

# **Executive Summary and Action Plan**

Council for the Advancement Standards in Higher Education (CAS) Accessibility Center (AC) at Community College of Denver September 2, 2015 through December 15, 2015 Report Development December 15, 2015 through February 18, 2016

## **The Self-Assessment Process**

During the week of September 1-4, 2015 committee members were recruited. The desire for committee member selection was to include department staff and faculty from across the college, and in various hierarchical positions. The first meeting of the committee discussed what CAS is, shared expectations, established how we could proceed most effectively, and set a timeline. Conference rooms were reserved for future meetings.

Committee members were provided copies of *The Case for CAS* and *12 parts of CAS* as they relate to the Disability Resource Services (DRS) section (*CAS Professional Standards for Higher Education*, Ninth Edition, 2015). Additionally, committee members were able to use criteria rating sheets from CAS 2013 that had been cross-checked for compatibility with 2015 standards. Marvena Baker-Shriver shared that she would be providing information and answering questions, but would abstain from providing recommended ratings in order to avoid any real or perceived conflict of interest. In addition to committee members meeting as a team regularly, Marvena Baker-Shriver also met one-on-one with individual committee members. Committee members were and regularly observe operations of the department which several did.

Accessibility Center staff members were provided electronic copies of two to three parts weekly via email. Staff members were asked to provide both ratings and evidence of "meeting" or "exceeding" in categories in order to share with committee members. Staff expressed that their anonymity was important for participation. One staff member contributed in each part, two staff contributed to more than half of the parts and three staff did not participate.

An AC CAS folder was created on the G: to provide committee members with electronic access to materials, tools, and a location for which to place review responses. Committee member responses were summarized by criteria item with the total then being divided by the number of inputs in order to give each sub-category a rating. The Sub-category ratings were totaled then divided by the number of sub-categories in order to assign an overall rating for each of the 12 CAS parts.

| Facilitator:       | Marvena Baker-Shriver, Operations Manager, Accessibility Center   |
|--------------------|---|
| Committee Members: | Dr. Chris Budden, Dean, Center for Career and Technical Education (Stepped down<br>October 5 <sup>th</sup> due to time constraints)<br>Edwin (Michael) Burrows, Faculty, Visual Arts<br>Brenda Garrison, Faculty, Advanced Academic Achievement<br>Gabe Godoy, Financial Aid<br>Crystal Hernandez, KEYS Scholarship |
|                    |   |

Committee Member Recruitment: September 1-4, 2015

| Committee Meetings: | September 9, 2015  |
|---------------------|--|
| -                   | September 16, 2015   |
|                     | September 22, 2015 (1:1 meeting)                                       |
|                     | September 23, 2015   |
|                     | October 7, 2015  |
|                     | October 21, 2015 (Cancelled due to multiple member schedule conflicts) |
|                     | October 22, 2015 (1:1 meeting)   |
|                     | October 27, 2015 (1:1 meeting)   |
|                     | October 28, 2015 (2:1 meeting)   |
|                     | November 2, 2015 (1:1 meeting)   |
|                     | November 4, 2015   |
|                     | November 5, 2015 (1:1 meeting)   |
|                     | November 11, 2015  |
|                     | November 17, 2015 (1:1 meeting)  |
|                     | November 18, 2015  |
|                     |  |

# **Component Area Overview:**

### Part 1: Mission

The mission of the Accessibility Center is available on CCD's website, in publications, and internally. The committee identified that the Accessibility Center's mission does embrace student learning and development through the provision of accommodations and services. Assisting students to become independent and self-advocate are additional outcomes gained through AC services.

Committee members also determined that the Accessibility Center's mission is in alignment with the college's mission. Members reported that the AC mission statement "elaborates on the "supportive" piece referred in the CCD mission statement by including the help, develop, and arrange services and accommodations statements" (Godoy, 2015, para. C). One area for future consideration is the use of the word "graduate" within the mission. It is noted that not all students with disabilities desire or are pursuing graduation and further than not all students with disabilities choose to engage with the Accessibility Center.

