



Western Oregon
UNIVERSITY

Master of Science in Rehabilitation Counseling

Annual Evaluation Report 2024-2025

Rehabilitation and Mental Health Counseling Program

Western Oregon University

Table of Contents

Table of Contents.....	1
RMHC Program Overview Information.....	2
Comprehensive Assessment Plan Overview.....	2
Program Mission.....	3
Program Objectives and Outcomes.....	3
Timeline for Comprehensive Assessment Plan Activities.....	6
Measures Used for Comprehensive Assessment.....	7
Evidence-Based Program Improvement	10
RMHC Program Objectives, Evaluation Outcomes, and Continuous Improvement	11
Academic Quality Indicators.....	14
Evidence of Community Partner Engagement and Resulting Program	
Decisions.....	21
1. Site Supervisor Feedback Helped Improvements in Practicum & Internship Readiness.....	21
2. Employer Feedback Guided Enhancements in Trauma, Cultural Responsiveness & Leadership Training	21
3. Graduate Exit Survey Feedback Informed Adjustments to Theory Integration and Academic Support.....	22
4. Advisory Committee Feedback Strengthened Program Identity Clarification & Survey Improvements	22
Curriculum Modifications and Program Improvement Informed by Program	
Evaluation	23
1. Strengthening Theory and Case Conceptualization Instruction	23
2. Enhancing Practicum Readiness and Early Clinical Skill Development	23
3. Adjusting Summer Course Delivery to Improve Student Performance	23
4. Expanding Trauma-Informed Counseling Instruction	23
5. Improving Data Collection and Evaluation Processes.....	24
6. Increased Focus on Professional Identity and Leadership.....	24
7. Program Identity Alignment with CACREP Review Feedback.....	24
Significant Program Changes.....	25

RMHC Program Overview and Evaluation Report

This annual program evaluation report is intended for internal stakeholders, community partners, and accrediting bodies, including CACREP reviewers, to provide a comprehensive and transparent summary of program performance, student outcomes, and continuous improvement efforts.

The Rehabilitation and Mental Health Counseling (RMHC) program at Western Oregon University (WOU) offers the Rehabilitation Counseling (RC) Master of Science degree that prepares students to provide counseling, rehabilitation, and consultative services to various client populations. Graduates develop the knowledge and skills to empower individuals managing disabilities and foster mental wellness. The program curriculum grounds students in theories, policies, and ethical practices relevant to social justice. Graduates are eligible for Oregon licensure as professional counselors in mental health settings. The modality combines online and hybrid courses, requiring 1-2 meetings per month in Salem OR. This flexible format makes the program ideal for working professionals and students at a distance. Full-time students can complete the program in 2 years, while the hybrid structure enables completion in 2.5-3 years for those needing additional flexibility.

The RMHC program enables students to:

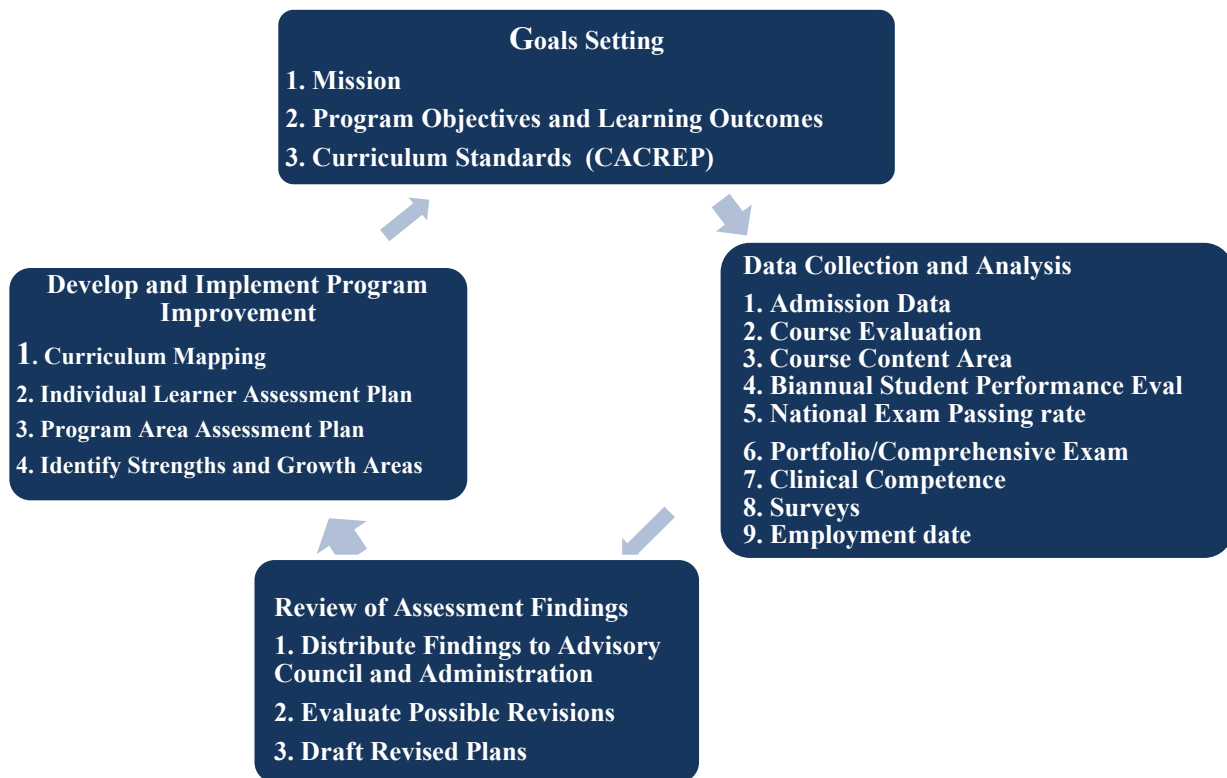
1. Demonstrate a comprehensive understanding of rehabilitation and mental health counseling theories, models, and policies.
2. Develop proficiency in social justice counseling that empower individuals with various levels of ability to attain self-determination, equity, meaningful employment, full community inclusion, and personal growth.
3. Uphold professional excellence and leadership through ethical practice and integrity.

Comprehensive Assessment Plan Overview

The Rehabilitation and Mental Health Counseling (RMHC) program at Western Oregon University (WOU) engages in ongoing systematic program evaluation. The RMHC program is committed to ensuring that all students graduate with the knowledge, skills, and professional characteristics necessary to be effective rehabilitation and mental health counselors.

In this section of the report, a Comprehensive Assessment Plan (CAP) is provided to address: (a) the continuous systematic program evaluation process, and (b) the process to assess student learning outcomes required for Rehabilitating Counseling. The CAP includes an infographic of the Assessment Cycle; the Program Mission, Objectives, and Learning Outcomes; a timeline for the CAP activities; a description of CAP measures; and evidence of curricular and program improvements based on review of program and student data. Detailed aggregate data for the [RMHC Program Objectives and Outcomes](#) and the [Academic Quality Indicators](#) (AQI) as required by CACREP Standard 2.E, are presented in this document. The RMHC program utilizes several additional measures beyond CACREP requirements (e.g., case conceptualization assessments, exit surveys, employment surveys, and one-year follow-up data) which are included in [RMHC Program Objectives and Outcomes](#) to provide a more comprehensive view of student and program performance. This

report also summarizes how the required AQIs align with the program objectives and the corresponding evaluation thresholds.



Review of the RMHC program is guided by the program’s mission statement, learning outcomes, and CACREP standards. The outcomes of these objectives are reviewed annually by faculty and various stakeholders, including current students, graduates, employers of the graduates, faculty, site supervisors, and the RMHC Advisory Board. The reports are also distributed to WOU Administration.

Program Mission

The mission of the RMHC program is to prepare rehabilitation and mental health professionals who are skilled in advocating for and with persons who are Deaf or have disabilities and who are competent counselors knowledgeable of innovative and culturally sensitive rehabilitation practices and policies.

