

**SAN DIEGO STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
SCHOOL OF SOCIAL WORK**

SPRING 2008 COMPREHENSIVE EXAM GUIDELINES

Plan B students must pass a Comprehensive Examination administered by the School as one of the requirements for the MSW degree. "A comprehensive examination is an assessment of the student's ability to integrate the knowledge of the area, show critical and independent thinking, and demonstrate mastery of the subject matter" (The SDSU Bulletin of the Graduate Division, San Diego State University, 2007-2008, p. 41). The School has developed a written comprehensive examination process to meet this University requirement. Students are permitted to take the examination up to three times. If they are unable to pass the examination after three tries the School will disqualify them from the MSW program and the degree will not be awarded. Thus the examination is seen by the School and the University as the culmination of your educational process and should be taken quite seriously.

EXAM SCHEDULE

	COMPREHENSIVE EXAMINATION TIME LINE
March 10 1200	Eligibility Criteria Must be Met
March 17	Eligibility List emailed to students
April 7 0900-1300	Examination – 9:00 AM to 1:00 PM, Montezuma Hall
April 14	Exam Results are emailed to students.
May 23 1200-1600	Retake Examination Location TBA
May 28	Results of Retake Available from Dr Finnegan

ELIGIBILITY

To be eligible to take the written comprehensive examination you must meet ALL of the following criteria by the deadline date:

1. Complete all first year classes (31 units) and SW 744 or 740, SW 791A or SW 791B and 750 A or 750B (4 units) with a minimum grade in each course of C in each letter graded course.

2. Be advanced to candidacy
3. Have a cumulative 3.0 GPA
4. Have no incomplete grades
5. Have filed for May graduation or be eligible to graduate in August or December

If you are not eligible to take the examination you will have to wait until the it is again offered. The exam is offered only during the regular Fall or Spring semesters and then, only when faculty have had ample time to prepare a test. Typically, it is not offered only to groups of students. Taking the exam assumes that your eligibility problem has been cleared up. **There are no exceptions to this rule so it is the students' responsibility to insure that they meet all eligibility criteria.**

ELIGIBILITY LIST

All eligible students will receive an email confirming their eligibility to take the exam. If you think you are eligible, but, have not been notified by March 18, please notify Dr. Finnegan. You have not received an email because of one of the following:

- a. You are a Plan A student doing a thesis
- b. You have not met one or more eligibility criteria
- c. The e-mail address we have for you is incorrect
- d. We made an error

If do not plan to take the examination, please email Dr. Finnegan or stop in at HH-119.

EXAMINATION FORMAT

The examination is a four-hour exam focusing on your second year concentration in either the direct practice or administrative practice area. The administration students will be given a practice case to analyze utilizing an essay approach. The direct practice students will be given a series of vignettes where they will be asked to answer a series of objective questions that are related to that vignette. The direct practice exam will also include a series of objective questions covering a variety of topic areas, and these questions do not refer to a specific vignette. Both formats (essay and objective) require students to use appropriate social work intervention models, knowledge/skills, and methods of evaluating those interventions

WHAT TO BRING

We will provide case analysis answer sheets and Scantron forms. Administration students need to be aware that the answer sheet we provide you is 10 ruled 8 ½ x 11 pages long. You can only write on 1 side of the page. The other side can be used as scratch paper. No other paper is allowed.

NO SHOWS

The policy on students who miss the examination is:

- a. If you are ill on the examination day you must notify the School by either calling the main telephone number 594-6865, and leaving a message on the VMS, or telling HH 119 office staff directly, or by e-mailing Dr. Finnegan (dfinnegan@mail.sdsu.edu). You must bring a letter from a doctor verifying your illness to be eligible to take the exam on the second examination day as your first try.
- b. You may have an unanticipated event or emergency of a serious nature that prevents you from taking the examination. You should call the School office and

follow the procedures outlined in a. above. In addition, contact the School as early as possible so your request can be evaluated before the exam. If you are unable to make this early contact you must present a justification and documentation that includes: (1) a description of the event that caused you to miss the exam, (2) a justification of why the event was unanticipated and necessitated missing the exam, (3) and you must present satisfactory reasons for why you were not able to contact the School prior to the exam. Based on the evidence you present, the School will decide whether or not you are eligible to take the exam on the second examination day as your first try.

