

Office of the Provost
Survey for Deans, Chairpersons, Administrative/Educational Support Staff

Hampton University strives to measure institutional effectiveness in a variety of ways including the Long Range Integrated Strategic Planning reviews, the five-year Program Reviews, Key Performance Indicators for Deans and Administrators, and periodic accreditation reviews by external agencies. This survey is an attempt to gather feedback regarding the extent to which these evaluative processes have influenced overall program effectiveness. You are asked to respond to each of the following questions. However, some sections of the survey may be specific to Administrators/Unit Heads, while other sections may be more applicable to Deans or Chairpersons of academic programs.

Section I: Annual Long Range Integrated Strategic Planning Review

1. To what extent have the results of the Long Range Integrated Strategic Planning review influenced the improvements in your program/unit?

| Strongly Influenced | Moderately Influenced | Neutral | Little Influence | No Influence | Not Applicable |
|---------------------|-----------------------|---------|------------------|--------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 |

2. Identify the specific changes made as a result of this review.

- | | |
|---|--|
| <input type="checkbox"/> Mission statement <input type="checkbox"/> Program/Unit Objectives <input type="checkbox"/> New/Deleted Programs <input type="checkbox"/> Curricular Revisions <input type="checkbox"/> Other (Identify) _____ | <input type="checkbox"/> Research/grant activity <input type="checkbox"/> Budget adjustments <input type="checkbox"/> Revision of policies/practices <input type="checkbox"/> Physical Plant improvements |
|---|--|

3. To what extent do you believe that improvements in your program/unit are the result of the Long Range Integrated Strategic Planning review?

| Strongly Influenced | Moderately Influenced | Neutral | Little Influence | No Influence | Not Applicable |
|---------------------|-----------------------|---------|------------------|--------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 |

4. If you responded to question #3 with a rating of “2” or above, attach evidence to support your response. Please provide a list of the items that are attached.

Section II: Program Review

1. To what extent have the results of the five-year Program Review process influenced the improvements in your program/unit?

| Strongly Influenced | Moderately Influenced | Neutral | Little Influence | No Influence | Not Applicable |
|---------------------|-----------------------|---------|------------------|--------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 |

2. Identify the specific changes made as a result of this review.

- | | |
|--|---|
| <input type="checkbox"/> Mission statement | <input type="checkbox"/> Research/grant activity |
| <input type="checkbox"/> Program/Unit Objectives | <input type="checkbox"/> Budget adjustments |
| <input type="checkbox"/> New/Deleted Programs | <input type="checkbox"/> Revision of policies/practices |
| <input type="checkbox"/> Curricular Revisions | <input type="checkbox"/> Physical Plant improvements |
| <input type="checkbox"/> Other (Identify) _____ | |

3. To what extent do you believe that improvements in your program/unit are the result of the Program Review process?

| Strongly Influenced | Moderately Influenced | Neutral | Little Influence | No Influence | Not Applicable |
|---------------------|-----------------------|---------|------------------|--------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 |

4. If you responded to question #3 with a rating of “2” or above, attach evidence to support your response. Please provide a list of the items that are attached.

Section III: Key Performance Indicators

1. To what extent have the results of your Key Performance Indicators influenced the improvements in your program/unit?

| Strongly Influenced | Moderately Influenced | Neutral | Little Influence | No Influence | Not Applicable |
|---------------------|-----------------------|---------|------------------|--------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 |

2. Identify the specific changes made as a result of this review.

- | | |
|--|---|
| <input type="checkbox"/> Mission statement | <input type="checkbox"/> Research/grant activity |
| <input type="checkbox"/> Program/Unit Objectives | <input type="checkbox"/> Budget adjustments |
| <input type="checkbox"/> New/Deleted Programs | <input type="checkbox"/> Revision of policies/practices |
| <input type="checkbox"/> Curricular Revisions | <input type="checkbox"/> Physical Plant improvements |
| <input type="checkbox"/> Other (Identify) _____ | |

3. To what extent do you believe that improvements in your program/unit are the result of your Key Performance Indicators?

| Strongly Influenced | Moderately Influenced | Neutral | Little Influence | No Influence | Not Applicable |
|---------------------|-----------------------|---------|------------------|--------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 |

4. If you responded to question #3 with a rating of “2” or above, attach evidence to support your response. Please provide a list of the items that are attached.

Section IV: Accreditation Review

1. To what extent have the results of the Accreditation Review influenced the improvements in your program/unit?

| Strongly Influenced | Moderately Influenced | Neutral | Little Influence | No Influence | Not Applicable |
|---------------------|-----------------------|---------|------------------|--------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 |

2. Identify the specific changes made as a result of this review.

- | | |
|--|---|
| <input type="checkbox"/> Mission statement | <input type="checkbox"/> Research/grant activity |
| <input type="checkbox"/> Program/Unit Objectives | <input type="checkbox"/> Budget adjustments |
| <input type="checkbox"/> New/Deleted Programs | <input type="checkbox"/> Revision of policies/practices |
| <input type="checkbox"/> Curricular Revisions | <input type="checkbox"/> Physical Plant improvements |
| <input type="checkbox"/> Other (Identify) _____ | |

3. To what extent do you believe that improvements in your program/unit are the result of the Accreditation Review?

| Strongly Influenced | Moderately Influenced | Neutral | Little Influence | No Influence | Not Applicable |
|---------------------|-----------------------|---------|------------------|--------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 |

4. If you responded to question #3 with a rating of “2” or above, attach evidence to support your response. Please provide a list of the items that are attached.

Submit Instructions

Please make sure that you have followed the instructions in this form and have filled it out thoroughly.

Once you click “Submit”, an Outlook window should appear with your completed form as an attachment. Depending on your version of Acrobat/Reader, you may be asked about allowing access to email accounts. Simply click "Yes"/"Okay". When you see the attachment in Outlook, click the “Send” button; you do not have to type in your Hampton University email address in the “From” field.