Team Chair Manual
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Introduction

On behalf of the Accrediting Commission for Community and Junior Colleges (ACCJC), thank you for accepting the invitation to serve as team chair for a comprehensive peer review visit. In doing so, you have expressed your commitment to improving educational quality and continuous improvement in the region and your willingness to assume responsibility for fostering that improvement. While chairing a site visit represents a major investment of time and energy, we hope you will find this experience to be valuable and rewarding. As team chair, you will find yourself playing many different roles:

- **Representative of the ACCJC and Peer Review Advocate.** Peer review is acknowledged as the most appropriate and desirable approach to evaluating the complex environment of higher education. It serves as a rich and diverse resource for quality improvement for colleges. As team chair and a representative of ACCJC, you are called upon to develop a supportive and nurturing relationship with your assigned college and its staff, as well as with members of your peer review team.

  Please be familiar with Commission Policies and Accreditation Standards and with ACCJC operating procedures. In addition, you and the team will receive information about special emphases in the peer review process that are required by U.S. Department of Education (USDE) regulations concerning both accrediting bodies and institutions. There is much to keep track of, and the ACCJC staff liaison assigned to the institution is available to address questions at any time during the processes of preparing for and conducting the peer review visit, and completing the Peer Review Team Report. The assigned staff liaison to the college will be available to support you and the college throughout the process.

- **Team Leader, Manager, and Spokesperson.** Teams are composed of outstanding professionals, but they arrive as a collection of individuals. The team chair is the team builder, mentor, orchestrator of the review visit, coach, and spokesperson for the team in all of its dealings with the institution.

- **Author of the Peer Review Team Report.** The Peer Review Team Report is the most lasting outcome of the team visit, and it is the document that forms the basis for the Commission’s decision on the accredited status of the institution. It also provides the framework for the institution’s continued improvement. Each team member will contribute to that report, and the assigned ACCJC staff liaison will assist you in editing the draft Peer Review Team Report. As team chair, you are the author of the report and responsible for the report’s quality and content.

- **Mentor to New Team Chairs.** The Commission calls on experienced team chairs to mentor those serving as chair for the first time. One of the best ways to contribute to the peer review process is to share your insights, experiences, and resources with those new to the role. Mentors and mentees will be paired during chair training.

This *Team Chair Manual* will assist you in assuming the chair responsibilities and will provide samples of materials which are part of a typical site visit. The *Manual* describes each of the major component stages of a comprehensive review visit, and includes the forms, worksheets, and documents suggested for your use at each stage.
You will receive a link to ACCJC’s file service (cloud service), which contains this *Manual*, including the sample forms and letters, and the resources you will need to lead the review. This electronic material will expedite your communications with the peer review team and the institution being evaluated. The documents are formatted in Microsoft Word.

Each team chair puts his/her individual stamp on a visit. The Commission encourages you to make improvements in the process, and to feel free to adjust the materials to fit your leadership style and the needs of the college you are reviewing. You are also encouraged to make suggestions to improve this *Team Chair Manual* and the conduct of site visits. Please communicate your suggestions and feedback to your assigned ACCJC staff liaison.
1. Preparation for the Peer Review Team Visit

Communication with the Institution

About two years before the anticipated date of the comprehensive peer review visit, the ACCJC staff liaison advises the institution of the upcoming comprehensive review and provides training to the college on its Institutional Self-Evaluation Report. This training is ongoing and frequent. The college and Commission staff work together to select dates for the visit.

Team Chair Selection

The staff liaison begins inviting team chairs with the goal of selecting persons appropriate for the institution’s needs. Persons invited to serve as team chairs are experienced peer reviewers and represent the best professional practice. In order to keep replenishing ACCJC’s pool of team leaders, experienced chairs are asked to mentor first-time chairs.

Team Selection

The staff liaison develops the teams from a database of experienced educators who have exhibited leadership, a commitment to peer-based accreditation, and balanced judgment. In compliance with federal regulations, teams comprise academics and administrators. An average team has three academics; instructional and student services administrators, a chief executive officer, a financial services administrator, and a researcher. Teams consist of individuals with expertise and/or experience in curriculum and instruction, learning outcomes and learning resources, career/technical education, distance/correspondence education, planning, research, and evaluation. Diversity is a consideration in the selection of peer review team members, along with professionalism, expertise, integrity, and demonstrated ability to function well as an accreditation team member.

Team Chair Workshop

All team chairs must attend a Team Chair Workshop prior to the site visit. These workshops are presented in the fall and spring each year.

Team Training

All chairs and team members must attend a Team Training Workshop on using the Accreditation Standards and the Guide to Evaluating and Improving Institutions prior to the visit. A new reviewer must successfully complete the ACCJC’s online course, Accreditation Basics. Team training helps all peer reviewers understand how to conduct the review in the context of the institution’s mission and provides time for the chair to work with the team. Training topics also include interpreting the standards, writing effective recommendations and commendations, and Commission policies and federal regulations.
1.1 Team Chair Preparation

Overview
The Team Chair Workshop and the materials included as checklists and examples in this *Manual* are designed to facilitate your preparation for the comprehensive peer review site visit. As team chair you will organize the team for the most effective use of time and resources and set a positive tone for the visit for both the team and the institution. Samples of correspondence with teams and institutions, a Team Chair Timeline and Checklist, and a summary and timeline for key team chair responsibilities are included in this *Manual*.

Team Assistant
The choice of a team assistant belongs solely to the team chair. However, the Commission urges team chairs to select assistants who will assist with the review. An outline of typical team assistant responsibilities is included in the *Team Chair Manual*. Team assistants must attend the Team Training workshop along with the team.

Materials from ACCJC
The Commission staff sends the team chair annual report data and annual fiscal report data, and data from the Federal Scorecard. The team chair will also receive any third party comments that have been received regarding the institution.

As soon as the team composition is nearly complete, the team chair receives a team roster from the Commission office. This signals that the team chair can begin making arrangements for the visit. Additional changes in the team composition may occur as persons drop off for various reasons, or as vacancies are filled, and Commission staff will update the team roster as changes occur. The team chair will also receive an electronic survey to evaluate each team member.

Materials from the College
Sixty days before the comprehensive peer review visit, the college sends electronic copies of the Institutional Self-Evaluation Report, college catalog, most recent class schedule, and institutional data in support of its petition for reaffirmation of accreditation. A college will notify the team of any baccalaureate programs it may operate that are approved through the ACCJC’s Substantive Change program and any that may be in development.

Pre-Visit
The team chair is expected to conduct a pre-visit conversation (either via phone or videoconference) with the college CEO. The purpose of this conversation is to help the team chair and college CEO to develop a collegial relationship, built upon the common goal of assisting the college within the context of the comprehensive site visit. The pre-visit will give the team chair the opportunity to establish communication with key individuals facilitating the peer review team visit,
and to receive any requests from the CEO for special team attention or assistance to specific areas of institutional quality related to the standards. The pre-visit conversation also allows the CEO an opportunity to notify the team chair of major changes that may have occurred since the institutional self-evaluation report was completed and that may materially affect the course and conduct of the site visit. The team chair is encouraged to be open with the college CEO on areas where the team will need to focus, so that the college may be accurately evaluated. This conversation will also help to establish the logistical requirements of the peer review visit—the physical layout of the team room, hotel accommodations, transportation to/from the hotel and college, the availability of food, technology support for the team's work, electronic access to DE programs and services, logistics for visiting off-campus sites, and access to electronic data and files that the institution may have compiled in support of its application for reaffirmation of accreditation. If it is deemed necessary by the college CEO and team chair, a pre-visit to the institution may be facilitated.

**Correspondence with the Team/Institution/ACCJC**

The team chair corresponds with the team members to welcome them to the team; make assignments to cover ERs, Accreditation Standards, off campus sites or campuses, DE programs and services, and other elements required by federal regulations; provide information about travel and lodging; establish the team schedule; and generally set the tone of the entire visit. Early communication (via email or video conferencing) is vital to forging a strong, connected, and focused team.

Contact with the institution begins with discussion of the logistics of a pre-visit.

Samples of this correspondence are included in the *Team Chair Manual* and on the accompanying USB Flash Drive.

**Please copy your assigned ACCJC staff liaison on all correspondence with the team and with the institution so that they provide you with effective assistance.**

**Initial Institutional Self-Evaluation Report Review**

Please review the college Institutional Self-Evaluation Report upon receipt to determine if it is complete and provides an adequate basis for an accreditation site visit. If you feel there is a substantive issue with the report, please contact the assigned staff liaison. In these instances, Commission staff will consult with the team chair and the leadership of the college to determine a course of action. Possible outcomes of this review include a decision to proceed with the visit if an addendum and additional documentation are available at the time of the visit, or a decision to postpone the visit and require the institution to provide additional documentation. In the latter case, the Commission staff will notify the college and the team members to arrange for a new visit date.

**Multi-College Districts**

The Commission schedules the colleges in multi-college districts/systems for simultaneous visits. The Commission requires that a description of the college and district/system delineation of responsibility and authority in multi-college district/system (sometimes called a “Functional Map”) be provided with the Institutional Self-Evaluation Report. Its purpose is to provide teams with a clear
description of roles and responsibilities in areas which are addressed by the Accreditation Standards, and to provide the Commission with a consistent picture of this delineation so that it can understand how an institution meets Accreditation Standards as well as make appropriate recommendations for improvement.

In order to facilitate peer review team visits to multi-college districts or systems, a “chair of chairs” will be identified to lead the district review team. Team members may be selected from amongst the members of the college teams, or a separate (from the college chairs and teams) district team with a district team chair may be assigned. The size and structure of the district/system review depends on the needs and size of the district/system.

In either case, the chair-of-chairs is asked to consult with the other team chairs early in the preparation for team visits, and to develop a strategy for coordinating meetings and interviews with district/system representatives and Board members such that unnecessary redundancies are eliminated. Accreditation standards cover many aspects of administrative operations, finance, and governance as well as academic matters and in multi-college districts, the district’s adherence to standards is necessary for the colleges to meet standards. In addition, Standard IV directly addresses district or system/college relationships.

The Commission has a policy and procedure for team visits to multi-college districts/systems. This policy can be found on the ACCJC website at: https://accjc.org/wp-content/uploads/Evaluation-of-Institutions-Multi.pdf.
1.2 Materials Given to Peer Review Team Chairs

From the Accrediting Commission

1. ACCJC Publications
   a. *Team Chair Manual* (including updates and supplementary material)
   c. *Team Training Manual* and team materials
   d. *Peer Review Team Responsibilities for Compliance with U.S. Department of Education Regulations (March 2016) and the Checklist*
   e. *Required Evidentiary Documents for Financial Review*

2. Team roster including titles, addresses, telephone, and e-mail addresses

3. ACCJC Information on the Institution:
   a. Annual Report and Annual Financial Report for the 3-year period prior to the comprehensive peer review visit,
   b. Summary of complaints against the institution (chair only, if any received),
   c. Third-Party comments (chair only, if any received),
   d. College Scorecard data from USDE

4. Policy on Commission Actions on Institutions

5. Four expense forms, to be submitted separately for: Team Chair Workshop, pre-visit, Peer Reviewer Team Training Workshop, site visit.

1.3 Materials from the Institution (also sent to team members)

1. The Institutional Self-Evaluation Report, including evidence

2. Most recent catalog and class schedule
### 1.4 Team Chair Timeline and Checklist

<table>
<thead>
<tr>
<th><strong>BEFORE THE VISIT</strong></th>
<th><strong>ACTIVITY</strong></th>
<th><strong>TIMING</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Receive Institutional Self-Evaluation Report and other documents from college</td>
<td>8 weeks before visit</td>
</tr>
<tr>
<td></td>
<td>Chair-of-chairs contacts counterpart Team Chair(s) (simultaneous multi-college visits only)</td>
<td>8 weeks before visit</td>
</tr>
<tr>
<td></td>
<td>Initial communication to team members - welcome, expectations, standard assignments, and distribute Assignment 1 (must be completed prior to team training by each member)</td>
<td>8 weeks before visit</td>
</tr>
<tr>
<td></td>
<td>Pre-visit conversation with the college. District/System Chair-of-chairs coordinates with other team chairs for simultaneous visit if possible</td>
<td>45 - 60 days before visit</td>
</tr>
<tr>
<td></td>
<td>Review Institutional Self-Evaluation Report</td>
<td>As soon as the report is received</td>
</tr>
<tr>
<td></td>
<td>Develop team schedule. District/System Team Chair-of-Chairs develops schedule for joint team meetings with district/system</td>
<td>30 days before visit</td>
</tr>
<tr>
<td></td>
<td>District/System Team Chair-of-Chairs arranges phone or in-person conference times with other chairs to organize schedule of district meetings and discuss initial findings</td>
<td>30 days before visit</td>
</tr>
<tr>
<td>ACTIVITY</td>
<td>TIMING</td>
<td></td>
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<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>Initial team meeting (can be in-person right before visit, or via video-</td>
<td>Before arriving on campus</td>
<td></td>
</tr>
<tr>
<td>conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirm time and publicity for open meetings and third party comment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meet with district or system representatives where appropriate. District/System Team Chair-of-Chair leads joint team for these meetings</td>
<td>During visit</td>
<td></td>
</tr>
<tr>
<td>Hold frequent progress meetings with the team</td>
<td>During visit</td>
<td></td>
</tr>
<tr>
<td>Clarify team recommendations. District/System Team Chair-of-Chairs develops common team recommendations and commendations on the system</td>
<td>Morning, last day</td>
<td></td>
</tr>
<tr>
<td>Team chair signs roster verifying all team members assigned to the visit participated in the visit</td>
<td>Morning, last day</td>
<td></td>
</tr>
<tr>
<td>Daily check-ins and final meeting with CEO regarding findings after morning, last day.</td>
<td>Morning/early</td>
<td></td>
</tr>
<tr>
<td>Oral report to college, oral report to the District/System by Chair-of-Chairs.</td>
<td>Afternoon, last day</td>
<td></td>
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</tbody>
</table>

**AFTER THE VISIT**

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Send draft Peer Review Team Report to assigned liaison;</td>
<td>Within 10 days</td>
</tr>
<tr>
<td>Send Reimbursement forms, with original receipts, to ACCJC</td>
<td></td>
</tr>
<tr>
<td>District/System Team Chair reviews draft language text &amp; recommendations on district/system issues with all other team chairs to assure consistency in recommendation language</td>
<td>Within 12 days</td>
</tr>
<tr>
<td>2. Review feedback from liaison, send draft to college for correction of errors of fact, and to the team</td>
<td>Within two weeks</td>
</tr>
<tr>
<td>3. Send following information to ACCJC</td>
<td>Within four weeks</td>
</tr>
<tr>
<td>- Final Peer Review Team Report (send via e-mail as attachment in MS Word)</td>
<td></td>
</tr>
</tbody>
</table>

1 For district/system visits, it has become common to visit the district/system the day prior to college visits.
1.5 Role of the Team Assistant

The team assistant serves in a confidential capacity with the team, has access to all materials, and attends team meetings. Expenses of the team assistant are covered by the college as part of team expenses.