- c. If you do not meet the conditions in a and b, or the School decides based on the evidence you present that your reason for missing the exam was not justified, you forfeit your first examination try. This forfeit means you have only 2 actual chances to take the examination. You are eligible to take the examination on May 23, the date scheduled for the retake examination day and need to follow procedures listed below.

APPEALING FAILING GRADES

If a student sits for the exam, the grade will stand, unless they can demonstrate either of the following two conditions. (1) A student may believe that procedures outlined in this document have not been followed by the School. It is the student's responsibility to present evidence that this is the case. (2) A student can demonstrate that the answer key used to score grades was unambiguously wrong.

SPECIAL ARRANGEMENTS

Special testing arrangements are available for students identified through Disabled Student Services. Students requiring these arrangements must contact Dr. Finnegan or Dr. Rasmussen and go through the appropriate procedures and documentation at Disabled Student Services.

ANONYMITY

Examinations are taken using a numbering scheme to protect student anonymity. Each student is assigned a special number for the examination using an alphabetic code that determines direct practice or administration and a numeric code signifying the individual test copy. Please make a note of your assigned number since the results will be posted by this number.

EVALUATING THE EXAMINATION

Administration

The case analysis is read anonymously (using the alphanumeric code number on each exam) by one faculty member and judged "High Pass" or "Low Pass", or "Failure" on the basis of "...evidence of independent thinking, appropriate organization, high level of writing competency, critical analysis and accuracy of documentation" (Graduate Bulletin 2004-2005, p.40). The specific evaluation criteria are outlined in the Study Guide. Included in Appendix B is the Administration Evaluation Form that will be used to evaluate your essay. For each of the ten criteria you will be rated on a 0 through 5 rating scale. A score of 30 and above will be regarded as a passing grade needing no other action by faculty. A grade of "Low Pass" (a score of 25 to 29) will require a second reader. The student will have passed the exam if this

second reader gives a score of at least 25. If the reader rates the exam as a failure (a grade of 24 or lower), the examination goes to a third reader whose decision determines the outcome. A grade of at least 25 is needed on the third reading in order for the student to pass the exam. Comments will be made to support the reason for pass or failure, with suggestions for improvement, especially in cases of failure.

In the event of a failure by the first reader, a second reader is assigned to the examination. Should this second reader give a score of 24 or less the student fails the exam. A grade of pass (a grade of 25 or above) by the reader means the exam goes to a third reader. This third reader's decision determines the outcome.

Direct Practice

Students must mark their Scantron form carefully using a #2 pencil. To change an answer a student must **completely erase** the former answer with a **clean eraser**. If a student has doubts about whether an answer was completely erased, please complete a new Scantron.

A Scantron machine will be used to score this test. The grade will be based on how the machine reads the Scantron. There will be 100 questions used to calculate the student's score, and a score of 75 or more is a passing score. Students will have up to 4 hours to complete the exam. Questions may be included on the exam that are under consideration for use in future presentations of the exam. These will not be identified in the exam, but they will not be used in the calculation of your final score.

NOTIFICATION OF RESULTS

Results for the exam will be emailed to students on April 14. Students who fail the exam will be notified by phone, email, or letter. If a problem arises in the notification process a notice to this effect will be posted. Results are posted according to the student's examination alphanumeric code number. Thus it is essential that you remember this number when trying to retrieve your examination results. Please be advised that no results will be given to students who phone and request results, and no one's examination numbers will be given out to anyone. This procedure is part of our confidentiality system to protect students.