Program Objectives and Outcomes

The RHMC program has three major objectives. To ensure the program meets each objective, the following action steps and assessments are conducted regularly. The RMHC [assessment timeline](#) can be found on the next page. Also detailed descriptions of various measures can be found in [Measures Used for Comprehensive Assessment](#).

RMHC Program Objective 1: To provide students with a comprehensive understanding of rehabilitation and mental health counseling theories, models, and policies.

To achieve the program objective 1, the program implements the following four actions steps. They are measured through Academic Quality Indicators (AQIs) and others (i.e., case conceptualization assessments, exit surveys, employment surveys, one-year follow-up data) that provides aggregate assessment of student success information including student's key performance indicators, graduate outcomes, exam pass rates (CACREP 2.E.1, 2.E.2). Those are tracked annually and benchmarked at 65% pass rate and 80% completion within 3 years.

- The RMHC Program continuously and systematically assesses how students individually demonstrate progress toward and mastery of the knowledge, skills, and dispositions through 9 key performance indicators and graduation rate.
- The program provides students with an internship with qualified site supervisors during the last year of the study
- As part of the RMHC exit evaluation, students complete a comprehensive case conceptualization presentation in which they discuss their case conceptualization applying CACREP required domain knowledge to their work with an assigned case study client.
- Students are required to take NCE/NCMHCE or Certified Rehabilitation Counselor exam in their last year of study. Passing the exam is not required for graduation.

RMHC Program Objective 2: To develop students' proficiency in social justice counseling that empowers individuals with various levels of ability to attain self-determination, equity, meaningful employment, full community inclusion, and personal growth.

To achieve the program objective 2, the program implements the following four actions steps. They are measured through Academic Quality Indicators (AQIs) and comprehensive case conceptualization exit evaluation that assess clinical competence, fieldwork placement data, and post-graduation employment rates. The trends are reviewed annually with a minimum threshold of 80% employment within 3 months after graduation and 100% fieldwork placement.

- The RMHC program offers practica (8 credits) to promote students' competency in these areas.
- Students enroll in an Internship during their last year (20 credits), emphasizing problem-solving and innovative leadership in rehabilitation or mental health settings.
- Students are required to complete a comprehensive case conceptualization presentation as part of their Exit Evaluation in which they discuss and demonstrate these competency areas.
- The program offers multiple career consultation meetings and Professional Topic seminars to equip students with the skills and knowledge.

RMHC Program Objective 3: To cultivate students' professional excellence and leadership through the practice of ethical behavior and integrity

To achieve Program Objective 3, the program implements three action steps that are evaluated through Academic Quality Indicators (AQIs). These AQIs assess students' professional dispositions and related key performance indicators across multiple courses, using an 80% benchmark for

acceptable performance. Additionally, employer survey results provide important feedback on graduates' sustained leadership and professional behavior one year after graduation.

- The Professional Characteristics Evaluation (on the biannual evaluation form) evaluates multiple behaviors indicating a commitment to professional excellence, innovative leadership, and the practice of ethics and integrity. This evaluation is provided biannually.
- Ethics and integrity are taught in RC 650 as well as emphasized throughout the program.
- Leadership behaviors are modeled to students by faculty throughout the program. Students are provided with leadership opportunities through group projects (in RC 630 and others) and on/off campus opportunities.

Timeline for Comprehensive Assessment Plan Activities

The following assessment activities and timeline are based on the WOU academic calendar.

Time	Assessed by
Fall term <ul style="list-style-type: none"> • Course evaluations (formative, summative, KPI): RC 609, RC 611, RC 625, RC 640, RC 650, RC 660, RC 670 • Content Area Evaluations: RC 609, RC 611, RC 625, RC 640, RC 650, RC 660, RC 670 • Biannual student performance evaluation (2nd year RMHC students) • Program Effectiveness Evaluation (formative) • Student weekly progress (formative) 	Students Faculty Students, Faculty Advisory Board Faculty
Winter term <ul style="list-style-type: none"> • Course evaluations (formative, summative, KPI): RC 610, RC 612, RC 630 RC 632, RC 645 • Content Area Evaluations: RC 610, RC 612, RC 630 RC 632, RC 645 • Biannual student performance evaluation (1st year RMHC students) • Admission data (GPA, interview results) (Summative) • Program Data Assessment (formative) • Student weekly progress (formative) 	Students Faculty Students, Faculty Faculty, Graduate School Faculty Faculty
Spring term <ul style="list-style-type: none"> • Course evaluations (formative, summative, KPI): RC 609, RC 610, RC 613, RC 633, RC 634, RC 651 • Content Area Evaluations: RC 609, RC 610, RC 613, RC 633, RC 634, RC 651 • Program Effectiveness Evaluation (formative) • Practice Interview for Job Application (formative) • National Exams (NCE, NCMHCE, CRC; Summative) • Graduate exit evaluation –comprehensive case conceptualization presentation (Summative) • Biannual student performance evaluation (2nd year RMHC students) • Exit Survey (Summative) • Program Data Assessment (formative) • Student weekly progress (formative) 	Students Faculty Advisory Board Advisory Board NBCC, CRCC Faculty, exit evaluation committee Students, Faculty Students Academic Effectiveness Faculty
Summer term <ul style="list-style-type: none"> • Course evaluations (formative, summative, KPI): RC 631, RC 662 • Content Area Evaluations: RC 631, RC 662 • Graduate One-Year Follow-Up Survey evaluations (Summative) • Employer Survey (Summative) • Biannual student performance evaluation (1st year RMHC students) • RMHC Student's Plan of Study completed (formative) • Program data review: results and plan for changes (formative) • Comprehensive Assessment Plan revised (Summative) 	Students Faculty Graduates Employers of graduates Students, Faculty Graduate School Faculty Faculty

Measures Used for Comprehensive Assessment

This section provides details of direct evidence used to assess curricular experiences of student learning and overall program level. Detailed aggregate data for the [RMHC Program Objectives and Outcomes](#) and the [Academic Quality Indicators](#) are provided. The following measures are used by the RMHC program to collect formative and summative data on program training effectiveness and student learning outcomes.

- **Admission Data and Institutional Data** are reviewed annually. Student applications are assessed before admission. The data analyses of admission and institutional data include reviewing acceptance rates, retention rates, and graduation rates, as well as examining demographic characteristics. The RMHC faculty members are committed to recruiting students from various cultural backgrounds. The results of this data analysis are provided to the RMHC Advisory Board. Plans for improvement are created for the next cycle of the evaluation process.
- **Student's Course Content Area Evaluations.** Each student's learning progress in theory courses throughout the program is conducted by faculty and students. Also, each faculty assesses student's preparation, readiness, and understanding of content areas through various didactic and experiential learning activities (e.g., role-play, reflection journals). The main key performance indicator assessment results of the courses are included in AQI. Each assignment is graded based on rubrics or scoring guides provided at the beginning of each term. Content area courses are evaluated in letter grades.
- **9 Key Performance Indicators.** The RMHC Program continuously and systematically assesses how students individually demonstrate progress toward mastery of the knowledge, skills, and dispositions through 9 key performance indicators and graduation rate.
- **Course Evaluations of Instructors.** The RMHC faculty seeks feedback from students based on their evaluations of the faculty and the program. This data provides indirect evidence to support the effectiveness of the program. Examples of student evaluation of the instructors include WOU summative course evaluation for each course. RMHC formative evaluations are conducted during mid-terms. In regard to internship courses, all internship site supervisors are rated by student interns and faculty supervisors are rated by site supervisors.
- **Biannual Student Evaluation** assesses student's behaviors indicating commitment to professional excellence and leadership, as well as the practice of ethics and professional integrity. Additionally, each KPI is evaluated by both students and the advisor at the Biannual Student Performance Evaluation meetings. According to [RMHC Learning Objective 3](#), students are expected to show commitment to professional excellence and leadership through the practice of ethical behavior and integrity. The advisor and core faculty, as a group, rate each student and meet individually with students to provide confidential feedback. Any counselor-in-training who does not demonstrate competency (scores of 1) in any area will need to have a plan for success meeting to determine the action steps with the faculty team to address the area(s) of concern. Counselors-in-training may be denied internship placements or graduation eligibility based on poor academic performance or unprofessional conduct. Ethics and integrity are taught in *RC 650 Ethics* and *RC 651 Ethics II* as well as emphasized throughout the program. Leadership behaviors are modeled

by faculty throughout the program. Students are provided with leadership opportunities through group projects and RMHC Student Representative positions.