Prior to the Team Visit

A. The Assistant facilitates communication between the team and team chair
   1. Assists with correspondence between the chair and the team;
   2. Works with chair to develop agenda of the pre-visit;
   3. Works with chair on all logistics of the site visit.

B. The Assistant facilitates communications with the college
   1. Identifies the person(s) on campus who will be responsible for coordinating the site visit (usually the ALO);
   2. Assists with developing team accommodations, coordinating ground transportation for the team, and other logistics;
   3. Assists team chair in developing team and team chair meeting schedules;
   4. Determines team member needs to be communicated to college, if any.

C. The Assistant attends at Team Training Workshop

During the Team Visit

A. The Assistant participates in discussions; serves as back-up for Standards needing extra assistance or coverage.

B. The Assistant supports the team chair and team members by:
   1. Arranging additional meetings and interviews,
   2. Locating additional documentation as needed,
   3. Coordinating preparation of draft Standard Areas of the Peer Review Team Reports (this may include setting up a cloud-based collaborative work space like Google Docs, Dropbox, etc.,
   4. Reviewing Commission checklist to assure complete coverage,
   5. Reviewing day’s activities with the team chair at the end of each day and planning activities or adjustments for the next day,
   6. Ensuring all standards are complete and all federally mandated issues have been covered in the Peer Review Team Report (see Peer Review Team Responsibilities for
Compliance with U.S. Department of Education Regulations and Checklist)

7. Collecting and retaining electronic copies of all draft peer review team chapters for the chair. This includes making sure that team documents are disposed of at the end of the visit. See the Statement on the Process for Preserving Confidentiality of Documents Relation to Institutional Peer Reviews at the end of this section.

After the Team Visit

A. Puts all finalized content into the Peer Review Team Report template,

B. Coordinates review of the draft of the final Report with ACCJC staff edits,

C. Assists in production of final Report and assures that ACCJC receives an electronic version. Please note the ACCJC sends the final Peer Review Team Report to the institution.

1.6 Pre-Visit by the Team Chair (can be accomplished in-person or by other modes of communication, such as video conference)

Intended Outcomes of the Pre-Visit

A. Develop relationship and open communication with the college CEO and his or her staff. Achieve a sense of institutional climate and dynamics, receive updates on new developments since the writing of the Institutional Self-Evaluation Report, and identify key issues facing the institution.

B. Become familiar with the institution, its physical setting, culture, and student populations.

C. Discuss travel, housing, and other logistical arrangements for team. The college should identify appropriate lodging and work with hotels to secure advantageous rates. ACCJC asks that the team members pay for their expenses and submit reimbursement request to ACCJC.

D. Be prepared to discuss any initial findings the team may have, especially if there are questions on how the college aligns to specific standards.

Topics for Discussion during the Pre-visit

A. Arrange special meetings:
   - Governing Board, administrative staff, committees that prepared the Institutional Self-Evaluation Report, Academic Senate, support staff organization(s), student body organization.
   - 2 "Open meetings" for input to team (timed to encourage participation, well publicized by college).
B. Arrange visits to any site where 50% or more of a program may be completed.

C. If the institution has distance education, work with the CEO and ALO on the review of DE courses (see DE review protocol).

D. Request additional supporting documentation to help the college supports its claims in the ISER.

E. Clarify Commission expectations:
   - Communicate the need to minimize social events, and discourage gifts to the team. The Commission wants to avoid all appearances of a college’s having undue influence on the team.
   - Communicate the team’s expectation that all key staff will be on campus and available to the team during the accreditation visit.
   - The team must be permitted to access classrooms and DE courses for visits.

I. Arrange team logistics:
   - Team room organization, including campus maps, telephone directories, computer support, and paper shredder.
   - Access for the team to any electronically-mediated services and classes that might be reviewed prior to the team visit to the campus.
   - Campus contact person for team members.
   - Hotel, meals, arrival/departure, and transportation to and from campus and to sites.
   - Maps and directions.
   - Computer hardware and software, printers, availability and locations.
   - Lunches for team meetings on campus during visit.
   - Meeting room at hotel with technology available.
   - Special schedule/time for examination of district or system level services in a multi-institution system.
   - Schedule for visit to off-campus sites.

J. Schedule team member and college staff meetings in advance if possible.

1.7 Team Communications, Team Assignments, and Schedule

Once the team roster is received, it is appropriate to write to or hold a video conference with the team members, welcoming them to the team, and briefly introducing them to your expectations, method of team organization, and any other matters you wish to call to their attention. This communication should be sent soon after the Team Chair Workshop.

The Team Member General Information Form contains information needed to assign team member responsibilities to ensure coverage of all the Standards. Team members should be given a short amount of time to respond because completion of the assignments and schedule depends on that information.
The Commission is recommending that each chair *assign team members with a range of expertise* to each Standard. The Accreditation Standards have asked institutions to take a holistic approach to their own self-evaluation and to institutional dialogue. **It is therefore appropriate that the peer review teams also develop a systems-approach to conducting the site visit.** Team chairs should avoid reinforcing silos of expertise on the team and should encourage the team to develop a holistic Peer Review Team Report. Suggested team member assignments are included in this manual, on page 16.

Each visit will be unique in terms of the physical and time demands on the members of the team. The team chair and assistant should develop a working schedule for the peer review visit and communicate it to the College in advance of the visit. Considerations in developing a working schedule for the team include:

- Ensure completion of Assignments 1 and 2 *prior* to the comprehensive visit. The Team Training Workshop will have embedded time for the chair to lead a discussion about preliminary findings and emerging thinking emanating from the completion of Assignment 1. Following the Team Training Workshop, the chair should schedule a de-briefing of Assignment 2 via video conferencing before the comprehensive visit commences.

- Determine when the team members are expected to arrive and depart. 
  NOTE: Generally, comprehensive visits will run Monday through Thursday, with lodging required for Monday, Tuesday, and Wednesday nights.

- Decide when team written assignments will be due to you, and how they will be used by the team at its first meeting upon arriving at the team hotel.

- Decide when and where the team will have its first organizational meeting. The Commission recommends this occurs on the afternoon of the arrival day, and allow sufficient time for team discussion of the Institutional Self-Evaluation Report and the peer review visit. **Set the visit’s tone as a helpful, peer review that is focused solely on the Standards and Commission policies.**

- Build in several team meetings at regular points during the visit. Make sure you have time for Standards teams’ meetings. Meetings can always be canceled, but they are troublesome to add to the schedule.

- Create a schedule that fits the college; take into consideration if the college has a large evening program, many large off-campus sites or centers, an extensive DE program, or scheduled events such as Board meetings.

- Determine which off-campus sites, if any, will need to be visited, who will visit them, and how the information will be shared with the team. (50% rule applies)

- Determine which DE classes and services, if any, are available, who will examine their quality and compliance with standards for award of credit and institutional integrity. Determine also how information on DE courses and programs will be shared with the team, and quality compared to onsite courses and programs (see DE review protocol).

- **Assign a team member to examine any correspondence education programs that**
the college offers to assure their quality and compliance with standards for award of credit and institutional integrity.

- Assign team members with appropriate expertise to examine any baccalaureate program the institution may have had approved through ACCJC’s substantive
change process. Specific instructions on the review of a baccalaureate degree will be provided during chair and team trainings.

- Assign team member(s) to examine the institution’s policy for award of credit, and to sample how the institution awards credit for campus based, face-to-face and DE classes. The team member should examine any institutional calculations for converting clock hours to credit hours for purpose of awarding credit. (“Policy on Institutional Degrees and Credits;” “Policy on Award of Credit”)

- Schedule a meeting with key staff early in the visit.

- Determine the hours and staffing of the two open forums when the college constituencies can meet with a team member.

- Schedule a daily “check in” with the institution’s CEO to hear any input on the college experience with the team visit.

- Set deadlines for reports from team members (oral and written); indicate what assignments are due and when.

- Establish the time and location of the oral exit report by the chair.

- Multi-college Districts/systems. Coordinate team contacts with Board, district officers, and counterpart team chair(s) through the Lead team chair (see later section on visiting multi-college districts/systems.)
**SUGGESTED TEAM MEMBER ASSIGNMENTS***

*(Based on the expertise or job assignments of a typical team)*

<table>
<thead>
<tr>
<th>STANDARD I</th>
<th>STANDARD II</th>
<th>STANDARD III</th>
<th>STANDARD IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researcher</td>
<td>CIO or Dean</td>
<td>CBO</td>
<td>Trustee or CEO</td>
</tr>
<tr>
<td>Faculty</td>
<td>Instructional faculty</td>
<td>Faculty</td>
<td>Dean</td>
</tr>
<tr>
<td>CEO or Trustee</td>
<td>CSSO or Counseling Faculty</td>
<td>Deans or administrators</td>
<td>Faculty</td>
</tr>
<tr>
<td>Librarian</td>
<td></td>
<td></td>
<td>Team Chair</td>
</tr>
<tr>
<td>Researcher</td>
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</table>

*Team chair may select individuals to serve as Standard leads.

**Suggested Team Assignments for Addressing Eligibility Requirements 1-5**
(ERs 6-21 are evaluated within the Standards)

<table>
<thead>
<tr>
<th>2014 ER</th>
<th>2014 Standard</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Authority</td>
<td>n/a</td>
<td>The institution must demonstrate it is authorized to operate as a degree granting institution by the State (government).</td>
</tr>
<tr>
<td>2. Operational</td>
<td>I.B</td>
<td>Assign to the team member evaluating the institution’s demographic information.</td>
</tr>
<tr>
<td>Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Degrees</td>
<td>II.A</td>
<td>Assign to the team member evaluating the institution’s instructional programs.</td>
</tr>
<tr>
<td>4. Chief Executive</td>
<td>IV.B and/or IV.C</td>
<td>Assign to the team member evaluating the Standards related to the chief executive officer and/or the governing board.</td>
</tr>
<tr>
<td>Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Financial</td>
<td>III.D</td>
<td>Assign to the team member who is evaluating finance and USDE Title IV compliance. This individual should also evaluate the institution’s Annual Fiscal Reports (with audits) and the ACCJC Policy on Institutional Compliance with Title IV (including program audits) on the Checklist</td>
</tr>
<tr>
<td>Accountability</td>
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**NOTE:** Eligibility Requirements 1-5 have requirements that are not contained within the Accreditation Standards. Team members must evaluate each element of these ERs and report on them separately from the Accreditation Standards’ narrative.
1.8 Planning Visits in Multi-College Districts/Systems

The Commission has scheduled simultaneous visits for all colleges in Multi-College district/systems. This facilitates a single comprehensive examination of the quality of district/system services and the degree to which they support institutional abilities to meet or exceed Accreditation Standards. This consistent review avoids multiple and conflicting messages about the efficacy of district/system administrative and other functions. The Commission’s “Policy and Procedures for the Peer Review of Institutions in Multi-College/Multi-Unit Districts or Systems” details the principles and procedures that guide this review of district/system functions.

A District/System Team Chair will be chosen, usually from among the chairs of all the teams visiting colleges in a district/system or separately by the ACCJC. This chair will have responsibility for coordinating review of district/system functions and for writing recommendations to meet Accreditation Standards or for improvement of the district/system. Each visiting team should identify issues it believes bear investigation at the district or system level. The District/System Team Chair will ask for limited members of each team to participate in the visit to the district/system officers and personnel.

The District/System Team Chair will develop, in consultation with the other chairs and teams, language for any recommendations given for district/system improvement. The identical language should appear in each Peer Review Team Report written for individual colleges so that the message given about improving district/system functions is consistent. In rare cases, one or more of the colleges in a multi-college district/system may not have difficulty meeting Standards due to district/system deficiencies. In this case, that college’s Peer Review Team Report may not include the recommendations about the system. This situation usually arises when the district/system treats or administers the multiple colleges in different manners. However, team chairs are advised to ensure that the district/system issues that the combined team finds are examined to determine whether and how they affect each college in the district/system.

See the Commission’s “Policy and Procedures for the Evaluation of Institutions in Multi-College/Multi-Unit Districts or Systems”, which can be accessed on the ACCJC’s website at: accjc.org.

1.9 Analysis of the Institutional Self-Evaluation Report

The peer review team is expected to read, understand, and analyze the college Institutional Self-Evaluation Report (ISER) prior to its arrival for the team visit. To facilitate the team’s desk review of the ISER, the team chair should give team members written assignments (“homework”) that must be completed prior to the team’s arrival at the college. These assignments help the team prepare for the site visit and help the team chair identify the strengths and perspectives of team members. The team chair can use the written assignments the team members have produced to frame discussion at the first team meeting.

Institutions are expected to send the ISER and supporting documents to team members eight weeks before the visit. Additionally, the institution should provide links to the
college catalog and class schedule. Shortly thereafter, the team chair can begin contacting team members to welcome them to the team, to assign homework, and to begin to assess team member strengths.

The first team assignment should help the team acquire an overview of the ISER as well as its strengths and weaknesses. This assignment will require the team members to read the entire Report and any supporting evidence supplied by the college in advance of the visit, and assess institutional quality, determine whether the college has addressed all the Accreditation Standards, determine whether components of a culture of assessment and continuous improvement exists at the college, and determine what areas of institutional performance may need close examination by the team during its visit. A proposed “Assignment 1” can be found later in this Manual.

The second team assignment should help the team member go more deeply into the ISER by working directly with the Standard(s) he or she has been assigned. A proposed “Assignment 2” can be found on pages later in this Manual. Team chairs are free to change or vary these assignments, but you are asked to ensure that the team completes appropriate analysis and written work before the actual team visit, to collect that work, and to share and discuss it with the team as you lead the group in developing a collective perspective on the institution’s quality and the extent to which it meets Accreditation Standards. Team members should cross-check their findings across standards, and sharing the team member’s draft analyses and conclusions is a good means of providing for the triangulation needed to assure accurate conclusions and consistency in the final Peer Review Team Report.

Please note that the document entitled Evaluation Team Responsibilities for Compliance with U.S Department of Education Regulations and the Checklist, provided by the Commission, gives guidance for where each regulatory issue is to be discussed in the Standard chapters.

1.10 Evaluation of a Baccalaureate Degree Program

If the institution has a baccalaureate degree, the team should evaluate it using the ACCJC’s 2014 Accreditation and the ACCJC policy and protocol for the review of baccalaureate degrees. Specific training for the review of baccalaureate degrees will be conducted at team training.
2. A Work Schedule for the Site Visit

2.1 Conduct of the Site Visit

The outline that follows and the supporting materials at the end of the section are designed to follow the sequential steps of the conduct of a site visit. The suggestions are those gathered over the years working with team chairs and colleges. The section on Special Considerations is a discussion of issues which the Commission has identified as being of particular interest for these visits and to which the team chair and team are asked to pay particular attention during the visit and in writing the Peer Review Team Report.