EXAMINATION REVIEW-FAILURES

Direct-Practice

This review is intended to provide guidance regarding the topic areas and types of errors made by the student, not a review of the specific questions. You should contact Dr. Rasmussen for the faculty member assigned to each individual student. In order to maintain the integrity of the exam, you may not view the actual test. The faculty members will not provide a copy of the exam or the exam answers, whether correct or incorrect, to the student, but will determine the topic areas where students missed questions. The faculty member will also search for any patterns of response that may be helpful as you prepare for your retake.

Administration

If you fail the case analysis examination you are allowed to read and review your examination with a faculty member to be assigned by your concentration chair. You should contact the relevant chair for assignment of faculty. The assigned faculty member will pick up the examination from the main office and review it with you. The purpose of this review is not to

re-grade your exam, but to have you understand what you can do to prepare for your retake. You are not allowed to remove the examination from their office or make copies.

EXAMINATION REVIEW-PASSES

If you were successful in passing the examination you will be allowed to review your case analysis (see the timetable). Examinations must be reviewed in the room and cannot be removed or copied. Students will be required to leave their student ID with faculty or staff monitoring the process to insure return of the examination. These are the only times we will be allowing review. If you cannot make these times you will be able to review the examination in your file in the main office after graduation.

SECOND EXAMINATION PROCEDURE

Procedures duplicate the conditions of the first examination process. All the same expectations of the first examination will apply again and different examinations will be given. The different examinations, however, reflect the same set of knowledge and skills requirements, as the initial examinations required.

If you plan to retake the examination you must notify Dr. Rasmussen by phone at 594-6459 or stop by her office (HH-110). If you do notify us, you will not be permitted to sit for the examination(s).

SECOND EXAMINATION EVALUATION/NOTIFICATION

Evaluation and notification procedures for the second examination process are handled somewhat differently. Students must come into the main social work office, HH-119, to receive an evaluation sheet indicating their score. Results will not be communicated over the telephone. Results of the examination may take longer to review. Students should call Dr. Rasmussen to determine availability and specific method of notification. Depending on the number of students involved results will either be posted as on the first examination or individually communicated in writing in the office HH-119.

THIRD EXAMINATION PROCESS

If a student fails the examination a second time a meeting must be scheduled with the Graduate Advisor, Dr. Lucinda Rasmussen. At this meeting a review of the issues and processes up to that point is made. No student is allowed to sit for the comprehensive examination for a third time until a written plan of action is developed and implemented to address the deficit areas or skills identified. The Student Affairs Committee must approve the written plan of action and approve its satisfactory completion. No student will be permitted to take the comprehensive examination a third time until after October 15, 2008 at the earliest. The third examination date is subject to the availability of faculty to proctor and grade.

STUDY GUIDE

A. If you are analyzing a direct practice vignette:

A series of vignettes will be presented which vary in length and detail. Following each vignette a number of questions will be posed that address some or all of the following areas. The "stand alone" questions that do not relate to a specific vignette are also based on these areas.

General Area	Specific Content to be Included
Biopsychosocial assessment	Impact of current environmental and social issues; gathering developmental and social history; assessing biological and psychological functioning; assessing risk factors; assessing the presenting problem(s) and underlying individual and/or family issues
Diagnostic impressions	Developing a diagnostic impression or problem description
Clinical case management: coordination of adjunctive resources; client advocacy and support	Person-In-Environment; intervention planning, evaluative criteria
<p>Practice theories/models:</p> <p>Under each practice theory are listed practice models that are primarily based on that particular theory.</p>	<ul style="list-style-type: none"> • Systems/Ecological – Generalist Intervention Model (problem-solving), Clinical Case Management, Family Systems approaches • Psychodynamic – Ego/Self Psychology (Goldstein), Self Psychology (Kohut), Object Relations, Brief Therapy, Crisis theory/Crisis Intervention, Bowen Family Systems Therapy • Behavioral/Social Learning – Behavior Therapy, Task Centered Therapy, Dialectical Behavioral Therapy, Structural Family Therapy, Psychoeducational Family Therapy • Cognitive Theory – Cognitive-Behavioral Therapy, Solution-Focused Therapy (Constructivist), Trauma Focused Cognitive-Behavioral Therapy, Trauma Outcome Process model.
Providing therapeutic intervention	Crisis intervention and support; individual, couples, adolescents, family therapy and therapeutic issues
Human diversity	Issues of culture, race, ethnicity, sexual orientation, gender, religion, age, or disability
Legal requirements	Protective issues, professional conduct in California
Ethical standards	Professional conduct

