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Foreword

Accreditation is a system of quality assurance in higher education. It involves a twofold process: an internal self-evaluation completed by the institution and a peer review of the institution conducted by a team of higher education professionals. The Accrediting Commission for Community and Junior Colleges’ (ACCJC) oversees and organizes these evaluation processes on behalf of its member institutions, for the benefit of students and other stakeholders, and to ensure the quality of the institutions within its membership.

The process of institutional self-evaluation provides an opportunity for an institution to conduct a thorough evaluation of its educational quality and institutional effectiveness against the Eligibility Requirements (ERs), Accreditation Standards (Standards), Commission policies, including federal requirements, and the institution’s own mission and objectives. The process of peer review allows professionals from peer institutions in the Western Region (administrators, faculty, and other representatives) to consider the quality of the programs and services and the institutional effectiveness in support of student success. This peer review process is unique to higher education accreditation in the United States.

Accreditation should not be seen as an event that takes place every seven years when compliance with ACCJC’s Accreditation Standards and other requirements is assessed. The accreditation process provides an opportunity for all constituency groups to take stock of the continuous improvement of the institution, in the context of the college’s mission. This is the context into which a peer review team conducts a visit to a member institution.

Introduction

The Team Training Manual is designed to be used by persons serving as peer reviewers visiting institutions that have completed an institutional self-evaluation. It is intended for use with the Guide to Institutional Self-Evaluation, Improvement, and Peer Review, which provides additional and important information for peer review teams regarding Accreditation Standards, and Commission and federal policies. The format of the team visit described in this Manual is used by all teams visiting institutions seeking candidacy, initial accreditation, or reaffirmation of accreditation.

Private, non-governmental accreditation is based on a model of peer review that involves both internal and external analysis of an institution. The accreditation paradigm includes the following elements:

- standards of good practice that are accepted by member institutions;
- internal, self-evaluation by the institution at periodic intervals;
- assessment of the self-evaluation and the institution against the Commission’s Standards by a peer review team with recommendations to the institution and the Commission;
- decision by an independent Commission regarding the accreditation status of the institution;
- follow-up by the institution to address the institution’s own plans for improvement as well as the team’s recommendations identified in the peer review team processes;
- possible follow-up visits by Commission representatives; and
- further review and decision by the Commission.
The peer review team, made up of professional colleagues from ACCJC member institutions who volunteer their services, conducts a careful analysis of the Institutional Self-Evaluation Report (ISER), the evidence provided by the institution, and a team visit. The team:

- reviews the institution using the Eligibility Requirements, Accreditation Standards, and Commission policies (together Commission’s Standards);
- reviews evidence that supports the narrative of the ISER;
- notes areas that may have been inadequately recognized by the college itself;
- verifies that the college has set expectations (institution-set standards) for satisfactory student achievement (successful course completion; program, certificate and degree completion; graduation and transfer rates; licensure pass rates; and job placement), determines that the standards are reasonable, and reviews the institution’s actions in regard to its performance on its standards; and
- reinforces the college’s commitment to educational quality and institutional effectiveness.
1 The Role of the Federal Government

The 2008 Higher Education Opportunities Act, and subsequent changes to federal regulations by the U.S. Education Department (USED), put into law several requirements for accrediting agencies that seek federal recognition. The ACCJC holds USED recognition and therefore will ensure institutions adhere to certain federal regulations. Through USED recognition, ACCJC’s member institutions qualify for a variety of federal financial aid programs. Each time federal regulations change, the Commission may need to revise its compliance components and the requirements to which institutions must conform. Therefore, all teams that conduct peer review visits are required by federal law to examine the following:

- the institution’s continued compliance with the Commission Standards;
- the institution’s distance education and correspondence education programs and support services to students;
- the off-campus locations where 50% or more of a program is offered;
- data on Student Achievement
- data on Student Learning;
- data on student success with respect to student achievement in relation to the institution’s mission (institution-set standards)
- data on the institution’s fiscal condition including increases or decreases in revenues and enrollments;
- records of formal student complaints;
- all student and public information the college releases about its credit requirements for programs, certificates, and degrees; length of programs; costs; student degree/certificate completion rates; transfer rates; job placement; licensure pass rates; and federally required campus crime statistics; and
- information on the health of the financial aid program(s) on the campus including loan default and repayment rates over the past three years, plans to reduce those rates where needed, reviews of financial aid program(s), and audits of same.
2 The Role of the Accrediting Commission Staff

2.1 Communication with the Institution

About two years before the anticipated date of the comprehensive team visit, the Commission office advises the institution of its upcoming self-evaluation and peer review team visit. The college is invited to confirm dates for the visit and to indicate any special expertise or experience it would like represented on the peer review team. The Commission staff provides an opportunity for the institution to receive training on how to prepare its Institutional Self Evaluation Report (ISER) prior to the visit.

2.2 Team Chair Selection

The Commission staff invites volunteers to serve as chairs of peer review teams. Team chairs are selected based on their expertise and accreditation experience, taking into consideration the mission, culture, and uniqueness of the institution. Team chairs generally have experience as a chief executive officer of an institution; others with senior level executive leadership experience may also chair.

2.3 Team Selection

Commission staff develops the peer review teams from a roster of experienced educators from across the region, generally eight to twelve individuals. In compliance with federal regulations, teams comprise both faculty and administrators. The Commission may appoint other representatives, based on the characteristics of the institution being visited. These may include a governing board member, foundation director, members from institutions that award baccalaureate degrees, or other relevant professional experts. Teams may sometimes include Commissioners.

Teams consist of individuals with expertise and/or experience in learning outcomes, learning resources, career/technical education, distance/correspondence education, student services, planning, research, and evaluation. Teams also include individuals with expertise and experience in institutional administrative functions including human resources, physical resources, technology, finance, and governance. Each reviewer is chosen to bring perspective to the task, not as a “representative” of an organizational constituency, but rather as peers who represent the Commission.

Each team is selected to provide experienced, impartial professionals appropriate for the institution being evaluated, and to address any special concerns the college may have expressed. Colleges may ask for special expertise. Teams are reflective of the diversity of the college and the region.

2.4 Team Training

All reviewers are required to attend a Peer Review Team Training workshop each time they serve on peer review team. All team chairs are required to attend a Team
Chair Training workshop each time they serve, and they must attend the Peer Review Team Training workshop with their teams.

2.5 Materials from the ACCJC
The Commission office will provide materials needed for the review. Examples of these materials include a list of substantive change reviews since the last comprehensive team visit, third party comments and/or complaints, and other resources necessary to conduct a complete review. The team chair also receives the most recent Annual Report and Annual Fiscal Report.

2.6 Materials from the College
The college sends copies of the Institutional Self-Evaluation Report to the team members and the Commission 60 days before the visit. Colleges may include additional materials that could inform the team and the Commission about the college.
3 The Role of the Peer Review Team Member

3.1 Peer Review

The review team provides an independent, peer review of an institution. The team uses the Eligibility Requirements, Accreditation Standards, and Commission policies to prepare a report for the institution’s use which analyzes the adequacy of its resources, the effectiveness of its procedures, the quality of its performance in pursuit of its stated mission and goals, and its evidence of student achievement and student learning. The team seeks to verify quality and integrity and to encourage continuous improvement of institutional performance. The role of the peer reviewer is twofold: (1) to determine that the college continues to meet the Eligibility Requirements, Accreditation Standards, and Commission policies and (2) to provide guidance for institutional improvement.

