

# Administrative Unit Assessment Report

**Assessment** is a term commonly used to encompass the process of gathering and using evidence to guide improvements.

SACSCOC requires that "The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results".

## Be sure to **SAVE** your progress as you work!

### Administrative Unit

Student Development and Outreach

### Submission Year

2025-2026

### Assessment Coordinator Name

Ayrn Gilstrap

### Enter Assessment Coordinator Email

asextongilstrap@lander.edu

## Unit Goal

### Goal

#### Goal 1

**Unit Goals** are broad statements that describe the overarching long-range intended outcomes of an administrative unit. They support the Institution's Mission/Goals.

#### Unit Goal

To provide on-going training for CARE team members to increase field competencies and strengthen overall team efficiency.

#### Pillar of Success Supported

Robust Student Experience

## Outcomes

### Outcome 1

**Outcomes** are specific, **measurable** statements that reflect the broader goals. They will primarily describe what the unit is going to do and what its impact will be on students and other key stakeholders (alumni, parents, employers, etc.).

Most administrative units measure **Operational Outcomes** which describe the level of performance of an operational aspect of a program or office (ex. number of services provided, timeliness of a process).

Some units may measure **Student Learning Outcomes** which describe knowledge, skills, and values that students are expected to gain as a result of their educational experiences (ex. Student Wellness Program may measure student knowledge of healthy habits.)

#### What type of Outcome would you like to add?

Operational Outcome

Enter Outcome

Training initiatives are supported by allocated funds; and other training opportunities, such as tabletops, are facilitated a minimum of two times per academic semester.

**Timeframe for this Outcome**

2024-2025 Academic Year

**Performance Target for "Met"**

An average of 85-100% score in Section 8.1 of the NaBITA CORE Q10 Analysis.

**Performance Target for "Partially Met"**

An average of 70-84.9% score in Section 8.1 of the NaBITA CORE Q10 Analysis.

**Performance Target for "Not Met"**

An average of <70% score in Section 8.1 of the NaBITA CORE Q10 Analysis.

**Assessment Measure Used**

The NaBITA CORE Q10 checklist is provided to assist the CARE Team in conducting an internal audit. A portion of this audit is focused on Team training. The reviewer enters a 0 as an indication the item in question is present. A score of 1 is entered to represent the item is in progress of being addressed. A score of 2 is entered to represent the item is not present. Team members were asked to complete the CORE-Q10 analysis for the year-end review. Scores of all participating team members were averaged to obtain scores within each corresponding category. These scores were then converted to percentages for purposes of assessment. Section 8.1 of the CORE Q10 were used as indicators. Section 8.1 consists of the following:

8.1 Does the team leader have a dedication to training and educating the CARE members?

8.1 Does CARE have a budget set aside for training during the year?

8.1 Does the team have tabletop exercises to use as training tools?

8.1 Does the team complete at least two tabletop exercises each semester?

**Frequency of Assessment**

The CORE Q10 will be administered annually at the end of the Spring semester.

**Data Collected for this Timeframe (Results)**

Anecdotal Budget data was retrieved for this timeframe results. Only anecdotal data with review of budget indicating CARE Team Members participated in National Training Opportunities and Training was provided to new members of the CARE Team. The Director was only here from January 22, 2025 until current so data reflects partially met to what is confident to speak to.

**Score (Met=3, Partially Met=2, Not Met=1)  
2**

**Comments/Narrative**

Data Collected for this Time Frame (Results)= A review of the budget establishes that CARE Team

members participated in training opportunities.

Comments/Narrative= The data for 2024-2025 was established by an anecdotal review of data including the budget and professional organizations and the training activities established by and for the new Director of CARE the review of the handbook established for CARE and Advocacy as well as the NABITA Standards and the Maxient database training. The Director was also able to establish training for new CARE Team members, and continuing members were given opportunities to participate in NABITA, professional organization training. All in the midst of staffing changes as the university transitioned and restructured and the Office of CARE and Advocacy had staff members on leave October 2024 until January 2025, established a new Director in late January of 2025 and developed a vacancy of it's Coordinator in May 2025.

