

FORT PECK COMMUNITY COLLEGE

Institutional Effectiveness Plan

Assessment, Strategic Plan Monitoring, and Mission Fulfillment

PURPOSE

To establish a coordinated, evidence-based process for evaluating student learning, institutional performance, Strategic Plan progress, and mission fulfillment—and for using results to guide improvement, budgeting, and resource decisions.

August 2026

1. Overview

Fort Peck Community College (FPCC) uses institutional effectiveness to connect its mission, Strategic Plan, assessment processes, budgeting, and decision-making. Institutional effectiveness is not a single report or annual event. It is an ongoing cycle in which the College sets priorities, identifies measures, reviews evidence, makes decisions, implements improvements, and evaluates whether those actions produced the intended results.

The Institutional Development Department provides central coordination and technical support for this work, including strategic planning, grant development and reporting, data collection and dissemination, facilities planning, and institutional research. Academic programs, student support units, administrative departments, executive leadership, the Institutional Effectiveness Team, and the Board of Directors share responsibility for using evidence to advance FPCC's mission.

CONTINUOUS-IMPROVEMENT COMMITMENT

FPCC will document not only what the data show, but also what decisions were made, what actions were taken, who is responsible, what resources were committed, and whether the actions improved outcomes.

2. Institutional Mission and Vision

Mission

Fort Peck Community College serves the people of the Fort Peck Reservation and Northeast Montana by providing quality academic, vocational, and community-based programs. FPCC empowers the next generation of workers, leaders, and citizens while being entrusted with the preservation and promotion of Assiniboine and Sioux culture.

Vision

Fully accredited Fort Peck Community College is a safe, healthy, and welcoming leader for all to achieve academic, career, and cultural goals.

3. Purpose of the Institutional Effectiveness Plan

This plan provides a common framework for evaluating academic programs, student support services, administrative functions, Strategic Plan implementation, and mission fulfillment. It is designed to ensure that evidence is reviewed consistently and used to strengthen student learning, student success, institutional sustainability, and community impact.

- Align programs, services, budgets, and improvement initiatives with FPCC's mission and Strategic Plan.
- Define measurable outcomes, indicators, goals, and thresholds for evaluating progress.

- Use qualitative and quantitative evidence to guide decisions and resource allocation.
- Engage faculty, staff, students, leadership, and the Board in participatory planning and shared governance.
- Communicate results, decisions, and follow-up actions in accessible and consistent formats.
- Demonstrate accountability and continuous improvement to the campus community, Tribal community, partners, and accreditors.

4. Institutional Effectiveness Framework

FPCC's framework follows a recurring six-step cycle:

Cycle Step	FPCC Practice
1. Plan	Confirm mission, Strategic Plan priorities, program or service goals, intended outcomes, and responsibilities.
2. Measure	Identify mission indicators, performance measures, assessment methods, data sources, goals, and thresholds.
3. Review	Examine results on a quarterly and annual schedule, including disaggregated and peer-comparison data when appropriate.
4. Decide	Determine needed improvements, policy changes, budget priorities, resource allocations, or additional inquiry.
5. Act	Assign responsibility, establish timelines, implement actions, and document progress.
6. Evaluate and report	Determine whether actions improved outcomes and share findings with appropriate stakeholders.

5. Strategic Plan Monitoring

The 2026–2031 Strategic Plan is monitored as part of the institutional effectiveness cycle. Each goal, objective, and outcome must have a responsible leader or unit, an expected timeline, one or more measures, a data source, and a defined standard for progress. Monitoring focuses on both completion of planned activities and evidence of institutional impact.

Strategic Plan Goals

Goal	Strategic Priority
Goal One	Foster a Culture of Institutional Effectiveness and Accountability
Goal Two	Strengthen Academic Excellence and Student Success
Goal Three	Enhance Student Support Services to Foster Student Success
Goal Four	Cultural Empowerment and Community Connection

Monitoring Responsibilities and Schedule

- Divisions review assigned Strategic Plan actions during quarterly staff meetings and document progress, barriers, resource needs, and staff feedback.
- Quarterly division meetings are held on the first Wednesday of each quarter, beginning in the second quarter of 2026.
- The Institutional Effectiveness Team reviews goal-level progress quarterly and follows up on delayed, incomplete, or unsupported items.
- Executive leadership reviews Strategic Plan results during budget development to ensure that funding requests are tied to documented priorities and evidence.
- The Board of Directors receives regular progress updates and an annual summary of accomplishments, challenges, indicators, decisions, and next steps.