- **National Exam (NCE, NCMHCE, CRC) pass rate.** Students are required to take a national exam during their last year of study. Since a result of this type of multiple choice exam may not best demonstrate a student's competence and program learning outcomes, passing a national exam in the program is not part of the exit requirement. RSA scholars have to take CRC as part of the scholarship agreement.
- **Completion of Comprehensive Case Conceptualization** is part of each student's exit requirement. A final evaluation will be completed by the committee after each student's presentation. This evaluation will assess separately a student's case conceptualization in oral defense. Written essays may be required as a follow-up evaluation where students can demonstrate their competency with scientific literature review writing. Students need to achieve an average of a "Satisfactory" rating or above to pass this exit requirement.
- **Clinical Competence Measures.** As described by [RMHC Program Objective 2](#), the program is to develop students' proficiency in social justice counseling that empowers individuals with various levels of ability to attain self-determination, equity, meaningful employment, full community inclusion, and personal growth. In addition to completing their exit evaluation in which they discuss and demonstrate these competency areas, students are required to take clinical courses offered throughout four terms.
 - The RMHC program offers two practica (8 credits) to promote students' competency in these areas. Students are evaluated with the Practicum Faculty Feedback Form during mid-term and the Site Supervisor's Evaluation Form provided at the beginning of each term. Results are shared individually within a week of completion of the evaluation. A Plan for Success Contract will be created if there is a concern about a student's successful progress in the practicum course. This contract will also include specific needs and action steps to take to address the concern.
 - Students enroll in an Internship during their last year (20 credits), emphasizing problem-solving and innovative leadership in rehabilitation or mental health settings. The Internship Supervisor Evaluation of Intern is administered to internship supervisors to seek their perspective and evaluation of the RMHC interns and the program. An evaluation of student performance, including self-evaluation by the student, the field site supervisor, and the faculty supervisor, is included in students' internship experience. Interns are evaluated by their site supervisors twice during their internship experience. Evaluation forms are provided to both supervisors and students at the beginning of the internship. The faculty, site supervisor, and intern meet during the site visit to discuss the evaluation results together twice during the internship training.
- **Exit Survey** is conducted before students' graduation via Qualtrics and is launched and summarized by the program's Data Coordinator. The RMHC program faculty work as a team in evaluating graduate experience and implementing the needed changes to improve outcomes after input from other stakeholders described on pages 1-2.

- **The One-Year Graduate Follow-up Survey** is conducted one-year post-graduation via Qualtrics and is launched and summarized by the program's Data Coordinator.
- **Employer Survey** is conducted one-year post graduation via Qualtrics to seek the evaluation of the RMHC graduates from their employers' perspective.
- **Employment Rate** indicates the percentage of graduates obtaining employment after completing the program. This data provides evidence to support that the program is meeting the learning objectives.

Evidence-Based Program Improvement

The RMHC faculty compiles and analyzes data from the above described assessment. The results and possible action plans are discussed at the RMHC faculty weekly meeting and bi-annual Advisory Board meetings. The program data coordinator analyzes trends across multiple years and discusses them during the advisory meeting and annual faculty data evaluation meetings. The following sections describe the evidence-based improvement plan for individual learners and the program.

The Rehabilitation and Mental Health program at Western Oregon University is dedicated to ensuring student success. A key part of our commitment to students is providing support systems to help them monitor their academic progress and develop remediation plans when needed. The detailed process is described in the RMHC remediation policy. All evidence related to each student's learning outcome throughout the program is stored on the RMHC student files and university's online banner system. All students are partnered with an academic advisor to track their professional characteristics and competency toward graduation.

Each learner is evaluated by the content instructor in letter grades, while clinical courses (practicum, internship) are evaluated on a P (Pass)/NC (No Credit) basis. According to WOU Graduate School policy, students must always maintain a B (3.00 GPA) average on the courses fulfilling the degree requirements. Also, the RMHC students will not be able to return to the program after denial of the petition if they have one "C" grade or more. A Plan for Success is developed by the faculty team for any student who earns a "C", who demonstrates unsatisfactory clinical competence or needs improvement or who does not demonstrate competency (scores of 1) in any area on Biannual Student Performance Evaluation. This Plan for Success outlines improvements to be made in the area(s) of concern. Students are required to discuss appropriate action steps and follow-up with their faculty advisor regularly.

The Evidence-Based Program Improvement process include a structured procedure below for addressing unmet AQI thresholds. The follow-up improvement actions and available results are provided in the [RMHC Program Objectives, Evaluation Outcomes, and Continuous Improvement](#). This process ensures continuous, systematic monitoring and documentation of improvement actions when AQIs fall below the minimum threshold.

1. Identification: The program coordinator documents any unmet threshold in the annual Academic Quality Indicator report.
2. Root Cause Analysis: Faculty review possible contributing factors (e.g., curriculum gaps, student support needs, site limitations).
3. Action Plan: The program develops targeted strategies, which may include curricular revision, faculty development, or enhanced student mentoring.
4. Implementation: Corrective actions are implemented within the next academic cycle.
5. Follow-Up: Data for the next evaluation cycle are reviewed to assess whether corrective actions have improved outcomes.
6. Reporting: Results are summarized in the annual evaluation report, shared with the RMHC Advisory Board, faculty, and WOU Academic Effectiveness Office.

The RMHC program improvement steps for each objective are listed below.

RMHC Program Objectives, Evaluation Outcomes, and Continuous Improvement

RMHC Program Objectives, Evaluation Outcomes and Continuous Improvement

Mission: To prepare rehabilitation and mental health professionals who are skilled in advocating for and with persons who are Deaf or have disabilities and who are competent counselors knowledgeable of innovative and culturally sensitive rehabilitation practices and policies.

Program Objective 1: To provide students with a comprehensive understanding of rehabilitation and mental health counseling theories, models, and policies.