Evaluation	Evidence-based practice issues
------------	--------------------------------

B. If you are analyzing the administrative case, you will be asked to:

1. Assess the organizational and administrative situation with supportive data. Include a list and description of key issues and problems. Also note organizational strengths and how these may be relevant to the issues. Discuss the top 3-4 issues, including why they are need attention and the effects they are having on the organization. Use relevant theories, administrative principles, and research to support and elaborate upon your analysis.
2. List immediate and long-term goals for a change plan, in priority order with rationales for each goal. Relate these to the top identified issues and problems listed above.
3. Describe your intervention/change plan for the accomplishment of each change goal. Describe specific strategies, techniques, or activities to be used. Include your rationales for each. Use relevant theories, administrative principles, and research to support your plan.
4. Describe how you would evaluate the outcomes of your intervention using any relevant program evaluation or other research methods. Be specific about the design and process for each element. These should relate to the above assessment, goals, and intervention plan.

THE BEST OF RESULTS TO EACH OF YOU.

Appendix A
Second Year Essay Examination

I. 2ND YEAR ADMINISTRATION PRACTICE. ONLY FOR ADMINISTRATION TRACK STUDENTS IN SUPPORT FOR SECOND YEAR COMPREHENSIVE EXAMINATION.

A. Social Work 740: Program Design and Management Functions

1. Program design & development

Principles of program design
Goals, objectives, activities
Logic Models
Empirically based practice in program design
Management by objectives (MBO)
Proposal writing

2. Management information systems

Inputs, throughputs, outputs, outcomes
Design principles: questions, data elements, strategy for analysis, personnel & training
Forms, reports, and data base design

3. Performance Management

Performance measurement: outputs, outcomes, and quality
Cost effectiveness analysis
Balanced scorecard

4. Resource & financial management

Budgeting (line item, performance, program)
Responsibility centers and cost centers
Direct/indirect costs
Financial statements
Financial analysis and ratios
Cost analysis
Budget preparation, execution & control
Risk management

5. Human resource management

Job task analysis, job descriptions
Hiring
Employee training and development
Performance appraisal
Discipline
Workplace violence

6. Diversity and discrimination

Diversity principles & practices
Management of a multicultural workforce

7. Ethics & Values

Ethical issues & requirements
Ethical dilemmas in administration
Ethics audit

B. Social Work 745: Strategic Management and Leadership

1. Diversity concerns

Cultural competence
Gender issues in the workplace
Age, disability, gay, and lesbian concerns
Sexism & sexual harassment

2. Strategic planning

Mission & values
Internal & external analysis
Stakeholders
SWOT analysis
Strategy development
Operational/tactical planning
Organizational vision
Strategy implementation

3. Marketing

5 P's: product, publics, price, place, promotion
Marketing audit
Market niche, positioning
Market mix

4. Organization Effectiveness

Management audits
Quality of working life

5. Leadership and organizational change

Leadership theories and models (see SW 619)
Organizational change stages: Creating a sense of urgency, Building the coalition for change, Clarifying the change imperative, Assessing the present, Developing a plan for change, Dealing with the human factors, Acting quickly and revising frequently, Evaluating and

celebrating the change.

