

**Farmingdale State College
Department of Nursing**

Supplement I.2 Systematic Evaluation Plan (SEP) (2025-2026)							
Standard I. Program Quality: Mission and Governance							
Key Element I-A							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Mission, goals, and expected program outcomes are: Congruent with those of the parent institution; reviewed periodically and revised as appropriate	ND chair ND faculty	Annually in the fall semester	<i>College Catalog</i> <i>Nursing Student Handbook</i> ND website, brochures FSC Strategic Plan ND Strategic Plan	Annual review of mission, goals and program outcomes ensures congruency between FSC and ND Provides foundation and direction for the program Annual review of ND strategic plan ensures congruency with FSC Strategic plan Preparation of internal and external reports as part of self-evaluation	Annual review	Met; Evaluated during faculty meeting – see minutes 11.5.25	N/A

Key Element I-B							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for preparation of nursing professionals	ND chair ND faculty Communities of Interest (COI)	Periodic	Mission and goals statements <i>The Essentials: Core Competencies for Professional Nursing Education</i> (AACN, 2021) ANA Scope & Standards 2024; Code of Ethics 2025 Advisory Board minutes from Undergraduate and Graduate programs.	Provides foundation, direction and vision for nursing program Assures that the program meets professional academic and practice standards Encourages communication with COI	Annually in the fall	Met; Evaluated during faculty meeting – see minutes 11.5.25 Advisory Board minutes – June 2025	N/A
Key Element I-C							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
The mission, goals, and expected program outcomes reflect the needs and expectations of the COI	Dean, SHS ND chair ND faculty	Annually	ND mission, goals and program outcomes Meetings with internal and	Review to ensure data reflects the needs and expectations of all COI.	Review every semester Evidence that	Met; evaluation reviews completed in Fall & Spring	N/A

	ND students COIs		external stakeholders Advisory Board minutes Exit Survey Graduate Survey Clinical agency/site evaluations Student/faculty evaluations of clinical sites	Evaluation data drive continuous program quality improvement.	community of interest needs are met by the ND	– see EC minutes	
Key Element I-D							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
The nursing unit's expectations for faculty are written and communicated to the faculty, and are congruent with institutional expectations.	Provost Dean, SHS ND chair ND faculty	Annually	CCTA & promotion committee guidelines <i>Professional Handbook</i> Annual Report	To assess and evaluate personal performance in the academic role within the arenas of teaching, scholarship, service	Faculty outcomes are written and clearly communicated for teaching, scholarship, service	Met; as evidenced by 100% faculty completion of Annual Report June 2025	N/A

Key Element I-E							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Faculty and students participate in program governance	ND faculty Student representatives	Monthly	Monthly faculty meetings minutes Departmental committee meetings minutes	Faculty input into ND operations, policies/ procedures Student input into ND operations, policies/ procedures	Faculty and student involvement in program governance assessed annually	Met; see ND committee meeting minutes	N/A
Key Element I-F							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Academic policies and procedures of the parent institution and the nursing program are congruent and support achievement of mission, goals and expected student outcomes These policies are: <ul style="list-style-type: none"> Fair and equitable 	ND chair ND faculty Department Admissions and Academic Standards (AAS) Committee Student representatives	Periodic	Brochures <i>College Catalog</i> <i>Nursing Student Handbook</i> ND admission policies ND retention and completion policies Faculty Meeting Minutes	To ensure congruence of FSC and ND policies in all aspects of faculty and student governance To ensure ND policies are published and accessible to all faculty and students To ensure consistent review and revisions to ND policies as necessary to foster program improvement To provide opportunity for consistent and periodic review of ND	Academic policies reviewed as needed and approved by faculty vote.	Met; <i>Nursing Student Handbook</i> with academic policies reviewed and revised for 2025 - 2026 academic year	N/A