The threshold for the outcome of "Training initiatives are supported by allocated funds; and other training opportunities, such as tabletops, are facilitated by a minimum of two times per academic semester" was met during the reporting period. Performance target percentages for partially met and not met were adjusted to reflect anticipated progress better. Additional emphasis has broadened to include training of CARE Report users but still also includes Team training. Since this has been monitored for several consecutive years and the targets have been consistently met, outcomes/performance targets will be further modified for future reporting cycles.

#### **Resources Needed to Meet/Sustain Results**

CARE Team Budget – Continued \$6000 per academic year.

#### **Explanation of How Resources Will Be Used**

New team members undergo onboarding training for BIT tools, systems, and processes. Instead of canceling BIT meetings, the BIT uses dedicated time for training activities.

## **Goal Summary**

### **Goal Summary/Comments**

No data was to be provided for the 2024-2025 timeframe due to staffing changes as the university transitioned and restructured and new staff members came on board as all data is anecdotal from the review of the budget seeing that training attendance took place in the Fall of 2024 in the budget and awareness of training provided by new director for new members and the training reviewed by the CARE Director.

### **Changes Made/Proposed Related to Goal**

As an additional assessment tool for the 2024-2025 academic year, the Director of CARE & Advocacy will explore established assessment tools or create an assessment tool for reviewing the users of the CARE Reporting system and their knowledge of its purpose

### **Upload Files (if needed)**

02.26.25 - Budget Status Report - For Karen Mobley.pdf

## **Goal 2**

**Unit Goals** are broad statements that describe the overarching long-range intended outcomes of an administrative unit. They support the Institution's Mission/Goals.

### **Unit Goal**

To provide adequate marketing and education that communicates the existence of, and promotes ease of access to, the CARE Team.

**Pillar of Success Supported**  
Robust Student Experience

## Outcomes

### Outcome 1

**Outcomes** are specific, **measurable** statements that reflect the broader goals. They will primarily describe what the unit is going to do and what its impact will be on students and other key stakeholders (alumni, parents, employers, etc.).

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Some units may measure **Student Learning Outcomes** which describe knowledge, skills, and values that students are expected to gain as a result of their educational experiences (ex. Student Wellness Program may measure student knowledge of healthy habits.)

#### What type of Outcome would you like to add?

Operational Outcome

#### Enter Outcome

To enhance Team visibility, biweekly programs/tabling events are offered.

#### Timeframe for this Outcome

2023-2024 Academic Year

#### Performance Target for "Met"

Biweekly programs are offered throughout the academic year.

#### Performance Target for "Partially Met"

At least one program per month is offered throughout the academic year.

#### Performance Target for "Not Met"

Monthly programs are not offered throughout the academic year.

#### Assessment Measure Used

Calendar, dates, notes, and execution of events.

#### Frequency of Assessment

Annually

#### Data Collected for this Timeframe (Results)

Data was retrieved for this timeframe results, to include a list of activities. for the Spring Semester. Because the Director was not in place in Fall 2024. We can only speak to partially met.

#### Score (Met=3, Partially Met=2, Not Met=1)

2

#### Comments/Narrative

No data was to be provided for the 2024-2025 timeframe due to staffing changes as the university transitioned and restructured. The data from 2023-2024 will remain listed until it can be reported.

The threshold for the outcome of "To enhance Team visibility, biweekly programs/tabling events are offered" was met during the 2024-2025 reporting period. While the Team's marketing strategies should consistently remain a key focus, further enhancements were made in 2024-2025. There was a significant increase in the number of programming/tabling events offered, which were facilitated

biweekly. Based on patterns and trends, updates to the Team's website and additional marketing/branding opportunities will remain ongoing and fluid. There is no comparative data related to this outcome since it has not been evaluated previously.

#### **Resources Needed to Meet/Sustain Results**

Programming funds - \$2000

#### **Explanation of How Resources Will Be Used**

Marketing and advertising efforts include a website and other marketing campaign components such as a logo, brochures, videos, signage, and a list of disruptive and dangerous behaviors to report. The BIT will continue to host regular educational sessions to train departments and units and participants in collaborative programs such as orientation. The BIT has a marketing plan which identifies stakeholders and reaches all members of its campus community through both passive and active marketing efforts.