A. Monitoring the Process

A successful site visit often depends on the care with which the team chair monitors and assesses the process of the visit. The discussion which follows outlines areas and activities which may need attention throughout, or at any point during the visit.

1. Consult the President and/or ALO early and often
   - Try to determine how the visit is going from their point of view.
   - Is the team talking to the right people/groups?
   - Are there any concerns or problems that college personnel are reporting to the President or ALO regarding the team or the process?

2. Consult with team members early and often
   - Help the team focus on the Standards and the Institutional Self-Evaluation Report.
   - Check with team members, especially first-time team members, individually, not just in team meetings.
   - Monitor team “tone” - is everyone committed to celebrating, supporting, and helping the college?
   - Encourage the team to begin writing early.
   - Look for signs of weak writing skills and provide assistance.
   - Build team ownership of areas of concern.
   - Help the team with consistency across and within standards and clarity when writing the report.

3. Consult with counterpart teams (for simultaneous multi-college visits)
   - Determine what coordination or team consultation will occur.
   - Identify people and mechanisms for team consultation.
• Compare relevant findings with counterpart chairs.
• Verify and cross-check differences.
• Share drafts of district/system findings across teams, especially for IV.C and IV.D.
• Prepare unified recommendations if directed at the district/system.

B. General Considerations and Advice to the Team Chair

1. Focus the team’s attention on determining whether the institution meets or exceeds the Eligibility Requirements, Standards, and Commission policies. One method of doing this is to verify the assertions made in the Institutional Self-Evaluation Report. The team will also evaluate evidence that is found at the time of the peer review team visit. The final evaluation of whether the institution meets the Standards must be done by checking multiple sources of evidence. Make sure team members have examined evidence supplied in advance of the visit and have sufficient time to examine all evidence and collect additional evidence they may need to evaluate the institution. Make sure the team members have triangulated their findings so that one does not write findings and conclusions for a standard that inadvertently contradict another section within the Peer Review Team Report. Make sure the total Peer Review Team Report is internally consistent in its narrative and findings.

2. Urge team members to share critical issues and problems at the institution with the whole team. No member can be allowed to bear the burden of a major issue alone.

3. Urge team members to share commendations—those areas where the college exceeds the standards.

4. Focus on the team dynamics. When there is conflict, ensure the conflict is productive.

   Provide corrective direction to members who become too closely involved with all or part of the institution or who pursue individual, organizational, or ideological agendas. Team members should not impose their own college’s way of doing things on the institution they are evaluating. Team members should not impose State regulations on the peer review process.

5. Discourage face-to-face classroom visitations. Most faculty at the host college will have participated in the preparation for the peer review team visit; they should be aware of the presence of the team and have opportunities to communicate with team members via the open forums held by the team.

6. Discourage purely social events.
7. District/system office locations, Board meetings or access to Board members, evening and off-campus sites may pose logistical challenges, and you may use delegations of team members to ensure coverage.

8. The team may receive information from individuals or groups that identify concerns about adherence to Standards; cross-validate such information investigating multiple sources.

C. Special Issues and Considerations

1. Confidentiality: The team chair should remind team members of the Commission policy on the confidentiality of institutional information. The “Policy on Public Disclosure and Confidentiality in the Accreditation Process” includes the following explanation:

   In order to assure the accuracy and appropriateness of institutional information which is made public, the Commission expects team members to keep confidential all institutional information read or heard before, during, and after the team visit. Except in the context of Commission work, team members are expected to refrain from discussing information obtained in the course of service as a peer reviewer.

2. Compliance with External Regulations, Statutes, or Expectations of other Organizations: Although some institutions may focus significant portions of their institutional self-evaluation reports on external compliance issues, it is not the team’s job to enforce or even address those requirements. The team’s only authority is the Commission Eligibility Requirements, Accreditation Standards, policies, and other requirements and federal regulations on accreditation that are part of team training.

3. Matters under Litigation: The Commission does not become directly involved in matters which are under litigation. A policy discussing the responsibilities of the institution is found in the “Policy Regarding Matters Under Litigation.”

4. Student Complaints: The assigned staff liaison will inform the chair if the college has any complaints that the team must investigate. The team is expected to review the institution’s own student complaint policies and files. The Commission does not adjudicate individual grievances; however, a pattern of complaints may indicate an institutional deficiency in meeting Accreditation Standards. The Commission’s “Policy on Student and Public Complaints Against Institutions” is found on the ACCJC website.

5. International Programs: Colleges offering international programs for non-U.S. nationals include an addendum to the Institutional Self-Evaluation Report which demonstrates how the program conforms to the “Policy on Principles of Good Practice in Overseas International Education for Non-U.S. Nationals”. Other relevant policies are “Policy on Contractual Relationships with Non-Regionally
Accredited Organizations” and “Policy on Distance Education and on Correspondence Education.” Federal regulatory requirements ask institutions to submit evidence that their campus-based programs for international students, including English language programs, are reviewed as part of the institution’s accreditation and are found to meet quality standards.
The First Day (Monday): The Team Meeting

It is remarkable that a group of strangers can meet, quickly organize around a common purpose, comprehensively review an institution, agree on commendations and recommendations, and produce a significant report, all in four days. A special merging of expertise and personalities occurs. The result is an experience which is not duplicated in any other professional activity.

The team will meet at the hotel on the day preceding the visit to the college. The team chair sets the time for the meeting, and team members are expected to arrange their travel in order to be present for this meeting. Team chairs can contribute to the development of a team identity by providing leadership in the following areas either with assignments before the site visit or on the first day of the visit.

1. Provide an overview of accreditation and reinforce the team member role.
2. Ensure the team understands the role of the ACCJC staff liaison.
3. Provide an orientation to the college and information about issues and events which have occurred at the college since the Institutional Self-Evaluation Report was completed. If there are controversial issues, develop a team strategy for dealing with them.
4. Discuss the team member reports for each Standard.
   a. Discuss the team member analyses of the Institutional Self-Evaluation Report and supporting documentation.
   b. Work with team members to identify their individual strengths and weaknesses, especially their writing and analytical skills.
5. Identify the preliminary themes and questions which the team will address.
6. Review the team schedule, meetings, interviews, assignments, schedules for visits to centers or campuses or a district or system office; and plans for review of DE programs and services.
7. Develop a sense of team cohesiveness and purpose and an open, supportive atmosphere in which thoughtful observation, analysis, and dialogue are encouraged.
8. Give team members the format for their section of the Peer Review Team Report.
9. Recognize the great work the college is doing by actively looking for areas where the college exceeds the standards (commendations). Remind the team to distinguish between recommendations which address deficiencies in meeting Accreditation Standards and those which are recommendations for improvement.
2.3 The Second Day (Tuesday)

Each review visit takes on its own characteristics, and each will proceed in its own way. The activities and elements which follow are typical for most site visits, but the team chair should feel free to modify the sequence to fit institutional and team needs.

1. Meet with president and key staff for introductions and informal contacts.

2. Take a brief campus tour (depends on size, complexity of campus).

3. Ensure team members meet with key people/groups, review evidence, and utilize these inputs to iteratively refine their initial findings and thinking based upon the ISER and Assignments 1 and 2.
   a. Team members come prepared with key individuals/groups to interview identified. Interview appointments should be made in advance.
   b. Visibility on campus is important, although not everyone will be interviewed.
   c. Pay attention to evening and off-campus programs and DE.
   d. Contact some of those who were involved in the committees that prepared the Institutional Self-Evaluation Report.

4. Conduct open forums.
   a. Forums should be highly publicized by the college.
   b. They should be held at times which will encourage participation.
   c. Identify a small number of team members to attend and conduct the forums.
   d. Forums are opportunities for individuals to come forward, not a presentation by the team.

5. Hold team meetings.
   a. Schedule several throughout the day(s); cancel if not needed.
   b. Seek cross validation. Don't accept testimony from a single source; encourage sharing of issues—no single team member "owns" a problem; be on lookout for factions or individuals who would plead a special cause.
   c. Begin identification of any interrelated areas of concern—e.g., data analysis and planning—to help the team frame possible recommendations.
   d. Establish means for team members, especially those with more than one Standard assignment, to share their findings.

6. Communicate with district/system leadership and counterpart team (multi-college districts/systems).
a. Hold in-person or telephone meetings with other chair(s).
b. Implement strategies for team members to coordinate activities, e.g., Board of Trustees, district/system officers and departments.
c. Decide role of district officials in site visit.
d. Develop strategies for recommendations that are district/system in nature.

7. Check with college president and others for feedback on college reaction to the team. Chair should let the CEO know of his/her intent to check-in regularly for feedback during the visit.

8. Have dinner as a team to continue discussions and sharing of observations. Please be aware of your location and the confidentiality of discussions, and the financial impact on the college.

9. Keep editing the report.
   a. Begin drafting preliminary findings, evidence, conclusions sections in the organization of the report.
2.4 The Third Day (Wednesday)

1. Continue interviews, meetings, class/site visits.
   a. Look for comprehensiveness of review, cross-validation.
   b. Identify the areas that have not yet been covered.
   c. Adjust team assignments as appropriate.

2. Hold team meetings; discuss core themes and findings.
   a. Identify core commendations and issues.
   b. Discuss issues that encompass more than one standard and develop a strategy for handling in the report. Discuss the holistic or systemic quality of the institution.
   c. Review to confirm that all Standards in the Institutional Self-Evaluation Report are being validated.
   d. Assign additional team members to assist where needed.
   e. Discuss formats for team member written statements and for writing effective recommendations and commendations.\(^2\)
   f. Remind team of role to analyze the Institutional Self-Evaluation Report and review the college in terms of the Accreditation Standards and the mission of the institution, not other state regulations, statutes, or other perspectives.

3. Hold open forums, depending on previous day's schedule.

4. Meet with the institution’s CEO regarding her/his perceptions of the visit and ensure that appropriate college staff have been involved in discussions with the team.

5. Provide guidance to the team for writing reports.
   a. Encourage team members to share a draft of a section with their Standard Team, the team chair or team assistant early (especially rookies).
   b. Warn team members of the need to balance evidentiary and explanatory detail in the findings sections and to cite each Standard as it is covered.
   c. Assure that critical statements are firmly tied and referenced to something in the Institutional Self-Evaluation Report and/or the Standards and policies.
   d. Develop references to the college's evidence (or lack thereof) in the evidence sections of the report.
   e. Develop conclusions that are concise and recommendations and commendations that reference the Standards.

\(^2\) Note: Because of the importance of these two items, separate sections on writing recommendations and the team statements are included in this Manual.
2.5 The Fourth Day (Thursday)

1. Finish up loose ends, last-minute visits/interviews.

2. Conduct the final team meeting.
   a. Shift emphasis to statements of team factual findings, recommendations and commendations.
   b. Review team member reports and achieve agreement on recommendations and commendations.
   c. Consolidate recommendations where appropriate; avoid multiple recommendations on the same issue, e.g., half a dozen separate recommendations on “communication.” (See “Writing Effective Recommendations” section in this Team Chair Manual for examples.) If you consolidate recommendations, please ensure the appropriate Standards are referenced accurately. Use the team’s prior discussions of the holistic or systemic quality of the institution to identify key areas in which consolidated recommendations are needed.
   d. Agree on which recommendations deal with matters of not meeting Standards and which are matters of institutional improvement where Standards are clearly being met. Identify same in the “Conclusions” sections of the Peer Review Team Report. Make sure recommendations are clearly connected to observations and findings.
   e. Be absolutely sure to reference Standards (and/or Eligibility Requirements, Commission policies) on each recommendation.

3. Collect team members’ written reports on assigned Standards. The team chair must have these in written form before the team disperses if the timelines for completion of the final Peer Review Team Report are to be met. Keep electronic copies of the draft reports submitted by the team until the final Peer Review Team Report is completed.

4. Agree on the team’s comments on the Quality Focus Essay and the institution’s planned projects; provide constructive advice and encourage strong projects for improvement.

5. Compose the exit report (see sample exit report outline on your team chair USB drive).

6. Clean out team room.

IN THE INTEREST OF MAINTAINING STRICT CONFIDENTIALITY, PLEASE:

- Be sure to delete all team files from hard drives and desktops of college computers in the team room and at the hotel.
- Remove all USB flash drives from the college computers in the team room and at the hotel.
7. Conduct exit discussion with institution’s CEO. (If the visit is part of a district/system, the district/system chair will meet with the district/system chief executive and provide an overview of district/system issues if any.)

8. Closing exit report is delivered to the institution. It should not be filmed or recorded. The chair should NOT read team recommendations or commendations during this report as they are subject to future editing. One suggestion from experienced team chairs is to provide the areas of improvement first, and then provide the commendations. This way the team leaves the college on a positive note (see sample exit report outline on your USB drive).

9. Team leaves campus following the exit report is given to the college.
3. The Peer Review Team Products

Before the site visit ends, the team must produce an analytic summary of team findings and analyses and conclusions for each Accreditation Standard (called Standard Areas of the Peer Review Team Reports). This section of the manual provides guidance for the team chair in overseeing the Peer Review Team’s onsite work products.

In crafting the final Peer Review Team Report, the chair is best served if the Standard Areas of the Peer Review Team Reports submitted by the team at the end of the site visit are well written and contain adequate reference to Accreditation Standards, federal regulatory requirements of accreditation in the appropriate standards chapter, adherence to ACCJC policies, and to evidentiary materials that led to the team’s findings, conclusions, and recommendations. Thus chairs are advised to guide their team carefully as it prepares the Standard Areas of the Peer Review Team Report and recommendations. It is important to bear in mind that the chair’s final Peer Review Team Report should not merely be an edited compilation of the Standard Areas of the Peer Review Team Report prepared by the peer review team, but must be a coherent and internally consistent document that can serve those using it after it is completed: the institution, the Commission, future peer review teams, and the public.

3.1 Developing the Standard Areas of the Peer Review Team Report

Each standard team will contribute a draft report to the chair before the conclusion of the visit. The final Peer Review Team Report, however, is not merely an edited compilation of segments prepared by the standard teams. It must be a coherent statement of evaluation. Team members need to understand that the final Peer Review Team Report is written by the team chair, and that their standard reports will undergo review and editing as the final Peer Review Team Report is prepared. At the same time, chairs can make the task much smoother by providing clear guidance to team members regarding organization, content, style, and tone of the Standard reports.

The team is responsible for collectively drafting a clear, concise, well-organized, and coherent Peer Review Team Report that will endure under the careful scrutiny of a wide variety of readers. The report should honestly reflect the views of the team and indicate any significant differences within the team. The report should set forth the limitations and difficulties which the institution is experiencing and the plans and potential it has for overcoming them.