<ul style="list-style-type: none"> Published and accessible Reviewed and revised as necessary to foster program improvement 				policies that may differ from (or be more explicit) than the FSC standard			
Key Element I-G							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
The program defines and reviews formal complaints according to established policies	ND chair ND faculty Department AAS committee Student representatives Campus-wide AAS Committee	Periodic	<i>Nursing Student Handbook</i> Minutes of AAS meetings Written minutes of all student appeals Aggregate data reported by committee on student appeals	To ensure congruency of FSC and ND policies related to student appeals and grievances To provide opportunity for consistent and periodic review related to context of student appeals and implications for quality improvement Initiates program/policy review and assessment of elements related to student grievances.	Policies and procedures for filing formal complaints are reviewed and clearly communicated to faculty and students annually	Met; policies and procedures reviewed by AAS committee annually – student grievances addressed as needed	N/A

Key Element I-H							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	Admissions ND chair ND faculty	Annually and as needed	All informational materials distributed and on FSC and ND webpages <i>Nursing Student Handbook</i>	To ensure accuracy and currency of all internal and external media materials Review of documents and other informational materials determine need for revision or updates	Documents and website are reviewed annually and as needed Process for notification of changes include Brightspace announcements, emails and access to campus and ND webpages	Met; Current and accurate documents, publications and webpages	N/A
Standard II. Program Quality: Institutional Commitment and Resources							

Key Element II-A							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan

Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. The adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.	Provost Chief Financial Officer Budget Director Dean, SHS ND chair	Annually	Annual ND budget	Review for sufficiency of resources to meet annual ND program needs Assures program resources stay within allocated budget Drives future resource allocation	Budget evaluation completed annually to ensure sufficiency of resources Program funding within allocated budget	Met; fiscal resources sufficient and within budget	N/A
Key Element II-B							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. The adequacy of physical resources is reviewed periodically, and resources are	ND chair ND faculty Clinical Coordinator Evaluations Committee (EC)	Every semester and as needed	Student enrollment data Student and clinical site evaluation data Exit Survey	Planning for allocation of space and resources to meet changing program needs To ensure physical resources are accessible, current and adequate to meet ND's mission, goals and student outcomes	Resources and clinical sites reviewed each semester	Met; internal review completed each semester – last review Fall 2025	N/A

modified as needed.				Strategic planning for overall changing program needs Strategic planning for adequacy and appropriateness of clinical sites			
Key Element II-C							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Clinical sites enable the program to fulfill its mission, goals, and expected outcomes. The adequacy of clinical sites is reviewed periodically, and resources are modified as needed.	ND Chair Clinical Coordinator Nassau Suffolk Council for clinical placements	Each semester	Faculty evaluations of clinical sites Student evaluations of clinical sites Agency evaluations of faculty/students	Strategic planning based on program expansion and growth	Each semester	Met; Fall 2025	N/A

Key Element II-D							
Academic and student support services are sufficient to meet student needs and are evaluated on a regular basis.	ND chair Division of Student Affairs Committee on Planning and Resource Allocation	Periodic	Division of Student Affairs Assessment and Annual Report Campus and department student Exit and Graduate surveys	Strategic planning based on program expansion and growth Ensures up-to-date resources for faculty and students	Annual review of related academic support services based on program expansion and growth	Met; Fall 2025	N/A
Key Element II-E							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Chief nurse administrator of the nursing unit is a Registered Nurse: -holds a degree in nursing -holds a doctoral degree if the nursing unit offers a graduate program	President Provost Dean, SHS ND faculty	Every 3 years and as needed	CV and credentials	To document compliance with accreditation guidelines for administrative positions To ensure preparedness of the chief nurse administrator	ND chair – is an RN; holds graduate degree in nursing; holds doctoral degree; vested with authority to achieve MGO; provides effective leadership	Met; holds a doctoral degree. See ND chair's CV	N/A

- vested with administrative authority to accomplish the mission, goals, and expected program outcomes -provides effective leadership in the nursing unit in achieving its mission, goals, and expected program outcomes							
Key Element II-F							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan

Faculty are sufficient in number to achieve mission, goals and expected program outcomes, academically prepared for the areas in which they teach and experientially prepared in the areas they teach	Provost Dean, SHS ND chair ND faculty	Annual and as needed	CV and credentials (degrees, transcripts, evaluations) Faculty Annual Reports	Ensure faculty are sufficient in number to accomplish mission, goals and expected program outcomes Assess qualifications to ensure faculty members are academically and experientially prepared to teach	Faculty numbers are sufficient each semester	Met; faculty numbers are sufficient each semester.	N/A
Key Element II-G							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Preceptors, mentors, guides, coaches, if used by the program as an extension of the faculty are academically and experientially prepared for their role	ND chair Faculty Professional Development Educators	Every semester and as needed	Preceptor CV and credentials (licensure and certifications) Preceptor Performance Guidelines Faculty and students' evaluation of preceptors and clinical sites	Ensure adequacy of precepted experiences for students Identify need to make changes in clinical preceptors to assure ability to achieve student and expected program outcomes	Data reviewed each semester	Met; reviewed Fall 2025	N/A

Key Element II-H							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with mission, goals, and expected faculty outcomes	President Provost Faculty Governance Dean, SHS ND chair ND faculty	Annually and as needed	CCTA guidelines Annual Faculty Reports	Review for continuing and term appointment, promotion Provides information about factors that are barriers or facilitators to faculty effectiveness in classroom, lab, and clinical learning, in pursuit of individual and aggregate faculty outcomes	Adequate resources maintained for faculty effectiveness	Met; annual reports reviewed Fall 2025	N/A
Standard III Program Quality: Curriculum and Teaching-Learning Practices							
Key Element III-A							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
The curriculum is developed, implemented, and revised to reflect	ND chair ND faculty	Annually and as needed	Course syllabi Curriculum Coordination	Provides foundation and direction for program planning	Outcomes are congruent with parent institution, ND program's	Met; faculty review – see minutes Fall 2025	N/A

clear statements of expected student outcomes that: are congruent with program mission, goals, preparation of graduates and consider the needs of the COI	BS Curriculum Committee (BS-CC) COI		committee meeting minutes Faculty Meeting Minutes Student evaluations Exit and Graduate Survey Data Advisory Board Minutes	BS -CC recommendations to inform curriculum revisions Ensures that curriculum is congruent with ND program's missions and goals; meets the competencies (professional standards and guidelines) set by relevant authorities and accrediting bodies	mission and goals and expected professional role of graduate		
Key Element III-B							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Baccalaureate curricula are developed, implemented, and revised to reflect professional nursing standards and guidelines and incorporate <i>The Essentials: Core Competencies for Professional</i>	ND chair ND faculty BS-CC COI	Periodic	<i>BS Essentials</i> ANA Scope & Standards 2024; Code of Ethics 2025 Student evaluations BS-CC meeting minutes	Provides foundation and direction for program Assures that curriculum meets the competencies (professional standards and guidelines) for undergraduates set by relevant authorities	Annual curriculum/ course review	Met; see BS – CC annual report for Fall 2025	N/A

<i>Nursing Education</i> (AACN, 2021)			Professional journals and publications	Work with COI to ensure curricula is revised to reflect professional nursing standards and guidelines			
Key Elements III-C, III-D, III-E N/A to the Nursing Department							
Key Element III-F							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
The curriculum is logically structured and built on a foundation of arts, sciences and humanities	Office of the Provost ND chair ND faculty BS-CC Student designate to BS-CC Curriculum Coordination	Periodic	Level meeting minutes Student course evaluations Outcomes Committee (OC) exit and graduate surveys	To refine course requirements and update with new material Identify the need to implement curriculum/course specific changes to achieve expected student and program outcomes	BS curriculum reviewed as needed	Met; see end of semester BS – CC reports for Fall 2025 and faculty minutes reflective of curricula/ course changes and revisions	N/A

Key Element III-G							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Teaching and learning practices support achievement of expected student outcomes; consider the needs of the COI, and expose students to individuals with diverse life experiences, perspectives, and backgrounds	ND chair ND faculty Course coordinators OC Curriculum Coordination COI	Biannually	Course and lab evaluations Level course review reports (annually) Curriculum Coordination committee meeting reports ATI group performance reports Faculty feedback Formative and summative student grades	Faculty analysis of courses each semester Identify the need for changes to support student learning and achievement of individual student outcomes	Courses reviewed by faculty and students each semester (biannually).	Met; see LC reports to reflect course and teaching/ learning practices revisions – Fall 2025 Curriculum Coordination minutes	N/A
Key Element III-H							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan

The curriculum includes planned clinical experiences that; enable students to integrate new knowledge and demonstrate attainment of program outcomes; foster inter-professional collaborative practice and are evaluated by faculty	ND chair Clinical and Preceptor Coordinators Course Coordinators ND faculty	Every semester	Clinical agency evaluations Student and faculty Preceptor Evaluations Course evaluations Informal faculty review	Ensure clinical experiences are adequate and available. Identity the need to make changes in clinical placements to ensure students achieve expected course and program outcomes	Clinical sites and clinical preceptors are evaluated each semester	Met; Additional sites were added for clinical placement. EC review minutes of clinical sites/ agencies and preceptors for Fall 2025.	N/A
Key Element III-I							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Individual student performance is evaluated by the faculty and reflects the achievement of expected student outcomes. Evaluation policies and	ND faculty Preceptors Curriculum Coordination committees EC	Continuous	Formative and summative evaluation of student performance Assignment rubrics	To evaluate student academic progress To ensure grading criteria are fair, equitable and defined	All syllabi and graded learning activities reviewed on an ongoing basis – at minimum each semester	Met; see Curriculum coord. meeting minutes and annual reports	N/A

procedures are consistently applied			Mid-semester and end-semester clinical evaluation forms Early Warning Mid Term Notification Lab skills evaluations Record of the capstone clinical site visits Email and phone communication in online clinical courses				
Key Element III-J							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
The curriculum and teaching practices are evaluated at regularly	ND chair ND faculty BS - CC	Annually	ND Teaching and Course evaluations Exit surveys	Data from multiple sources informs need for curriculum changes/revisions for achievement of	Review of student course evaluations each semester; faculty provides both	Met; all formal and summative student evaluations and formal and	N/A

scheduled intervals and evaluation data is used to foster ongoing improvement	OC Curriculum Coordination committee ND students COI		Graduate surveys Curriculum Coordination committee meeting minutes Level Course Review reports Advisory Board minutes (both programs)	student outcomes and ongoing improvement	formal and informal evaluations of teaching-learning practices each semester	informal faculty evaluations and review performed each semester	
Standard IV. Program Effectiveness: Assessment and Achievement of Program Outcomes							
Key Element IV-A							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
A systematic process is used to determine program effectiveness	ND chair ND faculty BS-CC EC Curriculum Coordination	Annually in the fall	Departmental and college generated course evaluation data Quantitative and qualitative student feedback on preceptors	Continuous quality improvement through: (a) identification of strengths and areas of concern in the academic or clinical-based curricula; (b) review and analysis of expected and actual outcomes; (c)	Evaluation plan carried out according to schedule.	Met; faculty review of evaluation protocol Fall 2025	N/A

	OC		<p>Evaluation data: clinical agency, clinical preceptors</p> <p>Aggregate quantitative and qualitative data from exit and graduate surveys</p> <p>NYS OOP-NCLEX-RN® pass rate data</p>	<p>internal reports to faculty and key stakeholders; (d) external reports to approval/accrediting bodies and communities of interest; (e) program review to ensure program effectiveness or review processes to assess discordance between expected and actual outcomes; (f) identification of potential contributing factors that inform action plans for program effectiveness</p>			
Key Element IV-B							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Program completion rates demonstrate program effectiveness	<p>Office of Institutional Research</p> <p>Provost</p> <p>Dean, SHS</p> <p>ND chair</p>	Annually	<p>Completion rates per calendar year</p> <p>Institutional data</p>	<p>Ensure program effectiveness.</p> <p>Triggers program review when completion rates do not meet benchmark</p>	70% or higher	Met Fall 2025	N/A