## **Goal Summary**

### **Goal Summary/Comments**

No data could be provided for the 2024-2025 timeframe due to staffing changes as the university transitioned and restructured. But some anecdotal data is available and uploaded.

During the 2024-2025 academic year, the office of CARE and Advocacy in conjunction with the CAREConnect mentors facilitated CARE programs on a biweekly basis. Contact information for the CARE Team and the Team logo were displayed to promote increased Team visibility and awareness. In addition to programs offered, the Team continued to place much focus on student community outreach.

### **Changes Made/Proposed Related to Goal**

Peer support groups, led by counselors, are open-ended, and participants typically may join groups any time during the year after orientation. Student Engagement and the Wellness Center in collaboration with the CARE Team is in review of Group Counseling Sessions or group peer sessions to be added. To support students who have experienced difficulties the Team is connecting with University counselors to explore opportunities for a support group for the 2025-2026 academic year through potential student organizations or University departments.

### **Upload Files (if needed)**

Full Description Programs and Events CARE & Advocacy Spring 2025.pdf

## **Goal 3**

**Unit Goals** are broad statements that describe the overarching long-range intended outcomes of an administrative unit. They support the Institution's Mission/Goals.

### **Unit Goal**

The Office of Student Conduct provides quality consistency, and fair and unbiased adjudication throughout the adjudication process.

### **Pillar of Success Supported**

Robust Student Experience

## **Outcomes**

### **Outcome 1**

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### What type of Outcome would you like to add?

Operational Outcome

### Enter Outcome

The student conduct staff will provide students with violations an understanding of the policy and procedures.

### Timeframe for this Outcome

2024-2025 Academic Year

### Performance Target for "Met"

Fewer than 10% of students with conduct violations are repeat offenders within the same academic year.

### Performance Target for "Partially Met"

10–19% of students with conduct violations are repeat offenders within the same academic year.

### Performance Target for "Not Met"

More than 20% of students with conduct violations are repeat offenders within the same academic year.

### Assessment Measure Used

Maxient Data Analytics

### Frequency of Assessment

Annually

### Data Collected for this Timeframe (Results)

2% were repeat student conduct cases.

### Score (Met=3, Partially Met=2, Not Met=1)

1

### Comments/Narrative

In 2023-2024, we used a Microsoft Forms survey to collect data for this outcome. We have decided to use the Maxient database to pull this data for 2024-2025, and going forward. The outcome also focuses on repeat offenders, disputes from alleged violators, and the number of students with more than one case, implying they do not fully understand the policies.

### Resources Needed to Meet/Sustain Results

Continued use of Maxient database to collect our data.

### Explanation of How Resources Will Be Used

Collect data for thorough analytics.

## Goal Summary

### Goal Summary/Comments

During the assessment period, the Assistant Director of Student Conduct, Ayrn Gilstrap, assumed expanded responsibilities due to the Director's leave of absence and eventual departure from Lander University. These staffing changes created temporary workflow disruptions within several subsets that interchange with Student Conduct, such as Title IX, Student Complaints, and Discrimination/Bias cases, which contributed to delays in the distribution of the daily activity and timely adjudication. The office has since adjusted procedures to ensure continuity of operations and timely document management during periods of staff transition.

#### **Changes Made/Proposed Related to Goal**

This goal will be reassessed for the 2025-2026 timeframe, with the preventative provision of connecting with the appropriate campus partner to ensure the assessment is sent out in a timely manner after each semester.

We changed our measurement from a Microsoft Forms survey to our Conduct database, Maxient, for more accurate data.

#### **Upload Files (if needed)**

### **Goal 4**

**Unit Goals** are broad statements that describe the overarching long-range intended outcomes of an administrative unit. They support the Institution's Mission/Goals.

#### **Unit Goal**

To promote the Office of Student Conduct, the Conduct Code, and prevention through on-going education and targeted programming.