Organizational change methods: organization development, action research, employee surveys, force field analysis, team building, group problem solving, role clarification, TQM, reengineering

6. Evaluation of change interventions

Action research

Evaluation designs: one group pretest-posttest, time series

Audits: management, fiscal, diversity, ethics, (pre-post)

Employee surveys (pre-post)

MBO: accomplishment of change objectives

Focus groups: employees, clients community stakeholders

Stakeholder satisfaction surveys, interviews

360-degree feedback

Direct observation, document analysis

C. SW 791: Research

1. Constructing evaluation questions
2. Group research designs, single system designs
3. Evidence-based practice
4. Measurement tools
5. Statistical procedures and tests
6. Methods of qualitative evaluation
7. Client satisfaction studies

D. Organizational Theory (SW 619, SW 632)

1. Management and Organization Theory

Scientific Management

Bureaucracy

Human Relations: Theory X and Theory Y, Systems 1-4

Contingency Theory

Organization Systems Theory

Political economy

2. Organizational Design and Structure

Dimensions of organization design: structure and processes

Product, client, geographical, functional, and matrix structures

Organic vs. mechanistic designs

Differentiation & integration, linking and coordinating mechanisms

Tall vs. flat organizations

Line & staff roles

3. Human Services Technology and Performance

Technologies of human service organizations

Goals and objectives

Management by objectives
Logic models

4. Political Dynamics Within Organizations

Power in organizations
Conflict management
Power bases
Organizational politics

5. Organizational Climate and Culture

Organizational culture
Organizational socialization
Norms, values, and ethics

6. Motivation

Motivation theories: Maslow, Herzberg, McClelland, Expectancy Theory
Job design and motivation

7. Leadership

Trait theories
Managerial/leadership grid
Situational leadership
Contingency theories
Visionary leadership
Transactional and transformational leadership

8. Diversity and Ethics

Barriers to enhancing diversity
Value of diverse workplaces and groups
Creating diverse workplaces

Bibliography

Practice:

Kettner, P., Moroney, R., & Martin, L. (1999). Designing and Managing Programs: An Effectiveness-based Approach, 2nd ed. Thousand Oaks, CA: Sage Publications.

Martin, L. (2001). Financial management for human service administrators. Boston: Allyn & Bacon.

Lewis, J., Packard, T., & Lewis, M. (2007). Management of Human Service Programs, 4th Ed. Belmont, CA: Thompson/Brooks Cole.

Allison, M. & Kaye, J. (2005). Strategic Planning for Nonprofit Organizations, 2nd ed. New York:

John Wiley & Sons.

Proehl, R. (2001). Organizational Change in the Human Services. Thousand Oaks, CA: Sage Publications.

Evaluation Research:

Cournoyer, B. (2004). The evidence based social worker skills book. New York: Allyn & Bacon.

Royse, David, Thyer, Bruce, Padgett, Deborah, and Logan, T. K. (2006). Program evaluation: An introduction [fourth edition]. Belmont, CA: Wadsworth.

HBSE:

Kettner, P. (2002). Human service organizations. Boston: Allyn and Bacon.

II. Direct Practice Concentration --- Suggested topics and selected bibliography to guide preparation for the Comprehensive Examination taken by students in the Direct Practice concentration only. (Please see the specific topic list in this document)

A. Family Approaches to Change (SW 739)

1. Family Systems
2. Structural Family Therapy
3. Bowenian Family Systems Therapy
4. Experiential Family Therapy
5. Psychoeducational Strategies

B. The Family Context

1. Comprehensive and ongoing assessment of the individual within the context of the family, and of the family within larger systems
2. Individual and family high risk and underlying issues
3. Family Life Cycle
4. Communication
5. Boundaries, structure, roles and rules
6. Family of origin issues
7. Parents use of children as objects through parentification and projective identification
8. Identified patient's symptoms (i.e., acting out behavior, depression) and their relationship to family system dynamics, roles, structure, etc.
9. Individual and family separation and differentiation issues
10. Ethnocultural, racial, religion/spirituality, immigration, and socioeconomic contexts
11. Strengths, social support, cultural and other emotional and instrumental resources at the individual-, family-, and community-level

C. Individual Approaches to Change (SW 744)

1. The Biopsychosocial Framework for Assessment & Clinical Intervention with Adult Individuals
 - A. Using a Social Work Practice Framework to Guide Clinical Interventions with