WHAT DO WE DO TO ENSURE THIS?	HOW WILL WE KNOW WE ARE SUCCESSFUL? (Benchmarks)	Academic Quality Indicator	OUTCOMES	CONTINUOUS IMPROVEMENT
1. The RMHC Program continuously and systematically assess how students individually demonstrate progress toward and mastery of the knowledge, skills, dispositions through 9 Key Performance Indicators (KPI) and graduation rate. (The 9 Key Performance Indicators align with CACREP 2024 entry level counseling standards. Mapping documentation is maintained internally and reviewed annually.)	1-1.80% per cohort will complete the program within 3 years. Information is stored in the program's internal student's file and WOU Banner by the student's advisor. 1-2. Students will earn a minimum 80% grade for each KPI assignment or resubmit until meeting the benchmark 1-3. In the Exit Survey (items 30-38), graduates will rate their exposure to the RMHC programs' Mission and Standards as <i>highly met</i> by averaging at least 2.5 on a 3.0 point scale. 1-4. On average, graduates will rate in the Exit Survey (items 1-29) their preparedness for professional practice in by the RMHC program no less than 2.5 on a 3.0 scale.	1-1 Graduate Outcome: Degree Completion Rates within 3 years with 80 % minimum threshold 1-2. Student Success Indicator: KPIs 1-9 80%	1-1. 85% in 2025 (13 graduated in 2025. 2 started in 2021 for 3-year plan, and 9 in 2023 for 2 year plan. 2 had one year leave and completed in 4 years. (goal met) 1-2. KPIs: 2 incomplete grades and will complete the course work in a year (goal partially met) . 1-3. Graduates responded to the Exit Survey (class 2025) and rated the exposure 2.7 on a 3.0 scale. (Goal met) . 1-4. Upon graduation (2023), RMHC graduates rated their preparedness for professional practice by the RMHC program 2.8 on a 3.0 scale. (Goal met)	<ul style="list-style-type: none"> • The retention and graduation rate is satisfactory. 8 entered in 2023 and continued in 3-year track. 3 are currently on leave of absence due to work conflicts or disability related issues and not able to complete KPIs. (Extended timelines based on workload, health needs, or personal circumstances, not program progression issues) • Academic advisors continue to provide mentorship meetings and outreach effort (ongoing). • Identify patterns of strengths and weakness within each assessment (application process and forms, Student Biannual evaluation and KPIs; Spring 2026). • Review/revise the three surveys to collect data from graduates and employers (Spring 2026). • Review/revise the delivery of course content related to theories based on survey outcomes (Summer 2026). • Review program effectiveness with key personnel with Advisory Board (addressed in Fall 2026)
2. As part of the exit evaluation, students complete a Comprehensive Case Conceptualization Presentation applying CACREP required domain knowledge to their work with an assigned case study client.	2-1. 80% or more will complete the case conceptualization presentation for the first time during their last term. 2-2. Students who do not complete the exit evaluation the first time will be on Plan for Success and retake it no sooner than 3 months after the last one. 100% of them will complete with the Plan for Success.	NA	2-1. 100% successfully completed the exit requirement the first time. (Goal met) 2-2. All passed the exit requirement and none received the Plan for Success. (Goal met)	<p>Satisfactory area; the program will continue to implement the steps below.</p> <ul style="list-style-type: none"> • Case conceptualization is scheduled weekly with internship site supervisors and faculty supervisor so the feedback is provided frequently. • Continuous partnership with the site to create more case conceptualization opportunities for those who will benefit from.
3. Students are required to take NCE/NCMHCE or Certified Rehabilitation Counselor exam in their last year of	3-1. 100% of the students will take a national exam during the last year in the program. 3-2. 65% of the students who take the exam will pass.	Graduate outcome: Credentialing examination pass rate with	3-1. 100% of students (14 out of 14) enrolled for a national exam in 2025. 3-2. 73% passed (Goal met) .	<p>Satisfactory; continue to implement:</p> <ul style="list-style-type: none"> • Advisory board review outcomes and discuss the strengths and growth areas • Results inform each instructor's curriculum design; the weaker area is emphasized with quiz and practice.

study. Pass the exam not required for graduation.		65% thread hold		The NCE domains to focus: clinical focus, treatment planning, counseling skills/ intervention/attributes, counseling and helping relationships (reviewed and addressed in Fall 2026) ● Provide microlearning sessions during Winter/Spring 26 (ongoing).
Program Objective 2: To develop students’ proficiency in social justice counseling that empower individuals with various levels of ability to attain self-determination, equity, meaningful employment, full community inclusion, and personal growth				
WHAT DO WE DO TO ENSURE THIS?	HOW WILL WE KNOW WE ARE SUCCESSFUL?	Academic Quality Indicator	OUTCOMES	CONTINUOUS IMPROVEMENT
1. The RMHC program offers two practica (8 credits) to promote student’s competency in these areas.	1. No more than 20% of students will receive incomplete practicum grade after 2 practica or need remedial practicum support.	Fieldwork: Practicum threshold 100% with 80% pass	1. 89% pass; 11% of students received incomplete (Goal met).	Satisfactory; will continue to implement: ● Faculty review and revise the delivery of practicum and internship contents (team addressed during each clinical courses; emphasized practicum video recording and supervision requirements, strengthen collaboration with site for formative and summative feedback). ● regularly evaluate student’s unique learning needs and incomplete outcome (due to disability, work conflict) (quarterly), remedial clinical support will be provided when applicable (i.e. additional clinical training with site support in Fall ‘26). ● Identify patterns of strengths and weakness within each assessment (ongoing) ● Incorporate local expert to serve in student’s exit evaluation (ongoing). ● Increase graduates' understanding of the mental health and rehabilitation workplace by including special training or guest presentations (in RC 640, 650, 660, 670) ● Address low response rate (n=3) by offering multiple reminders and continuously building positive professional partnerships, discussing the importance of outcome measurements (in Fall 2025).
2. Students enroll in an Internship during their last year (20 credits), emphasizing problem-solving and innovative leadership in rehabilitation or mental health settings..	2-1. On average, site supervisors will rate 100% of interns as satisfactory or advanced on the end of term evaluation. 2-2. On average, graduates will rate in the Exit Survey (items 39-49) their preparedness for professional practice in their clinical experiences no less than 2.5 on a 3.0 scale.	Fieldwork placement: Internship placement threshold 100% with 80% pass	2-1. Internship supervisors rated 100% of interns as satisfactory or advanced on the Internship End of Term Supervisor Evaluation. (Goal met) 2-2. Upon graduation, graduates rated their preparedness for professional practice 2.8 on a 3.0 scale. (Goal met)	
3. Students complete a case conceptualization (see objective 1, action 2)	See objective 1, benchmarks 2-1 and 2-2 above.	NA	See objective 1, outcomes 2-1 and 2-2 above.	
4. The program provides multiple career consultation meetings and Professional Topic seminars.	4-1. The employment rate with masters degree qualification will be 80% 3 months after graduation. 4-2. One year after graduation, Employer Survey (items 3.1-3.5) respondents will rate graduate employees at least 3.0 on a 4.0 scale on their competency. ² 4-3. One year after graduation, employers (items 3.6-3.7) will rate graduates' culturally responsive care 3.0 on a 4.0 scale 4-4. One year after graduation, employers holding similar positions will rate graduates' clinical skills at least 3.0 on a 4.0 scale (items 4.1-4.4).	Graduate outcomes: 80% Employment rate 3 months after graduation	4-1. 100% were employed full time within 3 months. (Goal met) 4-2. One year after graduation, employers rated graduate employees 3.2 on a 4.0 scale on their knowledge and skill related. (Goal met) 4-3. One year after graduation, employers rated graduates’ culturally responsive care at 3 on a 4.0 scale. (Goal met). 4-4. When compared to other employees holding similar positions, responding employers rated graduates 3 on a 4.0 scale related to their clinical skills. (Goal met).	
Program Objective 3. To cultivate students’ professional excellence and leadership through the practice of ethical behavior and integrity				
WHAT DO WE DO TO ENSURE THIS?	HOW WILL WE KNOW WE ARE SUCCESSFUL?	Academic Quality Indicator	OUTCOMES	CONTINUOUS IMPROVEMENT

1. The Professional Characteristics Evaluation (on the biannual evaluation form) evaluates multiple behaviors indicating a commitment to professional excellence, innovative leadership, and the practice of ethics and integrity.	1-1. 100% of students will be rated biannually on their Professional Characteristics Evaluation by faculty. 1-2. By the end of the internship, 100% of students will receive ratings no lower than the satisfactory level on 100% of the items. ³	Student Success Indicator: Professional disposition. (A plan of success is needed if not satisfactory.	1-1. 100% of students were evaluated biannually on their Professional Characteristics (Goal met, excluding 3 on leave) . 1-2. 100% received satisfactory and exceptional levels. (Goal met)	Satisfactory; will continue to implement: <ul style="list-style-type: none"> Review outcomes of student's disposition (completed 1st Winter, Summer; 2nd Fall, Spring), review plan for success regularly as specified by each plan (NA) Identify strengths and growth areas within each assessment (completed with each student) Advisors provide quarterly check-in to students on leave (ongoing)
2. Ethics and integrity are taught in RC 650 as well as emphasized throughout the program.	2-1. 85% of students complete RC 650 (Ethics) with A grade. 2-2. students will earn a minimum 80% grade for the KPI assignment (ethics final paper) or resubmit	Student Success Indicator: KPI w/ 80% threshold.	2-1. 90% of students completed RC 650 (Ethics) with an A grade. (Goal met) . 2-2. After 5% of students resubmitted KPI assignment; all met 80% benchmark (Goal met)	Satisfactory; will continue to implement <ul style="list-style-type: none"> Embed ethics and class discussions in courses (ongoing, with specific focus in clinical courses).
3. Students are provided with leadership opportunities through group projects and on/off campus opportunities.	3-1. Students complete RC 630 Group Work KPI assignment with 80% or above grade. 3-2. One year after graduation, employers who respond to the Employer Survey (item 4.4) will rate their willingness to hire another WOU RMHC graduate at least 3.0 on a 4.0 scale. ²	Student Success Indicator: KPI w/ 80% threshold.	3-1. 100% of students completed RC 630 Group Work KPI assignment with 80% or above grade (Goal met) . 3-2. One year after graduation, employers rated their willingness to hire another WOU RMHC graduate 4 on a 4.0 scale. (Goal met) .	<ul style="list-style-type: none"> Continue student leadership activities (workshops on campus, professional organizations in Summer & Fall 2025). Consult employers and RMHC Advisory Board about leadership expectations (will incorporated employer feedback to RC 630 in Spring 26; early engagement in group facilitation).