	ND Database sub-committee						
Key Element IV-C							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Licensure pass rates demonstrate program effectiveness	Dean, SHS ND chair ND faculty	Quarterly	NYS OOP Aggregate performance data for first-time test takers	Ensures program effectiveness Triggers program review when pass rates do not meet benchmark	80%	Met; Fall 2025	N/A
Key Element IV-D N/A to the Nursing Department							
Key Element IV-E							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Employment rates demonstrate program effectiveness	ND chair ND faculty OC	Biannually at program completion 9-months post-program completion	Exit surveys Graduate surveys Aggregated student quantitative and qualitative data through surveys within 9-	Ensures program effectiveness Triggers program review when employment rates do not meet benchmark	70% or higher	Met; Fall 2025	N/A

			months of graduation				
Key Element IV-F							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Data regarding completion, licensure, and employment rates are used to foster ongoing program improvement	Dean SHS ND chair OC ND faculty Department of Institutional Research and Effectiveness (College Level Department)	Ongoing – see below Completion rates annually NCLEX-RN pass rates quarterly and annual aggregated data Exit surveys: biannually at program completion Graduate surveys: biannually at 9-month post-	Departmental database NCLEX-RN pass rates Exit surveys Graduate surveys Department Annual Report	Continuous quality improvement Triggers review when all outcome data does not meet benchmarks	N/A – ongoing review	Met; data reviewed on ongoing basis and used to formulate action plans as needed	N/A

		program completion Department report: annually					
Key Element IV-G							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Aggregate faculty outcomes demonstrate program effectiveness	ND chair ND faculty	Annually for faculty Biannual student evaluations	Aggregate data from individual faculty and ND Annual Reports Student evaluations	Ensures that faculty are meeting expected aggregate outcomes Triggers review when all outcome data does not meet benchmarks	Teaching effectiveness: 90% of faculty to achieve 3.00 of 4.00 Likert scale or 75% on the Nursing Course and Faculty Evaluation tool each semester Scholarship: 70% of faculty to complete in one or more scholarly activities/per year Service: 100% of faculty will engage in service activities that involve a commitment to	Partially Met- as evidenced by annual faculty reports Fall 2025 Less than expected as defined in the previous report.	Definition of scholarly activities was expanded to include specialty certification (CNE, CNEcl, etc..) secondary to high faculty turnover rate.

					the department, campus or professional community. Professional development: 100% of faculty will engage in professional development activities that accrue, at minimum, ten (10) contact hours		
Key Element IV-H							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Aggregated faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement	Dean, SHS ND chair Academic Coordinator	Annually in June	Faculty Annual Reports Faculty Evaluations	Data is used to foster ongoing program improvement Triggers review when all outcome data does not meet benchmarks	Aggregate faculty are meeting expected outcomes for scholarship (70%); teaching effectiveness (90%); service (90%) and professional development (100%)	Met; review and updated Fall 2025	N/A

					Faculty are engaged in meeting expected outcomes		
Key Element IV-I							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Program outcomes demonstrate program effectiveness	ND chair ND faculty OC	Exit surveys: biannually at program completion Graduate surveys: 9-month post-program completion	Exit Surveys Graduate Surveys	Internal reports to faculty and key stakeholders; external reports to accrediting bodies. Identifies program strengths and areas of discordance between benchmark and actual outcomes. Program review to ensure program outcomes meet or exceed expected levels of achievement. Triggers outcomes tracking over time to ensure program effectiveness	Program satisfaction- 80% Seeking graduate education- 50% of respondents Engagement in professional organization- 30% of respondents	Met; Fall 2025	N/A

Key Element IV-J							
Criteria	Person(s) Responsible	Timetable or Target Date	Type of Data	Use of Data	Benchmark	Outcome	Action Plan
Program outcome data are used to foster ongoing program improvement	ND chair ND faculty BS – CC OC	Annually	Exit Surveys Graduate Survey Level course reviews	<p>Analysis of course specific student feedback and identified trends in data is used to evaluate course and program effectiveness, and acquisition of expected program outcomes.</p> <p>Ongoing program improvement through identification of program strengths and areas of discordance between benchmark and actual outcomes.</p> <p>Serves as program review to ensure program outcomes meet or exceed expected levels of achievement.</p>	100% of defined program outcomes are used to foster program improvement: ongoing	Met; Fall 2025	N/A

				<p>Triggers outcomes tracking over time to ensure program effectiveness</p> <p>Triggers feedback loop: dissemination of survey data to Curriculum</p> <p>Coordination for curricula and course alignment, course assignment alignment and identification of gaps in curriculum concepts.</p>			
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