### Part 2: Program

The Accessibility Center collaborates with colleagues to achieve their mission in promoting student learning. Three positives identified by the committee include:

- Members of the Accessibility Center team are available to consult with students, faculty, and staff as needed.
- Members of the Accessibility Center team actively foster the development of a campus culture that values disability as a core component of diversity.
- Members of the Accessibility Center are advocates for disabled students to have access to the same level of service from campus offices as is available to non-disabled students.

Two areas for future consideration are in the provision of promoting student learning and development outcomes, and providing evidence of impact.

### Part 3: Organization and Leadership

The Accessibility Center is intricately involved with providing the college with *best practice* and *current issue* information related to disability concerns, particularly within higher education. Accessibility Center staff members focus on the achievement of inclusive education and removal of barriers for students with disabilities through Universal Design and the provision of student accommodations. Positives identified by the committee include:

- Members of the Accessibility Center staff keep informed of best practices, changes in the
  understanding of disabilities and changes in laws and regulations that pertain to disability in higher
  education. This is primarily accomplished through participation on a national online listserv, and
  membership with the Colorado/Wyoming Consortium. The Consortium is an entity comprised of
  disability office staff from two and four-year higher education institutions across Colorado and
  Wyoming. The department Director has access to information through the Association on Higher
  Education And Disability (AHEAD) with the Institutional membership provided by the college.
- The Accessibility Center shares emerging information with the college in a timely way.

Areas identified for future consideration include:

- Documentation of goals, procedures, functional work flows as well as short- and long-term goals.
- Intentionally include diverse perspectives to inform decision making beyond anecdotal understanding.

- Providing supervision that encourages and supports professional development, delegates activities, and provides individual and team recognition.
- Collection and dissemination of data to be used to inform key decision-makers in transparent and accessible ways.

#### Part 4: Human Resources

While the Accessibility Center received an overall acceptable rating in this area, the Committee rated this section lower overall.

The department follows human resource procedures as established by the college.

Training of the support staff in the department mission, and qualifications of sign language and oral interpreters, both exceeded standards. Department work with support staff, including interns and student employees was also favorably highlighted.

Committee members responded that the department is not adequately staffed to accomplish its mission and goals. Members additionally note that life initiatives mentioned within the standards, such as "compressed work schedules, flextime, job sharing, remote work or telework" are not human resource considerations uniformly available to the department.

#### Part 5: Ethics

The Accessibility Center is recognized as applying ethical standards throughout the department. New department support staff members receive the college's ethical statement as part of the new hire paperwork process. Salaried staff members receive this information through attendance at new hire orientation. The department does not have a separate ethics statement.

Sign language and oral interpreters have an ethical standard within their profession.

It is noted that two Accessibility Center staff members are adjunct faculty members within the college. The committee felt an importance to include a review of the ethics policy at least once annually in the action plan and to particularly stress the necessity of keeping tasks, functions and resources of both the faculty and AC roles distinctly separate.

The committee highlighted the quality of the management of institutional funds, the communication to users of services of ethical obligations and limitations emanating from codes and laws (such as copyright laws), and the department's effectiveness with addressing issues surrounding scholarly integrity.

#### Part 6: Law, Policy and Governance

The Accessibility Center staff members are aware of and "in compliance with laws, regulations, and policies that relate to their respective responsibilities that pose legal obligations, limitations, risks, and liabilities for the institution as a whole" (CAS, Part 6, para. 1).

Updated information on laws, regulations, policies and recent lawsuits that may have implications within CCD is collected through professionals working within disability offices from other colleges through a variety of formats. Access to legal advice is available through the Colorado Community College System.

Policies related to confidentiality, responding to emergencies, copyrighted materials, and HR matters such as discrimination and harassment are known and adhered to by center staff. Regulations related to service

animals is one area that AC staff handles well. By example, knowing the allowable questions and knowing that service animals must still comply with municipal leash laws.

#### Part 7: Diversity, Equity and Access

Accessibility Center staff actively foster disability as a positive and integral part of the institution's diversity.