¹ The Exit Survey is conducted before graduation via Qualtrics and summarized by the program's Data Coordinator.

² The Employer Survey is conducted one year post-graduation via Qualtrics and summarized by the program's Data Coordinator.

³ Student/faculty conferences to discuss Professional Characteristics ratings are held as part of the biannual student performance evaluation. The student's advisor coordinates this activity and summarizes the data

Trends across multiple years are analyzed by the program data coordinator.

Academic Quality Indicators

Overall, Academic Quality Indicators (AQIs) for the 2024-2025 academic year demonstrate strong program performance across all required outcome areas. Degree completion (85%), employment within three months (100%), and credentialing exam pass rates (73%) exceeded established minimum thresholds. Practicum and internship placement rates remained at 100%, with pass rates consistently meeting the 80% benchmark. KPI-aligned course assessments and biannual student evaluations also reflected high levels of student competency, with most indicators showing 94-100% achievement. These results confirm that the RMHC program is meeting its training objectives and provide direction for targeted improvements outlined in the following sections.

Aggregate Assessment of Student Success

Student Success Indicator	Established Minimum Threshold(s) by Assessment Type (if applicable)	Times When Data Was Collected	Aggregate Achievement Level at Each Point in Time Data Was Collected	Trend Analysis (Assessments before 2023 were based on 2016 standards; not presented)
Key Performance Indicators – Entry Level				
1. Students will become familiar with the ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling across service delivery modalities and specialized practice areas	<ul style="list-style-type: none"> Students must earn at least 80 % of the summative assignments (Ethics Papers) maximum points to progress. Otherwise, students will rewrite the papers until receiving 80 % of the maximum points. Students must score “2” on the KPI section of the biannual student evaluation form demonstrating completed the KPI assignments with scores at 80% or above) 	<ul style="list-style-type: none"> First fall term when RC 650 is delivered. Second spring when RC 651 is delivered 1st, and 4th biannual student evaluations- student’s self-report and advisor’s observation (started to collect the KPI data in 2024-2025.) 	2024-2025 <ul style="list-style-type: none"> RC 650 Ethics Paper (n=17, 94% met) RC 651 Ethical Practice II Paper (n=12, 100% met) 1st biannual student evaluations (n=18, 100% met) 4th biannual student evaluations (n=13, 100% met) 2023-2024 <ul style="list-style-type: none"> RC 650 Ethics Paper (n=19, 100% met) RC 651 Ethical Practice II Paper (n=17, 100% met) 1st biannual student evaluations (n=19, 100% met) 4th biannual student evaluations (n=14, 100% met) 	There's a consistent trend of high achievement across. The percentage of students meeting benchmarks has remained consistently high, ranging from 94-100% in course assignments. The addition in biannual student evaluations since 2023 has provided additional data points, confirming effective approach to teaching ethical standards and considerations.
2. Students will understand theories and models of multicultural counseling, cultural identity development, and social justice and advocacy	<ul style="list-style-type: none"> Summative assignment (RC 623, 633 Papers) must be at least 80 % to progress. Otherwise, rewrite until receiving 80 %. Students must score “2” on the KPI section of the biannual student evaluation form demonstrating completed the KPI assignments with scores at 80% or above) 	<ul style="list-style-type: none"> First winter term when RC 623 is delivered First spring term when RC 633 course is delivered. 2nd biannual student evaluations 4th biannual student evaluations 	2024-2025 <ul style="list-style-type: none"> RC 623 Systems and Social Justice Paper (n=16, 100% met) RC 633 The Diversity Project (n=18, 100% met) 2nd biannual student evaluations (n=16, 100% met) 4th biannual student evaluations (n=13, 100% met) 2023-2024 <ul style="list-style-type: none"> RC 623 Systems and Social Justice Paper (n=21, 100% met) RC 633 The Diversity Project (n=22, 100% met) 2nd biannual student evaluations (n=16, 100% met) 4th biannual student evaluations (n=14, 100% met) 	Performance in this area has remained strong and consistent. Course-based assessments show 100% achievement rates across all years. The introduction of biannual student evaluations since 2023 has provided additional positive data points, all at 100% achievement. This suggests that the program consistently delivers effective multicultural counseling education.

3. Students will identify systemic, cultural, and environmental factors that affect lifespan development, functioning, behavior, resilience, and overall wellness	<ul style="list-style-type: none"> Summative assignment (RC 632, 631 Papers) must be at least 80 % to progress. Otherwise, rewrite until receiving 80 %. Students must score “2” on the KPI section of the biannual student evaluation form demonstrating completed the KPI assignments with scores at 80% or above) 	<ul style="list-style-type: none"> First winter term when RC 632 course is delivered. First summer term when RC 631 is delivered. 3rd biannual student evaluations-review by both student and advisor 4th biannual student evaluations 	<p>2024-2025</p> <ul style="list-style-type: none"> RC 632 Medical & Psychosocial Aspects of Disabilities Paper (n=18, 100% met) RC 631 paper (n=18, 94% met) 3rd biannual student evaluations (n=13, 100% met) 4th biannual student evaluations (n=13, 100% met) <p>2023-2024</p> <ul style="list-style-type: none"> RC 632 Medical & Psychosocial Aspects of Disabilities Paper (n=21, 100% met) RC 631 paper (n=16, 94% met) 3rd biannual student evaluations (n=14, 100% met) 4th biannual student evaluations (n=14, 100% met) 	Achievement rates were consistent 100% in RC 632 while 94% in RC 631 due to incomplete grades. RC 631 was delivered in summer, which created challenges for students to balance school and personal life. The biannual evaluations showed 100% achievement, further supports this positive trend.
4. Students will be familiar with strategies for assessing abilities, interests, values, personality, and other factors that contribute to career development	<ul style="list-style-type: none"> Summative assignment (RC 613 Personal Career Assessment Paper) must be at least 80 % to progress. Otherwise, rewrite until receiving 80 %. RC 610 site supervisor’s evaluation of intern, item 6: achieve rating of 3 (Above Average), or on an improvement plan until demonstrate satisfactory counseling outcomes. Students must score “2” on the KPI section of the biannual student evaluation form demonstrating completed the KPI assignments with scores at 80% or above) 	<ul style="list-style-type: none"> First spring term when the RC 613 course is delivered. Each internship evaluation in winter and spring term by site supervisor and faculty 2nd biannual student evaluations-review by both student and advisor 4th biannual student evaluations-review by both student and advisor 	<p>2024-2025</p> <ul style="list-style-type: none"> RC 613 Personal career assessment paper; n=19, 95% met RC 610 Internship site supervisor’s evaluation of the student; n=13, 100% met benchmark 2nd biannual student evaluations (n=16, 100% met) 4th biannual student evaluations (n=13, 100% met) <p>2023-2024</p> <ul style="list-style-type: none"> RC 613 Personal career assessment paper; n=19, 100% met RC 610 Internship site supervisor’s evaluation of the student; n=14, 100% met benchmark 2nd biannual student evaluations (n=16, 100% met) 4th biannual student evaluations (n=14, 100% met) 	Performance in this area has remained consistently high. The RC 613 assignment shows high achievement (95-100%). The addition of internship evaluations and biannual student evaluations, all at 100% achievement, provides a more comprehensive view of student performance. Overall, this suggests a robust and effective approach to teaching career development strategies.