Each quarterly review should address: progress since the prior review; current performance data; actions completed; actions delayed; emerging risks; budget or staffing implications; staff feedback; and the next action, owner, and due date.

Strategic Enrollment Management Alignment

Strategic Enrollment Management (SEM) is an implementation component of FPCC's institutional effectiveness framework. SEM connects recruitment, enrollment, advising, academic preparation, student support, retention, and completion with the College's mission and Strategic Plan. SEM is therefore monitored through the same evidence-based planning, reporting, decision-making, and follow-up processes used for other institutional priorities.

SEM Focus Area	Strategic Alignment	Examples of Evidence
Academic advising for all degree-seeking students	Goals Two and Three	Advising participation, early-alert response and resolution, orientation and registration completion, first-year course completion, persistence
Holistic student supports	Goals Three and Four	Unique students served, service utilization and referral completion, student engagement and satisfaction, retention
Enrollment-management capacity and leadership	Goals One and Four	Applications, enrollment, yield, dual-credit participation and conversion, outreach, student feedback, data use
Academic preparation and retention	Goals One and Two	Gateway course completion, credits earned, program-review actions, retention, graduation, transfer and placement

SEM leads and responsible departments establish annual baselines and targets, document implementation activities, and submit quarterly progress updates. The Institutional Effectiveness Team reviews the results to identify progress, performance gaps, resource needs, and improvement actions. Student outcomes are disaggregated when group size and data quality permit, including by race or ethnicity, gender, age, first-generation status, Pell eligibility, program, location, and delivery method. Results inform operational planning, resource allocation, program and service improvement, and subsequent Strategic Plan priorities.

6. Mission Indicators and Mission Fulfillment

Mission indicators translate FPCC's mission into measurable evidence. They allow the College to determine whether its academic programs, community outreach, student support services, and cultural initiatives are producing the intended results. Mission indicators are reviewed alongside Strategic Plan measures because the two systems provide complementary evidence of institutional performance and mission fulfillment.

Mission Indicator Areas

- Academics, Transfer, and Workforce Preparation
- Community Outreach and Service
- Student Success Supports
- Cultural Identity

Mission Indicator Review Process

- The Data Coordinator and responsible offices confirm definitions, data sources, reporting periods, baselines, goals, and calculation methods.
- Responsible units update results after each applicable reporting period and explain missing, delayed, or incomplete data.
- The Institutional Effectiveness Team reviews indicators quarterly when new information is available and conducts a comprehensive annual review in June and July.

- Results are compared with established goals, prior-year trends, and appropriate peer data. Student-achievement data are disaggregated when useful for identifying equity gaps.
- Indicators that do not meet the established goal require a documented improvement action, responsible owner, timeline, and follow-up measure.
- Indicators that consistently exceed goals are reviewed to determine whether benchmarks should be revised or effective practices should be expanded.

MISSION FULFILLMENT DETERMINATION

The College will use the complete set of mission indicators, Strategic Plan results, student-learning evidence, and institutional context to determine mission fulfillment. No single measure should be interpreted in isolation.

7. Institutional Effectiveness Team

The Institutional Effectiveness Team coordinates College-wide review of evidence and supports shared responsibility for improvement. The team meets on the first Wednesday of each month. Six standing members constitute a quorum for voting.

Membership

- President
- Vice President for Academic Affairs
- Vice President for Institutional Development
- Vice President for Student Services
- Business Office Manager
- Registrar
- Financial Aid Director
- Faculty Senate President
- Data Coordinator
- Technology representative
- Assessment contractor/Accreditation Liaison Officer

Core Responsibilities

- Monitor Strategic Plan implementation and mission indicators.
- Review academic, student-support, administrative, and institutional assessment results.
- Identify trends, equity gaps, risks, and opportunities for improvement.
- Recommend program, policy, service, budget, or resource changes to the appropriate decision-maker.
- Track whether approved actions are completed and whether they improve outcomes.
- Prepare clear updates for executive leadership, the Board, employees, students, and accreditors.

