well goals are being achieved and whether expectations are being met.

Assessment results have long been used to improve teaching and learning and are also an essential part of the planning and budgeting processes of the College. Additionally, regional and professional accreditors require formalized assessment systems as part of an organization's ongoing internal and external review.

External accreditation reviewers look for evidence that assessment is occurring throughout the institution and that results are being used to improve institutional quality. The following are excerpts from GCC's Accreditation Evaluation Reports since the year 2000 to present, including an excerpt from GCC's latest Midterm Report to WASC ACCJC showing a snippet of the College's growth over the last twenty plus (20+) years as it relates to the assessment of student learning outcomes.

2000 Accreditation Evaluation Report

Despite specific recommendations related to a variety of assessments, the absence of systematic reviews of educational programs, student services, and overall institutional effectiveness continues. The responsibility for and contribution to assessment must be assumed by all segments of the institution. The team concluded that this primary and conspicuously missing component for institutional improvement should serve as the basis for its overarching recommendations.

Major Recommendations:

1. In view of the absence of a response to the previous teams' recommendations and the importance of establishing a systematic assessment procedure for educational programs, student services, financial programs and physical facilities, the team recommends that such a comprehensive system be developed and implemented over the next year. The educational program review should identify educational quality through the identification of learner outcomes. (Standard One, 1, 2, 3, & 4; Standard Two, 8 & 9; Standard Three, A1, 2, 3 & 4; Standard Four, A.1, C.3, 4, D.1, 2, 3, 5, & 6; Standard Five, 3 & 4; Standard Eight, 4 & 5; Standard Nine, A1, 2 & 4; C.4).

2. In light of the persisting difficulty with systematic assessments and evaluations of programs, services, and personnel, the team recommends that staff development be provided for the college community to clarify the importance of regular reviews as a process for continuing improvement and the necessity for the Board of Trustees, administration, and faculty to be appropriately involved in these processes. (Standard Three, B.1 & 3, C.3; Standard Five, 6, 7, & 8; Standard Seven, B.1, 2, 3; C.2)

3. In exercising its oversight responsibility, the team recommends that the Board enforce its policies concerning program review and develop or strengthen policies related to assessing the Board's as well as the college's effectiveness (Standard Ten, A.2).

In addressing these major recommendations, the team urges the college to review the related recommendations, suggestions, and considerations in the following Standards.

2006 Accreditation Evaluation Report

The team would like to make the following specific commendations that address the strengths and successes that the college has achieved:

1. The college's response to the previous team's recommendations was outstanding and clearly exceeded expectations. Over the last five years the college has developed an extensive and expansive assessment process and infrastructure. The Guam Community College Comprehensive Institutional Assessment Plan is a major accomplishment and places the college significantly ahead of other community colleges in the development of processes that address the new accreditation standards, which are organized around assessment, outcomes and program improvement based on resulting information and dialogue. This has been a major undertaking for the college, involving nearly every program, service and function of the college and a major commitment of human resources and college-wide participation. The visiting team takes note of this basic effort and expresses its hope that the college will sustain and expand on its efforts to date. The college will benefit from the continued use and development of the infrastructure that it has established, and the team looks forward to the college continuing its leadership in this area.

Based on the cumulative evidence of the self-study, documents, interviews, and analysis and discussion among team members, the following recommendations were developed and approved by the team.

3. Working on the strength of its assessment infrastructure, the college should now fully undertake the process of developing student learning outcomes for courses, programs, and the institution. As these student learning outcomes are developed they should be communicated to students, the college community and the public. (Standards II.A, II.A.1.c, II.A.2.b, II.A.2.e, II.A.2.f)

2012 Accreditation Evaluation Report

The team commends the College for establishing and clearly communicating to students and the community student learning outcomes for 100 percent of its courses and programs (17 certificates, 20 associate degree programs, and over 350 courses). The team found that the College's two-year cycle for the assessment of student learning outcomes at the course, program, certificate, and degree levels is on-going, promotes widespread dialog on the results of the assessments, and uses assessment results to improve programs and institutional processes. The team found that the College is operating at the level of sustainable continuous quality improvement as outlined by the Commission.

In order to improve, the team recommends that the College develop a process for systematically evaluation non-credit courses, workshops, and training sessions for content and effectiveness, in alignment with the assessment process that is in place for credit courses. (II.A.2)

2018 Accreditation Evaluation Report

The Commission recognizes the exemplary performance of Guam Community College in the following areas. Commendations signify practices for which the Commission believes the institution has exceeded standards. Commendation 1- The Evaluation Team commends Guam Community College for its sustained and collegial dialog about the assessment of student learning. Assessment results have been broadly communicated through the publication of the Annual Institutional Assessment Report which has been issued for sixteen consecutive years. (I.B.1, I.B.8)

Where Are We Now? Twenty Plus (20+) Years Later

(Extracted from the GCC Accreditation Midterm Report, 2022)

The College has articulated, established, and communicated to students how student learning outcomes (SLOs) can be used to help them achieve success. The College's annual cycle for the assessment of SLOs at the course, certificate, degree, student support services, administrative offices, and the institutional levels is on-going, promotes widespread dialog on the results of the assessments, and uses assessment results to improve programs and institutional processes. The College is committed to student success and demonstrates this commitment regularly through the strategic initiatives found in planning documents and institutional decision-making processes. The College encourages an open dialogue amongst constituents through the governance structures and processes established and embedded into the framework of the institution. As a result, students have a greater awareness and appreciation of the value of SLOs in their education.

All programs offered by the College have at least three (3) program-level student learning outcomes and all courses have at least three (3) course-level student learning outcomes. The minimum requirement of three (3) SLOs for programs and courses includes one (1) cognitive, one (1) behavioral, and one (1) affective SLO for each program and course. All programs and courses complete the annual assessment and curriculum review based on the established institutional cycle schedule which is published online and referenced in all assessment and curriculum training.

The data gathered through program and course assessment provides the baseline for dialogue and improvement at the institutional, program and course levels. The College's commitment to assessment has resulted in a more systematic curriculum review, revision, and development process. At the core of the College's assessment efforts is the program review process, which guides improvements throughout the College.

Student Learning Outcomes (SLOs)

Student Learning Outcomes (SLOs) describe the central goals that students will have attained by the end of a course or program. In essence, SLOs encapsulate the knowledge, skills, and attitudes that students are expected to learn from their respective programs. They answer the questions: "What do students know?" (cognitive domain), "What do they think and value?" (affective domain), and "What can they do?" (behavioral domain). SLOs require students to synthesize many discrete skills or areas of content, and to produce artifacts such as term papers, projects, portfolios, demonstrations, exams or other student work.

Since the fall semester of 2014, all courses and programs had student learning outcomes, primarily due to the revision and adoption of curriculum templates requiring 3 to 5 student learning outcomes for every course and every program offered by the College. More importantly, all courses and programs had student learning outcomes which were being assessed regularly and the results of which were being used to identify and implement improvements at all levels of the institution.

Institutional Learning Outcomes (ILOs)

The end of fall 2009 marked the formal adoption of GCC's Institutional Learning Outcomes, also known as ILOs. The ILOs were developed as a task of the General Education Committee with input from all faculty, the Faculty Senate, the College Governing Council (CGC), and the Board of Trustees. These ILOs represent what knowledge, skills/abilities, and values students should develop and acquire as a result of their overall experiences with any aspect of the College. The ILOs link all divisions, departments, units, and programs at the College regardless of whether they are directly (academic) or

indirectly (non-academic) involved with students. Every employee and office at the College exists to support students and help them excel; this includes the administration, student support services, faculty, maintenance, procurement, etc.