Committee members acknowledge that the program ensures non-discriminatory, fair, and equitable treatment "by hiring the right people for the department that have a passion for what they do and who they serve". Committee members also acknowledge the priority of diversity hiring for student employees, particularly stationed at the AC front desk.

#### Part 8: Institutional and External Relations

Accessibility Center staff members are aware of community resources for persons with disabilities and make appropriate referrals. Primary community partners include the Access Center within the Metropolitan State University of Denver, the Disability Resource Center with the University of Colorado Denver, College Living Experience (CLE), Mental Health Center of Denver (MHCD), Denver Public Schools, Cherry Creek Schools, and the Division of Vocational Rehabilitation (DVR).

While it is recognized that Accessibility Center staff members also work collaboratively with institutional units that provide direct services to disabled students, this area scored just below "meets" standards as more documentation is needed.

#### **Part 9: Financial Resources**

CAS provides that an institution should look at its overall budget and not the disability center budget alone when considering financial burden for the provision of student accommodations (CAS, Part 9, para. 5). The Community College of Denver annually determines the Accessibility Center budget which includes student accommodations, and readjusts the budget when necessary to meet student accommodation needs.

CAS acknowledges that student accommodation needs and costs can increase quickly and significantly (CAS, Part 9, para. 8). Expenses can vary with student enrollment/accommodation needs which can present challenges in providing accommodations timely, especially when working with CCD procurement processes.

#### Part 10: Technology

CAS addresses technology through its use to support the achievement of disability department mission and goals, compliance with institutional policies and procedures, advocacy to ensure access, availability of assistive technology and promotion of accessible formats.

Most criteria for CAS Part 10 were met by the Accessibility Center. However, the Center fell slightly short in having a plan to address replacing and updating existing hardware and software. Short of a formal plan the Center does work with the college's IT department in regards to hardware, and reviews annually current software for upgrades and/or renewal of existing software maintenance plans.

#### Part 11: Facilities and Equipment

CAS states that disability offices "must be intentionally designed and located in suitable, accessible, and safe spaces that demonstrate universal design and support the program's mission and goals" (CAS, Part 11, para. 1). The Accessibility Center main office is located near other Student Service offices which is helpful to students. However, architecture of the space does present several physical space challenges for students.

Furnishings of the facilities do guarantee security and privacy of records, but the open design of the facilities do not fully guarantee confidentiality of "sensitive information and conversations" (CAS, Part 11, para.4).

#### Part 12: Assessment and Evaluation

This is the area that the Accessibility Center scored lowest as there are no formal assessment plans and processes in place.

Data collection has been limited due to lack of a database. Aggregate data by student and by semester for students receiving accommodations is gathered on spreadsheets and has been historically recorded since spring of 2011. Data, such as number of students receiving books and materials in audio/electronic format, as well as lending of audio equipment, is also collected by Accessibility Center staff members who perform Alternative Media functions.

Accessibility Center staff members have recently developed and begun using a form to collect data related to services provided through the Center.

| CAS Component Area                     | Judgment  | Rating |
|--|---|--------|
| Part 1: Mission                        | <ul> <li>Overall meets standards in this area.</li> <li>Evidence supports that the department's mission is consistent with the college's mission (rated 4.66)</li> <li>Department is exemplary in providing individual services and facilitating accommodations to students with disabilities (rated 5.0)</li> <li>No evidence was available to demonstrate that the department mission is regularly reviewed (rated 1.0)</li> </ul>  | 3.11   |
| Part 2: Program                        | <ul> <li>Overall meets standard in this area.</li> <li>Evidence supports that the department contains program areas related to practices, service provision, dissemination of information, advocacy and assistance to the institution involving disability-related laws and regulations (rated 3.9)</li> <li>Department supports institution-wide education, consultation and advocacy (rated 3.59)</li> <li>Evidence was limited to support student learning outcomes being in place (rated 2.58)</li> </ul> | 3.2    |
| Part 3: Organization and<br>Leadership | <ul> <li>Overall meets standard in this area</li> <li>Evidence supports that the department is involved in obtaining</li> </ul>   | 3.33   |