5. Students will use interviewing, attending, and listening skills in the counseling process	<ul style="list-style-type: none"> Students must earn at least 80 % of points in the summative assignments (RC 611 Counselor Competency final paper, RC 634 My View of Clients and Treatment Plan) to progress. Otherwise, rewrite until reaching 80 %. RC 610 inters must achieve a rating of 3 (Above Average) on item 15; or on an improvement plan for additional training. Students must score “2” on the KPI section of the biannual student evaluation form demonstrating completed the KPI assignments with scores at 80% or above) 	<ul style="list-style-type: none"> First fall term when the RC611 course is delivered. First spring term when the RC634 course is delivered. Each internship evaluation in winter and spring term by site supervisor and faculty 1st biannual student evaluations 4th biannual student evaluations 	<p>2024-2025</p> <ul style="list-style-type: none"> RC 611 Counselor competency paper; n=18, 100% RC 634 Diagnosis, Treatment Planning Assessment: My View of Clients and Treatment Plan; n=18, 94% 1st biannual student evaluations (n=18, 100% met) 4th biannual student evaluations (n=13, 100% met) <p>2023-2024</p> <ul style="list-style-type: none"> RC 611 Counselor competency paper; n=21, 90% met RC 634 Diagnosis, Treatment Planning Assessment: My View of Clients and Treatment Plan; n=20, 100% met 1st biannual student evaluations-(n=23, 100% met) 4th biannual student evaluations (n=14, 100% met) 	<p>Achievement rates in both RC 611 and RC 634 showed consistent high performance (94-100%). The internship evaluations and biannual student evaluations all at 100% achievement, provides a more comprehensive and positive view of student skills.</p> <p>While there were some fluctuations in different years, overall counseling skills are being effectively developed and demonstrated.</p>
6. Student will identify culturally sustaining and developmentally responsive strategies for designing and facilitating groups	<ul style="list-style-type: none"> The RC 630 summative assignments (group proposal and facilitation paper) must receive 80 % or more to progress or students rewrite until meeting thread hold. RC 610 inters must achieve a rating of 3 (Above Average) on item 27; or on an improvement plan for additional training. Students must score “2” on the KPI section of the biannual student evaluation form demonstrating completed the KPI assignments with scores at 80% or above) 	<ul style="list-style-type: none"> First summer term when RC 630 course is delivered. Each internship evaluation by site supervisor and faculty 2nd biannual student evaluations 4th biannual student evaluations 	<p>2024-2025</p> <ul style="list-style-type: none"> RC 630 Group Proposal & Facilitation Reflective paper; n=19, 100% RC 610 Internship Assessments; n=13, 100% met 2nd biannual student evaluations (n=16, 100% met) 4th biannual student evaluations (n=13, 100% met) <p>2023-2024</p> <ul style="list-style-type: none"> Group Proposal & Facilitation paper; n=16, 100% met benchmark RC 610 Internship; n=12, 100% met benchmark 2nd biannual student evaluations (n=16, 100% met) 4th biannual student evaluations (n=14, 100% met) 	<p>Sample sizes ranged from 12 to 16 students with consistent high performance across years. 100% of students met the benchmark in all reported years (2021-2022, 2022-2023, 2023-2024).</p>
7. Students will become familiar with procedures for assessing clients’ experience of trauma	<ul style="list-style-type: none"> Summative assignment (RC 640 Trauma Intervention Paper, RC 645 final paper) must be at least 80 % to progress. Otherwise, rewrite until receiving 80 %. Students must score “2” on the KPI section of the biannual student evaluation form demonstrating completed the KPI assignments with scores at 80% or above) 	<ul style="list-style-type: none"> Second fall term when RC 640 course is delivered. Second winter term when RC 640 course is delivered. 2nd biannual student evaluations 4th biannual student evaluations 	<p>2024-2025</p> <ul style="list-style-type: none"> RC 640 Trauma Intervention paper; n=15, 100 % met RC 645 final paper; n=14, 93% met 2nd biannual student evaluations (n=16, 100% met) 4th biannual student evaluations (n=13, 100% met) <p>2023-2024</p> <ul style="list-style-type: none"> RC 640 Population-Specific Trauma Intervention paper; n=18, 100 % met RC 645 final paper; n=14, 100% met 2nd biannual student evaluations (n=16, 100% met) 4th biannual student 	<p>Student numbers ranged from 13 to 18 with consistent high performance across years (93%-100% met benchmark)</p>

			evaluations (n=14, 100% met)	
8. Students will become familiar with the importance of research in advancing the counseling profession, including the use of research to inform counseling practice	<ul style="list-style-type: none"> Summative assignment (RC 625 Literature Reviews Paper, RC 612 Counseling Theory Paper) must be at least 80 % to progress. Otherwise, rewrite until receiving 80 %. Students must score “2” on the KPI section of the biannual student evaluation form demonstrating completed the KPI assignments with scores at 80% or above) 	<ul style="list-style-type: none"> First fall term when RC 625 course is delivered. First winter term when RC 612 course is delivered. 1st biannual student evaluations 4th biannual student evaluations 	<p>2024-2025</p> <ul style="list-style-type: none"> RC 625 Literature reviews paper; n=17, 94% RC 612 Counseling Theory Paper; n=19, 100% met 1st biannual student evaluations (n=18, 100% met) 4th biannual student evaluations (n=13, 100% met) <p>2023-2024</p> <ul style="list-style-type: none"> RC 625 Literature reviews paper; n=23, 100% met RC 612 Application of Counseling Theory to Client Final Paper; n=16, 94% met 1st biannual student evaluations (n=23, 100% met) 4th biannual student evaluations (n=14, 100% met) 	Consistently high achievement (94-100%) meeting benchmarks. Expansion of assessment methods with the addition of biannual student evaluations also confirmed the achievement
9. Student will become familiar with the case management strategies that facilitate rehabilitation and independent living planning (5.G.12)	<ul style="list-style-type: none"> Summative assignment (RC 660 Clinical Setting Research Project) must be at least 80 % to progress. Otherwise, rewrite until receiving 80 %. RC 610 inters must achieve a rating of 3 (Above Average) on item 38; or on an improvement plan for additional training. Students must score “2” on the KPI section of the biannual student evaluation form demonstrating completed the KPI assignments with scores at 80% or above) 	<ul style="list-style-type: none"> Second fall term when the RC 660 course is delivered. Second winter and spring term when RC 610 course is delivered 3rd biannual student evaluations 4th biannual student evaluations 	<p>2023-2024</p> <ul style="list-style-type: none"> RC660 Clinical Setting Research Project, n=20, 100% met RC 610 site supervisor’s evaluation of intern; n=13, 100% met 3rd biannual student evaluations (n=13, 100% met) 4th biannual student evaluations (n=13, 100% met) <p>2023-2024</p> <ul style="list-style-type: none"> RC660 Clinical Setting Research Project; n=18, 94% met benchmark RC 610 Internship site supervisor’s evaluation of the student; n=12, 100% met 3rd biannual student evaluations (n=14, 100% met) 4th biannual student evaluations (n=14, 100% met) 	The data indicates consistently high performance on this KPI. The introduction of additional assessment measures in 2023-2024 provides a more comprehensive view of student performance. RC 660 has a slight decline in the most recent year, but overall performance remains strong.
<p>Professional Dispositions – Entry-Level</p> <p>The <i>Assessment of Professional Qualities of Graduate Students</i> evaluates professional dispositions. Students with a rating of 1 in any area must attend a follow-up meeting with advisors. Once a plan of success is established, the student and faculty team will determine the action steps for improvement. Students are expected to progress within the established timeline.</p> <p>(*1 = never/no demonstration of capacity; needs significant support; 2 = occasional demonstration of capacity, needs some support; 3 = consistent demonstration of capacity, needs minimal support; 4 = consistently independent)</p>				