#### **Pillar of Success Supported**

Robust Student Experience

## **Outcomes**

### **Outcome 1**

**Outcomes** are specific, **measurable** statements that reflect the broader goals. They will primarily describe what the unit is going to do and what its impact will be on students and other key stakeholders (alumni, parents, employers, etc.).

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#### **What type of Outcome would you like to add?**

Operational Outcome

#### **Enter Outcome**

The Office of Student Conduct participates in and/or facilitates a minimum of five (5) educational programs per academic year focused on substance-use prevention, hazing awareness, and Title IX compliance, promoting a culture of accountability and community responsibility.

#### **Timeframe for this Outcome**

2024-2025 Academic Year

**Performance Target for "Met"**

Five or more educational programs conducted during the academic year addressing at least two of the three focus areas (substance-use prevention, hazing prevention, Title IX awareness).

**Performance Target for "Partially Met"**

Three to four programs conducted, or limited coverage of the primary focus areas.

**Performance Target for "Not Met"**

Fewer than three programs conducted or programs not aligned with prevention and compliance education standards.

**Assessment Measure Used**

Calendar, dates, notes, press releases in partnership with University Relations, and Student Outreach numbers (attendees).

**Frequency of Assessment**

Annually

**Data Collected for this Timeframe (Results)**

Data available following the close of the academic year.

**Score (Met=3, Partially Met=2, Not Met=1)**

3

**Comments/Narrative**

The threshold for the outcome of "The Office of Student Conduct participates in and/or facilitates a minimum of five (5) educational programs per academic year and provides on-going promotion of the Bearcat Creed" was met during the 2023-2024 reporting period.

The Office of Student Conduct and Community Standards successfully hosted the required educational events during the 2024-2025 academic year. These programs addressed a broad range of prevention topics, including sexual assault, bystander intervention, harassment, bullying, hazing, domestic and dating violence, sexual harassment, and substance use education.

**Resources Needed to Meet/Sustain Results**

\$3000+ annually.

**Explanation of How Resources Will Be Used**

To offer trainings, execute events, promote and marketing, and incentivize events.

## Goal Summary

**Goal Summary/Comments**

Increased programming, combined with establishing collaborations with both on and off campus partners continued to positively impact the department's ability to effectively promote the Office of Student Conduct, the Conduct Code, and healthy behaviors. Off campus partners such as Beyond Abuse, Meg's House, and Cornerstone serve an integral role in many educational initiatives. On-campus partners such as the Lander University Police Department, Student Life, Greek Life, Athletics, the CARE Team, and various student leaders maximize efforts and expand the scope of students reached.

An educational programming committee will remain in place for the 2025-2026 academic year. The purposes of the committee are to promote additional collaboration; offer enhanced educational programming and positively impact prevention and awareness; and track programming efforts/initiatives.

**Changes Made/Proposed Related to Goal**

The Bearcat Creed is not as highly promoted and the focus on programs that are governed in relation to financial aid and federal compliance. Strategically the Creed is more broad and does encompass these specific topics but it is more efficient for targeted programming and efforts.

### Upload Files (if needed)

## Goal 5

**Unit Goals** are broad statements that describe the overarching long-range intended outcomes of an administrative unit. They support the Institution's Mission/Goals.

### Unit Goal

To monitor occupancy rates of residential facilities and implement actions contingent upon the availability of bed space, enrollment trends, and various other customer service aspects.

### Pillar of Success Supported

Selective, Competitive Recruitment and Enrollment of Ambitious and Talented Students

## Outcomes

### Outcome 1

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### What type of Outcome would you like to add?

Operational Outcome

### Enter Outcome

Housing occupancy/application rates are tracked Fall through Summer, and a weekly report/update is shared with pertinent campus constituents.

### Timeframe for this Outcome

2024-2025 Academic Year

### Performance Target for "Met"

A weekly occupancy/application report/update is provided to pertinent campus constituents Fall (beginning November 1st) through the end of summer.

### Performance Target for "Partially Met"

N/A

### Performance Target for "Not Met"

A weekly occupancy/application report/update is not provided to pertinent campus constituents Fall (beginning November 1st) through the end of summer.

