Institute Unit Action Summary

Purpose of the Institute Unit Action Summary

The purpose of the Institute Unit Action Summary (IUAS) is to ensure closure of the internal quality assurance process for all higher education units offered by Federation University. The IUAS contains a summary of actions described in the Unit Survey Action Plan (USAP) that have been endorsed at Institute Board. This relates to the Student Feedback Survey (SFS) Procedure, Student Feedback Survey Campaign (SFSC) and the individual surveys:

* Student Feedback Survey – Unit (SFS – U)
* Student Feedback Survey – Teacher (SFS – T)
* Student Feedback Survey – Unit Placement (SFS – P)

Key data from USAP will inform the IUAS development. There are three types of USAP:

* Type 1: Red colour indicator, at least 20% response rate, and at least 2 responses.
* Type 2: Any colour indicator and at least 15 enrolments and less than 20% response rate
* Type 3: Not red and at least 20% response rate and at least 5 responses and the score has dropped by 0.5 or more since the last survey.

**Note**: The colour rating is based on the Overall Unit Quality question number 1 in the SFS – U and Overall Unit Quality question number 1 in the SFS – P.

The Associate Dean (Learning and Teaching) (ADLT) will extract specific details from the endorsed USAPs into the IUAS. Once the IUAS is completed, it must be forwarded to the Academic Secretariat for discussion and endorsement at the next upcoming Federation University Learning and Teaching Quality Committee.

|  |  |
| --- | --- |
| **Institute** | Choose an item. |
| **Year** | To be completed |
| **Semester** | Click or tap here to enter text. |
| **Term Code** | [See Link](https://federation.edu.au/current-students/essential-info/administration/important-dates) |
| **Date submitted to Federation University Learning & Teaching Quality Committee No.** | Click or tap here to enter text. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Unit Code**  | **Unit Title** | **Overall Unit Rating**  | **Type of Unit Survey Action Plan (Type 1, 2 or 3)** | **Summary of issues with the unit****Describe the intended actions to be completed prior to the next delivery** | **Communicated to the Course Coordinator (Yes, No)****Add date**  | **Date of Institute Board Endorsement**  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |

End of document