Assessment of Professional Qualities of Graduate Students.	80% of students will receive scores of 2* or above on all items.	1. First winter term, Students will meet with adviser to discuss the 1st evaluation. 2. The end of the first year. 3. The second winter break. 4. The last term when students are completing their oral comp	2024-2025 1. n=18, 94% met benchmarks. 2. n= 16, 93% met 3. n= 13, 100% met 4. n= 13, 100% met 2023-2024 1. n= 21, 90% met benchmarks. 2. n= 14, 93% met 3. n= 14, 93% met 4. n= 14, 100% met 2022-2023 1. n=14, 93% met benchmarks. 2. n= 15, 87% met 3. n= 14, 93% met 4. n= 14, 93% met	The percentage of students meeting benchmarks has increased, with the most recent year showing the highest percentages (93-100% across all points in time).
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Aggregate Assessment of Graduate Outcomes

Type	Established Minimum Threshold	Times When Data Was Collected	Aggregate Achievement Level by Program Delivery Type and Specialized Practice Area(s)	Trend Analysis
Pass Rates on Credentialing Examinations. NCE/NCMHCE or CRC exam (required by the program as partial degree completion; students do not need to pass to graduate)	65% pass rate	During last year in the program	<ul style="list-style-type: none"> ● 2025: 73% passed (11/14) ● 2024: 92% passed (11/12) ● 2023: 83% passed (10/12) ● 2022: 87% passed (13/15) 	Shown year-to-year fluctuation; expected in a small-enrollment program where changes of one to two students can significantly affect percentage calculations. Across the four-year period, the number of students who did not pass on their first attempt has remained relatively stable (typically 1-3 students annually), but because annual cohort sizes range from 12–15 students, this results in noticeable percentage variability.
Degree Completion Rates within 3 years (RMHC program plan is for 2-3 years full time)	80%	Upon graduation	<ul style="list-style-type: none"> ● 85% in 2025 (13 graduates; includes 9 students completing the 2-year plan beginning in 2023, 2 following a 3-year plan beginning in 2021, and 2 completed in 4 years due to a one-year leave of absence ● 87% in 2024 (21 graduates; 15 started in 2021 for 3-year plan, and 9 in 2022 for 2 year plan) ● 83% in 2023 (24 graduated. 3 in 2.5 year plan, 9 in 3 year plan out of 29 who started in 2020) ● 100% in 2022 (all 18 graduated in 2 years. 	Degree completion rates have remained consistently strong, ranging from 83% to 100%, and consistently meeting 80% minimum threshold. Variability across years is expected given small cohort sizes and the program's transition from a single 2-year plan to a mix of 2-, 2.5-, and 3-year completion pathways beginning with the 2020 cohort. The slight dip in 2023 (83%) aligns with the first cohort affected by the program's shift to offering extended 2.5- and 3-year options, which naturally diversifies time to completion and affects annualized calculations. As the program now enrolls students across multiple pacing plans, completion rates by graduating year reflect both planned timeline variations and occasional leaves of absence rather than issues with student progression.

Employment Rates (Employed in qualified settings with graduate degree requirement)	80%	3 months post- graduation	<ul style="list-style-type: none"> • 100% in 2025 • 100% in 2024, • 96 % in 2023 (100% within 5 months) • 100 % in 2022. 	Employment rates remain strong, consistently demonstrating the program's effectiveness in preparing students for the rehabilitation counseling workforce. Across the four-year period, the program met the 80% minimum threshold every year, with most cohorts reaching 100% employment. The slight dip to 96% in 2023 reflects a one-student delay rather than a trend, as all graduates ultimately obtained relevant employment shortly thereafter.
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Aggregate Assessment of Fieldwork Placements

Type	Established Minimum Threshold	Times When Data Was Collected	Aggregate Achievement Level by Program Delivery Type and Specialized Practice Area(s)	Trend Analysis
Practicum	<ul style="list-style-type: none"> 100% of students have an approved practicum site placement 80% will pass/satisfactory or above 	<ul style="list-style-type: none"> By the start of the enrollment quarter term End of 2nd practicum term 	<p>2024-2025</p> <ul style="list-style-type: none"> 100% placement rate 84% (16/18, 2 incomplete grades, students moved to 3 year plan) <p>2023-2024</p> <ul style="list-style-type: none"> 100% placement rate 84% satisfactory or above (11/13, 2 incomplete grades were updated after hours completion-students advanced to internship) <p>2022-2023</p> <ul style="list-style-type: none"> 100% placement rate 85% (11/13; 1 incomplete grade was updated after hours completion - advanced to internship, 1 on leave) <p>2021-2022</p> <ul style="list-style-type: none"> 100% placement rate 83% (15/18; 3 incomplete grades were updated after hours completed and advanced to internship) 	<p>Placement rates have remained consistent at 100% across all years. Pass rates (satisfactory or above) show were consistently between 83-85% as a few students were not able to get the needed clinical hours. The program consistently meets the 100% placement goal and is improving in meeting the 80% pass rate goal.</p>
Internship	<ul style="list-style-type: none"> 100% of students have an approved internship site placement by the start of the term in which they want to enroll in the course 80% will complete internship with pass/satisfactory or advanced level 	<ul style="list-style-type: none"> By the start of the enrollment quarter term End of the last internship term 	<p>2024-2025</p> <ul style="list-style-type: none"> 100 % placement rate 85% (12/14) (2 incompletes due to not enough direct hours; continuing internship in Fall 2025) <p>2023-2024</p> <ul style="list-style-type: none"> 100 % placement rate 85% (11/13) (2 incompletes due to not enough direct hours-finished in Fall 2024) <p>2022-2023</p> <ul style="list-style-type: none"> 100 % placement rate 100% (12) <p>2021-2022</p> <ul style="list-style-type: none"> 100 % placement rate 100% (18) 	<p>Both placement rates and pass rates (satisfactory or advanced) have remained consistent. 2 interns were able to pass internship once obtained the required hours. This indicates a stable and successful internship program that consistently meets both established thresholds.</p>

Evidence of Community Partner Engagement and Resulting Program Decisions

The RMHC program actively engages multiple community partners (e.g., site supervisors, employers, program graduates, RMHC Advisory Committee) to gather systematic feedback on program effectiveness, curriculum quality, and graduate preparedness. These external perspectives directly inform ongoing program evaluation and improvement activities. The following examples demonstrate how partner feedback from year 2024 to 2025 resulted in specific, data-driven decisions. These follow-up studies (graduate exit survey, one-year graduate and employer surveys, and fieldwork supervisor evaluations) are conducted on a recurring schedule and analyzed annually as part of the RMHC Comprehensive Assessment Plan. More details are provided in the section *Curriculum Modifications and Program Improvement Informed by Program Evaluation*.

1. Site Supervisor Feedback Helped Improvements in Practicum & Internship Readiness

Site supervisors consistently rated interns as *satisfactory or advanced*; however, qualitative feedback highlighted the need for earlier support in documentation practices, clinical decision-making, and confidence in treatment planning. A small number of students received incomplete grades in practicum due to insufficient direct hours. Site supervisors' feedback was taken to ensure that students who entered internship with incomplete hours or delayed progress received more comprehensive preparation and support.

In response, faculty:

- Strengthened pre-requisite and early clinical coursework (RC 611, RC 612, RC 613, RC 630) by integrating more structured recorded demonstrations and supervisor-guided feedback.
- Expanded orientation with site supervisors to align expectations and standardize performance benchmarks.
- Increased the emphasis on case conceptualization discussions during weekly internship meetings facilitated by faculty.

2. Employer Feedback Guided Enhancements in Trauma, Cultural Responsiveness & Leadership Training

Employer surveys indicated strong satisfaction with graduates' professional skills (3.4 on 4.0 scale), cultural responsiveness (3 on 4.0 scale), and clinical competencies (3.2 on 4.0 scale).

Employers also expressed interest in:

- Additional training in trauma-informed interventions
- Strengthened leadership and advocacy skills for interdisciplinary teams

As a result, the program:

- Revised RC 640 and RC 645 to include more population-specific trauma case studies and applied practice activities.
- Integrated guest speakers from rehabilitation and mental health agencies (RC 660 in October 2025, RC 640 in October 2025) to address current workforce needs.
- Added leadership-focused activities and earlier group facilitation experiences in RC 630.