**Assessment Measure Used**

Housing Occupancy Report

**Frequency of Assessment**

Annually

**Data Collected for this Timeframe (Results)**

Data collected from emailed occupancy reports (sent weekly).

**Score (Met=3, Partially Met=2, Not Met=1)**

3

**Comments/Narrative**

Housing occupancy/application rates are tracked Spring through Summer and a weekly report/update is shared with pertinent campus constituents was met during the 2024/2025 reporting period. Information was consistently communicated to the Interim Dean of Students, and pertinent members of the Presidents Cabinet. Housing applications were tracked through the year for both the current and previous three years for comparable historical data. The Department of Housing and Residence Life continued collaboration with the Assistant Vice President for Planning, Analytic & Decision Support to build out more comprehensive and historical reports through Power BI which is used by this department to provide data for other internal departmental areas. The Office of Informational Technology Systems was brought in towards the end of summer to help with the import of data between StarRez and PowerBI to capture 'snapshots' of data throughout time.

**Resources Needed to Meet/Sustain Results**

Continued access to reporting tools StarRez, Banner, Access &amp; PowerBI

**Explanation of How Resources Will Be Used**

Resources will be used to track and monitor data pertaining to Housing occupancy

**Outcome 2**

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Some units may measure **Student Learning Outcomes** which describe knowledge, skills, and values that students are expected to gain as a result of their educational experiences (ex. Student Wellness Program may measure student knowledge of healthy habits.)

**What type of Outcome would you like to add?**

Operational Outcome

**Enter Outcome**

To ensure a quality residential experience, decisions about staffing, placement of students, and other operational plans are appropriately implemented by Spring of each year.

**Timeframe for this Outcome**

2024-2025 Academic Year

**Performance Target for "Met"**

A minimum of two decisions based on occupancy rates and/or other relevant factors are made by Spring of each year.

**Performance Target for "Partially Met"**

N/A

### Performance Target for "Not Met"

Less than (<) two decisions are made based on occupancy rates and/or other relevant factors by Spring of each year.

### Assessment Measure Used

Documentation of data driven decisions by spring of each year based off i.e. staffing, trends, occupancy, budgets, other variable factors by Spring of each year.

### Frequency of Assessment

Annually

### Data Collected for this Timeframe (Results)

Decisions Made in 2024-2025 = Four (4)

### Score (Met=3, Partially Met=2, Not Met=1)

3

### Comments/Narrative

During the 2024-2025 reporting period the outcome "To ensure a quality residential experience, decisions about staffing, placement of students, and other operational plans are appropriately implemented by spring of each year" was met.

- (1) Several staffing adjustments to include (2) internal promotions and (1) new hire were made during 2024/25 year
- (2) Implemented digital roommate agreement in StarRez
- (3) Housing restructured its desk operations procedures
- (4) Residence Life adjusted RA end of semester programming

### Resources Needed to Meet/Sustain Results

Continued budget for StarRez and dedicated residential programming

### Explanation of How Resources Will Be Used

Financial resources will be used to cover expenses related to StarRez and residential programming.

## Goal Summary

### Goal Summary/Comments

Overall, the goal was met for the 2024-25 academic year. Following vacancy in the Associate Director position in March of 2024 discussions were made concerning internal promotions for housing staff. Affective August 2024 Assistant Director Joey Plyler was promoted to the Associate Director role and Area Coordinator Sydney Stanley was promoted to the Assistant Director role. This then created a vacancy for an Area Coordinator which was filled by Talia Samard in November 2024.

Summer 2024 work was done with StarRez representatives to create a digital roommate agreement to replace previous paper process in order to cut down on paper waste and to centralize agreement access within StarRez. Implementation went live in July 2024. During the academic year inconsistencies with student engagement with the on-line agreement and complications with the editing feature led to struggles of utilization with both student and staff.