The five (5) ILOs represent broad outcomes in various areas depicted as the College's core values. Due to their universal and broad coverage, it is not expected that a single course, or program for that matter, address all identified outcomes. Rather, it is through the culminating integrated experience students have in their academic and campus life which will enable them to acquire these ILOs. The emphasis on ILOs and outcomes-based assessment has helped transform the College into a more learner-centered institution. Guam Community College remains committed to strengthen its focus on learning outcomes, ultimately leading to quality education and a productive workforce. In keeping with its mission that Guam Community College is a leader in career and technical workforce development, providing the highest quality student centered education and job training for Micronesia, the College community has established the following Institutional Learning Outcomes which were recommended by the Faculty Senate, approved by the President, and adopted by the Board of Trustees (December 2, 2009):

> **G**uam Community College students will acquire the highest quality education and job training that promotes workforce development and empowers them to serve as dynamic leaders within the local and international community.
>
> Students will demonstrate:
>
> **U**se of acquired skills in effective communication, and quantitative analysis with proper application of technology
>
> **A**bility to access, assimilate and use information ethically and legally
>
> **M**astery of critical thinking and problem-solving techniques
>
> **C**ollaborative skills that develop professionalism, integrity, respect, and fairness
>
> **C**ivic responsibility that fosters respect and understanding of ethical, social, cultural, and environmental issues locally and globally.

These ILOs are assessed continuously through the program and course level SLO assessment process via Improve, whereby program and course SLOs are linked and/or related to at least one of the defined ILOs. Course level SLOs are required to link to program level SLOs. All assessment plans are required to link or relate to at least one of the ACCJC Accreditation Standards and to at least one of the goals from the following: Institutional Strategic Master Plan (ISMP), institutional learning outcome (ILO), budget program review goal (PRG), division level budget program review goal, and school level budget program review goal. This linking of outcomes and related goals is possible because of the Improve system's capability to generate this kind of report.

Who Does Assessment? A Shared Commitment

Building an institutional assessment culture requires a massive effort of mobilizing campus resources and energy. At the core of this effort lies the firm commitment to student learning and its continuous improvement. The necessity of creating an institutional infrastructure to support the components of the institution's assessment system is vital and must be given utmost priority. The developed infrastructural components of protocols, templates, and timelines provide the necessary guideline and tools needed to

achieve the desired goal of effectively integrating assessment into all aspects of the College's educational and workforce development programs to accomplish its mission.

Assessment is a shared responsibility at GCC. A policy document passed by the Board of Trustees (BOT 306, Comprehensive Assessment of Instructional Programs, Student Services, Administrative Units, and the Board of Trustees) provides the institutional mandate that drives all campus-wide assessment activities. The success and high level of efficiency of GCC's institutional assessment processes are accomplished through the hard work and commitment of the College's administrators, faculty, staff, students and the Board. Throughout the fall and spring semesters, academic programs, administrative units, and student services units are engaged in assessment activities. These units are delineated into five (5) groups (Appendix A): Group A (Associate Degree), Group B (Certificate Programs), Group C (Administrative Units & Student Services), Group D (Special Programs[1]), and Group E (Bachelor Degree). To come up with an established timeframe for assessing educational courses, programs and services, the Committee on College Assessment (CCA) created an annual assessment cycle based on these five (5) groups, which also identifies the assessment requirements for each group.

The college defines student learning outcomes for student services units as student learning outcomes (SLOs) and administrative units as administrative unit outcomes (AUOs). Guam Community College publishes all program and course student learning outcomes (SLOs) in the College's academic catalog. These SLOs and the College's electronic assessment records are maintained within Improve (formerly TracDat), the College's assessment data management software.

The Office of Assessment, Institutional Effectiveness & Research and the Committee on College Assessment enforces and monitors the College's Comprehensive Assessment Initiative. The Committee on College Assessment (CCA), an institution-level committee, was first created under the terms of the 2000-2005 Board-Union Agreement to monitor assessment activities on campus. In September 2002, GCC formalized its assessment initiative through Board of Trustees (BOT) Policy 306-Comprehensive Assessment of Instructional Programs, Student Services, Administrative Units and the Board of Trustees.

The annual budget submission process requires the departments of the College to develop Budget Related Goals, Budget Related Performance Indicators, and Budget Related Proposed Outcomes which assessment authors utilize to link their assessment plans and reports to their budget and resource needs based on the findings of assessment.

Assessment Taxonomy

The Committee on College Assessment (CCA) divided the College's programs, services and administrative units into five distinct groups which came to be known as the college's Assessment Taxonomy. These groups include the following:

> Group A: Associate Degree Programs
> Group B: Certificate Programs
> Group C: Student Services and Administrative Units
> Group D: Special Programs (includes secondary, GE, developmental courses that do not have
> specific programs, and federally-funded programs)
> Group E: Bachelor Programs

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[1] Group D includes all federally funded programs, general education, developmental courses, secondary programs, and related technical requirements/electives.

Assessment Cycle:

In order to establish a rhythm to the assessment schedule, there is only one assessment deadline during each semester. This occurs in March and October of each year. Programs or services that are out of sync with the schedule are also given assistance by the CCA to get back on track whenever possible.

Since the fall semester of 2019, all assessment units of the College were aligned to address assessment and curriculum based on a schedule spread over the next seven (7) years. The update to the College's original two-year assessment cycle schedule was based on feedback received from various assessments completed since the College first began the process in the year 2000, including feedback from the Committee on College Assessment (CCA) after identifying areas for improvements in the institutional process and assessment requirements.

For example, from the Assessment Taxonomy, Group A (Associate Degree), Group B (Certificate Programs), and Group D (Special Programs[2]) assessment units with current curriculum, began program assessment plans and data collections in Fall 2019 and submitted program assessment reports and implementation statuses in the Spring of 2020. Those same assessment units then began course assessment plans and data collections in Fall 2020 and submitted course assessment reports and implementation statuses in the Spring of 2021. Finally, those same assessment units then began program and course curriculum reviews and revisions and met with the Curriculum Review Committee (CRC) in Fall 2021 and/or in Spring 2022 to review and forward updated curricula through the curriculum review and approval process so that the latest revisions would become effective in Academic Year 2022-2023.

Similarly, assessment units with expired or expiring curriculum based on the College's five (5) year rule, began program curriculum revisions in Fall 2019 or Spring 2020 and course curriculum revisions at the same time but no later than Fall 2020 or Spring 2021 for implementation in Academic Year 2021-2022. Assessment units undergoing curriculum revisions were required to begin program assessment in the academic year of implementation of the revised program guide and course assessments the following academic year.

The Bachelors program and its courses were integrated into the new cycle through the adoption of the Group E assessment group in the College's Assessment Taxonomy. The Bachelor of Science in Career and Technical Education was adopted in December 2019. The program assessment cycle began in Fall 2020 with the closing of the assessment loop for courses in the Spring of 2022.

The Administrative Units and Student Service Units fall under Group C in GCC's assessment taxonomy and are scheduled to complete a full assessment cycle also in a year with both units alternating each year. For example, beginning with the adoption of the new assessment and curriculum cycle schedule in the fall semester of 2019, all Student Service Units began their assessment of one Budget Goal and one Institutional Strategic Master Plan (ISMP) Goal and Objective by submitting the assessment plan and data collection in Fall 2019 and the assessment report and implementation in Spring 2020 to close the assessment loop. Thereafter, in Fall 2020, all Administrative Units began their assessment of one Budget Goal and one ISMP Goal and Objective by submitting the assessment and data collection in Fall 2020 and the assessment report and implementation in Spring 2021 to close the assessment loop.

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[2] Group D includes all federally funded programs, general education, developmental courses, secondary programs, and related technical requirements/electives.

Assessment Guide with Examples

Assessment Plan and Data Collection: The following provides key information on beginning the assessment cycle. All assessment work is recorded and reported in the Nuventive Improve assessment management system. The Office of Assessment, Institutional Effectiveness and Research manages the system, including the creation of user accounts and the configuration of assessment units.

The first step requires the selection and input of an assessment plan, methods of assessment, assessment tools, and the criterion the assessment unit will use to measure as evidence of the achievement of the student learning outcome, goals, or objectives. The assessment plan also requires the linking of SLOs, goals, or objectives to institutional and ACCJC Accreditation Standards through the Nuventive Improve's mapping feature.