## Judgment of Performance:

|                         | best practice and/or current information (rated 3.66)   |      |
|-------------------------|---|------|
|                         | The Accessibility Center communicates   |      |
|                         | and advocates for programs and  |      |
|                         | services effectively and informs other  |      |
|                         | areas within the college about disability concerns (rated 3.6)  |      |
|                         | <ul> <li>In advancing the institution, there is</li> </ul>  |      |
|                         | limited evidence of effective   |      |
|                         | communication in writing, speaking  |      |
|                         | and electronic venues (rated 2.0)   |      |
|                         | • There is evidence that an emphasis on   |      |
|                         | institutional shared data being   |      |
|                         | transparent and accessible is present.  |      |
|                         | By example, the need to have new  |      |
|                         | hire orientation/training materials in  |      |
|                         | accessible formats (rated 2.3)  |      |
| Part 4: Human Resources | Overall meets standard in this area   | 3.02 |
|                         | Evidence supports that sign language  |      |
|                         | and oral interpreters have appropriate  |      |
|                         | qualifications (rated 4.0)  |      |
|                         | The Accessibility Center adequately   |      |
|                         | trains support staff in the mission of  |      |
|                         | <ul><li>the department (rated 4.0)</li><li>Staffing is inadequate to accomplish</li></ul>               |      |
|                         | mission and goals (rated 2.0)   |      |
|                         | <ul> <li>Compressed work schedules, flextime,</li> </ul>  |      |
|                         | job sharing, remote work, or telework   |      |
|                         | are not work life initiatives available   |      |
|                         | (rated 2.0)   |      |
| Part 5: Ethics          | Overall meets standard in this area   | 3.2  |
|                         | • Evidence supports that sign language  |      |
|                         | and oral interpreters have appropriate  |      |
|                         | qualifications and follow ethical   |      |
|                         | standards particular to the profession  |      |
|                         | (rated 4.0)   |      |
|                         | Quality management of institutional   |      |
|                         | funds (rated 4.0)   |      |
|                         | <ul> <li>Addresses issues surrounding scholarly<br/>integrity (rated 4.0)</li> </ul>                    |      |
|                         | <ul><li>integrity (rated 4.0)</li><li>Lower ratings in this area relate to the</li></ul>                |      |
|                         | <ul> <li>Lower ratings in this area relate to the<br/>department's lack of a separate ethics</li> </ul> |      |
|                         | statement (rated 2.75)  |      |
| Part 6: Law, Policy and | Overall <b>meets</b> standard in this area  | 3.59 |
| Governance              | Evidence supports that the  | 0.00 |
|                         | Accessibility Center staff collaborates   |      |
|                         | with the designated institutional   |      |
|                         | u u u u u u u u u u u u u u u u u u u   |      |

| Dert 7: Diversity: Equity and                   | <ul> <li>compliance official to promote non-discriminatory practices, equal opportunities, and reasonable accommodations (rated 4.16)</li> <li>An area that was rated lower relates to the need for regular review of policies to ensure that they reflect best practice, available evidence, and policy issues in higher education (rated 2.75)</li> <li>From numerous personal committee member visits to the Accessibility Center the department received both an "exemplary" acknowledgement for their treatment of students and student employees, and a "nearly meets" for Director to staff interaction (rated 2.75)</li> </ul>                    | 4.15 |
|---|---|------|
| Part 7: Diversity, Equity and<br>Access         | <ul> <li>Overall exceeds standard in this area</li> <li>Evidence supports that Accessibility<br/>Center staff creates and maintains<br/>educational work environments that<br/>are welcoming, accessible, and<br/>inclusive to persons of diverse<br/>backgrounds (rated 4.5)</li> <li>Accessibility Center staff ensures<br/>physical, program, and resource<br/>access for persons with disabilities<br/>(rated 4.25)</li> <li>All items in this category were<br/>reported to meet or exceed CAS<br/>Standards.</li> </ul>   | 4.15 |
| Part 8: Institutional and<br>External Relations | <ul> <li>Overall meets standard in this area</li> <li>Evidence supports that Accessibility<br/>Center staff promote non-<br/>cumbersome, interactive processes for<br/>students to identify as disabled and<br/>request accommodations (rated 4.0)</li> <li>One area rated just short of "meets" is<br/>maintaining a high degree of visibility<br/>within the institution (rated 2.75)</li> <li>Working collaboratively with all<br/>institutional units that may provide<br/>direct services to disabled students is<br/>another area where more evidence is<br/>needed to assess that the Center fully<br/>meets this standard (rated 2.75)</li> </ul> | 3.26 |