3.2 Conflict of Interest

The Commission makes a special effort to maintain the integrity of the accreditation process. To this end, peer reviewers are expected to disclose any possible conflict of interest before accepting an assignment. Commission policy identifies the following conditions under which a peer reviewer should decline an invitation to serve or ask for an assignment to another team. As prescribed by the Commission’s Policy on Conflict of Interest for Commissioners, Evaluation Team Members, Consultants, Administrative Staff, and Other Agency Representatives, the Commission will not knowingly invite or assign participation in the evaluation of an institution to anyone who has:

- any current or prior employment at the institution/district/system being evaluated;
- current or prior candidacy for employment at the institution/district/system being evaluated;
- any current or prior service as a paid consultant or other business relationship with the institution/district/system being evaluated;
- any written agreement with an institution/district/system that may create a conflict or the appearance of a conflict of interest with the institution/district/system;
- personal or financial interest in the ownership or operation of the institution/district/system;
- close personal or familial relationships with a member of the institution/district/system;
- other personal or professional connections that would create either a conflict or the appearance of a conflict of interest; or
- received any remuneration, honoraria, honorary degrees, honors or other awards from the institution/district/system.

A conflict of interest arising from one of the relationships described above typically expires five years after the relationships ends. Team members or team chairs who have any questions about possible conflict of interest should contact the ACCJC staff.
3.3 Expectations of Peer Reviewers

Peer Reviewers are expected to:

- have a working knowledge of the Eligibility Requirements (ERs), Accreditation Standards, and pertinent Commission policies;
- understand that institutions are accredited using ACCJC’s Accreditation Standards rather than the regulations or requirements of other groups. (see Note 1 below)\(^1\)
- understand that peer review is the basis of the accreditation process;
- remember that team members are peers who represent the Commission;
- review the college in the context of its mission;
- maintain objectivity and flexibility by refraining from imposing the opinions and beliefs of others and having a willingness to appreciate the uniqueness and individuality of the institution being evaluated;
- rely on evidence in making judgments about the institution;
- communicate clearly and concisely, both orally and in writing;
- work as part of a team; and
- maintain confidentiality. (See Note 2 below)\(^2\)

The team chair will make assignments and seek information from team members well ahead of the visit. It is very important that each individual prepare materials and respond quickly to requests by the team chair. Each peer reviewer should read the entire Institutional Self Evaluation Report (ISER) carefully, especially those areas in which the team chair has given him/her a specific assignment.

During preparation, the peer reviewer should identify members of the college community to interview. Interview questions should focus on areas of inquiry based upon the review of the ISER. Peer reviewers should come to the first team meeting prepared to summarize the key issues they have identified in their areas of responsibility, present

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\(^1\) Note 1: As a voluntary, nongovernmental agency, the Commission does not exercise the regulatory control of state and federal governments, nor apply their mandates regarding collective bargaining, affirmative action, health and safety regulations, etc. Furthermore, the Commission does not enforce the standards of specialized accrediting agencies or other nongovernmental organizations, nor the laws and regulations of state agencies although institutions may wish to review the publications of such other agencies as part of the self-evaluation process. The Commission has its own standards and expects that institutions and teams will apply them with integrity, openness, and an attitude of concern for students and the public interest.

\(^2\) Note 2: The Commission’s *Policy on Commission Good Practice in Relations with Member Institutions* requires that team members keep confidential “…all institutional information examined or heard before, during, and after the team visit and after the Commission acts.” The *Policy on Public Disclosure and Confidentiality in the Accreditation Process* requires evaluation team members “to refrain from discussing information obtained in the course of service as an evaluation team member. Sources of information that should remain confidential include the current Institutional Self-Evaluation Report; previous evaluation team reports; interviews and written communication with campus personnel, students, governing board members, and community members; evidentiary documents; and evaluation team discussions.”
drafts of questions for interviews, and share lists of those individuals or groups to be interviewed.

The team will assess the ISER as a means for determining whether the institution meets Accreditation Standards and for identifying potential areas for improvement. Thus, each peer reviewer must clearly communicate with the team, maintaining balanced judgment and cross-validating when conflicting information is discovered. While it is important to listen to any member of the college community who wishes to be heard, the peer reviewer must distinguish between the problems of individuals and those problems that could affect learning and teaching. In summary, the peer reviewer must be analytical, impartial, and able to make recommendations to the institution where it slips below expectations to meet ERs, Accreditation Standards, or Commission policies.

Peer reviewers are expected to arrive on time and to be present continuously for the entire visit, including the team chair’s oral report in the final meeting to the college on the last day. Team members are expected to devote their time during the visit to the assignments made by the team chair.

Since most members of the faculty will have participated in the preparation for the peer review team visit, all should be aware of the presence of the team and have opportunities to communicate with team members during the scheduled open forums.

Peer reviewers are expected to review the courses/programs offered through distance/correspondence education to ensure they are characterized by the same concerns for quality, integrity, and effectiveness that apply to more traditional modes of instruction. Similarly, they are expected to review comparable learning support services and student support services that are available to distance students and correspondence students. Peer reviewers should also visit off-campus locations where 50% or more of a program is offered.

If the institution converts clock to credit hours for purposes of federal financial aid, the team is expected to verify the college adheres to the federal conversion formula.

(See Appendix C)

During the visit, the team must verify that the college continues to meet Eligibility Requirements 1 through 5, the Commission’s core criteria for institutional eligibility for accreditation. The remaining ERs are embedded within the Standards. Because these basic criteria must be continuously met, Commission policy requires that all accredited institutions include in their ISER evidence demonstrating that they continue to meet these requirements. The ERs can be found on the ACCJC website under the Resources tab.

### 3.4 Multi-College/Multi-Unit Districts or Systems

The Commission evaluates colleges based on the Accreditation Standards regardless of how functions are organized. However, in multi-college districts/systems, key functions related to the Standards are organized among the colleges and district/systems in many ways. In order to ensure that evaluation of all member institutions is equitable regardless of how they are organized, the individual colleges are held responsible for meeting the...
ERs, Standards, and Commission policies. Nonetheless, the Commission recognizes that the district/system plays a substantial role in the institution’s ability to meet the requirements, and it expects that the district/system will support the colleges in this matter. The Commission’s Policy and Procedures for the Evaluation of Institutions in Multi-College Multi-Unit Districts or Systems can be found on the ACCJC website.

The college will supply peer reviewers to these institutions with a “functional map” of the delineation of functions of the district/system and the colleges. This “map” will account for all major functions regardless of whether it is a college or district/system function. The “map” will address all Standards and reflect consultation between the college and the district/system in its development. In its self-evaluation, the college will reflect on how the district/system functions affect the college’s ability to meet the Standards. The Commission expects that the district/system chief executive officer (CEO) and governing board have been involved in the development of the ISER.

The Commission staff coordinates peer review team visits to institutions in multi-college districts/systems simultaneously so that the Commission can consider district/system issues when taking action on the accredited status of these institutions.

Peer reviewers on teams for colleges in multi-college districts/systems may participate on a small district/system team under the direction of a “Chair of Chairs” who may be selected from the team chairs involved. This team, consisting of all the team chairs plus team members selected for their expertise, will meet with district/system administrators and staff before the college visits and explicitly review policies and practices pertaining to the Standards that address district/system functions. If district/system recommendations are necessary, team chairs will ensure that they are included in the peer review team report of each college as appropriate. In large, multi-college districts/systems, visits to institutions may be augmented by a separate district/system team.
The Role of the Team Chair

The team chair organizes the visit, makes necessary arrangements for the team, speaks for the team, and is the author of the peer review team report that the Commission will review in its decision making process. Prior to the visit, the team chair contacts the institution and members of the team to ensure that needed resources will be available and that members are appropriately assigned. During the peer review visit, the team chair organizes team discussions, sees that all necessary contacts are made, sees to the needs of the team, and assures that the team’s time is used effectively. At the conclusion of the visit, the team chair conducts a final open meeting with members of the college community. At this meeting the team chair summarizes the major findings of the team but does not reveal the exact wording of team recommendations or commendations.