Minimum Assessment Requirements for Units and Program Level Assessment Plans:

Programs-Post Secondary:	Programs-Secondary:	Administrative Units and Student Service Units:
One: Program SLO One: ISMP Goal One: IDEA Objective	One: Program SLO One: ISMP Goal One: Secondary Title VB Goal/ Objective	One: Budget Goal One: ISMP Goal

- ISMP will always be labeled as SLO#2 or AUO#2
- IDEA will always be labeled as SLO#3

Minimum Assessment Requirements for Course Level Assessment Plans:

Courses-Post Secondary:	Courses-Secondary:
One: Course SLO/per course (All courses must be assessed.)	One: Course SLO/per course (All courses must be assessed.)

If a program or course is under CURRICULUM REVIEW, authors must ensure that they place the program into curriculum review status by creating an SLO and selecting curriculum review under Program or Course Outcome Status from the dropdown menu in the Nuventive Improve assessment management system.

Student Learning Outcome (SLO) names must be five (5) words or less and must begin with an identifier and academic terms.

Example: Programs-Postsecondary (Do not change program SLO#)
A. SLO #5 FA2021-SP2022-Accounting Using A Computer Program.
B. SLO #2 FA2021-SP2022 ISMP-Advancing Workforce Development and Training
C. SLO #3 FA2021-SP2022 IDEA-Learning Fundamental Principles, Generalizations, Theories

Example: Programs-Secondary (Do not change program SLO#)
A. SLO #2 FA2021-SP2022- Integrate the Latest Technology
B. SLO #2 FA2021-SP2022 ISMP- Fostering 100% Student Centered Success
C. SLO #3 FA2021-SP2022 Secondary Title VB- Implement Career & Technical Education Curriculum

Example: Administrative and/or Student Service Units (AUO or SLO)
A. AUO #2 or SLO #1 FA2021-SP2022 Budget Goal- Increase Technological Capabilities
B. AUO #2 or SLO #2 FA2021-SP2022 ISMP- Optimizing Resources

The program level SLO description must begin by numbering each SLO and the prefix of when assessment will begin. Example: SLO #1 FA2021-SP2022. Then the program level SLO description should follow (Refer to the most recently approved program curriculum guide and/or College Catalog). It is recommended that whenever possible, use higher level verbs (Bloom's Taxonomy or Webb's Depth of Knowledge) to describe the SLO.

Example: Programs-Postsecondary (Do not change program SLO#)
A. SLO #5 FA2021-SP2022-Upon successful completion of the AS in Accounting program, students will be able to describe the steps of the accounting cycle using a computer-based program.
B. SLO #2 FA2021-SP2022 ISMP-Goal 1: Advancing Workforce Development and Training Objective 1.2 Cultivate meaningful partnerships.
C. SLO #3 FA2021-SP2022 IDEA-Learning fundamental principles, generalizations, or theories

Example: Programs-Secondary (Do not change course SLO#)
A. SLO #2 FA2021-SP2022- Upon successful completion of the secondary marketing program, the students will be able to integrate the latest technology effectively in business and marketing communications.
B. SLO #2 FA2021-SP2022 ISMP- GOAL 2: Fostering 100% Student Centered Success Objective 2.2 Implement innovative strategies and practice flexibility in meeting student needs.
C. SLO #3 FA2021-SP2022 SECONDARY TITLE VB- To implement a career and technical education curriculum with applied academics that provides students with more career specific technical skills to grow personally and professionally, while also providing students with knowledge and skills that prepare them for college and/or career readiness.

Example: Administrative Units and/or Student Service Units: (AUO or SLO)
A. AUO#4 or SLO #4 FA2021-SP2022 Budget Goal- Increase technological capabilities of the program by increasing access to computer technology.
B. AUO #2 or SLO #2 FA2021-SP2022 ISMP- GOAL 4: Optimizing Resources Objective 4.2 Integrate Return on Investment (ROI) and Total Cost of Ownership (TCO).

ISMP Goals and Objectives for Assessment

Goal 1: Advancing Workforce Development and Training
      Objective 1.1 Respond to local and regional occupational needs
      Objective 1.2 Cultivate meaningful partnerships

GOAL 2: Fostering 100% Student-Centered Success
      Objective 2.1 Enhance the professional development process for all employees
      Objective 2.2 Implement innovative strategies and practice flexibility in meeting student needs
      Objective 2.3 Integrate and enhance wraparound services

GOAL 3: Leveraging Transformational Engagement and Governance
      Objective 3.1 Strengthen stakeholder opportunities to engage in the transformational process, governance and institutional decision making
      Objective 3.2 Foster an organizational culture that empowers and facilitates transformational engagement and rewards collaboration

GOAL 4: Optimizing Resources
      Objective 4.1 Diversify revenue streams
      Objective 4.2 Integrate Return on Investment (ROI) and Total Cost of Ownership (TCO)
      Objective 4.3 Provide employee professional development

Objective 4.4 Develop and implement succession planning
Objective 4.5 Cultivate team building

GOAL 5: Modernizing and Expanding Infrastructure and Technology
Objective 5.1 Expand educational footprint
Objective 5.2 Ensure robust technology
Objective 5.3 Provide access to sustainable facilities

IDEA Student Ratings of Instruction Survey Objectives

SLO #3 FA2021-SP2022 IDEA-Gaining factual knowledge (terminology, classifications, methods, trends)

SLO #3 FA2021-SP2022 IDEA-Learning fundamental principles, generalizations, or theories

SLO #3 FA2021-SP2022 IDEA-Learning to apply course material (to improve thinking, problem solving, and decisions)

SLO #3 FA2021-SP2022 IDEA-Developing specific skills, competencies, and points of view needed by professionals in the field most closely related to this course

SLO #3 FA2021-SP2022 IDEA-Acquiring skills in working with others as a member of a team

SLO #3 FA2021-SP2022 IDEA-Developing creative capacities (writing, inventing, designing, performing in art, music, drama, etc.)

SLO #3 FA2021-SP2022 IDEA-Gaining a broader understanding and appreciation of intellectual/cultural activity (music, science, literature, etc.)

SLO #3 FA2021-SP2022 IDEA-Developing skill in expressing oneself orally or in writing

SLO #3 FA2021-SP2022 IDEA-Learning how to find and use resources for answering questions or solving problems

SLO #3 FA2021-SP2022 IDEA-Developing a clearer understanding of, and commitment to, personal values

SLO #3 FA2021-SP2022 IDEA-Learning to analyze and critically evaluate ideas, arguments, and points of view

SLO #3 FA2021-SP2022 IDEA-Acquiring an interest in learning more by asking questions and seeking answers

After the assessment deadline, authors should periodically check the CCA committee feedback and rating in the Nuventive Improve assessment management system. The committee will provide feedback immediately after review.

Program Planning Menu Option
- Committee Feedback
- Author Responses

In the Nuventive Improve assessment management system, when entering the assessment plan, in the field for Historical Assessment Perspective, include details on whether prior activities have been conducted/assessed as it relates to ISMP Goals and Objectives. If the current activity is a "step" or "phase" towards a much larger project/activity/initiative/etc. as it relates to the ISMP Goal and Objective explain it here on how it will lead to the much "bigger" goal. Note that this is a YEARLY assessment cycle so it may take several years to meet or reach an overall goal.

Item 2

📖 Medical Assisting AS & Certificate > Course Planning > Course Plan
> Add Course SLO Description

? | i | ▦ | ▼

💾 Save | ↩ Return

🏠 Home (/tracdat/fac...

🏛 Information ⌄

✏ Program Planning ⌄

📖 Course Planning ⌄

— Course Plan

— Data Collection
Status/Summary of
Results (N=?)
(/tracdat/faces/assess...

⛓ Mapping ⌄

▯ Reports ⌄

🗀 Documents ⌄

(«)

MS101 - Introduction to Medical Assisting

* Course SLO Name

| Student Learing Outcome (SLO) Name, Block | ? |

* Course SLO Description

| Student Learning Outcome (SLO) Block | ? |

Course Outcome Status

| ⌄ | ?

Course Planned Assessment Cycles

| | ?

Start Date

| | ?

End Date

| | ?

* Capstone Course/CTE Related Course

| ⌄ | ?