A main purpose of the Peer Review Team Report is to help an institution and the Commission determine how effectively the college is meeting the Accreditation Standards. To achieve this purpose, the Peer Review Team Report should be clear and focused, and the sources of evidence for each recommendation should be noted. The purpose of the accreditation review is defeated if the team glosses over or ignores areas where an institution does not meet Standards. This report should identify

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In addition, the team chair must prepare two reports: the Exit Report to the institution, for presentation on the
last day of the site visit, and the final Peer Review Team Report. The duties of the team chair are covered in Section 4.0 of this Manual.
deficiencies in meeting Accreditation Standards, and offer constructive recommendations for improvement. As well, the report should identify commendations, where the college exceeds the standards. The findings contained in the Peer Review Team Report represent the observations of the team at the time of the visit.

Guidelines for the Peer Review Team Report

1. Evaluate the institution in light of its own stated mission, its objectives, and the Accreditation Standards. Wide variations in the capabilities, interests, needs, and circumstances of students require corresponding responses by institutions. Not every institution has to respond to these variations in exactly the same way, but institutions should address each Standard within their own framework. Describe how well the institution is achieving its mission, using the institution’s presentation and analysis of student achievement data.

2. Make favorable comments when praise is due. Praise in the form of a commendation is appropriate when a college clearly exceeds accreditation expectations. It is appropriate to encourage a college in its efforts and progress toward meeting a Standard, but commendations should be reserved for truly excellent achievements.

3. Remember that the purpose of the Peer Review Team Report is to provide evidence for the Commission’s decision on the institution’s accreditation status, a fair and meaningful estimate of the effectiveness of the institution, and an assessment as to the degree to which it is meeting the standards of accreditation. Just as the Commission asks institutions to provide evidence for their assertions of quality and effectiveness, teams are expected to provide evidence to support their recommendations.

4. The final Peer Review Team Report is the property of the institution. In this era of increased accountability and public disclosure, teams need to regard the report as a document that belongs to the many institutional stakeholders and internal and external publics. The Commission requires institutions to make the report available to the public, by posting it on the institutional website. The report has a life of at least seven years.

Organization of the Standard Areas within the Peer Review Team Report

Each Standard in the Peer Review Team Report should include a section of general observations. It is in this section of the Peer Review Team Report that an overview narrative is provided which summarizes the degree to which the institution is aligned with the standard, the manner in which it achieves alignment, areas of exceptional quality as related to the standard, and areas in need of improvement as related to the standard. A reader should be able to read the General Observations section and gain a sense of the overarching assessment of the institution relative to the particular standard. This section should serve as an introductory narrative to the findings and evidence section and must be consistent in that regard.

1. Each Standard Area of the Peer Review Team Report should include a section discussing the team members’
findings (specific observations and analyses) about the degree to which the institution’s practices and policies align with each Standard and the evidence the team used to reach that finding. The narrative should cite the Standards discussed
at the end of each paragraph, in parentheses. Team members should take care to ensure that each Standard is discussed in the findings and evidence section. This section should include a discussion of the strengths and weaknesses of the college, including areas where the institution does not meet the Accreditation Standards. This is the section that provides the rational for the team’s findings, including recommendations and commendations. All findings must be supported within the narrative of this section.

2. Each Standard Area of the Peer Review Team Report should include a brief conclusions section that states whether the institution meets the Standard, falls below in some areas, exceeds the Standard, etc. This section might also include some of the general observations, and should include any commendations the team wants to make on this Standard.

3. Each Standard Area of the Peer Review Team Report should include a section of recommendations, if any, for the Standard. At the final team meeting, these draft recommendations may be accepted, modified, combined with other recommendations, or deleted. It is important that all recommendations be those which the entire or a majority of the team accepts, not just the perspective or interests of one person.

Elements Which Should Not Be Part of the Standard Areas of the Peer Review Team Reports

1. Individuals should not be named, either in praise or blame. Comment, if necessary, on the office or position, not the officeholder.

2. Avoid advocating individual educational or governance theories.

3. Neither advocate for, nor advise against, specialized accreditation. Program specific accreditation is an institutional matter. The results of specialized accreditation should be given due regard, and may be used effectively by the institution as part of the supporting evidence included in the Institutional Self-Evaluation Report.

4. Do not cite the formulas or requirements of legislative statutes, specific organizations or associations, governmental departments or other agencies. If an institution has adopted such standards/benchmarks as its own measures of quality or effectiveness, it is appropriate to cite them as evidence presented by the institution in forming a judgment about overall institutional quality and adherence to accreditation standards.

3.2 Writing Effective Recommendations and Commendations

One of the most difficult parts of the peer review team visit is drafting recommendations and commendations to the college. Recommendations are based on the team’s evaluation and identify areas where the college does not meet the standard and/or areas for improvement, but a team cannot prescribe solutions the college must take to address those areas. Commendations should only be identified when the college exceeds the standard(s).

In writing recommendations and commendations, be thoughtful about the institution’s
need for specific language or more general language. A brief diagnostic statement of the problem, linked to the appropriate accreditation Standard is sufficient, leaving the specific remedy to be worked out by the institution. In rare cases, an institution may
seek very specific advice on how to remedy deficiencies. In that case, the college’s assigned ACCJC staff liaison should work with the college for clarification.

The content of the findings and conclusions sections of the Peer Review Team Report should logically and clearly set the stage for any recommendation that the team wishes to make. All recommendations should be followed by a citation of the Standard(s) in question, assuring that the institution will understand what is being recommended and what Standard(s) are related. Narrative of those citations must support the team’s findings. The peer review team should review all draft recommendations as a group during and at the conclusion of the team visit but the chair is required to consider editing them later to improve clarity and eliminate inconsistencies that may exist.

Principles of Writing Effective Recommendations

1. **Recommendations should set expectations that an institution take an action or complete a task, using language such as “complete the program review,” “implement the new budgetary process,” etc.**
   Recommendations that tell an institution to “design a new budgetary process” often result in an institution’s failure to implement the recommendation, and recommendations that tell an institution to “review” or “consider” something frequently result in no action or improvement.

2. **Recommendations should reference the Standards.**
   Both the college and the Commission should be able to tell at a glance which Standard(s) are being addressed. This can be accomplished by a reference to the Standard at the end of the recommendation. An example of a recommendation with appropriate Standards cited follows.

   “…should establish clear written policies and procedures delineating the roles and responsibilities of the various campus constituencies that participate in institutional governance.” [Standards IV.A.2, IV.A.3]

3. **Recommendations should flow logically and clearly from the findings and conclusions in the Peer Review Team Report.**
   The college will have difficulty responding to and understanding the rationale for a recommendation that has no prior reference in the report. The team should cite evidence it uses to conclude non-compliance with accreditation requirements.

4. **Recommendations should make it clear whether they are designed to bring the institution to a level that meets the Standard (“In order to meet the Standards, the team recommends that the college …”) or whether they are designed to strengthen a condition that already meets the standard.**
   The content of the findings and conclusions sections of the report should include a comment on whether or not the institution meets the Standard.

5. **Recommendations which relate to several Standards should be combined into overarching recommendations.**
This will help to avoid repeating recommendations over and over for each relevant standard. Standard references should be rechecked when recommendations are combined since sometimes in the consolidation process the links to specific Standards are weakened or lost. This SAMPLE combined recommendation has been carefully linked to Standards.

**Sample Recommendation #1:**

“In order to meet the Standards the college must complete a full review of its processes related to the assessment and review cycle of student learning outcomes for all instructional courses/programs to ensure that all courses, programs, and directly related student services are improved (II.A.2, II.A.16).

6. **The report should be consistent in its stance on key issues.**
Complimenting a college and making a recommendation on the same issue elsewhere in the report leads to confusion, and such inconsistencies will only serve to weaken the impact of the report. Recommendations should be consistent with the findings and evidence, and conclusions sections of the Peer Review Team Report.

7. **Clarity and Directness.**
Colleges benefit most from clear and direct team statements that don’t “beat around the bush” and that don’t leave room for a good deal of debate about the team’s intent or meaning. It is challenging, but necessary, to be as direct as possible.

**Recommendations Should Not:**

1. **Contain references that are not part of the ERs, Standards, and Commission policies.**
Terms like “Americans with Disabilities Act (ADA),” “shared governance,” “matriculation” and “collegial consultation” have specific meaning in some of the districts/systems which govern some member institutions. While the principles included in these terms may be embodied in the Accreditation Standards, avoid creating confusion that may result from the use of these specialized terms.

The following examples of poorly written recommendations use terms that derive their meaning from sources other than the standards.

“The team recommends that the college review and validate instruments for cultural bias, meeting matriculation guidelines, and regulating cutoff scores.” (Standards xxx)

“The College should complete its Minimum Qualifications equivalency review of faculty.” (Standard xxx)
2. Be based on the standards/regulations of governmental agencies, the legislature, or other organizations.

The relevant Standards for the team are those of the Commission. Team member concerns about compliance with external laws or regulations can creep into a team’s recommendations, as in the following example of an inappropriate recommendation:

“The College President should ensure the full implementation of the new College quantitative program review model and ensure implementation of the Accountability Model derived from Assembly Bill 1725.”

3. Be vague.

The college needs to know what the problem is and not be put in the position of trying to guess what the appropriate response might be. The same comment might be made about recommendations which are clichés, or unsupported generalities. Some examples of what not to write are:

- “The Physical Science building has some safety problems.”
- “The College needs to do planning.”
- “Cultural diversity needs to be clarified and communicated to the college community.”

4. Contain a “Standards dump” of every loosely related Standard imaginable.

Recommendations are intended to give clear direction on the areas where the college needs improvement. Such “Standards dumps” may confuse or overwhelm the college. Cite only those Standards that will be directly impacted by the recommended action, not those that will be indirectly impacted.

5. Be prescriptive.

Describing how a problem should be solved should be left up to the institution. Note how these recommendations are written; they are not to be emulated.

“The ventilation fan in the Central Duplicating area should be replaced with a heavy duty model.”

“The college should have a Diversity/Affirmative Action Officer on campus in order to coordinate training for faculty screening committees and to provide multi-cultural awareness training for all staff.”
# ACCJC Suggested Formatting and Style Sheet for Peer Review Team Reports

(March 2012)

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<td>Spell out the names of groups on the first reference, followed by the acronym, e.g., the Accrediting Commission for Community and Junior Colleges (ACCJC). The acronym for U.S. Department of Education is USDE (not U.S.D.E.) The acronym may be used alone on second reference.</td>
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<td>Spell out numbers one through and including ten; use numbers for larger numbers. A number that begins a sentence should be spelled out. Credit hours should be expressed as numerals.</td>
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<td><strong>Abbreviations</strong></td>
<td>Spell out state names in text; abbreviate them only in addresses, lists, etc. Spell out “and” instead of the symbol “&amp;” unless it is part of an official company name.</td>
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<td><strong>Commas</strong></td>
<td>When a conjunction joins the last two elements in a series, use a comma before the conjunction (e.g., board, administrators, faculty, staff, and students). Commas always go inside quotation marks. Do not use excessively.</td>
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<td>Colons go outside quotation marks unless they are part of the quotation itself.</td>
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<td>Express as “a.m.” and “p.m.” with periods and lowercase.</td>
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| Hyphens     | No spacing before or after hyphens.  
              | Hyphenate two-word adjectives used with a compound modifier (e.g., high-unit program).  
              | Do not hyphenate words beginning with “non,” except those containing a proper noun (e.g., nonresident; non-German; non-degree-seeking) or when the second element consists of more than one word (e.g., a full-time student; attending school full time).  
              | Do not hyphenate words with the suffix “wide” (e.g., District wide; College wide). |
| Capitalization | Capitalize the following words or phrases when referencing the Commission and/or the ACCJC Accreditation Standards:  
                   • “Commission”  
                   • “Accreditation Standards”  
                   • “Standards” (e.g., “In order to meet Accreditation Standards...”)  
                   Capitalize “College” and “District” when referencing a specific college or district (i.e., capitalize when you can replace “College” with a college name and when you can replace “District” with a district name).  
                   Capitalize the first word following a colon when the word begins a complete sentence.  
                   Capitalize titles preceding names (e.g., Bay College President Chris Smith).  
                   Do not capitalize the following:  
                   • “federal” or “state,” unless it is capitalized in an official name.  
                   • “fall” or “spring” (e.g., fall semester enrollment).  
                   • Titles following names or standing alone (e.g., Chris Smith, president of Bay College; Marcia S. Jones became president in 2001). |
WRITING STYLE

Be accurate. Nothing else matters if facts are not correct.

Do not write in the first person; use third person.

Use the active voice. The active voice is more direct and vigorous than the passive voice.
  Passive example: Meetings are held monthly.
  Active example: College Council meets monthly.

Be concise. Avoid jargon in text. Keep it as simple as possible.

Be specific, definite, clear, and concrete. Explicit writing holds the attention of readers.
4. Team Chair Reports

The team chair is responsible for two major reports: an exit report to the college which is delivered orally at the end of the site visit, and a Peer Review Team Report which is submitted to the Commission and the institution. Although the efforts of the peer review team contribute to both reports, the team chair bears primary responsibility for them. Guidelines for the format and content of both reports are included in this Team Chair Manual.

4.1 Exit Report at Conclusion of the Team Visit

The exit report given at the end of the visit is the first public statement by the team concerning its major findings and a broad description of its recommendations and commendations. It also helps the college by providing closure to their comprehensive review process. Depending on the issues that are prominent on the campus, concerns which were identified in the Institutional Self-Evaluation Report or during the course of the visit, and the general atmosphere of the institution, the oral report is an opportunity to commend the college, to note major findings, and to underscore the general nature of key recommendations. The chair speaks for the team and conveys the essence of the team's message to the college. An effective oral report can do much to bring a positive closure to the entire effort and to prepare the college for the Peer Review Team Report and ultimately the Commission action.

- Diplomacy is in order, but so is candor. Although the oral report is generally one that outlines findings and broad recommendations that need attention, commendations for excellence are appropriate and encouraged.

- Operate on the principle of “no surprises.” If the team has identified an issue that should be addressed quickly, this should be communicated to the college. No college should be led to believe that all is well if the team has found serious issues at the college.

- Refrain from generalizing the findings to other institutions. For example suggesting that every institution has deficiencies in a particular area is not appropriate or helpful.
  - Example: “Everybody gets a recommendation on planning…”

- Recognize the effort made by the college to produce the Institutional Self-Evaluation Report and to prepare for the comprehensive peer review visit. If appropriate, asking those who participated to stand as a group is one more way to validate the process and to reinforce the institution's ownership of the enterprise.

- All members of the team should be present at the exit meeting. Only the team chair speaks, and no questions are taken. The team chair should not permit the oral report to be filmed or recorded—the final Peer Review Team Report will contain all the important information.
• Describe (in general terms) the college personnel that were interviewed, the number of attendees at the open forums, etc.