These changes directly reflect employer recommendations and the evolving needs of rehabilitation counseling settings.

3. Graduate Exit Survey Feedback Informed Adjustments to Theory Integration and Academic Support

Graduates rated their preparedness highly (2.7–2.8 on a 3-point scale), but some reported needing stronger support in:

- Applying counseling theories to real clinical cases
- Managing the workload of summer term courses
- Preparing for national exams

The following student-informed modifications aim to increase readiness at key transition points in the program.

- RC 612 (in Winter 2026) and RC 625 (Fall 2025) were revised to provide more structured theory-to-practice scaffolding.
- Summer courses (e.g., RC 631) were redesigned with a modular web-based format to reduce cognitive load.
- Faculty created micro-learning review sessions targeting weaker NCE/NCMHCE domains (e.g., treatment planning, helping relationships).

4. Advisory Committee Feedback Strengthened Program Identity Clarification & Survey Improvements

During the biannual Advisory Board meetings, members affirmed program strengths and provided three key recommendations:

1. Clarify program identity to emphasize Rehabilitation Counseling as the degree awarded and the primary CACREP-accredited area.
2. Improve survey design and response rates for employers and graduates.
3. Enhance fieldwork partnership communication, especially regarding expectations and evaluation timelines.

The program enacted the following:

- Updated all recruitment materials, website content, and program descriptions to explicitly identify the M.S. as a Rehabilitation Counseling degree with mental health curricular strengths.
- Initiated a Spring 2026 redesign of graduate and employer surveys to increase clarity, remove redundancy, and strengthen alignment with CACREP standards.
- Expanded faculty-site supervisor communication protocols to support consistent evaluation cycles and shared expectations.

Curriculum Modifications and Program Improvement Informed by Program Evaluation

The RMHC used multiple program evaluation measures and tools, including KPIs, AQIs, exit surveys, employer surveys, site supervisor evaluations, and Advisory Board recommendations. Program evaluation data from 2024 to 2025 resulted in several targeted curriculum and program improvements. Although overall assessment results demonstrated consistently strong student performance, high employment rates, and robust fieldwork outcomes, specific patterns emerged that informed the following modifications. The modifications were implemented or scheduled for 2024-2026 as a direct response to AQI findings and partner feedback summarized in the preceding sections.

1. Strengthening Theory and Case Conceptualization Instruction

Exit survey and Advisory Board discussions identified a need for greater consistency in students' application of theoretical models during clinical case conceptualization. In response, the faculty initiated the following adjustments:

- Revised RC 612 and RC 625 assignments to provide more structured theory-to-practice scaffolding.
- Increased the use of formative quizzes addressing weaker NCE domain areas (e.g., treatment planning, counseling skills, helping relationships).
- Added micro-learning modules scheduled for Fall 2025, Winter 2026, and Spring 2026 to reinforce applied theory integration.

2. Enhancing Practicum Readiness and Early Clinical Skill Development

Practicum pass rates met the 80% threshold but included a small number of incomplete grades related to student readiness. To improve early clinical skill formation, the program:

- Strengthened pre-practicum coursework in RC 611 (ongoing-Fall 2025), RC 612 (Winter 2026), and RC 613 (Winter 2026) by embedding more recorded skills demonstrations and structured supervisor feedback.
- Increased collaboration with field sites to provide clearer expectations, particularly around direct service hours and documentation practices.
- Expanded availability of remedial clinical support, including additional simulation opportunities for students with disability-related or work-related scheduling challenges.

3. Adjusting Summer Course Delivery to Improve Student Performance

RC 631 met the benchmark, and for continuously enhancing the student performance, faculty has noted that summer delivery created challenges for students balancing competing obligations. As a result:

- RC 631 was revised with a modular format to reduce cognitive load and improve pacing in Summer 2025, and will report the result in 2026.
- Additional asynchronous support materials was added to assist students managing external stressors.
- Faculty will continue monitoring student outcomes to determine whether summer delivery remains appropriate.

4. Expanding Trauma-Informed Counseling Instruction

Although most students met KPI benchmarks in RC 645 (93%), Advisory Board feedback emphasized the importance of additional training in applied trauma interventions. The program responded by:

- Embedding population-specific trauma case studies across RC 640, RC 645, and in clinical courses.
- Increasing guest speaker integration from local agencies specializing in trauma, disability, and rehabilitation services. A scheduled half-day workshop on trauma informed care will be provided in Spring 2026.
- Strengthening links between trauma coursework and internship site selection.

5. Improving Data Collection and Evaluation Processes

Faculty identified the need to refine graduate and employer surveys to improve response quality. As part of the Spring 2026 evaluation plan:

- The three primary surveys (exit, employer, one-year follow-up) will be revised to increase clarity, reduce redundancy, and improve alignment with CACREP standards and AQIs.
- Survey distribution timing was adjusted to increase employer response rates. The next round will be in Fall 2026.

6. Increased Focus on Professional Identity and Leadership

Employer feedback and Advisory Board discussion highlighted the strengths of RMHC graduates in leadership and professional ethics. To further reinforce this:

- Leadership development activities were increased in RC 630, with earlier exposure to group facilitation.
- Opportunities for professional development and reinforcing the professional identity, students are encouraged to participate in professional organizations (ACA, local rehabilitation agencies), conduct informational interviews early before they were awarded RSA scholarship. Additionally, the program created multiple group facilitation opportunities for 2nd year students during welcome week and RMHC orientation events.

7. Program Identity Alignment with CACREP Review Feedback

In alignment with CACREP reviewer recommendations (May 2025), the program refined all recruitment language, website content, and advising materials to:

- Clearly identify the degree as *M.S. in Rehabilitation Counseling*.
- Emphasize mental health coursework as a curricular strength that enhances rehabilitation counselor preparation.

These revisions were shared with the Advisory Board for review and affirmed as a needed clarification to strengthen professional identity messaging.

Significant Program Changes

1. Program Identity Alignment in Rehabilitation Counseling

In addition to the curriculum and assessment-related changes described above, the following significant program changes occurred in 2024-2025. Based on the CACREP accreditation reviewers' feedback received in May 2025, we have been revising our program website and recruitment material to consistently use "M.S. in Rehabilitation Counseling" and rephrase it as curricular strengths within the CACREP-accredited Rehabilitation Counseling program, or integrates mental health coursework that enhance students' competencies in rehabilitation counseling. An updated example: The Rehabilitation and Mental Health Counseling program offers an M.S. in Rehabilitation Counseling degree through a CACREP-accredited Rehabilitation Counseling program. Curricular strengths include coursework that enhances preparation for rehabilitation counseling practice. Graduates provide counseling and consultative services to the general population of persons with disabilities who are eligible to seek Oregon licensure as a licensed professional counselor in mental health settings.

2. Faculty Changes

- a. Dr. Thew Hackett departed Western Oregon University for another professional pursuit during 2024-2025. To strengthen the program's alignment with CACREP Standard 1.Z, two new full-time faculty members were recruited, both demonstrating clear and sustained professional identity within the counseling profession:
- b. Ms. Isabel Dryden, M.S., LPC: Appointed as Program Director (non-instructional faculty). Ms. Dryden, a licensed professional counselor and experienced clinical supervisor, holds an M.S. in Rehabilitation Counseling from WOU. She oversees program and clinical coordination, grant management, and administrative leadership. Her active membership in the national counseling organization ACA, ACES, and ongoing supervision practice affirm her professional identity as a counselor educator.
- c. Ms. Ireti DeBarto-Cancel, M.S., Ph.D. candidate, registered LPC Associate: Appointed as full-time instructional faculty and expected to be converted to Assistant Professor effective September 15, 2026. Ms. DeBarto-Cancel is currently a doctoral candidate in a CACREP-accredited Ph.D. program. She teaches courses previously assigned to affiliate instructors and contributes to program development, professional presentations, and research in counselor education. Her active membership in ACA, ACES, the American Group Psychotherapy Association, and the National Association of the Deaf reflects sustained engagement in the rehabilitation counseling profession.