Type of Industry National Certification

| | ?

* Course-level SLO Plan reflects/incorporates

| ⌄ | ?

* Historical Assessment Perspective

| | ?

* SLO Domain Types

https://guamcc.improve.nuventive.com/tracdat/faces/assessment/course_planning/course_assessment_plan/editObjective.xhtml   1/2

For course assessment plans, the CCA requires that the SLO Domain Type be identified, whether cognitive, affective, or behavioral. You may see a description of each type in this document under the heading Student Learning Outcomes (SLOs).

As assessment authors enter the required information, such as SLO title, SLO description, assessment cycle, SLO status, assessment cycle and dates, and the historical assessment perspective, the Nuventive Improve assessment management system will activate the next option for authors to input called Add Artifact/Instrucment/Rubric/Method/Tool Description. Assessment authors activate and upload the assessment tool and input the Type, Description, the Criterion written in %, and the Activity Schedule. Once the entries have been Saved, the system will activate the next option for authors to input.

12

Authors must link their SLO/AUO to institutional level goals and ACCJC/WASC Accreditation Standards in the system field Related Items. At least one mapping to each category of institutional goals and Accreditation Standards must be identified.

Student Learning Outcome- Navigate HER and PM Software
Electronic health records (HER) contain patient health information: Administrative and billing data
❑ Patient demographics
❑ Progress notes
❑ Vital signs
❑ Medical histories
❑ Diagnoses
❑ Medications
❑ Immunization records

| Task	3	2	1	0
Search data base for established patient. Pt: DOB:	Student was able to search data base - no prompting	Student was able to search data base but needed prompting	Student was only able to verbalize searching the data base	Student was not successful in searching data base
Student to locate demographics and update information New phone number:	Student was able to locate patient demographic page and make changes	Student was able to locate patient demographic but needed prompting	Student was only able to verbalize changing information on demographic page	Student was not successful in changing information on demographic page
Student to locate medication history and allergy alert	Student was able to locate medication history and allergies – no prompting	Student was able to locate medication history and allergies but needed prompting	Student was only able to verbalize locating medication history and allergies	Student was not successful in locating medication history and allergies
Student to locate and print immunization record of patient	Student was able to locate and print immunization record- no prompting	Student was able to locate and print immunization record but needed prompting	Student was only able to verbalize locating and printing immunization record	Student was not successful in locating and printing immunization record