8. Evidence Reviewed

The Institutional Effectiveness Team reviews evidence appropriate to the decision or question under consideration. Sources may include:

- Strategic Plan progress reports and action logs
- Strategic Enrollment Management measures, implementation updates, student feedback, and budget reports
- Mission indicators, benchmarks, and annual report cards
- Program and course learning-outcome results
- Academic Program Reviews and program-of-study plans
- Enrollment, retention, persistence, completion, transfer, and graduate-placement data
- Disaggregated student-achievement data and peer comparisons
- Support Services Assessment Plans and service-utilization data
- Course evaluations and student, employee, and community surveys
- Curriculum proposals and recommendations
- Budget requests, grant outcomes, facilities needs, and technology requirements

9. Annual Institutional Effectiveness Timeline

Timing	Primary Activity
Monthly	IE Team meets on the third Wednesday to review evidence, decisions, action items, Strategic Plan progress, and mission indicators as data become available.
Quarterly	Each division meets with staff on the first Wednesday of the quarter to review Strategic Plan and SEM priorities, institutional effectiveness results, key indicators, and staff feedback.
September–December	Academic and support units review curriculum, service alignment, student needs, and priorities for the coming cycle.
March	Budget requests are submitted and tied to assessment findings, Strategic Plan priorities, mission indicators, service demand, and student needs.
May	Academic outcome reports and Support Services Assessment Plan updates or annual summaries are due.
June–July	The IE Team conducts integrated review of academic, support-service, Strategic Plan, and mission-indicator results; leadership identifies priorities and resource implications.
August	Units finalize measures, improvement plans, responsibilities, and implementation readiness for the new academic year.
September	The Accreditation Liaison Officer reviews the effectiveness of assessment processes, templates, data quality, and reporting practices.
October–May	Units implement assessment plans and improvement actions, collect evidence, and enter results and action items in Watermark or the designated system.

10. Academic Assessment

Curriculum Review and Approval

Faculty and institutional stakeholders may recommend new programs, revisions, moratoria, or other curriculum changes based on student-learning evidence, enrollment and graduation trends, workforce needs, community priorities, financial considerations, and mission alignment. Proposals move through faculty review, the Curriculum Committee, the Institutional Effectiveness Team, executive leadership, and the Board of Directors as required. Each level reviews the evidence supporting the recommendation and may request additional information.

Program and Course Learning Outcomes

Each academic program maintains measurable program and course learning outcomes. Faculty assess selected outcomes each semester, enter results and analyses in Watermark Insights, identify actions for improvement, and evaluate the effect of prior actions. Summary reports inform program development, Strategic Plan monitoring, mission indicators, annual institutional reporting, and resource decisions.

Academic Program Review

Academic Program Review evaluates program quality, relevance, sustainability, student learning, and mission contribution.

The initial review process began in 2024 with limited information; however, a new cycle will start in the fall of 2026 with certificate and Associate of Applied Science programs and will continue every three years. Associate of Arts and Science Programs will begin in Fall 2027 and be completed on a four-year cycle.

Review Year	Units
2026-2029-2032	Associate of Applied Science and Certificate Programs
2027-2031-2035	Associate of Arts and Associate of Science

Reviews consider curriculum, outcomes, faculty qualifications, enrollment and student-demographic trends, retention, persistence, completion, transfer, employment, industry trends, and the program’s contribution to mission indicators and Strategic Plan goals.

11. Support Services Assessment Plan

The Support Services Assessment Plan (SSAP) is the systematic process for evaluating student-support and non-academic units. Each unit identifies service goals, intended outcomes, measures, data sources, results, improvement actions, resource needs, and follow-up evidence. Results are used to improve the student experience, align services with strategic priorities, and strengthen institutional sustainability.

- Promote continuous improvement in student and institutional support services.
- Ensure alignment with FPCC's mission, vision, Strategic Plan, and mission indicators.
- Support equitable and culturally responsive services.
- Inform planning, budgeting, staffing, technology, facilities, and resource allocation.
- Strengthen accountability, transparency, and mission fulfillment.

Four-Year Review Rotation

Review Year	Units
2026	Advising; Student Success/Retention; Financial Aid; Admissions and Recruitment; Registrar/Records
2027	Library; Information Technology; Tutoring/Academic Support; Distance Education; Testing Services
2028	Student Activities; Counseling/Wellness; Residence Life; Career Services; Disability/Accessibility Services
2029	Business Office/Student Accounts; Human Resources; Facilities; Institutional Effectiveness/Research; Community Outreach and Cultural Programming

12. Reporting, Decision-Making, and Follow-Up

Institutional effectiveness is complete only when evidence leads to documented decisions and follow-up. Reports should identify the evidence reviewed, the conclusion reached, the action approved, the responsible person or unit, the timeline, the resources required, and the method for evaluating impact.

- Quarterly division summaries document Strategic Plan and SEM progress, key indicators, disaggregated findings, staff feedback, and action items.
- The IE Team maintains an action log and reviews open items at subsequent meetings.
- Annual reports summarize student learning, Strategic Plan performance, mission indicators, equity findings, improvement actions, and resource decisions.
- Results are shared with the campus community and Board in formats appropriate to the audience.
- The following cycle begins by reviewing whether prior actions were completed and whether they improved outcomes.