Outline for Exit Report at Conclusion of Team Visit

A. Introductions/Acknowledgments

1. Introduce team and comment on their background and experience.

2. Thank college for its cooperation and acknowledge any whose contributions were especially helpful such as the individuals who participated in writing the Institutional Self-Evaluation Report and key support staff.

B. Review Purposes of the Oral Report

1. Provide some closure for the visit.

2. Provide summary of preliminary substantive findings and recommendations to the institution.

3. Remind the college that only the final, written, Commission-approved report is official.

C. Review Major Purposes of the Team Visit

1. Evaluate the college as a whole using the Accreditation Standards.

2. Evaluate how well the college is achieving its stated purposes (mission) by assessing the college as it carries out its activities.

3. Determine whether the institution meets Accreditation Standards.

4. Provide recommendations for quality assurance and institutional improvement.

5. Provide information to the Commission and the public about the institution’s quality.

D. Review the Team’s Approach to Completing Its Task

1. Study of the college’s Institutional Self-Evaluation Report and supporting documents, the report of the previous team, and any other accreditation reports.

2. On-campus meetings with individuals and groups, interviews, examination of documents, observation of facilities, visits to off-campus sites and review of DE courses and services where appropriate.
3. Open sessions in which any member of the college community could meet with the team.

E. Summarize the Team's Assessment of the College

1. Overall team assessment of the quality of the college’s Institutional Self-Evaluation Report:
   a. Evidence of addressing each of the Standards.
   b. Evidence to support descriptive claims.
   c. Meaningful planning agendas which the college commits to implement.
   d. Quality of writing and organization.
   e. Quality and availability of the supporting documentation and evidence.

2. Findings and recommendations of the team:
   a. Broadly describe the team’s findings, commendations, and recommendations by themes if appropriate.
   b. Provide an explicit reference to the Standard(s) involved when a recommendation is made.
   c. Do not read the recommendations word for word.
   d. Provide any team comment on the Quality Focus Essay and advice for the institution on its improvement projects.

F. Review Steps Which Occur After the Team Leaves

1. The team chair prepares draft of final Peer Review Team Report.

2. The team chair sends the draft to the Commission office, and staff communicates with the team chair regarding the draft.

3. The team chair sends the report to the team for any suggested corrections.

4. The team chair sends the draft Peer Review Team Report to the institutional CEO for correction of errors of fact, and makes corrections as appropriate.

5. The team chair sends the final Peer Review Team Report to the Commission office, including cover letters as appropriate.

6. The Commission sends a copy of the Peer Review Team Report to the college with instructions for the upcoming Commission meeting.

7. The Commission reviews the report at the next (January or June) meeting and takes action regarding the institution’s accredited status.

8. The Commission Office sends the action letter to the college, normally 30 days after the Commission meeting.
4.2 The Final Peer Review Team Report

The comprehensive Peer Review Team Report is written by the team chair after the visit is concluded. The format for the report and samples of a title page, summary, and letter to accompany the draft of the report are included in this Team Chair Manual. The primary focus of the report should be on the ways in which the institution does, or does not, demonstrate that it meets or exceeds Accreditation Standards and on the findings and recommendations of the peer review team.

The report of the team chair has multiple audiences and has a life of its own long after the conclusion of the visit. The institution will use the report to assess its own self-evaluation effort and to take appropriate actions on the recommendations. It would be naive to ignore the possibility that internal or external special interest groups or individuals may use the report to further their own agendas.

The Commission relies on the report as a primary source in its deliberations concerning the accredited status of the institution, the thoroughness of the team's peer review of the Institutional Self-Evaluation Report, and the cogency of the team's recommendations to the college.

Review of Drafts: A draft of the Peer Review Team Report should first be e-mailed to the Commission office, normally within ten days of the visit. The ACCJC staff liaison assigned to that particular college will carefully review the draft, make suggested edits and email them to the team chair, and discuss it with the chair by telephone within a day or two. The team chair will send the draft report to the team members for their suggestions. The chair will then send the draft report to the institutional CEO for correction of errors of fact. Copies of all correspondence should be sent to the Commission staff member assigned to the chair.

Suggestions to expedite the first draft of the Peer Review Team Report:

- Write your draft immediately. Some team chairs begin writing the introductory material during the visit. Team member assessments of the quality of the institutional responses should also be available before the visit ends.
- Spend enough time and effort on the draft so it looks and reads like a finished product; you should consider the draft report to be a public document.
- Review the draft carefully to avoid terminology specific to one system or group of colleges.
- Review the draft to make sure the recommendations are related to something which is specifically covered by the Standards.
- Review the draft to make sure that the Standards cited are the ones which are applicable to each recommendation.
- Check for and correct any contradictory statements or conclusions about compliance with standards that appear in the team’s written work.
Role of the ACCJC liaison: The ACCJC liaison is there to be a supportive resource to the team chair and college. They will review the report for clarity, consistency, completeness, and the strength of the connections between the findings; the conclusions, commendations, and recommendations; and the Accreditation Standards.

Role of the Peer Review Team: Team members should review the draft to validate that the report accurately reflects the observations and findings of the team and to make suggestions regarding style and tone.

Role of the College: The College may correct errors of fact in the report, but it may not alter the findings or the recommendations. Although the draft of the report is confidential in terms of general release at this time, the president may share its contents with key members of the institutional staff who would have the ability to identify potential errors of fact. The college should be given about a week to complete its review.

- Set a time limit for responding to the draft; about a week should be sufficient.
- Provide easy ways for the team and the college to respond. Inviting team members to telephone or e-mail their responses gives you the opportunity to ask follow-up questions and address any concerns.

Characteristics of the Final Peer Review Team Report
The Peer Review Team Report is an important document in that it is the vehicle by which critical judgments about institutional performance and quality are expressed by the Accrediting Commission for Community and Junior Colleges, and through which formal advice about improvement is given.

- The document is analyzed in detail by the Commissioners of the Accrediting Commission in reaching decisions about the accredited status of the subject institution.
- The Report is read by faculty, administrators, and trustees of the subject institution; and it is used by the institution to develop improvement plans.
- The Report is permanently filed at the college and the Accrediting Commission’s office. The institution must post the Report on its website, along with the Commission action letter and the Institutional Self-Evaluation Report. It may be examined by the press, researchers, job applicants, other accrediting bodies, government agencies, or the courts.
- The name of the team chair and team members as author is inevitably connected with the Report.

The Commission asks that the Report be prepared with great care! Peer Review Team Report

Internal consistency: Is the report consistent with no mixed or conflicting messages? Are contradictions among elements of the report avoided, e.g., between observations and summaries and between commendations and
recommendations? Does the information in the “findings and evidence” support and lead to the conclusions and recommendations? Have redundancies been consolidated? Are observations, conclusions, and recommendations handled consistently from Standard to Standard?

Clarity: Does the Report say exactly what is intended, so that there can be no accidental or deliberate misinterpretation?

Perspective: Does the Report clearly represent the observations, conclusions, and recommendations as coming from the team as a whole, not just one member or point of view?

Institutional focus: Does the Report deal fairly with the entire institution without advocating selectively for constituency groups or other special interests?

Comprehensiveness: Did the team affirm that the institution meets or exceeds the Accreditation Standards? Did the team examine the institution’s compliance with Eligibility Requirements and ACCJC policies? Did it examine all of the elements covered by federal regulations and the Checklist? Has the team commented on the Quality Focus Essay, and made suggestions to support the institution’s improvement projects?

Documentation: Does the text of the Report support the recommendations? Do the findings and analyses and conclusions sections clearly state the evidence or context on which the statements are based? (Example: “From discussions with college committees, observation of meetings and review of minutes, the team concludes that . . . ”)

Tone: Is the tone of the Report appropriate to the circumstances and the intended effect? Unduly harsh criticism can affect the climate of an institution and can be harmful to individuals. The institution itself must address recommendations, and the Report should encourage the taking of appropriate actions. Accreditation employs the language of diplomacy, while being direct and clear as to meaning.

Economy: Have redundancies been consolidated, where possible, in the Report?

Audience: Consider who may read the Report and with what purposes in mind? It is an academic document addressed to the college. It may also be read by reporters, government agencies, legislators, or students; they all want clarity and conciseness.
4.3 Format for the Peer Review Team Report (see also report template in the Appendices section)

I. Title Page
The title page includes the words “Peer Review Team Report for NAME OF INSTITUTION,” the college address, the name of the Team Chair/author of the report, and includes the statement “This report represents the findings of the Peer Review Team that visited (name of college) on (dates).” A sample title page is included.

II. List of Team Members
Names, titles, and institutional affiliations of each team member should be listed. Addresses or other contact information should not be included.

III. Summary of the Report
The summary briefly describes the purpose, organization, and conduct of the visit and the report that follows. It very broadly summarizes the major findings of the team plus any special concerns or signature events that the team has identified. This summary should be written as a public document. The summary is sent to the institution with the peer review report. This section can be written last, after the rest of the report has been prepared.

IV. Introduction
The chair prepares a brief description of the nature of the institution and its accreditation history. General observations about the institution should be stated in the introduction.

V. Major Findings and Recommendations of the External Peer Review Team
In this section, the commendations and recommendations should be listed.

VI. Eligibility Requirements
This section gives brief statements validating that the institution continues to meet Eligibility Requirements 1-5 (see Case Studies in this Team Chair Manual) or describes areas in which the institution does not meet ER’s. In the case where an institution fails to meet ERs, the team should write a recommendation and give it appropriate weight among team recommendations. The team’s conclusions about institutional compliance with Eligibility Requirements should align with the team’s conclusions about institutional compliance with Standards.

VII. Checklist for Compliance with Commission Policies and Federal Regulations
Include a section that gives brief statements demonstrating compliance with Commission policies and federal regulations appropriate to the activities of the college. Use the format of the Checklist in Appendix E of this manual to build a narrative for this section of the report.
- Public Notification of an Evaluation Visit and Third Party Comment
- Standards and Performance with Respect to Student Achievement
- Credits, Program Length and Tuition
• Transfer Policies
• Distance Education and on Correspondence Education
• Student Complaints
• Institutional Disclosure and Advertising and Recruitment Materials
• Title IV Compliance

VIII. Evaluation of College Quality Using Each Accreditation Standard

A. Each Standard Chapter should include a section of General Observations. It is here that the team may observe such things as the general quality of the topic of the Standard (e.g. leadership and governance) without going into specific detail about individual elements within the Standard (e.g. IV.A.2, IV.A.3, IV.A.4), some recent changes in the institution that warrant notice, the attitude of the staff at the institution, etc. Exemplary practices may be noted as well.

B. Each Standard Chapter should include a section discussing the team members’ Findings and Evidence (specific observations and analyses) about the degree to which the institution’s policies and practices align with each Standard. The narrative should identify the evidence that was reviewed and persons (no names) or groups whom the team interviewed or observed, provide brief analysis of how the evidence demonstrates alignment with Standards, or how the interview or observation corroborates the evidence, and cite the relevant Standards at the end of each paragraph, in parentheses. Team members should take care to ensure that every Standard is discussed in the findings section. The findings should include evaluation of strengths and weaknesses of the college. They should clearly describe exemplary practices that exceed Standards. They should clearly identify inadequate or missing practices and deficiencies in areas where the institution does not meet Accreditation Standards. It may also make comments on the quality of the Institutional Self-Evaluation Report and its evidentiary bases.

Specifically, the Commission asks that teams comment on four special areas:

1. The institution’s use of evidence to support its assertions and conclusions that it is fulfilling its mission.

2. The institution’s use of the Actionable Improvement Plans sections of the Institutional Self-Evaluation Report to outline a meaningful plan of action for dealing with issues identified during the self-evaluation process.

3. The institution’s processes for developing student learning outcomes, assessing them, and using the results of assessment to plan and implement institutional improvements.
4. The extent of institutional dialogue about student learning and student success, as well as about institutional processes for evaluation and plans for improvement.

C. Each Standard Chapter should include a brief Conclusions section that asserts whether the institution meets the Standard, meets the Standards except for specific elements within the Standard (e.g. IV.A.3), does not meet the Standard, or exceeds the Standard. The conclusions may very briefly summarize overarching themes (accomplishments and/or challenges) identified in the findings as a way to support the assertion of meeting, not meeting, or exceeding.

D. At the end of each Standard Chapter, the team should list Commendations and Recommendations, if any, for the Standard. At the final team meeting, these draft commendations and recommendations may be accepted, modified, combined with other commendations or recommendations, or deleted. It is important that all commendations or recommendations be not just the perspective or interests of one team member, but the perspective of the team. It is doubly important that all commendations or recommendations be supported by the team’s analysis in the Findings and Evidence.

For institutions with baccalaureate degrees, each Standard Chapter should include separate narrative describing the baccalaureate degree alignment to the standard.

IX. Team Suggestions and Comments on the College's Quality Focus Essay
Using the guide to writing the QFE provided by ACCJC to colleges, the team should review the QFE and make comments and suggestions to improve the institutions’ project plans, if warranted. The comments should be designed to assist the college in designing and implementing its Quality Focus work in a manner that supports and enhances student outcomes and success. (See Appendix F on the Quality Focus Essay)

4.4 Final Peer Review Team Report Transmittal to ACCJC
As soon as team members and the College have responded, the team chair should make appropriate revisions and send an electronic copy of the comprehensive Peer Review Team Report to the Commission office. Normally, this should be completed within a month after the visit.

The final Peer Review Team Report package should include:

1. A letter from the Team Chair specifying the focus of any special follow-up reports and/or visits recommended by the team, if not already sent with the draft. If there are any special explanations or special circumstances that the Team Chair wishes to bring to the attention of the Commission, this can be accomplished by an additional letter to the Commission President.
2. Electronic submission of the final Peer Review Team Report via e-mail in MS-Word.

3. Evaluations of team members (conducted electronically)

4. Expense forms if not sent earlier.

The ACCJC office will send final copies of the peer review report to the college prior to the Commission meeting, and allow the CEO to comment on the Report. The CEO may also elect to come to the Commission meeting and address the Commissioners; in such cases the Commission will also invite the team chair to attend in person or by phone.

The Final Peer Review Team Report must be received by the Commission no later than November 20, 2020
5. Evaluation of the Accreditation Process

The Commission has an ongoing interest in improving the quality of practice in accreditation. You will evaluate the team, the team will evaluate you, and the college will evaluate the visit.

Evaluations of Team Members
The team chair completes an evaluation of each team member. An online evaluation instrument will be emailed to you. The evaluations are confidential to the Commission staff and are used to assist in determining whether the person should be invited to serve on another team. We are particularly interested in your assessment of the team member’s contributions to the team process, potential for growth, exercise of professional judgment, ability to maintain perspective, and writing skills. Any additional comments or suggestions you care to make as a result of your experiences are most welcome.

Evaluation of the Team Chair
The team members will be asked to evaluate the effectiveness of the visit and the Team Chair. This evaluation is confidential and is used by the Commission staff to improve the quality of the visits and the reports.