4.1 Before the Visit

The team chair arranges a virtual visit to the college prior to the scheduled team visit—a video-conference call with the college’s president or chancellor and other key leaders who were involved in the institution’s self-evaluation process. Several months may have passed since the self-evaluation was completed, and significant changes may have occurred which will materially affect the course and conduct of the peer review team visit. This pre-visit gives the team chair the opportunity to establish contacts with key individuals, learn of any significant changes which may have occurred at the college, and begin logistical arrangements for the team. The pre-visit meeting also provides the college with a sense of the team’s requirements for an effective visit. If requested by the college’s president, the team chair may visit the college in person to accomplish the same purposes.

4.2 Correspondence with the Team

The team chair corresponds with the team members to welcome them to the team, to make assignments, to provide information about travel and accommodations, to indicate the team schedule, and to set the tone for the entire visit.

4.3 Manager of the Peer Review Team Visit

The team chair is responsible to the Commission for the successful completion of the peer review team visit. In this capacity, the team chair guides the team during the visit, ensuring that the institutional outcomes are assessed in light of the institution’s mission and the Accreditation Standards, and that team members have the support necessary to complete their assignments.

4.4 Author of the Peer Review Team Report

The team chair is responsible for writing a clear, concise, well-organized and coherent document that will stand up under the careful scrutiny of a wide variety of readers. The report should honestly reflect the views of the team, identifying strengths of the institution and areas of excellence, noting the limitations and difficulties which the college may be experiencing, and supporting the plans and potential it has for overcoming them. When individual reports from team members are well written, the team chair can often use major portions in the final report. However, team members should understand that the team chair is expected to produce a coherent, unified
account of the team’s findings. In doing so, the team chair has considerable editorial latitude in constructing the final report.
5 Before the Peer Review Team Visit

5.1 Analysis of the Institutional Self Evaluation Report

Each peer reviewer will look at how the Institutional Self Evaluation Report (ISER) was developed, written, and edited; what evidence exists of broad involvement by campus constituencies; and the nature and quality of the evidence offered in support of the college’s assertions. Evidence cited in the Report should provide the means for determining the extent to which the institution meets or exceeds the Eligibility Requirements (ERs), Accreditation Standards, and Commission policies.

Peer reviewers should verify that the evidence referenced in the ISER clearly demonstrates that the institution meets or exceeds the ERs, Accreditation Standards, and Commission policies and that the institution is achieving its mission, educational goals, and objectives. The college should provide evidence that systematic and effective institutional planning and evaluation are being incorporated into institutional decision-making and resource allocation processes. In its ISER, the college should also identify issues of concern to the institution.

5.2 Team Training

Each peer reviewer is expected to attend a one-day Peer Review Team Training event. At the workshop, teams will meet together for the first time to discuss initial impressions of the institution based on the first reading of the ISER. Commission staff will facilitate the workshop and will provide team members with tools that will help them conduct an effective and successful team visit.

5.3 Team Assignments

Using the organization of the Standards as a guide, the team chair assigns individual team members responsibility to review the different areas of the college. During the time between team training and the visit, peer reviewers take a closer look at their respective sections of the ISER and examine the related evidence documents already provided by the institution. As team members begin to draw conclusions about the quality of the institution, its programs, and services, they compile a list of persons at the institution with whom they would like to meet in order to obtain information that they were unable to gain from a desk review of the ISER or from the documented evidence.

5.4 The Guide to Institutional Self-Evaluation, Improvement, and Peer Review

Reference to the Guide to Institutional Self-Evaluation, Improvement, and Peer Review was made in the Introduction to this Manual. This Guide is designed to be used by institutions conducting a self-evaluation and preparing an ISER as well as by teams conducting a comprehensive evaluation visit. The Guide is meant to provoke thoughtful consideration about how the institution aligns its policies and practices with the Accreditation Standards, and it is also intended to provide guidance for a holistic, systemic review of an institution and its quality. This common Guide, used both by the
college and by the peer review team, is predicated on the belief that both institutional members and team members use the Standards to assess the institution, and that they should be using the same tools to conduct that assessment.

5.5 The Role of the ACCJC Liaison

One of the vice presidents at ACCJC serves as the staff liaison to the college and to the team. The primary role of the liaison is to support the team and the college through the peer review process. The ACCJC staff liaison is not a member of the peer review team and therefore will not review the college, nor influence the team on findings. The staff liaison abides by the Policy on Conflict of Interest for Commissioners, Evaluation Team Members, Consultants, Administrative Staff, and Other Commission Representatives. Expenses of the liaison are covered by the ACCJC and not the College.

Before the visit begins, the liaison has helped to prepare the team by selecting a team chair and team members and by assisting during Chair Training and Team Training workshops. The liaison serves as a resource to the team chair, team assistant, and the College. He/She can answer questions about logistics, the peer review process, etc. The liaison also reads the ISER and becomes familiar with the College. The liaison can bring perspective to the team regarding the culture and concerns of the institution.

Because the liaison serves as a resource for the team, he/she will be copied on all communications between the team chair, team assistant, and College.
6 During the Site Visit

The peer review team visit is the culmination of a great deal of work by many individuals at the institution being visited. If implemented well, the self-evaluation process will be of great value to the institution. Peer reviewers need to be sensitive to the impact of their presence on the multiple internal and external stakeholders who interact with the college.

For peer reviewers, the team experience provides an opportunity to make a professional contribution which is not duplicated by any other experience. Working together with a group of colleagues, team members are able to become part of the life of an institution in a very positive way.

Peer review teams have the responsibility of determining whether the institution meets or exceeds the ERs, Accreditation Standards, and Commission policies and providing guidance to the institution in the form of recommendations to meet Standards or recommendations for improving the effectiveness of the institution, or commendations to recognize areas of exceptional practice. The team’s judgment about the integrity and educational quality of the institution assists the Commission in making its decision on the accredited status of the college. A positive outcome assures the public that the college is accomplishing its mission and educational purposes. Peer reviewers must refrain from making comments about “how we do it on my campus,” making negative statements about the institution’s compliance with Standards, or acting in a manner that could be interpreted as being authoritarian or autocratic.

As noted above, the team will be looking for evidence that the institution can demonstrate and support its assertions. In addition, the team will seek evidence of quality regarding the policies referenced in the Commission’s Standards, particularly, those that are part of the federal regulations checklist (see Appendix D). These policies are found on the ACCJC website.

6.1 Initial Meeting of the Peer Review Team

The team chair will communicate with the team early in the process to set expectations for the team and will provide assignments which assist with the analysis of the college’s Institutional Self-Evaluation Report (ISER). Prior to the visit, at its first team meeting, the team reviews assignments, examines supplementary materials, and discusses themes and initial findings of the ISER. Team members should come to this meeting prepared to summarize the key issues they have identified in their primary areas of responsibility, present drafts of questions for interviews, share lists of those individuals or groups to be interviewed, and present lists of additional evidence needed for review.

6.2 Meeting with Institutional Staff

Early in the visit, the team meets with administrators, the ALO, the self-evaluation steering committee, and other members of the college staff most involved in preparation of the ISER. Team members can clarify questions they have about the institutional self-evaluation. If team members determine there are other individuals they would like to meet with, they should work with the Team Assistant to schedule those meetings. It is important to keep scheduled meetings with institutional staff.
6.3 Remainder of the Visit

Team members continue to meet with college personnel, arrange to review distance education (DE) courses per the ACCJC DE review protocol, attend team meetings scheduled by the team chair, and review documents. The team will schedule one or more open forums where administrators, faculty, staff, and students of the college may meet with team members on aspects of the self-evaluation. These sessions should be informal listening sessions, not large meetings for formal presentations by special groups. It is not required that all team members attend these forums; however, a robust turnout signals the team’s support and encouragement for the college.

The college will provide assigned members of the team access to the formal file of student complaints to ascertain that the files demonstrate accurate implementation of the complaint policies and procedures of the institution per the federal regulations checklist. The ACCJC staff liaison may also ask team members to look into a specific complaint against the institution in accordance with the Commission’s Policy on Student and Public Complaints Against the Institution to verify that the institution addressed the issue. Occasionally, someone at the institution challenges the accreditation process, self-evaluation, or visit. Information concerning these situations should be brought to the attention of the team chair.

