

Georgia Regents University

Policy Library

Planning, Resource Alignment, and Assessment Policy

Policy Owner: Office of Institutional Effectiveness

POLICY STATEMENT

Planning, resource alignment, and assessment is part of a systematic, data-driven, and integrated approach to achieving our mission, vision, and values as a comprehensive research university and academic health center. All established units plan by defining unit goals, tactics, measures, and expected outcomes in line with the enterprise strategic plan. Unit leaders develop plans in conjunction with their members and resource managers of other units on which they depend. Senior leadership reviews the plans and provides feedback based on institutional priorities and resource availability. Unit leaders then operationalize, monitor, and assess performance of approved unit goals and tactics. Assessment results are then used to plan for the next fiscal year or appropriately defined time period.

The planning, resource alignment, and assessment cycle is driven, in part, by compliance standards from Georgia Regents University's regional accreditor – Southern Association of Colleges and Schools Commission on Colleges. The SACSCOC standards outlined below must be considered in conjunction with any additional regulatory or legal requirements Assessment Units must follow.

Core Requirement 2.5: The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that (1) incorporate a systematic review of institutional mission, goals, and outcomes; (2) result in continuing improvement in institutional quality; and (3) demonstrate the institution is effectively accomplishing its mission. (Institutional Effectiveness)

Comprehensive Standard 3.3.1: The institution identifies expected outcomes, assess the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas: (3.3.1.1) educational programs, to include student learning outcomes, (3.3.1.2) administrative support services, (3.3.1.3) academic and student support services, (3.3.1.4) research within its educational mission, if appropriate, and (3.3.1.5) community/public service within its educational mission, if appropriate. (Institutional Effectiveness)

Federal Requirement 4.1: The institution evaluates success with respect to student achievement consistent with its mission. Criteria may include: enrollment data; retention, graduation, course completion, and job placement rates; state licensing examinations; student portfolios; or other means of demonstrating achievement of goals. (Student achievement)

AFFECTED STAKEHOLDERS

Indicate all entities and persons within the Enterprise that are affected by this policy:

- Alumni Faculty Graduate Students Health Professional Students
 Staff Undergraduate Students Vendors/Contractors Visitors
 Other: Include any other stakeholders not listed above.

Office of Compliance and Enterprise Risk Management Use Only

Policy No.: 670

Policy Sponsor: VP for Office of Institutional Effectiveness

Originally Issued: Not Set

Last Revision: 09/08/2015

Last Review: 09/08/2015

DEFINITIONS

Units are defined through the GRU organizational charts.

PROCESS & PROCEDURES

All units must develop annual unit plans with defined goals, tactics, measures, and expected outcomes that align with the GRU strategic plan, the mission, vision, and values of the institution, appropriate mission plans, and other related strategic plans. These plans are then to be reviewed quarterly and through an annual assessment report to support the alignment of resources and to ensure continuous improvement and progress toward the strategic priorities in the GRU strategic plan.

Each unit must designate a point of contact responsible for the planning, resource alignment, and assessment process within that unit.

Calendars and support materials are listed on the following website [Institutional Effectiveness Website](#) and through Compliance Assist, the GRU system of record for planning and assessment [Compliance Assist Planning Module](#).

REFERENCES & SUPPORTING DOCUMENTS

[Institutional Effectiveness Website](#)
[Compliance Assist Planning Module](#)

RELATED POLICIES

APPROVED BY:

Brooks A. Keel, Ph.D.
President, Georgia Regents University and CEO, Georgia Regents Health System

Date: 09/08/2015