- Individual Adult Clients
 - B. Selection Criteria: What Works for Whom
 - C. Short-term vs. Long-term Psychotherapy Approaches
 - D. Cultural Issues
 - E. Clinical Settings in Social Work Practice
 - F. Issues for the Therapist
- 2. Legal and Ethical Dilemmas: Assessment and Diagnosis
 - A. Mental Health Disparities for Ethnic Minorities
 - B. Implementation of DSM IV Skills in Assessment
 - C. Cultural Assessment
 - D. Mental Status Examination
- 3. Planning Treatment Interventions: Working with Persons with Adjustment Disorders
 - A. Crisis Intervention
 - B. Stress Response Psychotherapy
- 4. Working with Persons with Personality Disorders.
 - A. Focus and Interventions: Resistance, Transference & Countertransference
 - B. Psychodynamic and Integrative Approaches
 - C. Intro to Linehan's Model: Dialectical Behavioral Therapy
 - D. Effect on the Worker
- 5. Working with Persons with Mood Disorders
 - A. Focus and Interventions: Depression and Interpersonal Psychotherapy
 - B. Assessing for Suicidality
 - C. Medications
 - D. Effect on the Worker
- 6. Working with persons with Anxiety Disorders
 - A. Cognitive-Behavioral Therapy
 - B. Cultural Issues
 - C. Early Childhood Trauma (Psychodynamic versus Cognitive-Behavioral approaches)
 - D. Medications
 - E. Relaxation and Desensitization Techniques
- 7. Working with persons with Psychotic Disorders
 - A. Focus and Interventions: The Continuum of Care from Inpatient to the Community
 - B. Inpatient Psychiatric Care
 - C. The Importance of Group Treatment
 - D. Psychosocial Rehabilitation
 - E. Support Systems and Relapse
 - F. Medications
- D. Research (SW-791)
 - 1. Major risk areas and underlying issues at the individual- and family-level addressed in evaluation plan
 - 2. Use of appropriate design measurement procedures to evaluate goals of practice

effectiveness and guide choice of intervention.

3. Research Plan

- a. Formulation and implementation of a relevant evaluation plan (including but not limited to the use of instrument and measurement tools)
- b. The use of observation, self-report, and collateral information to evaluate practice and progress toward set goals
- c. Appropriate data analysis plan (visual and statistical procedures)

E. Skills

1. Demonstration of skill in the application assessment and diagnostic knowledge to specific cases, as evidenced by application to a variety of vignettes and stand alone questions.
2. Demonstration of skill in the application of specific interventions, modalities and processes in the three phases of treatment, as evidenced by application to a variety of vignettes and stand alone questions.
3. Demonstration of skill in the referral process of direct social work practice in preventive and adjunctive services, as evidenced by application to a variety of vignettes and stand alone questions.
4. Demonstration of understanding one's scope of competency and ethical and legal issues related to confidentiality, professional conduct, and high risk client situations (e.g., child abuse, elder abuse, domestic violence, Tarasoff concerns) as evidenced by application to a variety of vignettes and stand alone questions.
 - a. Conscious use of the NASW Code of Ethics in guiding social work practice
 - b. Conscious use of self in providing culturally-relevant, sensitive, and competent services at the individual, family, and community-level

Direct Practice

Corsini, R. J., & Wedding, D. (2008). *Current psychotherapies* (8th ed.). Belmont, CA: Thomson/Brooks Cole.

Goldenberg, H., & Goldenberg, I. (2008). *Family therapy: An overview* (7th ed.). Belmont, CA: Thomson/Brooks Cole.

Janzen, C., Harrison, O., Jordan, C., & Franklin, C. (2006). *Family treatment: Evidence-based practice with populations at risk* (4th ed.). Belmont, CA: Thomson/Brooks Cole.

Meyer, R. G. (2006). *Case studies in abnormal behavior* (7th ed). Boston: Pearson.

Kahn, M. (1997). *Between therapist and client: The new relationship*. New York: Freeman & Co.