|                             | It is also noted that the Center uses   |      |
|-----------------------------|---|------|
|                             | institutional policy as it relates to   |      |
|                             | communication with the media,   |      |
|                             | contracting with external   |      |
|                             | 0   |      |
|                             | organizations and management of   |      |
|                             | grants. (CAS, Part 8, para. 14)   |      |
| Part 9: Financial Resources | Overall <b>meets</b> standard in this area  | 3.01 |
|                             | Evidence supports that the  |      |
|                             | Accessibility Center demonstrates   |      |
|                             | efficient and effective use and   |      |
|                             | responsible stewardship of fiscal   |      |
|                             | resources consistent with institutional   |      |
|                             | protocols (rated 3.25)  |      |
|                             | While student accommodation   |      |
|                             | expenses are met, the initial budget  |      |
|                             | does not convey the understanding   |      |
|                             | that depending on   |      |
|                             | enrollment/accommodation needs the  |      |
|                             | budget can change quickly and   |      |
|                             | significantly (rated 2.75)  |      |
| Part 10: Technology         | Overall <b>partly meets</b> standard in this area                                 | 2.85 |
|                             | <ul> <li>Evidence supports that the</li> </ul>                                    | 2.00 |
|                             | Accessibility Center has adequate   |      |
|                             | technology to support its mission and   |      |
|                             | complies with the institutional policies  |      |
|                             | and procedures and legal  |      |
|                             |   |      |
|                             | requirements (rated 3.5 and 3.25)   |      |
|                             | The Accessibility Center currently does     act have as and of student violations |      |
|                             | not have record of student violations   |      |
|                             | of technology, but would refer such   |      |
|                             | issues to student conduct (rated 2.0)   |      |
|                             | The Accessibility Center does not have  |      |
|                             | a referral support system available for   |      |
|                             | students "who experience negative   |      |
|                             | emotional or psychological  |      |
|                             | consequences from the use of  |      |
|                             | technology", but does provide   |      |
|                             | technology support and does provide   |      |
|                             | referrals to students for outside   |      |
|                             | support. (rated 2.25)   |      |
|                             | The Accessibility Center does not   |      |
|                             | currently have a written formal plan  |      |
|                             | for replacing and updating existing   |      |
|                             | hardware and software (rated 1.5)   |      |
| Part 11: Facilities and     | Overall partly meets standard in this area  | 2.43 |
| Equipment                   | <ul> <li>Evidence supports that the</li> </ul>                                    | -    |
| ••••                        | Accessibility Center main office is   |      |
|                             | Accessionity center main office is  |      |

|                         | located peak other Student Comiles   |      |
|-------------------------|--|------|
|                         | <ul> <li>located near other Student Service<br/>offices which is helpful to students.<br/>The office is also near accessible rest<br/>rooms, eater fountains, elevators and<br/>ramps (rated 3.0)</li> <li>The department has excellent space<br/>for alternative media production, but<br/>it is located in a different building than<br/>the main office which requires extra<br/>communication efforts between staff<br/>and extra effort for students to access<br/>equipment and/or books and<br/>materials. (rated 3.0)</li> <li>Evidence supports that there are<br/>multi-sensory emergency warning<br/>devices, e.g., strobe and auditory fire<br/>alarms (rated 3.25)</li> <li>Layout of the department facilities,<br/>particularly the open space in the<br/>front does not fully guarantee<br/>confidentiality of "sensitive<br/>information and conversations" (CAS,<br/>Part 11, para. 4) (rated2.0)</li> <li>It is noted that offices can be 'tight'.<br/>By example, access and turnaround<br/>space for persons in larger wheelchairs<br/>in offices is challenging, which often<br/>creates doorways that become<br/>blocked (rated 1.75)</li> <li>Adequate, accessible parking<br/>convenient to the facility is cited as an<br/>issue (rated 1.5)</li> <li>Accessibility Center staff members<br/>have access to the institution's<br/>database with restriction of use so as<br/>not to identify a student as having a<br/>disability. This database is not used for<br/>data storage and report generation as<br/>it pertains to Accessibility Center<br/>services provided to students with<br/>disabilities. (rated 2.0)</li> </ul> |      |
| Part 12: Assessment and | Overall does not meet standard in this area  | 1.87 |
| Evaluation              | <ul> <li>There are no <i>formal</i> assessment plans<br/>and processes in place</li> <li>There is no database in place in order<br/>for Accessibility Center staff members<br/>to gather student data. Limited</li> </ul>  |      |