Evaluation of the Visit by the College
The institution also evaluates the visit from the College’s perspective and makes suggestions to strengthen the process.

5.1 Commission Review and Actions

Submitting the Final Peer Review Team Report

1. After review of the draft by the team, the Commission staff, and the College’s CEO, send the final copy to the Commission office.

2. The Commission sends the Peer Review Team Report to the college prior to the Commission meeting.

3. Commission staff prepares the materials for action at the next Commission meeting. Colleges visited in the fall term are considered at the January meeting; colleges visited in the spring term are considered at the June meeting.

If the college wishes to raise an objection to the content of the final Report, the president of the college is invited to attend the Commission meeting and raise those concerns directly with the Commission. A college may also submit a written response to the Peer Review Team Report. In such cases, the team chair is also invited to attend that meeting in person or by phone to discuss the findings of the team and the bases for the team recommendations. The team chair is given copies of any documents the institution has submitted in response to the Peer Review Team Report. The Commission covers the
expenses of the team chair under these circumstances. The Commission meets with both the college president and the team chair and includes this discussion in its deliberations.

The Commission reviews the team’s Report and recommendations of the team, the college Institutional Self-Evaluation Report, any follow-up or special reports, and any other material relevant to its consideration of action on the accredited status of an institution as a result of a comprehensive review.

The ACCJC President transmits an action letter to the college which informs the college of the Commission action, and the institution is required to post the action letter on its website with the Peer Review Team Report and the Institutional Self-Evaluation Report.
Appendices
Team Member General Information

Please complete and return to the team chair by the due date. The information provided will assist the team chair in determining the assignment of team members to specific standards.

Team Member Name: 
Cell Phone Number: 

1. Current professional responsibilities (include range of responsibilities if the title is not sufficient):

   [Response]

2. Summary of relevant professional experience:

   [Response]

3. Previous peer review team experience and or previous institutional accreditation experience:

   [Response]
4. Please indicate if you will be bringing a laptop:

[Response]

5. Special considerations for accommodations: (access, dietary needs, etc.).

[Response]
Assignment 1: Assessment of ISER
DUE DATE: XXX

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Read the entire ISER, then take a holistic perspective and briefly respond to each question listed below.

**Question #1:**

a. Has the college fully addressed the elements of *Standard I: Mission, Academic Quality and Institutional Effectiveness, and Integrity*, specifically:

   *Standard IA: Mission?*

   *Standard IB: Assuring Academic Quality and Institutional Effectiveness?*

   *Standard IC: Institutional Integrity?*

b. List the notable and positive aspects of the college’s efforts to meet *Standard I*.  

c. List any substantive concerns you see regarding the college’s efforts to meet *Standard I*.  

Question #2:

a. Has the college fully addressed the elements of *Standard II: Student Learning Programs and Support Services*, specifically:

   *Standard IIA: Instructional Programs?*

   *Standard IIB: Library and Learning Support Services?*

   *Standard IIC: Student Support Services?*

b. List the notable and positive aspects of the college’s efforts to meet *Standard II*.

c. List any substantive concerns you see regarding the college’s efforts to meet *Standard II*. 
**Question #3:**

a. Has the college fully addressed the elements of *Standard III: Resources*, specifically:

   *Standard IIIA: Human Resources?*

   *Standard IIIB: Physical Resources?*

   *Standard IIIC: Technology Resources?*

   *Standard IIID: Fiscal Responsibility and Stability?*

b. List the notable and positive aspects of the college’s efforts to meet *Standard III*.

c. List any substantive concerns you see regarding the college’s efforts to meet *Standard III*. 
**Question #4:**

a. Has the college fully addressed the elements of *Standard IV: Leadership and Governance*, specifically:

   *Standard IVA: Decision-Making Roles and Processes?*

   *Standard IVB: Chief Executive Officer?*

   *Standard IVC: Governing Board?*

   *Standard IVD: Multi-College Districts or Systems (if applicable)?*

b. List the notable and positive aspects of the college’s efforts to meet Standard IV.

c. List any substantive concerns you see regarding the college’s efforts to meet Standard IV.
Question #5:

What is your initial impression of the emphasis of XXX College's Quality Focus Essay as it relates to the improvement of student learning and student achievement?
IMPORTANT NOTE: There must be a logical flow and consistency of thought from your general observations to your findings and evidence, and finally to your conclusions. The college, as well as its internal and external audiences, must be able to read your narrative and understand how you reached the conclusions based upon your written discussion of general observations and findings and evidence. Assignment 2 contains five parts; Part 5 is an excerpt from a sample Peer Review Team Report.

PART 1: General Observations Regarding Assigned Standard

INSTRUCTIONS:

Write a high-level overview that summarizes how the College has addressed this Standard. Provide general descriptions of the College’s practices that are relevant to this Standard as reported in the ISER and as supported by the evidence.

Comment briefly on any areas of exemplary practice related to the Standard.

Comment briefly on any areas of concern or notable deficiency.
PART 2: Findings and Evidence Regarding Assigned Standard

INSTRUCTIONS:

For this section of Assignment 2, review each Standard within your assigned section (e.g. If you have been assigned to II.A, review the College’s self-evaluation for II.A.1, II.A.2, etc.), and review the associated evidence documents that the college has supplied on the flash drive. You will discuss the degree to which the college meets, exceeds, or falls short of the standards.

One Standard at a time, briefly summarize the evidence that you reviewed that demonstrates the college is aligned with the Standard. The College has probably provided many documents in support of its claims. You do not need to discuss them all. Summarize! If the evidence shows that the College meets the Standard briefly describe that evidence using language from the Standard. If the evidence illustrates an exemplary practice that exceeds the Standard, describe it. If the College’s practices could be improved, describe evidence of the shortcomings. If the College has self-identified a deficiency and has devised a plan to remedy the concern, briefly describe the area of concern and the plan as presented in the evidence.

Organize this section of Assignment 2 in order by Standard (e.g. II.A.1, II.A.2, etc.). In essence, for each Standard you are answering this question more or less: “The team reviewed _what?_ and found that the College _what?_. You will want to include strengths of the College as related to the Standard and/or areas of deficiency as related to the Standard.

The length of the response for each Standard will vary dependent upon the complexity of the ideas contained within the Standard.

[start typing here]
PART 3: Conclusions

What are your conclusions on the quality of the college with respect to the elements covered in this standard? (Meets, Meets except for _____, or Does not meet)

Is a recommendation (or multiple recommendations) warranted for this standard? If so, describe.

Is a commendation (or multiple commendations) warranted for this standard? If so, describe.
PART 4: Further Research

List Individuals/Groups/Committees You Wish to Interview during the Visit

1. [Title]
2. [Title]
3. Etc.

List the Proposed Questions You Will Need Addressed during These Interviews

1. [Title]
2. [Title]
3. Etc.

Additional Sources of Evidence (Not Provided in ISER) Needed to Review during Visit

1. [Document]
2. [Document]
3. Etc.
PART 5: Excerpt from Sample Peer Review

Standard I
Mission, Academic Quality and Institutional Effectiveness

I.A. Mission

General Observations:
XXX College demonstrates its commitment to its students through its mission, which articulates its educational opportunities available based on identified student and community needs. Through an extensive program review, planning and resource allocation cycle, the College aligns its programs, services and resources toward its mission and the communities it serves. The mission is reviewed on a regular cycle, updated, approved by the Board of Trustees, and communicated widely.

Findings and Evidence:
XXX College’s mission relates the institution’s broad educational purpose to offer “quality, accessible, equitable and innovative educational programs and services.” The mission supports the intended student population pursuing educational, career, or personal development goals by offering associate degrees in arts, science, and transfer along with certificates in career and technical education. The College demonstrates its commitment to student learning and achievement through its assessment of skills, knowledge and behaviors acquired by students (I.A.1).

The College uses a variety of institutional data, local service area data, and student outcome data to determine its effectiveness in accomplishing its mission. The College also reviews data through its program review, strategic planning and educational master planning processes to identify problem areas and, in turn, develop institutional priorities along with goals and objectives to meet the diverse educational needs of its students (I.A.2).

XXX College aligns its programs and services with its mission through its program review and annual program assessment processes. All planning and resource allocation decisions go through a planning cycle that includes the Institutional Planning Committee, the Budget Committee, Executive Cabinet, and the Superintendent/President, with multiple checkpoints for mission alignment. The participatory governance process involves collegial consultation that is transparent with a feedback loop and is linked to planning, showing the institution’s maturity. Stakeholders are allowed only one vote in the process, and do not vote on resource requests directly relevant to their own interests. (I.A.3)

The mission statement is widely published via the college website and catalog and is posted in high-visibility areas throughout the District. The Executive Cabinet meets with all new hires in a mixed employee group session to introduce them to the institution’s values, purpose, intended student population, and offerings. The current mission statement was approved by the Board of Trustees in January 2017, following a three-year cycle of review, assessment, and update led by the Vision, Values and Mission Task Force (I.A.4)

Conclusion: The College meets the Standard.
Dear <President>:

The peer review team has completed the Peer Review Team Report of its recent visit to your institution. Attached is a draft copy of that report. Following the ACCJC Policy on Commission Good Practice in Relations with Member Institutions, I am sharing this draft with you to provide you the opportunity to correct any errors of fact contained in the report. This draft report is confidential until it is made final, and it will not be final until after you have had a chance to point out errors of fact.

Please provide me with any corrections within three working days so that I can submit the final report to the Commission in a timely manner. If I do not hear from you in this time period, I will assume there are no factual errors in the report and will forward it to the Commission.

Thank you again for your assistance and hospitality to the review team during the visit.

Sincerely,
## Selected Peer Review Team Responsibilities for Compliance with U.S. Department of Education (USDE) Regulations

(Revised March 2016)

<table>
<thead>
<tr>
<th>Paragraph of 34 C.F.R.</th>
<th>USDE Regulation and USDE Guidelines for 34 C.F.R.</th>
<th>Peer Review Team Responsibility</th>
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| 602.23(b)             | In providing public notice that an institution...subject to its jurisdiction is being considered for accreditation or pre-accreditation, the agency must provide opportunity for third-party comment concerning the institution’s...qualifications for accreditation or pre-accreditation. At the agency’s discretion, third-party comment may be received either in writing or at a public hearing or both. | Address in Standard I.C.12, I.C.13  
The peer review team will determine whether the institution has made an appropriate and timely effort to notify the campus community and public of the opportunity for submission of third-party comments and the process for doing so.  
The peer review team will be notified if ACCJC has received third-party comments as they relate to the compliance of a member institution with the Accreditation Standards prior to the peer review visit.  
(Standard I.C.12, I.C.13; ER 21; Policy on the Rights and Responsibilities of the Commission and Member Institutions (F) and the Policy on Commission Good Practice in Relations with Member Institutions (5)) |
| 602.16(a)(1)(i) | Standards effectively address “success with respect to student achievement in relation to the institution’s mission...including as appropriate consideration of course completion, State licensing examinations, and job placement rates”  
Whether institutionally-developed standards to demonstrate student success are being used by the accreditor in the accreditation assessment, and the institution’s performance with respect to student achievement is assessed. | Address in Standard I.B  
The institution must set standards for satisfactory performance of student success (student achievement and learning).  
The peer review teams examine the institution-set standards for student success and achievement and assess their appropriateness. Peer review teams examine institution summary data on course completion rates, licensure pass rates where available, and job placement rates where available. The team also examines program/certificate completion data and graduation data provided by the college. These data are examined in the context of the institution-set standards of satisfactory performance and goals for improvement of student success (student success and student learning). The peer review team cites this information as evidence of the institution’s accomplishment of mission. The Peer Review Team Report cites the use of this evidence in describing its evaluation of how well the institution fulfills its mission.  
*(Standards I.A.2, I.B.3; ER 11)* |
Distance and Correspondence Education:
During institutional reviews, the agency applies the definitions of “distance education” and “correspondence education” found in §602.3 to determine which mode of delivery is being employed.

The agency requires institutions that offer distance or correspondence education to have processes in place through which the institution establishes that the student who registers in a distance education or correspondence course or program is the same student who participates in and completes the course or program and receives the academic credit. The agency meets this requirement if it:
1. Requires institutions to verify the identity of a student who participates in a class or program by using methods such as:
   (i) A secure log in and Password
   (ii) Proctored exams
   (iii) New or other technologies and practices that are effective in verifying student identity

Address in Standard II.A

The peer review team will review the manner in which the institution determines if a course is offered by distance education or correspondence education. The team will examine the delivery mode of a sampling of courses where students are separated from the instructors. The team must assess whether the courses are distance education (with regular and substantive interaction with the instructor, initiated by the instructor, and online activities are included as part of a student’s grade) or correspondence education (online activities are primarily “paperwork related,” including reading posted materials, posting homework and completing exams, and interaction with the instructor is initiated by the student as needed). Use of a learning management system alone will not determine whether the mode is distance education; course syllabi, grading policy, and actual instructional delivery determine how the mode is characterized for USDE purposes. The team will describe its findings and the team’s judgement of the appropriateness of institutional application of the USDE delivery mode definitions.

The peer review team will examine the efficacy of methods that the institution uses to verify the identity of students enrolled in distance education and correspondence education classes. The peer review team will describe whether the institution uses the secure log in and password for its distance education classes. If the institution uses other methods for its distance education classes or correspondence classes, the peer review team will describe those methods and the team’s judgement of their efficacy in preserving the integrity of the credits and grades awarded.

The peer review team will examine the efficacy and equity of learning support services and student support services that the institution has established to assist students enrolled in distance education and correspondence education classes.

(Standards II.A.1, II.A.3, II.A.7, II.B.1, II.C.1; and Policy on Distance Education and on Correspondence Education)
| 602.16(a)(1)(ix) And related 668.43 | The standards effectively address the quality of the institution in addressing: “the record of student complaints received by, or available to, the agency.”

The institution “must make readily available to enrolled and prospective students... (a)(6) the names of associations, agencies, or governmental bodies that accredit, approve, or license the institution and its programs and the procedures by which documents describing that activity may be reviewed under paragraph (b).”

(b) “the institution must make available for review to any student or prospective student upon request a copy of the documents describing an institution’s accreditation and its State, Federal, or tribal approval or licensing. The institution must also provide (those persons) with contact information for filing complaints with its accreditor and with its State approval or licensing entity and any other relevant State official or agency that would appropriately handle a student’s complaint.” |
| Address in Standard I.C. and ER 20 | The peer review team will be sent a copy of any complaints that have been filed with the ACCJC in accordance with the criteria for filing such complaints. The peer review team will examine the institution’s procedures with define student grievances/complaints and the manner in which they are received and will examine the institution’s files containing student complaints/grievances for the five years preceding a comprehensive peer review. The peer review team will examine any patterns observed in the complaints to determine whether they constitute evidence that indicates the institution has failed to comply with Accreditation Standards, ERs, and policies. Any deficiencies will be identified in the Peer Review Team Report as such.