6.4 Team Meetings during the Visit

The team holds meetings several times during the visit to summarize the work accomplished, to share concerns, and to plan for the remainder of the visit. On the final day, the team meets to review findings, recommendations, commendations, and completes its written work on the peer review team report.

6.5 Team Recommendations and Commendations

The team will finalize its recommendations for institutional improvement or for resolution of deficiencies at the end of the visit. The team will also finalize its commendations where the college exceeds Standards. The team chair will share the subject of these recommendations and commendations with the institution’s CEO during their private meetings. However, given that the team chair has not yet edited and reviewed the complete report, neither the chair nor members of the team should share the exact wording of the team recommendations or commendations with the institution or anyone else.

6.6 Oral Report at Conclusion of the Team Visit

The team chair conducts a final oral report with members of the college community. All team members are expected to be present. At this meeting, the team chair provides an oral report that articulates the major team findings but does not share specific recommendations. While team members are expected to be present for this final meeting, the team chair is the spokesperson for the team. The oral report should not be filmed or recorded by the institution.

Team members should depart at the end of this meeting. Expressing thanks for assistance, enjoyment at meeting people, or observing institutional activities is appropriate, but team members should avoid engaging in extended conversations about the visit or the team’s findings. Team members should not respond to questions from the college community or the press any time after the visit.
6.7 The Role of the ACCJC Liaison

The liaison supports the peer review process by being present during the team visit to the extent that the schedule allows, serving as an ACCJC resource for the team chair and assisting with any matters that arise as needed. The liaison is a resource for the team to help with interpretation of Standards and to answer questions. He/She may participate in interviews as an observer. The liaison can also review drafts of the report as they develop, ensuring the report stays focused on ACCJC Standards. He/She also ensures that conclusions, commendations, and recommendations are consistent with the findings, supported by details in the narrative, and are relevant to ACCJC Standards and policies. The ACCJC staff liaison is not a deciding member of the peer review team and therefore will avoid evaluating the college and influencing the team's findings. He/She will, however, point out if there are inconsistencies between the findings and the conclusions or areas of the draft report that may be unclear or misunderstood by an audience.
7  After the Peer Review Team Visit

7.1 Team and College Review of the Draft Peer Review Team Report

Following the team visit and prior to the submission of the peer review team report to the Commission, the team chair submits a draft of the report to team members for comment. After the team chair revises the report in response to the comments as appropriate, he/she sends a final draft to the CEO of the institution for correction of any factual errors. It is very important that team members communicate with the team chair about the draft in a timely manner.

Communication between the institution and the team should only occur through the team chair and/or the Commission office. Contacts by individuals from the institution regarding the team’s activity, findings, or conduct should always be referred to the team chair or the Commission office.

7.2 The Role of the ACCJC Liaison

The liaison assists the team chair in the final preparation of the draft report for the Commission. He/She will review the report for consistency to ensure that the report stays focused on ACCJC Eligibility Requirement, Accreditation Standards, and Commission policies. The liaison will also review the report for consistency, checking to make sure that conclusions, recommendations, and commendations are supported by details in the findings. After the institution’s CEO has had an opportunity to check the report for errors of fact, the liaison ensures that the completed draft Peer Review Team Report, ISER, and the institution’s electronic evidence documents are available to the Commission for their decision-making process.

7.3 Expenses and Reimbursements to Peer Reviewers

The ACCJC reimburses each team member for necessary travel, food, and lodging expenses. Typically, the time commitment for team members is four days/three nights or five days/four nights, depending on the size and complexity of the college under review and depending on the distance that team members must travel to get to the college. The team chair will inform the team the date and time when team members are expected to arrive for the initial team meeting and the date and time of the final exit oral presentation, after which team members return to their home institutions. Exceptions to the arrival-and-departure scenario set by the team chair must be pre-approved both by the team chair, who needs to know when team members will arrive and depart, and by Commission office staff, who need to be aware of exceptions when they process the expense reimbursements. Team members who require travel arrangements outside the arrival-and-departure times established by the team chair should not make airline or hotel reservations until after they receive confirmation from ACCJC staff that they have been approved for such arrangements.

Peer reviewers receive expense reimbursement forms as part of the packet of information from the Commission office. Team members make their own travel and lodging reservations as directed by the team chair and are reimbursed after the visit. Team members must attach original receipts for transportation, lodging, and meals to the expense form. Team members must secure approval in advance from Commission staff for rental cars. All expenses claimed by the team must be submitted with original receipts within 30 days of the visit.
Individual peer reviewers will be reimbursed by ACCJC. Ultimately, however, the host institution incurs the total cost of the team’s visit. ACCJC staff will invoice the college for the total amount of the expenses claimed by the team. Because the college bears the cost of the visit, ACCJC is respectful of the impact a peer review visit can have on an institution’s financial resources. Accordingly, the Expense Reimbursement Form explains allowable and unallowable expenses, which team members should review before making reservations. Personal expenses not listed as allowable expenses on the reimbursement form are the responsibility of the team member.

### 7.4 Evaluation of Team Members, Team Chair, and the Visit

In order to ensure the effectiveness of the evaluation process, the Commission requires that each of the Commission’s representatives be evaluated. Each team member is asked to evaluate the team chair, the team chair evaluates team members, and the CEO of the institution evaluates the team and the visit.

Near the end of the visit or shortly after team members return home, ACCJC staff will email a link to an online evaluation survey. Team members will receive a link to a survey to evaluate the team chair; the team chair will receive links to surveys to evaluate each team member. And the CEO of the institution will receive a link to a survey to evaluate the team as a whole and the college’s experience of the visit.

Survey results will be analyzed by ACCJC staff to make quality improvements to the peer review process.
8 The Comprehensive Peer Review Team Report

8.1 Preparing the Peer Review Team Report

The peer review team report is not usually a long document. It should be a constructive document that the Commission can use in making a decision about the accredited status of the institution as well as a document that the institution can use for improvement. The report should:

- evaluate the institution in light of its own stated mission and objectives, the Eligibility Requirements, Accreditation Standards, and Commission policies;
- provide a fair and useful estimate of the effectiveness of the institution;
- emphasize student achievement and student learning outcomes;
- make favorable comments and provide evidence to support conclusions when commendations are made;
- provide evidence to support conclusions and the recommendations of the team;
- avoid naming individuals, either in praise or blame. Comment, if necessary, on the office, not the officeholder;
- avoid being too prescriptive, leaving the specific remedy to be developed and implemented by the institution;
- serve the institution well for the next six or seven years; and
- be comprehensive in its scope.

8.2 Considerations for the Report

In preparing the written report, consider the following:

- **Internal Consistency**
  Does the report have internal consistency and flow logically, with no mixed or conflicting messages?

- **Clarity**
  Does the report say exactly what is intended so that there can be no accidental or deliberate misinterpretation?

- **Perspective**
  Does the language of the report clearly represent observations, findings, conclusions and recommendations as coming from the team as a whole, not just one member or one point of view?

- **Institutional Focus**
  Does the report deal fairly with the entire institution, without advocating selectively for constituency or other special interests?

- **Documentation**
  Does the narrative of the report support the recommendations and commendations? Do the observations, findings, and conclusions clearly state the context or evidence on which the recommendations or commendations are based? Are the specific
Standards correctly cited to refer the institution to statements of best practice and Commission expectations?

- **Tone**
  
  Is the tone of the report appropriate to the circumstances and the intended effect? The report should encourage the institution to take appropriate actions and to engage in continuous institutional improvement. Accreditation employs the language of diplomacy, while being direct and clear as to meaning. Unduly harsh criticism or punitive language can affect the climate of an institution and can be harmful to individuals.