Sample Assessment Rubric
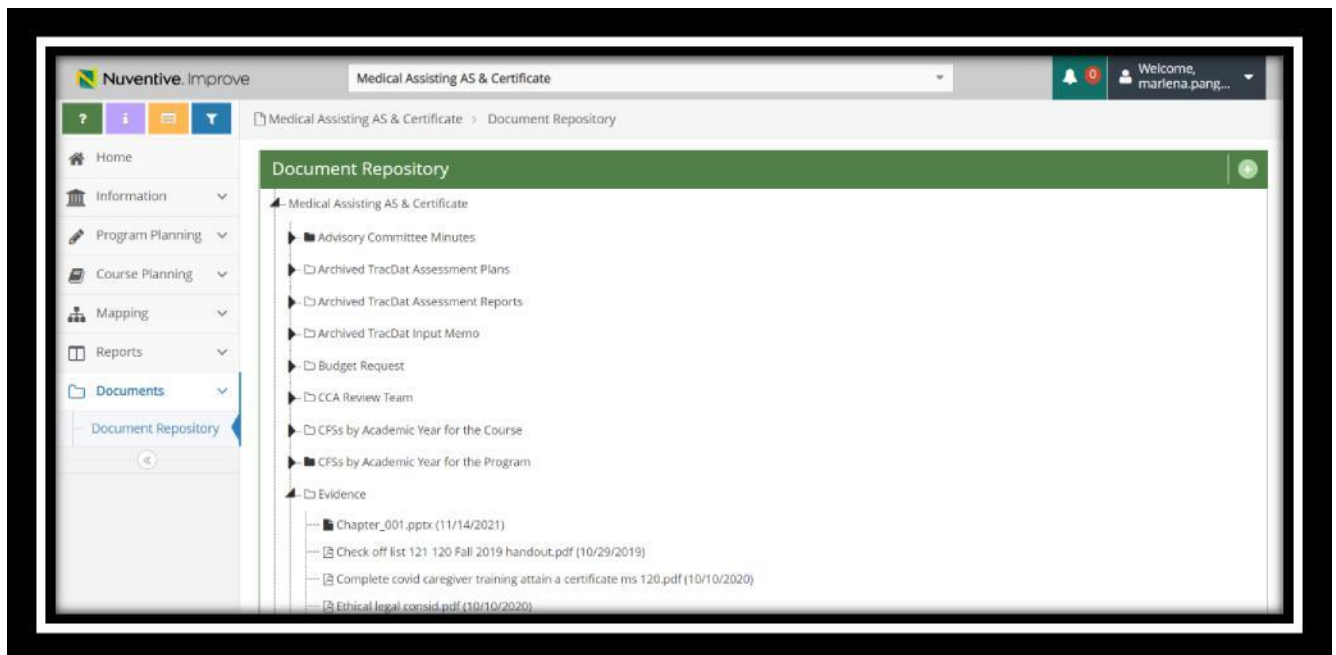
Assessment instruments, tools, or artifacts are uploaded into the Nuventive Improve assessment management system menu Documents and Document Repository. Various institutional folders have already been generated by past assessment authors and the Office of Assessment, Institutional Effectiveness and Research (AIER).
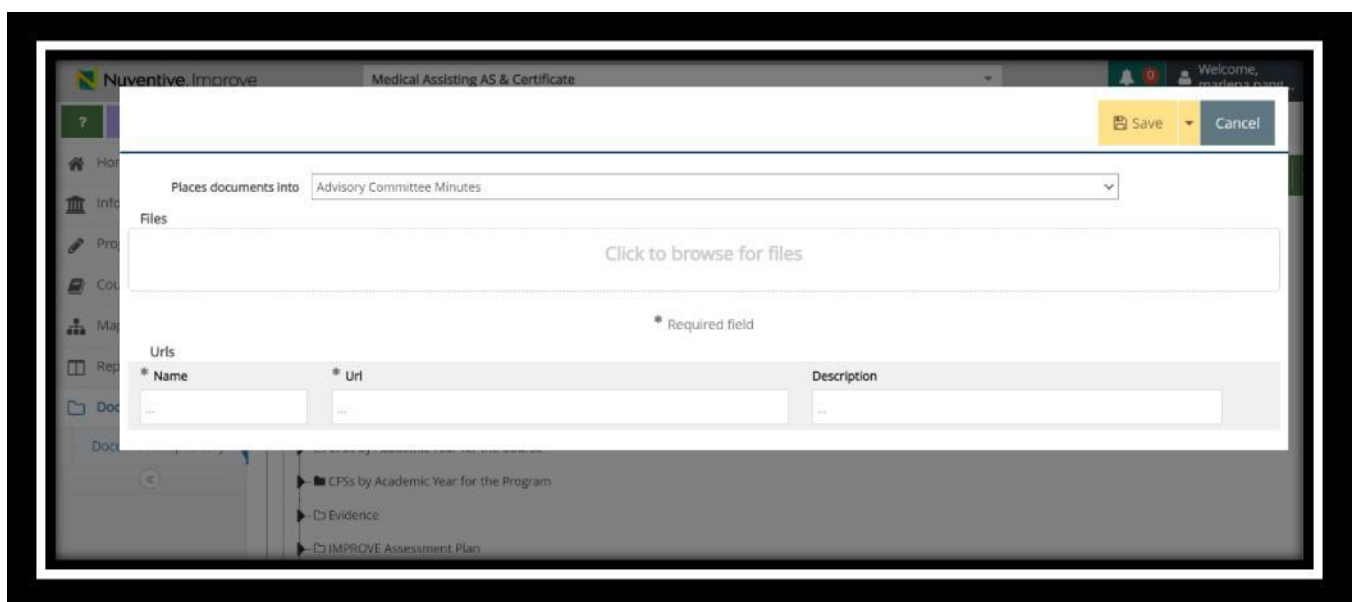
Assessment authors have the ability to organize all assessment documents and files into an organized and systematic set of folders on the system.
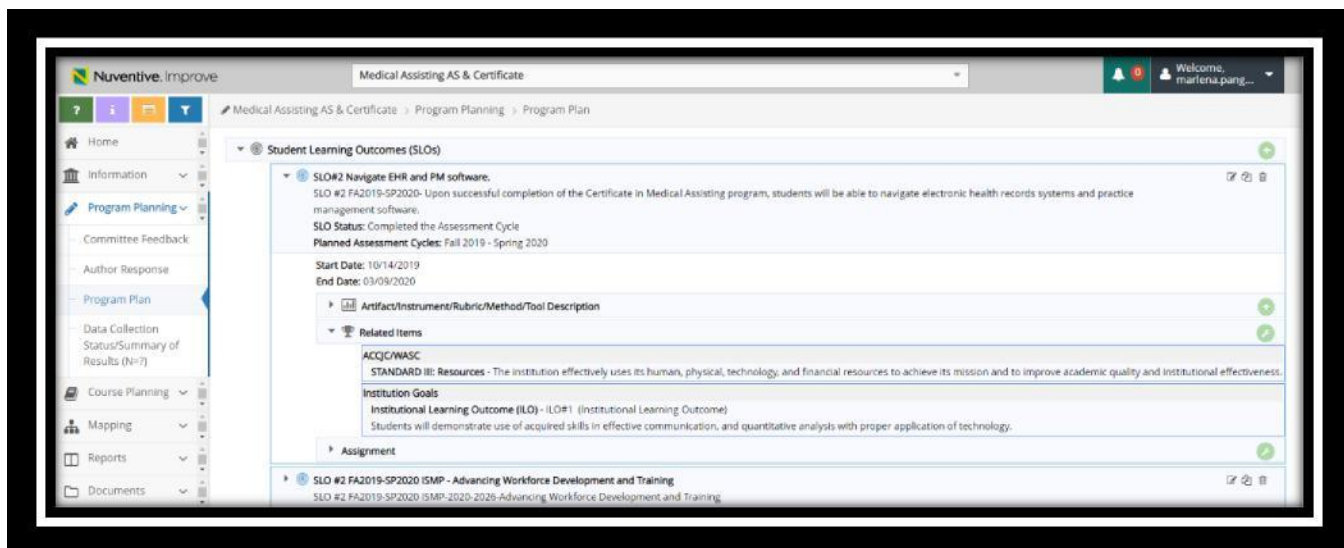
For the mapping and linking requirement, assessment authors access the Related Items option within the SLO/AUO assessment plan.
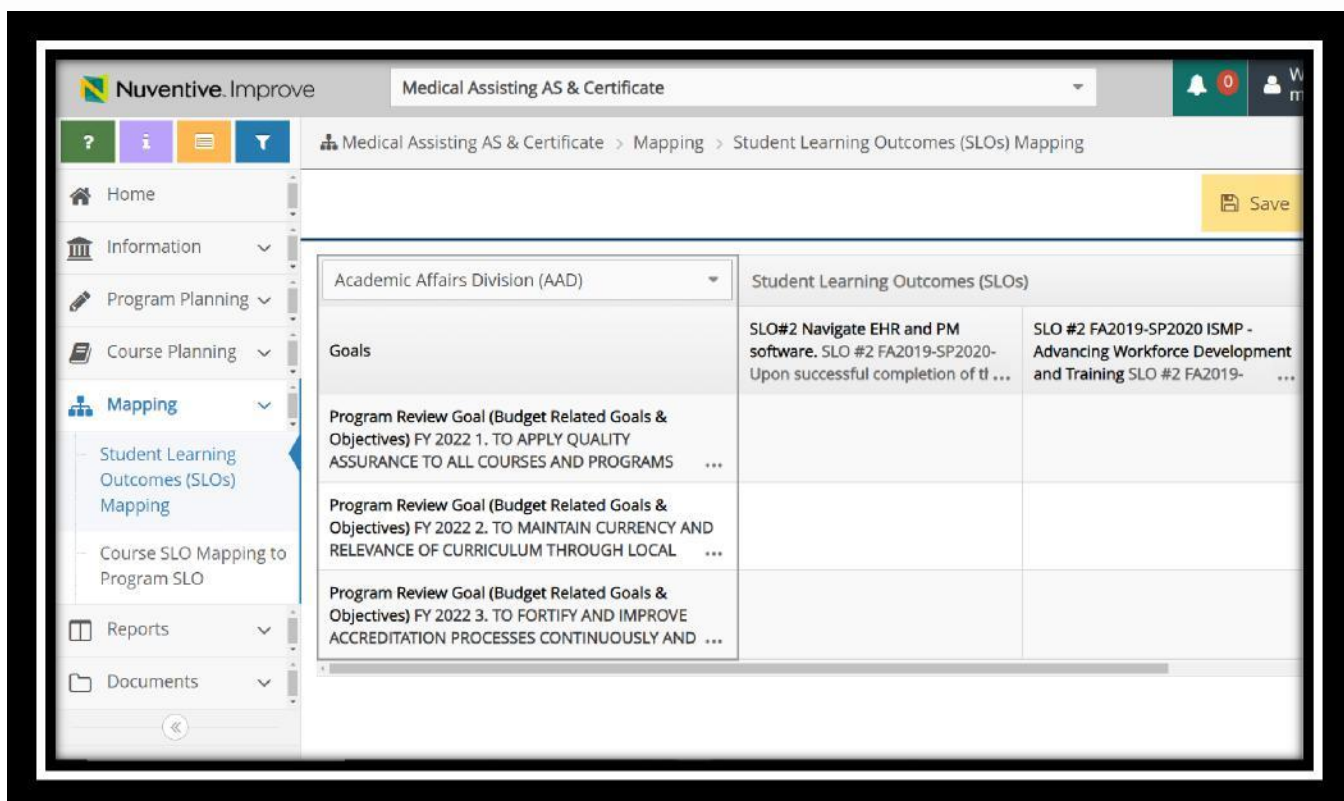
At least one link to the Academic Affairs Division Program Review Goal (Budget Related Goals and Objectives) must be mapped to the SLO for academic assessment units. For non-academic administrative assessment units, at least one line to the Finance and Administration Division Program Review Goal (Budget Related Goals and Objectives) or to the President's Office Program Review Goal (Budget Related Goals and Objectives) must be mapped to the Administrative Unit Outcome (AUO).

Nuventive.Improve — Medical Assisting AS & Certificate

Medical Assisting AS & Certificate > Mapping > Student Learning Outcomes (SLOs) Mapping

14 Home
a Information
dP Program Planning
g Course Planning
    Mapping
    Student Learning Outcomes (SLOs) Mapping
    Course SLO Mapping to Program SLO
CO Reports
1Th Documents
    0

ACCJC/WASC

Goals

STANDARD I: Mission, Academic Quality and Institutional Effectiveness, and Integrity The institution demonstrates strong commitment to a ...

STANDARD II: Student Learning Programs and Support Services The institution offers instructional programs, library and learning support services, ar

STANDARD III: Resources The institution effectively uses its human, physical, technology, and financial resources to achieve its mission and to improve ...