Housing restructured its desk operations procedures following discussions with the VP of Finance and LUPD. Given the campuses' updated security features including cameras and door monitoring it was concluded that 24/7 coverage in the front desk areas of Chipley, Centennial and New Hall was no longer required. As a result of this decision the FTE position for the Chipley Hall Monitor remained vacant. Student Desk Assistants were no longer needed to cover night time shifts therefore those positions were terminated. Housing also ceased use of the visitor module in StarRez and no longer required residents of these three areas to sign in their guests. Doing so standardized our visitation policies to match those in other areas without desks.

In the previous year RA programming was adjusted requiring RA's to put on one event each full month

during the semester from September to November and February-April. In evaluating RA programming it was determined that since RA mandatory end of semester meetings also occur in November it would be beneficial to combine them with the end of semester event. The goal with this is to encourage a greater turnout for the end of semester meetings while conserving resources for RA programming.

#### **Changes Made/Proposed Related to Goal**

N/A

#### **Upload Files (if needed)**

### **Goal 6**

**Unit Goals** are broad statements that describe the overarching long-range intended outcomes of an administrative unit. They support the Institution's Mission/Goals.

#### **Unit Goal**

To promote a more robust, convenient, and opportunistic residential experience.

#### **Pillar of Success Supported**

Robust Student Experience

## **Outcomes**

### **Outcome 1**

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#### **What type of Outcome would you like to add?**

Operational Outcome

#### **Enter Outcome**

Implementation of alternative Housing options.

#### **Timeframe for this Outcome**

2024-2025 Academic Year

#### **Performance Target for "Met"**

At least one (1) alternative Housing option is implemented.

#### **Performance Target for "Partially Met"**

N/A

#### **Performance Target for "Not Met"**

Zero (0) alternative Housing options are implemented.

**Assessment Measure Used**

Housing Contract Terms and/or Housing options available

**Frequency of Assessment**

Annually

**Data Collected for this Timeframe (Results)**

Number of Housing options implemented in 2024-2025 =Two (2)

**Score (Met=3, Partially Met=2, Not Met=1)**

2

**Comments/Narrative**

The outcome 'Implementation of alternative housing options and enhancements made to room selection process' was partially met during the 2024-2025 reporting period.

- (1) Continued participation of the Call Me Mister Living Learning Community on Lander's campus.
- (2) Removed indicator on the housing application for those interested in Gender Inclusive Housing (GIH) option and moved to individualized process.
- (3) Adjusted staffing at residence halls for fall 2024 move-in and added additional moving carts to support traffic flow

**Resources Needed to Meet/Sustain Results**

Continued budget for staffing and administrative goods.

**Explanation of How Resources Will Be Used**

Financial resources will be used to maintain current items along with any future needs and to maintain staffing.

## Goal Summary

**Goal Summary/Comments**

2024-2025: Goal 6: Outcome 2 "Transportation Services provides ease of access for residential students" has been eliminated due to the restructure of departments and VP roles.

The 2024/25 outcome for Implementation of alternative housing options and updated operations was partially met during the 2024-2025 reporting period. Existing housing options like the Call Me Mister Living Learning Community were maintained for the 2024/25 academic year with (8) eight participants. Participants were moved to Lide apartments to Brookside at the request of the Program Coordinator for kitchen access.

In reviewing the Gender Inclusive Housing option implemented in the previous year it was determined that wide spread implementation at current staffing was unfeasible and did not adequately meet the existing needs of students. Due to this when preparing the 2024/25 housing application the page gauging interest in Gender Inclusive Housing was removed. Departmental operations reverted to a more individualized process working with students requesting accommodations based on gender inclusivity as needed.

Housing processes were further updated to streamline student move-in and provide additional support at each residence hall during freshmen move-in. Residence Life staff were placed at their respective residence hall to oversee volunteers assisting residents and welcoming families. This allowed staff to more quickly respond to students concerns including key issues and maintenance concerns. New moving carts were purchased to assist families and volunteers with moving in belongings. In total (5) new carts were purchased. The additional staffing and carts helped to maintain a steady traffic flow during the check-in process.

**Changes Made/Proposed Related to Goal**

2024-2025: Goal 6: Outcome 2 "Transportation Services provides ease of access for residential students" has been eliminated due to the restructure of departments and VP roles.

**Upload Files (if needed)**