- **Restraint**
  
  Does the report stray into enforcement or advocacy of matters outside the purview of the Commission’s standards of good practice? Advocacy of other positions, state or local regulations, objectives, or compliance requirements, no matter how praiseworthy or fashionable, must be cast within the language of the Commission’s Standards.

- **Audience**
  
  Consider who might read the report, and with what purposes in mind. The document will be available on the college’s website after the Commission makes its decision on the accredited status of the institution, and will be available to any public member, including the press, government agency, or legislator. Review the report through public eyes.

8.3 **Sample Format for Team Members**

Team members form Standard teams and will draft sections of the report and submit written work to the team chair on the areas they have been assigned. The team chair will provide homework Assignments which will assist team members develop their drafts. Appendix A provides a sample outline for the team members’ drafts on a section of the Standards. In addition, the team chair and team members have copies of reports from teams visiting other colleges which can be used as models. Team members should be alert to changes in format or expectations which may have been developed since the time of the example peer review team reports.

8.4 **Format of the Team Chair’s Peer Review Team Report**

The team chair is the author of the completed peer review team report which will be submitted to the Commission for its decision making process. The peer review team report is considered a draft document until the Commission acts upon it. A format for the completed report is included below so that team members can understand what the entire report includes and how their individual drafts to the team chair contribute to the whole. Following is a format for the peer review team report. Also, refer to the Formatting and Style Sheet for peer review team reports (Appendix B).

1. **Title Page**
  
  This page states the name of the institution visited, dates of the visit, and name of the Team Chair/author of the report. It makes clear that the report remains in draft form until the Commission takes action. It also includes the statement: “This report represents the findings of the evaluation team that visited (name of College) on (dates).”
2. Introductory sections

- **List of Team Members:** with names, positions, and affiliate institutions. No contact information is included.

- **Summary of the Report:** This section briefly describes the organization and conduct of the visit.

- **Introduction:** This section provides a succinct description of the college, its history, and unique attributes. It includes the team’s general observations about the institution.

- **Major Findings and Recommendations of the Peer Review Team:** The lists of commendations and recommendations are presented here.

3. The Body of the Report

- **Eligibility Requirements:** This section gives brief statements validating that the institution continues to meet Eligibility Requirements 1-5 (see Sample Team Reports) 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.

- **Checklist for Compliance with Commission Policies and Federal Regulations:** This section gives brief statements demonstrating compliance with Commission policies and federal regulations appropriate to the activities of the college. Team members assigned to specific policies should prepare brief narrative comments in support of the team’s conclusions regarding the college’s compliance with the policies.

- **Evaluation of College Quality Using Each Accreditation Standard:** This section provides most of the substance of the report and is the section to which each team member makes a substantial contribution. The team members’ individual drafts, as described in Section 8.3 of this *Manual*, are compiled by the team chair as the author of the peer review team report for the college and the Commission. The team’s report will note whether the evidence observed demonstrates that the institution is accomplishing its published objectives and that its policies and practices are appropriate to higher education and align with Accreditation Standards. The report establishes whether the institution meets Eligibility Requirements, Accreditation Standards, and pertinent Commission policies. For each section of the Standards, team members write **General Observations**, more specific **Findings** of each individual Standard drawn from evidence, **Conclusions** on the extent to which the institution meets or does not meet Standards, and **Recommendations** or **Commendations**. **Appendix A** provides further instruction on what to include in each of these sections.

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

4. Team Suggestions and Comments on the College’s Quality Focus Essay

Using the guide to writing the QFE, 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.

5. **Elements Which Should Not Be Part of the Peer Review Team Report**

1. Individuals should not be named, either in praise or blame. Comment, if necessary on the office or position, but 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. If an institution has programmatic/specialized accreditation and uses that in its ISER as supporting evidence for meeting Accreditation Standards, the team may want to note that in its report.
4. Do not cite the formulas or requirements of legislative statutes, specific organizations or associations, governmental departments, or other agencies.
9 Principles of Effective Recommendations

One of the most challenging tasks of the peer review team is drafting recommendations to the college. The team needs to choose a level of generality or specificity that best serves the college’s needs. The Commission believes that recommendations that are tightly linked to the Standards and Commission policies and that call for a thoughtful response by the institution are preferable to an extensive list of many details of how the institution is to achieve compliance or improve.

In writing recommendations, be thoughtful about the institution’s need for either specific language or more general language. A brief diagnostic statement of the problem, linked to appropriate Standard language is usually sufficient, leaving the specific remedy to be worked out by the institution.

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 which Standard(s) are related. 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 any inconsistencies that may exist.

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 Accreditation Standards.

   Both the college and the Commission should be able to tell at a glance which ER(s), Standard(s), and Commission policies are being addressed. This can be accomplished by using language from the Standard and citing the Standard at the end of the recommendation (i.e., Standard II.A.6, ER 20, Policy on Distance Education and on Correspondence Education). An example of a recommendation with appropriate Standards cited follows.

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

   Although ERs are cross-referenced in the Standards, they should not be cited for recommendations to improve institutional effectiveness. ERs may be cited for recommendations to meet Standards only if the team determines that the institution does not meet the Eligibility Requirement in addition to not meeting the related Standard.

3. Recommendations should flow logically and clearly from the observations, 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 or to conclude a need for improvement.

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 (“In order to increase effectiveness, the team recommends that the college…””).**

The conclusion sections of the peer review team report should provide an overall summary finding for each section of the Standards, including a statement on whether or not the institution meets the Standard. The recommendation should flow logically from such a statement. (“The College meets the Standards”; “The College meets the Standards except . . .”; or “The College does not meet the Standard.”)

5. **Recommendations which relate to several Standards can be combined into overarching recommendations.**

This will help to avoid repeating recommendations over and over for each relevant Standard. The team should carefully check Standard references when recommendations are combined since sometimes in the consolidation process, the links to specific Standards are weakened or lost. It is important for such overarching recommendations that the findings for each referenced Standard describe the related deficiency that is impacting the College’s ability to meet the Standard.

Overarching recommendations should be presented in their complete form after the Standard section where they first occur and referenced thereafter. This sample combined recommendation has been carefully linked to the Standards.

**Sample Recommendation 1:**

“In order to meet the Standards, the team recommends that the college institutionalize its planning, program review, and budgeting processes by implementing and regularly using them. (Standards I.B.5, I.B.9, II.A.2, II.B.3, and II.C.1)”

**Sample Reference:**

See Recommendation 1

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 usefulness of the report. Commendations should be consistent with the findings and evidence, and conclusions sections of the Peer Review Team Report, as should recommendations.

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.
8. **Recommendations should not contain references that are not part of the ERs, Accreditation Standards, and Commission policies.**

Terms like "Americans with Disabilities Act (ADA)," "shared governance," "matriculation," and "collegial consultation" have specific meaning in the 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.*

*The college should complete its Minimum Qualifications equivalency review of faculty.*

9. **Recommendations should not be based on the standards of governmental agencies, the legislature, or organizations.**

The relevant standards for the team are those of the ACCJC. 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 model and ensure implementation of the Accountability Model derived from Assembly Bill 1725.*

10. **Recommendations should be diplomatic, but not to the point of vagueness.**

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 numerous safety problems.*

*The College needs to do planning.*

*Cultural diversity needs to be clarified and communicated to the College community.*

11. **Recommendations should not 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.

12. **Recommendations should not 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 multicultural awareness training for all staff.”

13. Recommendations should not tell the college to “continue to” engage in a particular activity.

Recommendations are intended to provide advice in areas where the college needs direction that will enable it to meet the Standards or improve. Recommending that a college “continue” implies that it is already working on improvements. Such recommendations are moot.
10 Special Issues

10.1 Distance Education and Correspondence 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.

• 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 these 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. In considering recommendations, the team will want to clearly identify the Standards in which the institution is deficient or needs to improve. The team will want to ensure that in the discussion of the findings for those standards, the deficiency or area to improve in distance education is specifically called out.

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 identified issues. In the 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.

### 10.2 Records of Student Complaints

*(Addressed in the College’s response to the Policy on Student and Public Complaints against Institutions)*

Teams will review the formal complaints/grievances filed by members of the institution (faculty, staff, students) to determine that relevant policies and procedures are being followed and whether patterns to the complaints are obvious that could indicate a need to be addressed by the institution. The institution is expected to provide, for the team’s review, complaint files for the period since the last comprehensive visit. The team will also ascertain whether the college website informs the public how to file a complaint with the ACCJC.

### 10.3 Off-Campus Sites

*(Addressed in Standards II.A, II.B, II.C, and III.B)*

The College should provide a list of off-campus sites, including locations, programs offered, and enrollment. The team should make reference in its report to any new (since the last comprehensive review) sites that have not participated in the Commission’s Substantive Change review process. The team needs to carefully review all off-campus sites where 50% or more of a degree, program, or certificate can be earned to assure they comply with Standards. (See Policy on Substantive Change on the ACCJC website at [https://accjc.org/eligibility-requirements-standards-policies/#commission-policies](https://accjc.org/eligibility-requirements-standards-policies/#commission-policies).)

### 10.4 Institution-Set Standards

*(Addressed in Standard I.B)*

As mentioned previously in this *Manual*, the institution must establish standards of success with respect to student achievement in relation to the institution’s mission. Standard I.B.3 envisions that an institution will determine key performance measures by which it will both monitor (floor) and challenge (aspirational goal) its overall effectiveness in terms of student achievement. It will set expectations for course and program completion, student persistence from term to term, degree and certificate completion, State licensing examination scores or pass rates, job placement, and transfer rates. The institution must demonstrate it gathers data on institution-set standards, analyzes results on student achievement, and makes appropriate changes/improvements to increase student performance, educational quality, and institutional effectiveness. Evaluation teams will identify these institution-set
standards, determine their reasonableness, review the data and analyze the college’s performance, describe the institution’s overall performance, and determine whether the institution is meeting its standards and whether it plans for improvements in areas where its standards are not met, as well as the achievable improvements planned by the institution to increase its performance (exceed achievement standards) in areas where standards are met.

10.5 International Programs


Colleges offering international programs for non-U.S. nationals must include an addendum to the Self-Evaluation Report which demonstrates how the program conforms to the Commission’s policy on “Principles of Good Practice in Overseas International Education for Non-U.S. Nationals.” Teams must address these programs in the peer review team report.

10.6 Commission Policies

(Addressed in a separate section known as “The Checklist,” immediately preceding Standard I)

Colleges must address, and teams must verify, how well they comply with Commission policies, specifically the following:

- Policy on Distance Education and on Correspondence Education
- Policy on Institutional Compliance with Title IV
- Policy on Representation of Accredited Status
- Policy on Institutional Degrees and Credits
- Policy on Institutional Integrity and Ethics
- Policy on Contractual Relationships with Non-Regionally Accredited Organizations
- Policy on Student and Public Complaints against Institutions

10.7 Clock-to-Credit-Hour Conversion Requirements

(See Appendix C)

10.8 Checklist for Compliance with Federal Regulations and Commission Policies

A Checklist (See Appendix D) for teams to use to when evaluating institutional compliance with Federal Regulations and Commission policies, in addition to what is specifically evaluated within the language of the Accreditation Standards, is provided to the team chair for use during the peer review team visit. For each category, team members are asked to evaluate the specifics of federal regulations or Commission policies, reach a conclusion regarding the institution’s compliance, and provide appropriate narrative. NOTE: This checklist will become part of the Peer Review Team Report.
11 Frequently Asked Questions

How can the Self-Evaluation Report be used as a primary source document?

The institution has the responsibility to demonstrate that it meets or exceeds the ERs, Accreditation Standards, and Commission policies; therefore, accreditors expect the team to use the Institutional Self Evaluation Report (ISER) as a primary source document for the peer review team visit. A team should confirm that the assertions and evidence presented in the ISER are in fact observable at the institution.

Team members should begin by understanding the meaning of the Accreditation Standards. The self-evaluation represents the institution’s understanding of its performance against those Standards. The team should use the ISER to acquire, through interviews, meetings, direct observation, and examination of written evidence, enough information to support a professional judgment that the institution meets or exceeds the Standards.

How do I cross-validate? What happens if I get conflicting versions of an event?

In any college, there may be differences about what the facts are, about how the facts should be interpreted, and about what values the facts represent. In a good ISER, the institution will have directly addressed these differences without pressure to reach a false consensus just to make the college look good. Just as validation involves a special type of assessment, cross-validating asks you to confirm that the information you receive, from whatever source, is correct, and not just the opinion or point of view of one individual or group.

There may be individuals at the college that may attest that certain information was not allowed to be in the ISER; or may suggest alternative interpretations are more appropriate; or may not appear to be credible witnesses on the surface; and others may try to use their position or office to give more credence to their statements. Team members should verify through subsequent meetings and discussions with team members and college representatives whether or not information is reliable.

How do I organize all this information which comes from so many sources?

The best way to organize the information is to be fully prepared. That means careful reading of the entire Self-Evaluation Report, understanding of the Eligibility Requirements, Accreditation Standards, and Commission policies on the ACCJC website under “Resources,” careful review of the Guide to Institutional Self-Evaluation, Improvement, and Peer Review, and completing the assignments the team chair assigns in a timely manner.

As you read the ISER and review the evidence that the college provided before the visit, make brief notes and indicate any questions you have per the team chair’s assignments. During the visit, complete your draft report with information gathered from the interviews and meetings as your observations and analyses. As you work through the visit with other team members assigned to work with you in Standard
teams (described in Section 8.3 of this Manual), you will be able to see quickly what areas remain to be covered, what areas need further work, and what areas are complete. When your group completes an area, you should finish drafting your assigned sections of the draft report. You can always go back and change it if new information becomes available to you.

**What do I do if I find an issue that isn’t discussed in the Institution Self-Evaluation Report?**

Remember that the institution may have completed the ISER as much as four months before the visit. By definition, it is a record of the status of the institution at that time. On the other hand, institutions do not stand still, waiting for the peer review team to arrive. Your team chair conducts a pre-visit conference call with the college shortly before the team visit and will brief you on any important events or changes at the institution to that date.

Even with this information, more recent developments may be pertinent to the team’s work. There have even been cases in which the course of events has rendered much of the information in the ISER irrelevant or at least very much out of date. The institution also has a responsibility to provide important new information, especially if that information contradicts that found in the ISER. Often, this takes the form of an update or addendum to the self-evaluation document.

The first level of assessment should be to ask yourself whether the topic is an accreditation issue. In this situation, refer to the Accreditation Standards for information. You should certainly discuss the matter with the team chair. If the issue does not seem to be covered by one of the Eligibility Requirements, Accreditation Standards, or Commission policies, discuss the matter with the team as a whole at the next team meeting; the team chair will provide guidance on how to deal with the concern.

**How should I handle information that does not relate to my specific assignment?**

Take note of the information and its source, and share the information with the team chair and team as a whole so the person with that responsibility can use it. You don’t have time to go off on a tangent, but you do have a responsibility to gather useful information for your colleagues. At the same time, if you have not been able to validate some of your own areas, don’t forget to ask your fellow team members if they have come across information that you need. And lastly, if the information does not pertain to ACCJC Eligibility Requirements, Standards, or policies, you should not include it in the report.

**How should I respond to those who ask me to decide who is right and who is wrong on an issue?**

There have been instances when individuals or groups on a campus believed that the purpose of the visit was to settle the disputes or disagreements present at the time of the visit. As tempting as it may be, expressing an opinion favoring one side or the other jeopardizes the independence and credibility of the team’s work.

