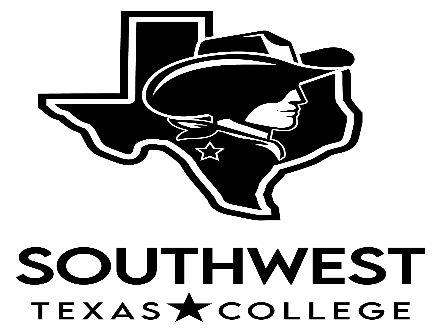
****

**Rating Scale Format**

**Service Operation Committee**

Instructions: All members of the Service Operation Committee must complete the sections based on the **Unit Report Document.**

***Section I. Please fill in the information in each section.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Unit:** |  | | | |
| **Director/Coordinator Name and Title:** |  | | | |
| **Date:** |  | | | |
| List of services: | | Responsible | Years working in SWTX | Education Level |
| 1 | |  |  |  |
| 2 | |  |  |  |
| 3 | |  |  |  |
| 4 | |  |  |  |
| 5 | |  |  |  |
| 6 | |  |  |  |

***Section II. Please mark an “X” in the column that applies and fill in the information under Observations/Recommendations.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The Unit Service:** | | |  |  |  |
| 1 SWOT Analysis  Component: | **ND** | **1** | **2** | **4** | **Observations/ Recommendations** |
| Does Not Apply | Does Not Meet | Partly Meets | Exceeds |  |
| 1.1 Identify the core strengths |  |  |  |  |  |
| 1.2 Identify the internal challenges |  |  |  |  |  |
| 1.3 Outside factors affecting its performance |  |  |  |  |  |
| 1.4 Opportunities for departmental growth |  |  |  |  |  |
| *Overall:* |  | | | | |
| 2 Strategic Plan  Component: | **ND** | **1** | **2** | **4** | **Observations/ Recommendations** |
| Does Not Apply | Does Not Meet | Partly Meets | Exceeds |  |
| 2.1 Identify the Strategic Goal that the Unit supports is aligned with the services the Unit provides |  |  |  |  |  |
| 2.2 Identify the objective supported by the Unit is consistent with the goal and the services it provides |  |  |  |  |  |
| *Overall:* |  | | | | |
|  |  |  |  |  |  |
| 3 Strategic Plan Initiative  Component: | **ND** | **1** | **2** | **4** | **Observations/ Recommendations** |
| Does Not Apply | Does Not Meet | Partly Meets | Exceeds |  |
| 3.1 Set goals and objectives based on SWOT analysis |  |  |  |  |  |
| 3.2 Solve problems and take proactive measures to prevent them |  |  |  |  |  |
| 3.3 Proposed solution has an academic year timeframe or is feasible |  |  |  |  |  |
| 3.4 Identifies responsible parties |  |  |  |  |  |
| 3.5 Showed progress or met the goal (target) |  |  |  |  |  |
| *Overall:* |  | | | | |
| 4. Analysis  Component: | **ND** | **1** | **2** | **4** | **Observations/ Recommendations** |
| Does Not Apply | Does Not Meet | Partly Meets | Exceeds |  |
| 4.1 Identify the reason (s) why the objective was met or did not met |  |  |  |  |  |
| 4.2 Propose a following action plan to remediate the failure actions |  |  |  |  |  |
| 4.3 Described how the results of this intervention impacted the Unit’s services and the College |  |  |  |  |  |
| 4.4 Identify needs and interests in revising and improving programs and services |  |  |  |  |  |
| *Overall:* |  | | | | |

***Section III According to the information in Section II, mark an “X” in the column that applies***

|  |  |  |
| --- | --- | --- |
| **Areas** | **Compliance** | **Non-compliance** |
| 1 SWOT Analysis |  |  |
| 2 Strategic Plan |  |  |
| 3 Strategic Plan Initiative |  |  |
| 4 Analysis |  |  |
| **Write the number that applies in each case** | | |
| Number or areas in compliance |  | |
| Number or areas in not compliance |  | |

**Final Overall Unit Status**

**Unit Status:**

**Yes,** exceeds (4) or Meets (3) units will have their evaluation in the next 3 years.

**No,** partly meets (2) Does Not Meet (1)

***According to the information in Section III, mark an “X” section that applies.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **ND** | **1** | **2** | **3** | **4** |
| **Final Overall Score:** | Does Not Apply | Does Not Meet | Partly Meets | Meets | Exceeds |
|  |  |  |  |  |  |

**Final Recommendations and results:**

1. Unit **Report** **Document,** outlining areas of compliance and non-compliance, and categorizing the unit's status as Exemplary (Exceeds), Positive (Meets), or Conditional (Partly meets and Does Not Meet), based on the established rating scale.

* **Yes**, Exemplary (4) or Positive (3) units will have their evaluation in the next 3 years.
* **No,** Conditional Partly meets (2) and Does Not Meet (1) units must complete a Self-Assessment an provide more documentation before the next self-assessment.