STANDARD IV: Leadership and Governance The institution recognizes and uses the contributions of
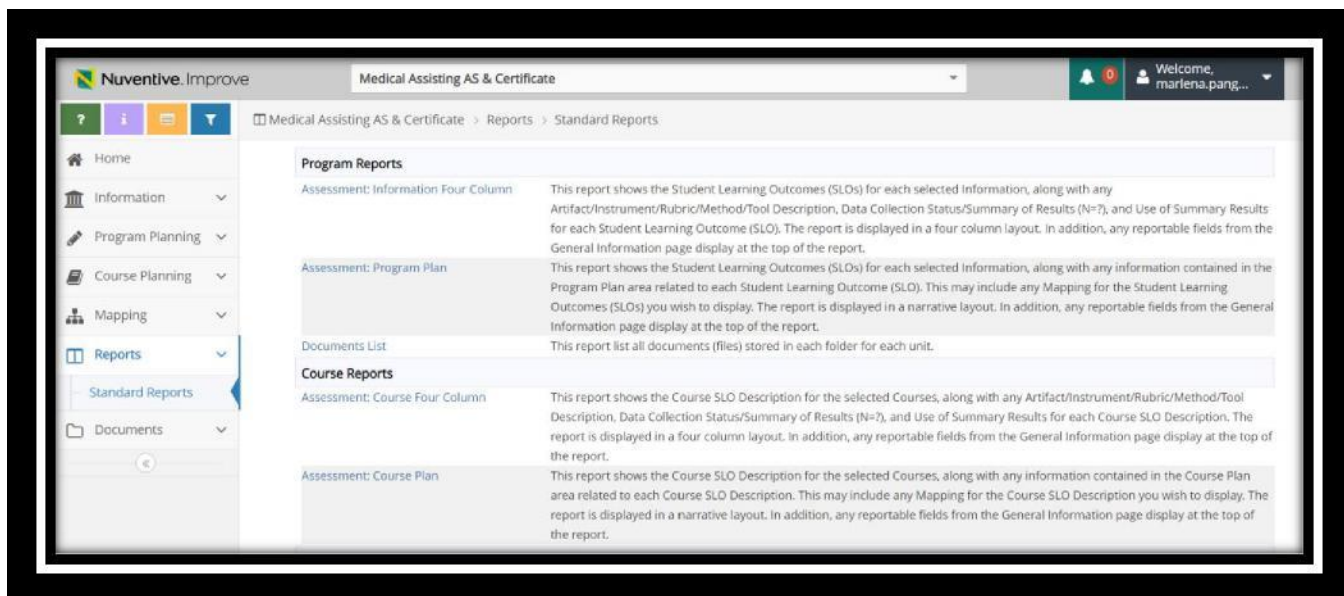
Student Learning Outcomes (SLOs)

SLO#2 Navigate EHR and PM software. SLO #2 FA2019-SP2020- Upon successful completion of tl ...

SLO #2 FA2019-5P202015MP - Advancing Workforce Development and Training SLO #2

At least one link to the ACCJC/WASC Accreditation Standards must be mapped to the SLO for academic assessment units and student service units or to the AUO for non-academic assessment units.

Nuventive. Improve — Medical Assisting AS & Certificate

na   ak Medical Assisting AS & Certificate > Mapping > Student Learning Outcomes (SLOs) Mapping

Home
S Information
9 Program Planning v
g Course Planning
Ai, Mapping
    Student Learning Outcomes (SLOs) Mapping
    Course SLO Mapping to Program SLO
0] Reports
    Documents

Board of Trustees (BOT)

Goals

Program Review Goal (Budget Related Goals & Objectives) FY 2022 1. TO PERIODICALLY EVALUATE AND AMEND BOARD POLICIES AND UPDATE BY-LAS...

Program Review Goal (Budget Related Goals & Objectives) FY2022 2. TO SET AN EXAMPLE BY ENGAGING ALL STAKEHOLDERS IN THE COLLEGE'S ...

Program Review Goal (Budget Related Goals & Objectives) FY2022 3. TO ASSESS THE EFFECTIVENESS OF THE PARTICIPATORY GOVERNANCE STRUCTURE ...

Student Learning Outcomes (SLOs)

SLO#2 Navigate EHR and PM software. SLO #2 FA2019-5P2020- Upon successful completion of tl ...

SLO #2 FA2019-5P2020 15MP - Advancing Workforce Development and Training SLO #2 FA2019-

✓

At least one link to the Board of Trustees Program Review Goal (Budget Related Goals and Objectives) must be mapped to the SLO for academic assessment units and student service units, and to the AUO for non-academic assessment units.

At least one link to the Institutional Learning Outcomes must be mapped to the SLO for academic assessment units, student service units, and to the AUO for non-academic assessment units.

At least one link to the Schools' or to the Program's Program Review Goal (Budget Related Goals and Objectives) must be mapped to the SLO for academic assessment units and student service units, and to the AUO for non-academic assessment units.

The Nuventive Improve assessment management system provides reporting options for assessment authors or institutional planners and decision makers to use in extracting assessment data for both SLO and AUO assessments. The system serves as the institution's central repository of assessment data and work over time.

Additionally, feedback from the Committee on College Assessment (CCA) and Assessment Authors is recorded in the system and can be integrated with the actual assessment plans and reports for historical archival and for future reference.

Assessment: Program Plan

Medical Assisting AS & Certificate

Student Learning Outcome (SLO): SLO#2 Navigate EHR and PM software.

SLO R2 FA2019-5P2020- upon successful completion of the Certificate in medical Assisting program, students will be able to navigate electronic health records systems and practice management software.

540 Status: Completed the Assessment Cycle
Planned Assessment Cycle: Fall 2019 - Spring 2020
Start Oate: 10/14/2019
End Date: 03/09/2020
Program Level SLO Industry National Certification: Yes
Type of industry National Certification: American Medical Technologists (AMT), Registered Medical Assistant(RMA) certification.

Hᶦstorical Assessment Perspective: The Medical Assistant program curriculum has been updated to meet Accrediting Bureau of Health Education Schools (ASHES) accreditation guidelines.

Artifact/Instrument/Rubric/Method/Tool Description

Rubric - The student will perform the task of navigating the EHR and Pm with a competency of 80% to pass. The highest possible score is a 12 poins. (Active)

Criterion (Written in %): Students performing the task of navigation through the EHR and Pm software will have an overall score of 80% or higher to pass, with 100 being the highest achievable score.
Activity Schedule: The rubric will be used during the spring semester after navigation of EHR training. The lead instructor for MS 141 is responsible for data collection of this tool.
Related Documents:
student tea mi neOut come pd(

Related Items

ACCJC/WASC

STANDARD **III: Resources-**The intifution effectively uses its human, physical, tedinology, and financial resources to achieve its mission and to improve academic quality and institutional effectiveness.

institution Goals

Institutional Learning Outcome (ILO) - lion (institutional Learning Outcome)
Students will demonstrate use of acquired skills in effective communication, and quantitative analysis with proper application of technology.

Sample Report: Program Assessment Plan

The assessment should be completed within the same semester. For example, if the plan states that students will complete a specific project, the project should be collected no later than the end of the semester. The assessment author should collect the projects and potentially apply the identified rubric against the project and summarize the overall project results compared to the assessment criterion entered in the assessment plan.

Assessment Report and Implementation: During the second semester of the assessment cycle, the assessment results are entered into the Nuventive Improve assessment management system, including the upload of two samples of student work, preferably one excellent sample and one sample that reflects improvements needed. All information entered or uploaded into the Nuventive Improve assessment management system must by anonymized with no names or personally identifiable information. Assessments are not about the persons assessed or assessing. Assessment is about measuring the student learning outcomes and administrative unit outcomes the College has set forth for students to achieve during their educational journey with GCC and identifying areas for improvements.

Assessment results are entered into the Nuventive Improve assessment management system under the menu option Data Collection Status/Summary of Results (N=?). N=? should be the total number of the population in which the assessment method was administered. The CCA also requires that a percentage (%) of the total be provided to represent the number who achieved the criterion identified in the assessment plan.

Assessment authors also indicate in the Conclusion field if the criterion was met or not. Additionally, the resource allocation piece of the assessment process is captured in the Growth Budget Implications/Effect and Growth Budget Justification fields in the Nuventive Improve assessment management system. Authors can provide a budget amount needed in addition to the already provided baseline budgets that would assist the department or program in helping students to achieve the SLOs successfully. For example, if an identified software upgrade or system upgrade would contribute to the achievement of the SLOs, the amount would be identified and an explanation or justification for the increased budget amount would be provided. The College could then utilize the data in the assessment system to identify assessment units requesting for additional funding or those identifying the need for software or hardware.

Use of Summary Result: Overall, how did the data inform your teaching practice? For example, what went well or not and what will you do differently next time? Discuss the assessment tool's effectiveness in providing evidence whether students achieved the SLO/AUO.

Implementation Status: Based on the results of the assessment, what will be done to make improvements? Discuss how the results will be used to improve student learning and what changes will be made to improve student attainment of the SLO. To the extent possible, in the following semesters, implement changes to teaching, curriculum, course delivery, etc. utilizing the plan for improvement. Discuss the timing of implementation.

Closing the Loop: Using the results of assessment to improve whatever it was that was being assessed. Departments and authors discuss the results and use them to celebrate and build on its strengths but more importantly, a discussion of the weaknesses found and a plan of action for implementing improvements. Thereafter, the assessment cycle starts again and the process of continuous improvement is carried forth systematically, hence the adoption of an institutional assessment and curriculum cycle schedule.
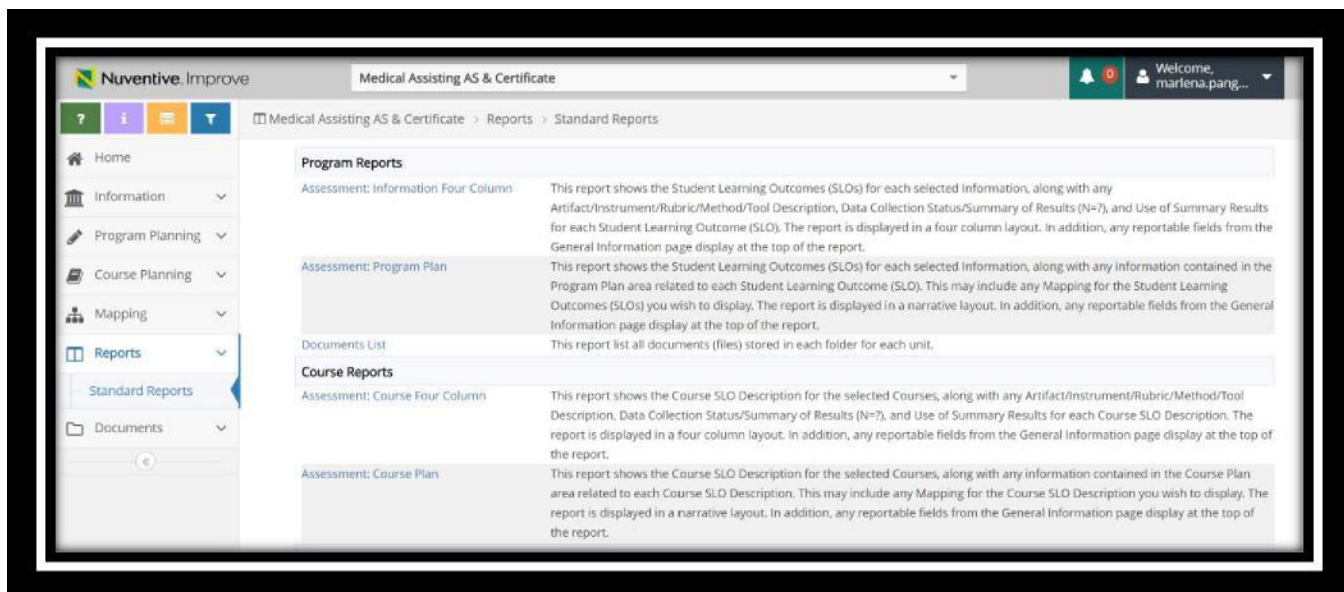
The Nuventive Improve assessment management system provides reporting options for assessment authors or institutional planners and decision makers to use in extracting assessment data for both SLO and AUO assessments. The system serves as the institution's central repository of assessment data and work over time.

Additionally, feedback from the Committee on College Assessment (CCA) and Assessment Authors is recorded in the system and can be integrated with the actual assessment plans and reports for historical archival and for future reference.

Assessment: Program Plan

Medical Assisting AS & Certificate

Committee Feedback

Fall 2020 - Spring 2021 Course Feedback

Assessment Plan and Data Collection Feedback

Committee Meeting Date to Review Assessment Plan and Data Collection: 04/21/2021

Assessment Plan and Data Collection Rating: Resubmit

Committee Recommendations for Assessment Plan and Data Collection: For all courses not approved:

The Historical Assessment Perspective should: Address how the new plan refiects/incorporates information from the GCC Fact Book, ISMP, Self Study Report, ACM Standards and/or 'use and implementation of results from the previous cyde."
Assessments not assigned.
Reminder: you must address the SW.

M5101 - introduction to Medical Assisting - Approve
M5120- arnica! Medical Assisting: Theory- Approve
M5121 - arnica! Medical Assisting II - Approve

M5125 - anical Medical Assisting: Clinical-Resubmit **for plan**
Please follow CCA memo for Course SLO Description: (Student Learning Outcome (SW) Name, Block)
Please follow CCA memo for Course SLO Description: (Student Learning Outcome (SW) Block)
Under Artifaa/Mstrument/Rubric/Method/Tool Description-Please clarify the Lab/Skills Test and correct verbiage/grammar.
Under Criterion (Written in %): Please fix verbiage/grammar. Now does this determine if a student is able to correctly perform a blood pressure reading? if the student misses iterna6 and 7, they will as per criterion meet the 10 out of 12 (PO%) requirement. but that would also mean the student did not successfully read the blood pressure (this needs to be clarified).
Related Documents: Blood **Pressure SkilsTwetve steps for performing a manual blood pressure. No active link.**
Activity Schedule: should be Fall 2020
Related Items: none/ please select appropriate related items.

M5140 - Administrative Medical Assisting: Theory Resubmit for plan
Please follow CCA memo for Course SLO Description: (Student Learning Outcome (SW) Name, Block)
Please follow CCA memo for Course SLO Description: (Student Learning Outcome (510) Block)
Under Artifact/instrument/Rubric/Method/Tool Description:
Criterion written in %): How will you measure 95% accuracy, looking at the related documents it is difficult to deternone. Hoy, **many students will achieve 95% accuracy?**
Activity Schedule: should be Fall 2020
Under related Documents; Business letter professional correspondence related to medical field, no document uploaded.
The professional business letter.pdf uploaded is not a letter. The documents date is 2017 is this current?
Related items: none/ please select appropriate related items.

M5141 - Administrative Medical Assisting: Laboratory Resubmit for plan
Please follow CCA memo for Course SLO Description: (Student Learning Outcome (SW) Name, Block)
Please follow CCA memo for Course SLO Description: (Student Learning Outcome (SLO) Block)
under Artifact/instrument/Rubric/Method/Tool Description: what is meant by competency related scheduling in the clinical setting? Please clarity tool description. How does the tool relate to SLO?
Criterion (written in %): How many students will pass with 95% or higher, and how do they pass the competency? The criterion

Sample Report with Committee Feedback

Assessment' Information Four Column

Medical Assisting AS & Certificate

Student Learning Outcomes (SLOB)	Artifact/Instrument/Rubric /Method/Tool Description	Data Collection Status/Summary of Results (N=?)	Use of Summary Results
SLOff 2 Navigate EHR and PM software. - Si.0 ;2 Ea2019-5P2020. upon successful completion of the a Certificate in Medical Assisting program, students will be able to navigate electronic health records systems and practice management success. software• SLO Status: Completed the Assessment Cycle Olamed Assessment Cycle: fall 2019 - Spring 2020 Start Date: 10/14/2019 End Date: 03/0/2020 Program Level SLO industry National Certification: yes Type of industry national	Rubric - The student will perform the task of navigating the EHR and PM with a competency of 80% to pass. The highest possible score is a 12 pouts. Criterion (Written in %): Students performing the task of navigation through the EHR and PM software will have an overall gore of 80% or higher to pass, with 100 being the highest achievable ewe, Activity Schedule: the rubric will be used during the spring semester after navigation of EHR training. The lead instructor for MS 141 is responsible for data collection of this tool.	Reporting Period: fall 2020- Spring 2021 Conclusion: Cr tenon Met ri:22, 22 of 22 (100%) of students were able to pass with score of 80% or higher. (09/12/2021) Growth Budget implications/effect: Over $500 Growth Budget RIStifiCatiOn: The use of computers, the internet, and software are essential for student Related DocumentS: _____ctruipracamplei	Use of Summary Result: The students will be able to use the computer and software multiple times during dass to improve proficiency. (09/2/2021) . impiementation status: Continue to allow students lab time to improve their confidence in navigating the software system. 09/12/2021)

medical Assistant(RMA) certification.
Plistocial ᴬᶜᶜʳᵃ assent **Perspective:**
The medcal Assistant program curriculum has been qudated to meet Acaedting Bureau of health Education Schools (ASHES) accreditation guidelines.

| SLO V2 FA2019-SP2020 ISM V - **Advancing workforce** Development **and trailing-** SLO 82 FA2019-SP2020 Evaluation | Other (indicate the specific tool in *the* method field/box) • The Medical Assistant Program will prepare and | **Reporting Period:** Fall 2019- Spring 2020
Conclusion: Criterion Not Met
N=0.S, or So% of the Medical Assistant Self | use of Summary Result: The progam Ad romp lete the SER |

Sample Report: Program Assessment Report Four Column

Closing the Loop

The following are some examples of when assessment findings indicate a need to modify the assessment process here (extracted from Bakersfield College Assessment Handbook):

1. **Student Learning Outcomes**
   Re-assessing learning outcomes provides a structure for reviewing student learning outcomes. Based on findings from the student learning outcome assessment results, a program may want to retain, modify, or eliminate an outcome.

2. **Assessment tool**
   In addition to changing outcomes, there might be a need to change the type of data collected. If results obtained were not as expected, it is also important to know if better information could be collected to demonstrate student learning. This change could vary from modifying items on a multiple-choice test to creating a new rubric for reviewing essays.

3. **Data collection procedures**
   In addition to having the correct tool, it is also important to consider how data were collected in previous student learning assessments. Knowing who was included in the assessment data, and when data were collected are important to understanding if changes need to be made in data collection procedures.

4. **Changes in the academic program**
   Results from the student learning assessment may indicate that program curricula need to be reviewed and adjusted. Mapping student learning outcomes to the curriculum is the first step to understanding if changes are necessary. Changing how concepts are introduced and the timing of that introduction to students are two common findings from student learning assessments.

5. **Mapping outcomes to the curriculum**
   Results may indicate a need to understand where students are introduced to concepts defined in the learning outcomes. Mapping learning outcomes to program courses is the first step in understanding where students are introduced to the material they need to master.

6. **Examining concept reinforcement**
   Often programs will discover that students are introduced to the concept in the curriculum, but course assignments and planned experiences are not sufficient to help students master those concepts. This may lead to considering modifications in assignments, readings, or general teaching approaches to reinforce concepts with students. A program may also discover that a new course needs to be created to sufficiently address a learning outcome.

7. **Examining course sequencing**
   Sometimes faculty will discover that the course provides sufficient support for the student to master the material, but course sequencing should be adjusted so that students are introduced to concepts that build on and complement each other. The student learning assessment process can be used as an audit of the programmatic educational experience.

8. **Consider resources**
   Closing the assessment loop may require the use of additional resources. Discovering the need for additional course sections or courses may require resources beyond current budgets. In addition to fiscal resources, there are other resources such as time to consider. Modifying tests or creating new materials requires time, which is a valuable resource.

9. **Taking Action**
   Opportunities to improve the assessment process and curriculum may emerge from assessment results, but will not be realized without planning and implementation. The assessment loop is only closed if actions are taken to make modifications where necessary. Answering who, what, when, and where questions about assessment modifications are helpful to planning and implementing any changes.

Principles of Good Practice for Assessing Student Learning

Developed under the auspices of the AAHE Assessment Forum, December 1992.

1 **The assessment of student learning begins with educational values.** Assessment is not an end in itself but a vehicle for educational improvement. Its effective practice, then, begins with and enacts a vision of the kinds of learning we most value for students and strive to help them achieve. Educational values should drive not only what we choose to assess but also how we do so. Where questions about educational mission and values are skipped over, assessment threatens to be an exercise in measuring what 's easy, rather than a process of improving what we really care about.

2 **Assessment is most effective when it reflects an understanding of learning as multidimensional, integrated, and revealed in performance over time.** Learning is a complex process. It entails not only what students know but what they can do with what they know; it involves not only knowledge and abilities but values, attitudes, and habits of mind that affect both academic success and performance beyond the classroom. Assessment should reflect these understandings by employing diverse array of methods, including those that call for actual performance, using them over time so as to reveal change, growth, and increasing degrees of integration. Such an approach aims for a more complete and accurate picture of learning, and therefore firmer bases for improving our students' educational experience.

3 **Assessment works best when the programs it seeks to improve have clear, explicitly stated purposes.** Assessment is a goal-oriented process. It entails comparing educational performance with educational purposes and expectations – those derived from the institution's mission, from faculty intentions in program and course design, and from knowledge of students' own goals. Where program purposes lack specificity or agreement, assessment as a process pushes a campus toward clarity about where to aim and what standards to apply; assessment also prompts attention to where and how program goals will be taught and learned. Clear, shared, implementable goals are the cornerstone for assessment that is focused and useful.

4 **Assessment requires attention to outcomes but also and equally to the experiences that lead to those outcomes.** Information about outcomes is of high importance; where students "end up' matters greatly. But to improve outcomes, we needed to know about student experience along the way – about the curricula, teaching, and kind of student effort that lead to particular outcomes. Assessment can help us understand which students learn best under what conditions; with such knowledge comes the capacity to improve the whole of their learning.

5 **Assessment works best when it is ongoing, not episodic.** Assessment is a process whose power is cumulative. Though isolated, "one-shot" assessment can be better than none, improvement is best fostered when assessment entails a linked series of activities undertaken over time. This may mean tracking the process of individual students, or of cohorts of students; it may mean collecting the same examples of student performance or using the same instrument semester after semester. The point is to monitor progress toward intended goals in a spirit of continuous improvement. Along the way, the assessment process itself should be evaluated and refined in light of emerging insights.

6 **Assessment fosters wider improvement when representatives from across the educational community are involved.** Student learning is a campus-wide responsibility, and assessment is a way of enacting that responsibility. Thus, while assessment efforts may start small, the aim over time is to involve people from across the educational community. Faculty play an especially important role, but assessment's questions can't be fully addressed without participation by student affairs educators, librarians, administrators, and students. Assessment may also involve individuals from beyond the campus (alumni/ae, trustees, employers) whose experience can enrich the sense of appropriate aims and standards for learning. Thus understood, assessment is not a task for small groups of experts but a collaborative activity; its aim is wider, better-informed attention to student learning by all parties with a stake in its improvement.

7 **Assessment makes a difference when it begins with issues of use and illuminates questions that people really care about**. Assessment recognizes the value of information in the process of improvement. But to be useful, information must be connected to issues or questions that people really care about. This implies assessment approaches that produce evidence that relevant parties will find credible, suggestive, and applicable to decisions that need to be made. It means thinking in advance about how the information will be used, and by whom. The point of assessment is not to gather data and return "results"; it is a process that starts with the questions of decision makers, that involves them in the gathering and interpreting of data, and that informs and helps guide continuous improvement.

8 **Assessment is most likely to lead to improvement when it is part of a larger set of conditions that promote change.** Assessment alone change little. Its greatest contribution comes on campuses where the quality of teaching and learning is visibly valued and worked at. On such campuses, the push to improve educational performance is a visible and primary goal of leadership; improving the quality of undergraduate education is central to the institution's planning, budgeting, and personnel decisions. On such campuses, information about learning outcomes is seen as an integral part of decision making, and avidly sought.

9 **Through assessment, educators meet responsibilities to students and to the public**. There is a compelling public stake in education. As educators, we have responsibility to the publics that support or depend on us to provide information about the ways in which our students meet goals and expectations. But that responsibility goes beyond the reporting of such information; our deeper obligation – to ourselves, our students, and society – is to improve. Those to whom educators are accountable have a corresponding obligation to support such attempts at improvement.

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