Politely, but firmly, remind the person or group that the Accreditation Standards are the basis of the evaluation team’s assessment and that it would be inappropriate for the team to interject itself into an individual or group dispute. This issue is especially delicate in individual personnel issues or issues where there may be legal action.
How do I write my report so it sounds like a team effort?

The overall style and tone of the report is very important. Team members are collegial: peers, not external inspectors. At the same time, the team has the responsibility to point out to the institution areas where the institution should address improvements and issues which indicate that the institution does not meet the Commission’s Standards.

The peer review team report is an important document because it is the vehicle by which critical judgments about institutional performance and quality are expressed by the Commission, and through which formal advice about improvement is given to the institution. The report must be a credible and clearly-written document to have the desired effect. Consider that:

- The peer review team report is analyzed in detail by members of the Commission in reaching decisions about the accredited status of the institution;
- The peer review team report is read by faculty, administrators, the public, and trustees of the institution;
- The peer review team report has a life of seven years, in that the institution must respond to recommendations in its Midterm Report and, possibly, Follow-Up Report(s); and
- The peer review team report is permanently filed at the college and the Commission office. It may be examined by the college community and/or researchers; job applicants at the institution may request copies; and government agencies or the courts may subpoena them.
12 Outline of the Evaluation Team Visit

This section outlines the important characteristics and processes of a team visit. While each visit has its own unique characteristics and context, there is a fairly predictable pattern of events.

I. Before the Visit

A. Information from the Commission Office

1. Invitation to serve on an evaluation team
2. Notice of Team Training Workshop
3. Team Training Workshop and resources
   a. Team Training Manual
   c. Team Training Materials
4. Team roster

B. Information from the institution—at least eight weeks before the visit

1. Institutional Self-Evaluation Report (ISER)
2. Electronic evidence documents

C. Information from the Team Chair

1. Introductory information and welcome
2. Team survey for making assignments
3. Team member overview of the ISER (Assignment 1) and Team Member analysis of assigned Standards (Assignment 2)
4. Team schedules, logistical arrangements, and other matters of interest

D. Team Member Activities before the Visit

1. Attend mandatory Team Training workshop
2. Read Commission manuals, guides, and related materials
3. Read entire ISER and related materials
4. Review electronic evidence provided by the institution
5. Respond promptly to team chair requests for information and reports
6. Prepare analyses of the ISER as directed by the team chair (Assignments 1 and 2).
7. Prepare lists of individuals/groups for interviews to give to the team chair
8. Prepare analytical questions regarding the ISER.

9. Make appropriate travel arrangements

II. During the Visit

A. The First Team Meeting

1. Arrive on time

2. Bring appropriate reports or analyses, according to team chair instructions

3. Discuss initial team reactions to the ISER, identify common concerns or themes, and determine team approach to institutional issues

B. The First Day

1. Attend opening meetings, campus tours as scheduled

2. Become familiar with documents presented electronically and in the team room; examine those documents relevant to the areas of primary and secondary responsibility

3. Schedule and conduct meetings and appointments, including evening and off-campus locations and distance education programs and services

4. Participate in team meetings as scheduled

5. Confer with other team members as needed

6. Visit centers and review DE/CE courses as appropriate

7. Begin team discussion of core institutional themes

8. Organize findings of first day activity and identify issues/questions for second day focus

9. Continue writing first draft of report to team chair

C. The Second Day

1. Continuation of first day activities with special focus to:
   a. Complete validation of areas not addressed the previous day

   b. Pursue any issues delegated by the team chair

   c. Conduct cross-validation of evidence for which conflicting information is provided

   d. Conduct careful evaluation of institutional evidence to support assertions made in the ISER

   e. Coordinate findings with other team members

2. Team meetings and discussion of core themes
   a. Identify key team recommendations

   b. Confirm that all Standards are being addressed by the team
c. Develop framework for the peer review team report
d. Submit assigned Standard Team Member drafts
e. Complete assigned Standard team member drafts
f. Develop formal recommendations and/or commendations

D. The Third Day

1. Complete gathering final information or evaluation of evidence
2. The final team meeting
   a. Review team member findings, reports, and recommendations/commendations
   b. Agree on team recommendations/commendations
   c. Submit final assigned Standard team member drafts to team chair
3. Attend final oral report meeting and leave campus promptly

III. After the Visit

A. Send Expense Form (with original receipts) to Commission office within 30 days
B. Review team chair’s draft of the peer review team report
C. Complete the Appraisal of the Team Chair and Evaluation Visit Form
Appendices
Appendix A: Team Member Peer Review Team Report Template

I. Eligibility Requirements

Team members will ascertain whether the institution continues to meet each Eligibility Requirements through an examination of appropriate evidence. For institutions applying for reaffirmation of accreditation, the team will ascertain whether the institution continues to meet Eligibility Requirements 1 through 5.

II. Compliance with Commission Policies

The team will ascertain whether the institution is in compliance with the Commission policies noted in Section 10.6 of this Manual. The Checklist in Appendix D will assist in this task.

III. Accreditation Standards

The members of the evaluation team assigned to specific Standards will ensure that each Standard is covered in the following fashion:

A. General Observations

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). The team may summarize recent changes in the institution that warrant notice, point out exemplary practices, draw attention to the helpfulness of the staff, and so on, based on observations from interviews, documents reviewed, meetings or classes attended, etc.

B. Findings and Evidence

Each Standard Chapter should include a section discussing the team members’ specific observations and analyses about the extent to which the institution exceeds, meets, or does not meet each Standard. The narrative must present the evidence that the team used to reach that finding. This narrative should cite the Standards discussed at the end of each paragraph (in parenthesis). Team members should take care to ensure that every Standard is discussed in the findings section. This section should include a discussion of the strengths and weaknesses of the college. It should clearly describe exemplary practices that exceed Standards. It should clearly identify inadequate or missing practices and deficiencies in areas where the institution does not meet Accreditation Standards. It may also comment on the quality of the Institutional Self Evaluation Report and its evidentiary bases. The Commission requires that the team comment on the following special areas:

• the institution’s status in developing student learning outcomes for courses, programs, certificate, and degrees; assessing student learning and using the results of SLO assessment and other data to plan and implement institutional improvements regardless of mode of delivery or location; setting standards for student achievement and using them in evaluation and planning;
• the degree of institutional dialog about student learning and student achievement as well as about institutional processes for evaluation and plans for improvement; evidence of a culture and practice that supports continuous improvement;
• the team’s description of the institution-set standards for student achievement, as well as its view of the reasonableness of those standards, and its analysis/commentary on the institution’s performance with regard to those standards; and

• longitudinal data on the institution’s fiscal condition, including significant increases or decreases in revenues and enrollments, and identify concerns about fiscal stability.

Each Standard team must ensure that discussions of findings and evidence support the team’s conclusions, recommendations, and commendations.

C. Conclusions

The narrative for each Standard should end with a brief conclusion section that summarizes the overall sense of the institution’s alignment with the particular Standard and that asserts that the institution exceeds, meets, or does not meet the Standard. If the team finds that the institution exceeds the Standard, the conclusion should include commendations, citing the relevant Standard. If the institution meets the Standard except for one area, the team should include a recommendation below. If the institution does not meet the Standard, the team should include a recommendation below.

D. Recommendations

The Standard team 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 team accepts, not just the perspective or interests of one person. Recommendations that are listed at the end of each Standard chapter should be repeated verbatim and numbered correctly in the introductory section of the report.