(Standards I.C.5, I.C.8; ER 20; and Policy on Student and Public Complaints against Institutions)

The peer review team will examine the institution’s means of providing to any student or prospective student information about its accrediting bodies and governmental (usually state) licensing or approval bodies, copies of documents describing an institution’s accreditation or governmental approval, as well as contact information for filing complaints with such bodies. The team report will describe the institution’s compliance with this requirement.

(ER 20)

The evaluation team will examine whether institutions make available to students located in states other than the institution’s home state and receiving instruction from the institution (via distance education or correspondence education, or by other means) the contact information for filing complaints with the relevant governmental or approval body in that state in which the student is located.
602.19(a-e) | The agency must demonstrate that it has and effectively applies a set of monitoring and evaluation approaches that enable the agency to identify institutional strengths and stability. These approaches must include collection and analysis of key data and indicators, including fiscal information and measures of student achievement.  

| Address in Standard I.B, II.C, and III.D  
Comprehensive peer review teams must examine the institution’s longitudinal data on the institution’s fiscal condition, including significant increases or decreases in revenues and enrollments, and identify any team concerns about fiscal stability. Comments should be included in Standard III.D  
*(Standards III.D.1-15; ER 5, and ER 18)*  
Comprehensive peer review teams must examine the institution’s longitudinal data on student achievement (course completion, program/certificate completion, graduation, licensure, job placement data) and identify any team concerns about stability and achievement of mission, as well as any trends that identify strengthened institutional performance.  
*(Standards I.B.3; and ER 11)*
Checklist for Evaluating Compliance with Federal Regulations and Related Commission Policies

The evaluation items detailed in this Checklist are those which fall specifically under federal regulations and related Commission policies, beyond what is articulated in the Accreditation Standards. There may be some evaluation items under ACCJC standards which address the same or similar subject matter (as noted by the accompanying references to the Standard or other sections of the Institutional Self-Evaluation Report that address the item). Evaluation teams will evaluate the institution’s compliance with standards as well as the specific Checklist elements from federal regulations and related Commission policies noted here.

General Instructions: The form should contain narrative as well as the “check-off.”

a. The team should place a check mark next to each evaluation item when it has been evaluated.
b. For each subject category (e.g., “Public Notification of an Evaluation Visit and Third Party Comment”), the team should also complete the conclusion check-off.
c. The narrative will cite the evidence reviewed and team findings related to each of the evaluation items. If some content is discussed in detail elsewhere in the Peer Review Peer Review Team Report, the page(s) of the Peer Review Team Report can be cited instead of repeating that portion of the narrative.
d. Any areas of deficiency from the Checklist leading to noncompliance, or areas needing improvement, should be included in the evaluation conclusions section of the Peer Review Peer Review Team Report along with any recommendations.

This Checklist will become part of the Peer Review Peer Review Team Report. Institutions may also use this form as a guide for preparing documentation for team review. It is found as an appendix in the team and institutional self-evaluation manuals.
Public Notification of an Evaluation Team Visit and Third Party Comment
[Regulation citation: 602.23(b).]

Evaluation Items:

_____ The institution has made an appropriate and timely effort to solicit third party comment in advance of a comprehensive evaluation visit.

_____ The institution cooperates with the evaluation team in any necessary follow-up related to the third party comment.

_____ The institution demonstrates compliance with the Commission Policy on Rights and Responsibilities of the Commission and Member Institutions as to third party comment.

Conclusion Check-Off (mark one):

_____ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.

_____ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but follow-up is recommended.

_____ The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative (add space as needed):
Standards and Performance with Respect to Student Achievement
[Regulation citations: 602.16(a)(1)(i); 602.17(f); 602.19 (a-e).]

Evaluation Items:

_____ The institution has defined elements of student achievement performance across the institution, and has identified the expected measure of performance within each defined element. Course completion is included as one of these elements of student achievement. Other elements of student achievement performance for measurement have been determined as appropriate to the institution’s mission. (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards)

_____ The institution has defined elements of student achievement performance within each instructional program, and has identified the expected measure of performance within each defined element. The defined elements include, but are not limited to, job placement rates for program completers, and for programs in fields where licensure is required, the licensure examination passage rates for program completers. (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards)

_____ The institution-set standards for programs and across the institution are relevant to guide self-evaluation and institutional improvement; the defined elements and expected performance levels are appropriate within higher education; the results are reported regularly across the campus; and the definition of elements and results are used in program-level and institution-wide planning to evaluate how well the institution fulfills its mission, to determine needed changes, to allocating resources, and to make improvements. (Standard I.B.3, Standard I.B.9)

_____ The institution analyzes its performance as to the institution-set standards and as to student achievement, and takes appropriate measures in areas where its performance is not at the expected level. (Standard I.B.4)

Conclusion Check-Off (mark one):

_____ The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.

_____ The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.

_____ The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative (add space as needed):
Credits, Program Length, and Tuition

[Regulation citations: 600.2 (definition of credit hour); 602.16(a)(1)(viii); 602.24(e), (f); 668.2; 668.9.]

Evaluation Items:

_____ Credit hour assignments and degree program lengths are within the range of good practice in higher education (in policy and procedure). (Standard II.A.9)

_____ The assignment of credit hours and degree program lengths is verified by the institution, and is reliable and accurate across classroom based courses, laboratory classes, distance education classes, and for courses that involve clinical practice (if applicable to the institution). (Standard II.A.9)

_____ Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition). (Standard I.C.2)

_____ Any clock hour conversions to credit hours adhere to the Department of Education’s conversion formula, both in policy and procedure, and in practice. (Standard II.A.9)

_____ The institution demonstrates compliance with the Commission Policy on Institutional Degrees and Credits.

Conclusion Check-Off (mark one):

_____ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.

_____ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.

_____ The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative (add space as needed):
**Transfer Policies**
[Regulation citations: 602.16(a)(1)(viii); 602.17(a)(3); 602.24(e); 668.43(a)(ii).]

**Evaluation Items:**

- ____ Transfer policies are appropriately disclosed to students and to the public. (Standard II.A.10)
- ____ Policies contain information about the criteria the institution uses to accept credits for transfer. (Standard II.A.10)
- ____ The institution complies with the Commission *Policy on Transfer of Credit.*

**Conclusion Check-Off (mark one):**

- ____ The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
- ____ The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
- ____ The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative (add space as needed):**
Distance Education and Correspondence Education
[Regulation citations: 602.16(a)(1)(iv), (vi); 602.17(g); 668.38.]

Evaluation Items:

For Distance Education:

_____ The institution demonstrates regular and substantive interaction between students and the instructor.

_____ The institution demonstrates comparable learning support services and student support services for distance education students. (Standards II.B.1, II.C.1)

_____ The institution verifies that the student who registers in a distance education program is the same person who participates every time and completes the course or program and receives the academic credit.

For Correspondence Education:

_____ The institution demonstrates comparable learning support services and student support services for correspondence education students. (Standards II.B.1, II.C.1)

_____ The institution verifies that the student who registers in a correspondence education program is the same person who participates every time and completes the course or program and receives the academic credit.

Overall:

_____ The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings. (Standard III.C.1)

_____ The institution demonstrates compliance with the Commission Policy on Distance Education and Correspondence Education.

Conclusion Check-Off (mark one):

_____ The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.

_____ The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.

_____ The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

_____ The college does not offer Distance Education or Correspondence Education.

Narrative (add space as needed):
**Student Complaints**  
[Regulation citations: 602.16(a)(1)(ix); 668.43.]

**Evaluation Items:**

- The institution has clear policies and procedures for handling student complaints, and the current policies and procedures are accessible to students in the college catalog and online.
- The student complaint files for the previous seven years (since the last comprehensive evaluation) are available; the files demonstrate accurate implementation of the complaint policies and procedures.
- The team analysis of the student complaint files identifies any issues that may be indicative of the institution’s noncompliance with any Accreditation Standards.
- The institution posts on its website the names of associations, agencies and governmental bodies that accredit, approve, or license the institution and any of its programs, and provides contact information for filing complaints with such entities. (Standard I.C.1)
- The institution demonstrates compliance with the Commission Policy on Representation of Accredited Status and Policy on Student and Public Complaints Against Institutions.

**Conclusion Check-Off (mark one):**

- The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
- The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
- The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

**Narrative (add space as needed):**
Institutional Disclosure and Advertising and Recruitment Materials
[Regulation citations: 602.16(a)(1)); (vii); 668.6.]

Evaluation Items:

_____ The institution provides accurate, timely (current), and appropriately detailed information
to students and the public about its programs, locations, and policies. (Standard I.C.2)

_____ The institution complies with the Commission Policy on Institutional Advertising, Student
Recruitment, and Policy on Representation of Accredited Status.

_____ The institution provides required information concerning its accredited status.(Standard
I.C.12)

Conclusion Check-Off (mark one):

_____ The team has reviewed the elements of this component and has found the institution to
meet the Commission’s requirements.

_____ The team has reviewed the elements of this component and has found the institution to
meet the Commission’s requirements, but that follow-up is recommended.

_____ The team has reviewed the elements of this component and found the institution does
not meet the Commission’s requirements.

Narrative (add space as needed):
**Title IV Compliance**

[Regulation citations: 602.16(a)(1)(v); 602.16(a)(1)(x); 602.19(b); 668.5; 668.15; 668.16; 668.71 et seq.]

**Evaluation Items:**

- The institution has presented evidence on the required components of the Title IV Program, including findings from any audits and program or other review activities by the USDE. (Standard III.D.15)

- If applicable, the institution has addressed any issues raised by the USDE as to financial responsibility requirements, program record-keeping, etc. If issues were not timely addressed, the institution demonstrates it has the fiscal and administrative capacity to timely address issues in the future and to retain compliance with Title IV program requirements. (Standard III.D.15)

- If applicable, the institution’s student loan default rates are within the acceptable range defined by the USDE. Remedial efforts have been undertaken when default rates near or meet a level outside the acceptable range. (Standard III.D.15)

- If applicable, contractual relationships of the institution to offer or receive educational, library, and support services meet the Accreditation Standards and have been approved by the Commission through substantive change if required. (Standard III.D.16)

- The institution demonstrates compliance with the Commission *Policy on Contractual Relationships with Non-Regionally Accredited Organizations* and the *Policy on Institutional Compliance with Title IV*.

**Conclusion Check-Off:**

- The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.

- The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.

- The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

**Narrative (add space as needed):**
Peer Review of Distance Education

Introduction

The Commission Policy on Distance Education and on Correspondence Education (in compliance with federal regulation 34 CFR § 602.3) specifies that all learning opportunities provided by accredited institutions must have equivalent quality, accountability, and focus on student outcomes, regardless of mode of delivery. Therefore, any institution offering courses and programs through distance education or correspondence education is expected to meet the requirements of accreditation in each of its courses and programs and at each of its sites, and any institution offering courses through distance education can expect that peer review teams will evaluate distance education courses and programs to ensure that the institution is providing equivalent quality, accountability, and focus on student outcomes.

Guidelines for Reviewing Distance Education

The guidelines below are suggested activities intended to promote consistency (1) in the way that institutions prepare for the peer review team, and (2) in the way that peer review teams observe distance education, especially online classes.

1. Guide for institutions:

   A. In its ISER, among its evidence of meeting either Standard II.A.1 or II.A.2, the college should include the following:

      • Its own policy, if it has one, on ensuring that content and methodology for teaching distance education are equivalent to those of face-to-face courses and programs.

      • Its own definitions and guidelines for best practices for “regular and substantive” interaction between instructor and students. These may be written in administrative procedures, standard operating procedures, a faculty handbook, curriculum handbook, or similar document as appropriate to the institution.

      • Evidence of faculty training on best practices for “regular and substantive” interaction in distance education.
• A brief description of features within the college’s learning management system (LMS) that facilitate substantive interaction. Evidence might be presented in the form of data analysis of instructor use of these features.

• Also, description and evidence of the college’s student verification methods.

B. In preparation for the Comprehensive Peer Review Visit:

• The college should inform distance education faculty that the peer review team will “observe” a randomly selected cadre of distance education classes.

• The college should work with the Team Chair regarding the random selection of fully online distance education classes to observe. The college should select no fewer than 15 separate sections but no more than 10% of the total number of distance education sections offered in one semester. When possible, it is preferred that the peer reviewers have access to archived distance education classes from the semester immediately preceding the semester of the visit, affording them the opportunity to observe “regular and substantive” interaction through a full semester, quarter, or shortened term. Another benefit of providing peer reviewers access to the prior term’s online classes is that the reviewers’ presence in the online class will not interfere with the instruction or the course design. Such interference has been a concern of online instructors, making them reluctant to allow access to visitors.

• The college should inform the peer review team of instructions for access to the randomly selected classes.

• The college should expect that the peer review team will maintain confidentiality of student and instructor information.

2. Guidelines for Peer Review Teams

• The team chair will appoint one or two team members to observe distance education classes.

• The peer reviewers should observe no fewer than 15 separate fully online distance education sections but no more than 10% of the total number of online sections offered in a semester, not to exceed a maximum of 50 courses.

• If the college provides access to archived online sections from the semester or quarter immediately preceding the visit, then the assigned team members will be able to conduct their observations of the courses as part of the desk review of the evidence prior to the actual visit. The reviewers will not need to spend time observing online classes during the visit. This is a preferred approach to online classroom observation.

• Peer reviewers should be allowed access as an instructor or teaching assistant so that they will be able to observe all facets of instructor interactions with students. Considering the sensitive nature of such observations and acting in
accordance with the Commission Policy on Public Disclosure and Confidentiality in the Accreditation Process, the peer reviewers will maintain confidentiality throughout the observations and report writing.

- Peer reviewers should evaluate the courses using the institution’s own definitions and expectations for regular and substantive interaction.

- Peer reviewers should triangulate their findings by confirming their observations through interviews with faculty and students who participate in distance education, and with managers or administrators who oversee distance education, and by using those interviews to uncover the root of deficiencies that they may have found in their observations.

- In keeping with federal policy §602.17(g), peer reviewers should be able to ensure that effective student verification processes are being employed; that student privacy is protected; and that, if there are any additional charges for this service, the college has written policies that students will be notified of such charges at the time of registration or enrollment.

When it comes to a team’s writing recommendations pertaining to distance education, the peer review team needs to consider several factors. A simple numerical rubric would be easy to use. For example, if a team finds that less than half of the online classes observed demonstrated evidence of regular and substantive interaction, the team may want to write a compliance recommendation. However, based on other factors, such as the institution’s professional development plans for distance education instructors, the team may instead want to write a recommendation for improvement. In considering recommendations, the team will want to clearly identify the Standards in which the institution is deficient. The team will want to ensure that in the discussion of the findings for those standards, the deficiency in distance education is specifically called out.