NASW. (Revised 1996). *Code of ethics*. Washington, D.C.: Author.

Recommended text as of fall 2007

Nichols, M. & Schwartz, R. (2006). *Family therapy, concepts and methods* (7th ed). Boston: Allyn and Bacon.

O'Hare, T. (2005). *Evidence-based practices for social workers: An interdisciplinary approach*. Chicago: Lyceum Books.

Direct Practice Evaluation

Royse, D., Thyer, B., Padgett, D., and Logan, T. K. (2001). *Program evaluation: An introduction* (3rd ed.). Belmont, CA: Wadsworth.

Cournoyer, B. (2004). *The evidence based social worker skills book*. New York: Allyn & Bacon.

Recommended text as of fall 2007

Tripodi, T. (1998). *A primer on single subject design for clinical social workers*. Washington, D.C.: NASW Press.

Or:

Bloom, M., Fisher, J., and Orme, J. (1999). *Evaluative practice: Guidelines for the accountable professional* (3rd ed). Boston: Allyn and Bacon.

APPENDIX B

San Diego State University

School of Social Work

ADMINISTRATION
WRITTEN COMPREHENSIVE EXAMINATION
AFTERNOON SESSION ANSWER SHEET

ANSWER SHEET # _____

EVALUATOR # _____

Criteria: Detailed comments must be made to support the reason for failure especially. These comments are available for release to the student. Suggestions for improvement should be made when appropriate.

Rating Key:

OUTSTANDING

(5) Superior knowledge, exceptional organization and expression, comprehensive coverage of issues, and evidence of original thinking.

VERY GOOD

(4) Better-than-average to superior knowledge, comprehensive coverage, and clarity of organization and writing.

GOOD

(3) Adequate response with most points covered well, reasonably systematic organization, and acceptable writing.

FAIR

(2) Adequate coverage of at least half the points but with significant omissions, errors of judgment, and/or lack of clarity in the transmission of ideas.

POOR

(1) Substantial examples of poor judgment or misinformation and/or significant omissions.

UNACCEPTABLE

(0) Completely misses the intent of the question with no significant points covered.

Criteria (Check rating for each of the 10 criteria).

Assessment

1. Major issues are clearly identified and any relationships among them are shown; other key organizational factors (e.g., relevant strengths or weaknesses of the organization or its members) are identified. (5)(4)(3)(2)(1)(0)
2. Assessment of each issue clearly shows its relevance and how it contributes to the problem or its solution. (5)(4)(3)(2)(1)(0)
3. Assessment elements are supported by reference to theories, principles or research (e.g. theories of management, accepted principles of effective administrative behavior). (5)(4)(3)(2)(1)(0)

Goals

- 4. Specific prioritized change goals are listed and related to identified issues and assessment factors. (5)(4)(3)(2)(1)(0)
- 5. Rationales for the choice of each goal are articulated, based on assessment factors. (5)(4)(3)(2)(1)(0)

Intervention Plan

- 6. Strategies and tactics are adequately described and address identified goals. The overall plan is comprehensive, based on identified goals. A strategy for evaluating the intervention plan is included. (5)(4)(3)(2)(1)(0)
- 7. Clear rationales are provided for each strategy or tactic, indicating how each will aid goal achievement. Key relationships between the different strategies and tactics are noted. (5)(4)(3)(2)(1)(0)
- 8. The plan is supported by administrative principles, concepts, or theories, i.e., references. (5)(4)(3)(2)(1)(0)

Evaluation

Procedures.

- 9. Evaluation elements and measures to assess the effects of the intervention are clearly delineated and related to identified goals and issues. (5)(4)(3)(2)(1)(0)
- 10. Clear procedures are provided for implementing each evaluation element, indicating how each will measure the extent of goal accomplishment. (5)(4)(3)(2)(1)(0)

_____ Total Score Points

Check level of pass or failure based on total points:

0-10	11-24	25-29	30-39	40-50
Low Failure	Failure	Low Pass	Pass	High Pass
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

General Comments: