Table 5.2. Attallah College Continuous Improvement Guiding Questions

Assessment Area	Questions Addressed
II. STUDENT ADMISSION	1. When reviewing the program's admission standards and process, do they contain sufficient, appropriate, and multiple measures of candidate qualifications (including disposition) for your program? 2. Are this past year's admitted students – high-quality candidates? 3. Do this past year's admitted students reflect the diversity of Orange County/Southern California? 4. When reviewing your program's recruiting and admission processes, what improvements are planned for this area?
III. STUDENT PROGRESS AND SUPPORT	1. How do you monitor and foster student success in the program? What criteria and protocols are you using to measure and facilitate their progress? 2. Do students perceive program requirements as being clear, transparent, and achievable? How are you measuring and monitoring this? 3. What is your program's remediation protocol? What student expectation criteria trigger remediation? Are these criteria and protocol clear and consistent to students? 4. Do the students develop the desired dispositions as they matriculate through your program? 5. When reviewing your program's student progress and support protocols, what improvements are planned for this area?
IV. STUDENT PERFORMANCE ASSESSMENT	1. Do your program learning standards sufficiently reflect the current requirements of your students' respective profession? 2. Is your program's curriculum scope, course sequence, and other educational experiences sufficiently aligned to your program learning standards? 3. Is your program's curriculum up-to-date, research- and technology-based, and appropriate for students' knowledge, skills, and dispositional (KSD) development? 4. Are your performance assessment standards clear, observable, rigorous, and sufficiently reflect program learning outcomes? 5. Please discuss the quality and/or rigor of your program's curriculum and assessment strategies.
V. CLINICAL EXPERIENCES ASSESSMENT	1. Do your clinical experiences requirements meet state standards? 2. Are your clinical experience oversight responsibilities and expectations clear and mutually agreed between program/institution and a clinical site? 3. How do you select and ensure the high-quality clinical experience coordinator and site supervisors/faculty? Does your program provide any professional development/training for them? If so, how effective is your training?

	4. How do you ensure breadth and scope of clinical experiences (e.g., working with diverse populations, using technology at the site)? 5. Are there clear and multiple measures of clinical experience assessment that sufficiently demonstrate development of students' KSDs? 6. When reviewing your program's clinical experiences, what improvements are planned for this area?
VI. GRADUATE OUTCOMES	1. Are your graduates in the profession that they were trained for in your program? Are they successful in their profession? 2. Do your graduates perform as expected in their profession after they leave the program? 3. Do your graduates utilize the KSDs that they learned while in the program? Do they find their KSDs as a valuable asset for their profession? 4. How do they evaluate their learning experiences in your program? What aspects of the program do they find particularly valuable? What aspects of the program do they find as not as valuable? 5. How do you determine the impact of your program? 6. When reviewing your program's graduates/alumni, what improvements are planned for this area?
VII. PROGRAM REVIEW	1. How do you determine the quality of your program? What do you rely on when attempting to justify the quality of your program? Who are the stakeholders involved in this process? 2. How are program improvement decisions made (i.e., decision-making process)? How are new program improvement ideas and projects measured? How do you track the quality of new program improvement ideas and projects? 3. How do you determine the quality of your resources? How do you determine the effectiveness of spent resources? 4. How do you determine the quality of your faculty and other affiliated personnel (e.g., supervisors and staff)? How do you manage or promote continuous improvement of faculty and affiliated personnel? 5. What are some of the key program protocols to monitor and improve the operation of the program? Who are involved? 6. When reviewing your program review processes, what improvements are planned for this area? As you complete this review, what are some of the most important takeaways, highlights, improvements, needs, and constraints?