For instance, if the team finds that only 35% of the online classes observed had evidence of regular and substantive interaction, the team might write those findings in its discussion of Standard II.A.2, describing how the college is deficient in ensuring that “the content and methods of instruction meet generally accepted academic and professional standards.” Perhaps during interviews, the team finds that the college has not provided training to online instructors on best practices for online instruction nor perhaps on how to operate the learning management system. The team might include this discussion of distance education in its findings for Standard III.A.14, describing how the institution is deficient in providing professional development “consistent with the institutional mission and based on evolving pedagogy, technology, and learning needs.”

In sum, crafting recommendations related to distance education, whether for compliance or for improvement, is not driven only by a low percentage of online classes with evidence of regular and substantive interaction. In its interviews with members of the college community, including faculty, students, and administrators, the team will want to explore the roots of the low percentage. If less than half of a college’s online classes demonstrate regular and substantive interaction, chances are that the institution is experiencing challenges with one or more of the following: publishing or implementing policies and
procedures related to distance education, ensuring professional development opportunities for online instructors, establishing accountability measures to monitor and ensure regular and substantive interaction, or embracing adjunct instructors in professional development and course development opportunities. The team will want to document the challenges carefully in its findings and then write recommendations appropriate to the severity of the deficiencies. Then, in the final Peer Review Team Report, the team must ensure that its responses to the checklist questions pertaining to the Policy on Distance Education and on Correspondence Education are consistent with its findings and recommendations in the body of the report.
ACCJC Statement on the Process for Preserving Confidentiality of Documents Related to Institutional Peer Review
(Adopted June 2013)

Commissioners, ACCJC committee members, and members of peer review teams, in the course of reviewing institutions, may be given copies of confidential documents pertaining to ACCJC’s business and to the institutions under review. Confidential documents include, but are not be limited to, personal notes by the Commissioners, team and committee members, institutional self-evaluations, Peer Review Team Reports, committee reports, institutional audits, letters or memos to or from ACCJC affecting the institution, draft action letters, evidentiary documents provided by an institution, and any documents containing information that would generally be considered proprietary by the institution.

Commissioners, team and committee members should consider all documents pertaining to an institution as highly confidential, unless the documents are explicitly identified in writing to the contrary. Accordingly, Commissioners, team and committee members must take reasonable measures to assure the confidentiality of documents in their possession and may only discuss the contents of such documents with anyone required to have the information in connection with the matter under review.

At such time as continued possession of such documents is no longer necessary, Commissioners, team and committee members who are in possession of such documents will be expected either to return them to ACCJC’s President (or to the President’s designee) or destroy them by having them shredded. Commissioners, team and committee members are not permitted to physically or electronically store or retain such documents in their possession following their usage for the relevant institutional review. At the adjournment of Commission, team, and committee meetings, the responsible ACCJC staff representative may ask that some or all of the documents pertaining to the institution be returned to the ACCJC office by delivering them to the staff person.
This report represents the findings of the peer review team that visited
<College Name> from <Date> to <Date>.

<Chair Name>
Team Chair
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Comprehensive Evaluation Visit

Peer Review Team Roster

<Name>, Team Chair
<Institution>
<Position>

<Name>, Team Assistant
<Institution>
<Position>

ACADEMIC MEMBERS
<Name>, Team Assistant
<Institution>
<Position>

<Name>, Team Assistant
<Institution>
<Position>

<Name>, Team Assistant
<Institution>
<Position>

ADMINISTRATIVE MEMBERS
<Name>, Team Assistant
<Institution>
<Position>

<Name>, Team Assistant
<Institution>
<Position>

<Name>, Team Assistant
<Institution>
<Position>

ACCJC STAFF LIAISON
<Name>, Team Assistant
<Position>
Summary of Evaluation Report

INSTITUTION:          <College>
DATES OF VISIT:      <Dates>
TEAM CHAIR:          <Name>

<Begin narrative>
Major Findings and Recommendations of the Peer Review Team Report

Team Commendations

Commendation 1:

Team Recommendations

Recommendations to Meet Standards:

Recommendation 1:

Recommendations to Improve Quality:

Recommendation 2:
Introduction

<Begin narrative>
Eligibility Requirements

1. Authority

<Insert brief description/evaluation>

2. Operational Status

<Insert brief description/evaluation>

3. Degrees

<Insert brief description/evaluation>

4. Chief Executive Officer

<Insert brief description/evaluation>

5. Financial Accountability

<Insert brief description/evaluation>
Checklist for Evaluating Compliance with Federal Regulations and Related Commission Policies

The evaluation items detailed in this Checklist are those which fall specifically under federal regulations and related Commission policies, beyond what is articulated in the Accreditation Standards; other evaluation items under ACCJC standards may address the same or similar subject matter. The peer review team evaluated the institution’s compliance with Standards as well as the specific Checklist elements from federal regulations and related Commission policies noted here.

General Instructions: The form should contain narrative as well as the “check-off.”

- The team should place a check mark next to each evaluation item when it has been evaluated.
- For each subject category (e.g., “Public Notification of an Evaluation Visit and Third Party Comment”), the team should also complete the conclusion check-off.
- The narrative will cite to the evidence reviewed and team findings related to each of the evaluation items. If some content is discussed in detail elsewhere in the Peer Review Team Report, the page(s) of the Peer Review Team Report can be cited instead of repeating that portion of the narrative.
- Any areas of deficiency from the Checklist leading to noncompliance, or areas needing improvement, should be included in the evaluation conclusions section of the Peer Review Team Report along with any recommendations.

Public Notification of an Peer Review Team Visit and Third Party Comment

Evaluation Items:

☐ The institution has made an appropriate and timely effort to solicit third party comment in advance of a comprehensive evaluation visit.

☐ The institution cooperates with the evaluation team in any necessary follow-up related to the third party comment.

☐ The institution demonstrates compliance with the Commission Policy on Rights and Responsibilities of the Commission and Member Institutions as to third party comment.

[Regulation citation: 602.23(b).]

Conclusion Check-Off (mark one):

☐ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.

☐ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.

☐ The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative
Standards and Performance with Respect to Student Achievement

Evaluation Items:

☐ The institution has defined elements of student achievement performance across the institution, and has identified the expected measure of performance within each defined element. Course completion is included as one of these elements of student achievement. Other elements of student achievement performance for measurement have been determined as appropriate to the institution’s mission. (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards)

☐ The institution has defined elements of student achievement performance within each instructional program, and has identified the expected measure of performance within each defined element. The defined elements include, but are not limited to, job placement rates for program completers, and for programs in fields where licensure is required, the licensure examination passage rates for program completers. (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards)

☐ The institution-set standards for programs and across the institution are relevant to guide self-evaluation and institutional improvement; the defined elements and expected performance levels are appropriate within higher education; the results are reported regularly across the campus; and the definition of elements and results are used in program-level and institution-wide planning to evaluate how well the institution fulfills its mission, to determine needed changes, to allocating resources, and to make improvements. (Standard I.B.3, Standard I.B.9)

☐ The institution analyzes its performance as to the institution-set standards and as to student achievement, and takes appropriate measures in areas where its performance is not at the expected level. (Standard I.B.4)

[Regulation citations: 602.16(a)(1)(i); 602.17(f); 602.19 (a-e).]

Conclusion Check-Off (mark one):

☐ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.

☐ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.

☐ The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:
Credits, Program Length, and Tuition

Evaluation Items:

☐ Credit hour assignments and degree program lengths are within the range of good practice in higher education (in policy and procedure). (Standard II.A.9)

☐ The assignment of credit hours and degree program lengths is verified by the institution, and is reliable and accurate across classroom based courses, laboratory classes, distance education classes, and for courses that involve clinical practice (if applicable to the institution). (Standard II.A.9)

☐ Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition). (Standard I.C.2)

☐ Any clock hour conversions to credit hours adhere to the Department of Education’s conversion formula, both in policy and procedure, and in practice. (Standard II.A.9)

☐ The institution demonstrates compliance with the Commission Policy on Institutional Degrees and Credits.

[Regulation citations: 600.2 (definition of credit hour); 602.16(a)(1)(viii); 602.24(e), (f); 668.2; 668.9.]

Conclusion Check-Off (mark one):

☐ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.

☐ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.

☐ The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

Transfer Policies

Evaluation Items:

☐ Transfer policies are appropriately disclosed to students and to the public. (Standard II.A.10)

☐ Policies contain information about the criteria the institution uses to accept credits for transfer. (Standard II.A.10)

☐ The institution complies with the Commission Policy on Transfer of Credit.

[Regulation citations: 602.16(a)(1)(viii); 602.17(a)(3); 602.24(e); 668.43(a)(ii).]

Conclusion Check-Off (mark one):
| ☐ | The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements. |
| ☐ | The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended. |
| ☐ | The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements. |

**Narrative:**

**Distance Education and Correspondence Education**

**Evaluation Items:**

**For Distance Education:**

- ☐ The institution demonstrates regular and substantive interaction between students and the instructor.
- ☐ The institution demonstrates comparable learning support services and student support services for distance education students. (Standards II.B.1, II.C.1)
- ☐ The institution verifies that the student who registers in a distance education program is the same person who participates every time and completes the course or program and receives the academic credit.

**For Correspondence Education:**

- ☐ The institution demonstrates comparable learning support services and student support services for correspondence education students. (Standards II.B.1, II.C.1)
- ☐ The institution verifies that the student who registers in a correspondence education program is the same person who participates every time and completes the course or program and receives the academic credit.

**Overall:**

- ☐ The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings. (Standard III.C.1)
- ☐ The institution demonstrates compliance with the Commission *Policy on Distance Education and Correspondence Education*.

[Regulation citations: 602.16(a)(1)(iv), (vi); 602.17(g); 668.38.]

**Conclusion Check-Off (mark one):**

- ☐ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
- ☐ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
The team has reviewed the elements of this component and found the Institution does not meet the Commission’s requirements.

The college does not offer Distance Education or Correspondence Education.

### Narrative:

#### Student Complaints

**Evaluation Items:**

| ☐ | The institution has clear policies and procedures for handling student complaints, and the current policies and procedures are accessible to students in the college catalog and online. |
| ☐ | The student complaint files for the previous seven years (since the last comprehensive evaluation) are available; the files demonstrate accurate implementation of the complaint policies and procedures. |
| ☐ | The team analysis of the student complaint files identifies any issues that may be indicative of the institution’s noncompliance with any Accreditation Standards. |
| ☐ | The institution posts on its website the names of associations, agencies and governmental bodies that accredit, approve, or license the institution and any of its programs, and provides contact information for filing complaints with such entities. (Standard I.C.1) |
| ☐ | The institution demonstrates compliance with the Commission Policy on Representation of Accredited Status and the Policy on Student and Public Complaints Against Institutions. |

[Regulation citations: 602.16(a)(1)(ix); 668.43.]

### Conclusion Check-Off (mark one):

| ☐ | The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements. |
| ☐ | The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended. |
| ☐ | The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements. |

### Narrative:

__________________________________________________________________________
**Institutional Disclosure and Advertising and Recruitment Materials**

**Evaluation Items:**

- ☐ The institution provides accurate, timely (current), and appropriately detailed information to students and the public about its programs, locations, and policies. (Standard I.C.2)


- ☐ The institution provides required information concerning its accredited status. (Standard I.C.12)

[Regulation citations: 602.16(a)(1)(vii); 668.6.]

**Conclusion Check-Off (mark one):**

- ☐ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.

- ☐ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.

- ☐ The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

**Narrative:**

**Title IV Compliance**

**Evaluation Items:**

- ☐ The institution has presented evidence on the required components of the Title IV Program, including findings from any audits and program or other review activities by the USDE. (Standard III.D.15)

- ☐ If applicable, the institution has addressed any issues raised by the USDE as to financial responsibility requirements, program record-keeping, etc. If issues were not timely addressed, the institution demonstrates it has the fiscal and administrative capacity to timely address issues in the future and to retain compliance with Title IV program requirements. (Standard III.D.15)

- ☐ If applicable, the institution’s student loan default rates are within the acceptable range defined by the USDE. Remedial efforts have been undertaken when default rates near or meet a level outside the acceptable range. (Standard III.D.15)

- ☐ If applicable, contractual relationships of the institution to offer or receive educational, library, and support services meet the Accreditation Standards and have been approved by the Commission through substantive change if required. (Standard III.D.16)
The institution demonstrates compliance with the Commission Policy on Contractual Relationships with Non-Regionally Accredited Organizations and the Policy on Institutional Compliance with Title IV.

[Regulation citations: 602.16(a)(1)(v); 602.16(a)(1)(x); 602.19(b); 668.5; 668.15; 668.16; 668.71 et seq.]

Conclusion Check-Off:

☐ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.

☐ The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.

☐ The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:
Standard I

Mission, Academic Quality and Institutional Effectiveness

I.A. Mission

General Observations:

<Insert text>

Findings and Evidence:

<Insert text>

Conclusions:

<Insert text>

I.B. Assuring Academic Quality and Institutional Effectiveness

General Observations:

<Insert text>

Findings and Evidence:

<Insert text>

Conclusions:

<Insert text>

I.C. Institutional Integrity

General Observations:

<Insert text>
Findings and Evidence:

<Insert text>

Conclusions:

<Insert text>
Standard II

Student Learning Programs and Support Services

II.A. Instructional Programs

General Observations:

<Insert text>

Findings and Evidence:

<Insert text>

Conclusions:

<Insert text>

II.B. Library and Learning Support Services

General Observations:

<Insert text>

Findings and Evidence:

<Insert text>

Conclusions:

<Insert text>

II.C. Student Support Services

General Observations:

<Insert text>
Findings and Evidence:

<Insert text>

Conclusions:

<Insert text>
Standard III

Resources

III.A. Human Resources

General Observations:

<Insert text>

Findings and Evidence:

<Insert text>

Conclusions:

<Insert text>

III.B. Physical Resources

General Observations:

<Insert text>

Findings and Evidence:

<Insert text>

Conclusions:

<Insert text>

III.C. Technology Resources

General Observations:

<Insert text>
Findings and Evidence:

<Insert text>

Conclusions:

<Insert text>

III.D. Financial Resources

General Observations:

<Insert text>

Findings and Evidence:

<Insert text>

Conclusions:

<Insert text>
Standard IV

Leadership and Governance

IV.A. Decision-Making Roles & Processes

General Observations:
<Insert text>

Findings and Evidence:
<Insert text>

Conclusions:
<Insert text>

IV.B. Chief Executive Officer

General Observations:
<Insert text>

Findings and Evidence:
<Insert text>

Conclusions:
<Insert text>

IV.C. Governing Board

General Observations:
<Insert text>
Findings and Evidence:

<Insert text>

Conclusions:

<Insert text>

IV.D. Multi-College Districts or Systems

General Observations:

<Insert text>

Findings and Evidence:

<Insert text>

Conclusions:

<Insert text>
Quality Focus Essay

<Begin analysis>