| student data is currently gathered through use of spreadsheets and some                            |
|--|
| <ul> <li>historical data reporting exists.</li> <li>Professional development/assistance</li> </ul> |
| may be needed for Accessibility Center<br>staff to determine goals, outcomes                       |
| and appropriate measurements.  |

# **Prioritized Action Plan:**

| CA | S Component Area/Action  | Responsible Person | Due Date                       |
|----|--|--------------------|--------------------------------|
|    | rt 1: Mission  |                    |                                |
| •  | Annually review and<br>provide updates to<br>department mission.<br>Additionally, identify<br>ways to provide and<br>document college-wide<br>leadership and<br>collaboration.   | title              | June 30 of each<br>fiscal year |
| Ра | rt 2: Program  |                    |                                |
| •  | Develop process to<br>gather<br>relevant/applicable data<br>to measure individual<br>services provided and<br>program success<br>Create process to<br>document AC's<br>collaborative and<br>integrative efforts<br>Create how-to resource<br>for faculty (how-to<br>partner with AC in<br>accommodated testing |                    |                                |
| Ра | rt 3: Organization and Leade   | ership             |                                |
| •  | Annually establish<br>department short and<br>long-term goals  | •                  |                                |
| •  | Determine procedures<br>and work flow necessary<br>to reach goals  |                    |                                |
| •  | Document procedures and work flow  |                    |                                |
| ٠  | Establish process to   |                    |                                |

|          | include diverse           |  |
|----------|---------------------------|--|
|          | perspectives to inform    |  |
|          | decision making beyond    |  |
|          | anecdotal understanding   |  |
|          | (including student        |  |
|          | demographic               |  |
|          |                           |  |
|          | information)              |  |
| •        | Provide supervision that  |  |
|          | encourages and supports   |  |
|          | professional              |  |
|          | development               |  |
| •        | Provide supervision that  |  |
| •        | -                         |  |
|          | delegates activities      |  |
| •        | Provide supervision that  |  |
|          | provides individual and   |  |
|          | team recognition          |  |
| •        | Collect data (such as     |  |
| 1        | Student Learning          |  |
|          | Outcomes) to be used to   |  |
|          | inform key decisions in   |  |
|          | -                         |  |
|          | transparent and           |  |
| <u> </u> | accessible ways           |  |
| •        | Disseminate data          |  |
| 1        | gathered to be used to    |  |
|          | inform key decisions in   |  |
|          | transparent and           |  |
| 1        | accessible ways           |  |
| Par      | t 4: Human Resources      |  |
| •        | Establish data collection |  |
|          |                           |  |
|          | that could document       |  |
|          | need for additional or    |  |
|          | differently-trained staff |  |
|          | members                   |  |
| •        | Advocate for and provide  |  |
| 1        | training for all AC staff |  |
|          | members, particularly     |  |
|          | related to disability     |  |
|          |                           |  |
|          | concerns, banner usage,   |  |
|          | emergency procedures,     |  |
|          | and continuing            |  |
|          | professional              |  |
|          | development               |  |
| •        | Investigate options for   |  |
|          | work life initiatives     |  |
|          | (compressed work          |  |
| 1        |                           |  |
|          | schedule, flextime, job   |  |
| 1        | sharing, remote work, or  |  |

|     | telework)                      |              |   |
|-----|--------------------------------|--------------|---|
| Pa  | rt 5: Ethics                   |              | l |
| •   | Review Ethics policy           |              |   |
| •   | Consider crafting and          |              |   |
|     | publishing a department        |              |   |
|     | Ethics Statement               |              |   |
| Pa  | rt 6: Law, Policy and Govern   | ance         |   |
| •   | Review policies to ensure      |              |   |
|     | they reflect best              |              |   |
|     | practices, available           |              |   |
|     | evidence, and policy           |              |   |
|     | issues in higher               |              |   |
|     | education                      |              |   |
| •   | Ensure staff adherence         |              |   |
|     | to, and completion of          |              |   |
|     | annual Workplace               |              |   |
|     | Answers or applicable          |              |   |
|     | Human Resource policies        |              |   |
|     | related to "any form of        |              |   |
|     | harassment that                |              |   |
|     | demeans persons or             |              |   |
|     | creates an intimidating,       |              |   |
|     | hostile, or offensive          |              |   |
|     | environment" (CAS, Part        |              |   |
|     | 6, para. 8)                    |              |   |
| Pa  | rt 7: Diversity, Equity and A  | ccess        | L |
| •   | Continue following CAS         |              |   |
|     | Standards                      |              |   |
| Pa  | rt 8: Institutional and Exterr | al Relations | 1 |
| •   | Document visibility            |              |   |
|     | opportunities throughout       |              |   |
|     | the institution to             |              |   |
|     | substantiate efforts           |              |   |
| •   | Document collaboration         |              |   |
|     | efforts with other             |              |   |
|     | institutional units who        |              |   |
|     | provide services to            |              |   |
| Des | disabled students              |              |   |
|     | rt 9: Financial Resources      |              |   |
| •   | Continue following CAS         |              |   |
| Da  | Standards                      |              |   |
|     | rt 10: Technology              |              |   |
| •   | Annually review available      |              |   |
|     | resources for student          |              |   |
| 1   | referrals, researching         |              |   |
| 1   | resources for any areas        |              |   |
|     | representing student           |              |   |

|     | need                          |               |   |
|-----|-------------------------------|---------------|---|
| •   | From review and               | AT Specialist |   |
| -   | research (above) create       |               |   |
|     | options for students e.g.     |               |   |
|     | student guide for             |               |   |
|     | resources and their           |               |   |
|     | locations and/or training     |               |   |
| •   | Create a Technology           |               |   |
| •   | Management Plan to            |               |   |
|     | include "replacing and/or     |               |   |
|     | updating existing             |               |   |
|     | hardware and software         |               |   |
|     |                               |               |   |
|     | as well as integrating        |               |   |
|     | new technically-based or      |               |   |
|     | supported programs"           |               |   |
| 0.  | (CAS, Part 10, para.5)        |               |   |
|     | rt 11: Facilities and Equipme | ent l         |   |
| •   | Continue to advocate for      |               |   |
|     | "adequate, accessible         |               |   |
|     | and suitably located          |               |   |
|     | facilities and equipment      |               |   |
|     | to support the                |               |   |
|     | department mission and        |               |   |
|     | goals" (CAS, Part 11,         |               |   |
|     | para.1).                      |               |   |
| •   | Continue to advocate for      |               |   |
|     | database resources for        |               |   |
|     | department "record            |               |   |
|     | keeping and report            |               |   |
|     | generation" (CAS, Part        |               |   |
|     | 11, para.7)                   |               |   |
| Pai | rt 12: Assessment and Evalu   | ation         | Γ |
| •   | Develop formal                |               |   |
|     | assessment plans and          |               |   |
|     | processes. This includes      |               |   |
|     | formal CAS assessment         |               |   |
|     | every three years. (Refer     |               |   |
|     | to CAS, Part 12 for items     |               |   |
|     | to include)                   |               |   |
| •   | Advocate for data             |               |   |
|     | collection system to          |               |   |
|     | gather more integrated        |               |   |
|     | information                   |               |   |