Note: It is important that each Standard team ensure that its conclusions, commendations, and recommendations flow logically from the findings and evidence presented above.
Appendix B: Suggested Formatting and Style Sheet for Evaluation Team Reports

<table>
<thead>
<tr>
<th>In Document</th>
<th>Formatting and Style</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Titles</strong></td>
<td>Times New Roman, 14 pt., bold</td>
</tr>
<tr>
<td><strong>Subheadings</strong></td>
<td>Times New Roman, 12 pt., bold</td>
</tr>
<tr>
<td><strong>Body text</strong></td>
<td>Times New Roman, 12 pt., Left Justified</td>
</tr>
<tr>
<td><strong>Page numbers</strong></td>
<td>Place in footer, either in bottom right or center</td>
</tr>
<tr>
<td><strong>Margins</strong></td>
<td>1.25” left; 1” right; 1” top; 1” bottom</td>
</tr>
<tr>
<td><strong>Bullets</strong></td>
<td>Circle bullet, Times New Roman, 12 pt</td>
</tr>
<tr>
<td><strong>Underline</strong></td>
<td>Use single line only. Do not use excessively.</td>
</tr>
<tr>
<td><strong>Italics</strong></td>
<td>Use italic font to emphasize, not bold font.</td>
</tr>
<tr>
<td><strong>Acronyms</strong></td>
<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 USED (not U.S.D.E.) The acronym may be used alone on second reference.</td>
</tr>
<tr>
<td><strong>Numbers</strong></td>
<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>
</tr>
<tr>
<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 using the symbol “&amp;” unless it is part of an official company name.</td>
</tr>
<tr>
<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.</td>
</tr>
<tr>
<td><strong>Colons</strong></td>
<td>Colons go outside quotation marks unless they are part of the quotation itself.</td>
</tr>
<tr>
<td><strong>Percentages</strong></td>
<td>Spell out “percent.” Use the symbol (%) only in scientific, technical, or statistical copy.</td>
</tr>
<tr>
<td><strong>Latin terms</strong></td>
<td>Do not underline or italicize.</td>
</tr>
<tr>
<td><strong>a.m./p.m.</strong></td>
<td>Express as “a.m.” and “p.m.” with periods and lowercase.</td>
</tr>
</tbody>
</table>
### In Document | Formatting and Style
--- | ---
**Hyphens** | No spacing before or after hyphens. Hyphenate two-word adjectives used with a compound modifier (e.g., high-unit program; full-time student, but not *attending school full time*).
Do not hyphenate words beginning with “non,” except those containing a proper noun (e.g., nonresident; non-German;) or when the second element consists of more than one word (e.g., non-degree-seeking).
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 Commission Standards…”)
Capitalize “College” and “District” when referring to 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 position 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).
- Position 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. Active voice is more direct and vigorous than passive voice.
- Passive example: Commencement was attended by hundreds of people.
- Active example: Hundreds of people attended commencement.

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.
Appendix C: Clock-to-Credit-Hour Conversion Requirements

General

• Are in §668.8(k) and (l), October 29, 2010 program integrity final regulations, p. 66949-66950 (preamble: pp. 66854-66857)

• Is an exception to the credit-hour definition that applies for purposes of the title IV, HEA programs

• Modified regulations—
  − The requirements for when an institution must use clock hours for undergraduate programs, and
  − The standards for clock-to-credit-hour conversions

Clock Hour Only: not eligible for conversion - §668.8(k)(2)

• Section 668.8(k)(2) applies to degree and non-degree programs.

• The program is required to be measured in clock hours for Federal or State approval except if required for only a limited component of the program.

• Completing clock hours is a requirement for licensure to practice an occupation except if required for a limited component of the program.

• The credit hours awarded are not in compliance with the definition of a credit hour.

• The institution does not provide the clock hours that are the basis for credit hours and does not require attendance in those hours in the case of a program that might otherwise qualify to do conversion to credit hours.

No Conversion required - §668.8(k)(1)

• Unless §668.8(k)(2) applies, an undergraduate program may use credit hours as defined in §600.2 without applying the conversion formula if—

  a) The program is at least two academic years in length and provides an associate degree, a bachelor’s degree, a professional degree, or an equivalent degree as determined by the Secretary, or

  b) The program is a nondegree program with—
     − Each course in the program being fully acceptable toward a degree program at the institution; and
     − The institution able to demonstrate that students enroll in, and graduate from, that degree program.

• A program not meeting a) or b) must use the conversion formula or use clock hours.
New Conversion Ratios - §668.8(l)(1)
• One semester or trimester credit hour is equal to at least 37.5 clock hours.
• One quarter credit hour is equal to at least 25 clock hours.

New Conversion Ratios Exception - §668.8(l)(2)
• Is an exception to new ratios for programs that demonstrate that the credit hours meet new definition and there are no deficiencies identified by accreditor, or if applicable State approving agency
• Must base evaluation on individual coursework components of a program, e.g., classroom study versus practica or labs with little outside study
• Regardless, must meet these minimums:
  - One semester or trimester credit hour is equal to at least 30 clock hours.
  - One quarter credit hour is equal to at least 20 clock hours.

Conversion Case Study (to semester hours)
• A program with 720 clock hours consists of—
  - 5 classroom courses with 120 clock hours each, and
  - A 120 clock-hour externship with no out-of-class student work.
• The institution determines that for—
  - The first 3 classroom courses, a student generally is required to perform 40 hours of out-of-class work for each course, and
  - The last 2 classroom courses have 8 hours of out-of-class work for each course.
• Two options
  - Default option: convert only based on clock hours and ignore any out-of-class work
  - Full formula option: take into account both clock hours and out-of-class work to determine the maximum allowable credit hours
  - Four possible outcomes depending on institutional policy for method and rounding: 19.2 or 18 using Default option and 22.026 or 21 using Full Formula option
• Default option: use the default 37.5 clock hours per semester hour, ignoring the out-of-class work [conversion must be course by course]

\[
\frac{120}{37.5} = 3.2 \text{ semester hours per course (3, always round down course-by-course)}
\]
- Converted program = 3.2 * 6 = 19.2 semester hours (or 3 * 6 = 18 semester hours, if rounding)

- Full formula option
  - Illustrates:
  - Must evaluate on individual coursework components of a program
  - Total clock hours and out-of-class student work is irrelevant
  - Must meet limitation for the minimum number of clock hours per credit hour in addition to out-of-class work
  - Excess out-of-class student work per credit hour does not carry over between courses or educational activities in a program
  - Use exact calculation including any fractions of credit hours or round down any fraction, including a fraction equal to or greater than ½
  - Rounding on individual course or educational activity, not on the total
### Full Formula Option

<table>
<thead>
<tr>
<th>Course</th>
<th>In-class clock hours</th>
<th>Allowable out-of-class prep hours</th>
<th>Total clock and prep hours</th>
<th>Semester hours</th>
<th>Semester hours (rounded)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course #1</td>
<td>120</td>
<td>7.5 * 4 = 30</td>
<td>150</td>
<td>4</td>
<td>4</td>
<td>(A), (C)</td>
</tr>
<tr>
<td>Course #2</td>
<td>120</td>
<td>7.5 * 4 = 30</td>
<td>150</td>
<td>4</td>
<td>4</td>
<td>(A), (C)</td>
</tr>
<tr>
<td>Course #3</td>
<td>120</td>
<td>7.5 * 4 = 30</td>
<td>150</td>
<td>4</td>
<td>4</td>
<td>(A), (C)</td>
</tr>
<tr>
<td>Course #4</td>
<td>120</td>
<td>8</td>
<td>128</td>
<td>3.413</td>
<td>3</td>
<td>(B), (D)</td>
</tr>
<tr>
<td>Course #5</td>
<td>120</td>
<td>8</td>
<td>128</td>
<td>3.413</td>
<td>3</td>
<td>(B), (D)</td>
</tr>
<tr>
<td>Externship</td>
<td>120</td>
<td>0</td>
<td>120</td>
<td>3.2</td>
<td>3</td>
<td>(E)</td>
</tr>
</tbody>
</table>

Total clock hours and out-of-class student work (amount not relevant) 826

**Total semester hours if no rounding** 22.026

**Total semester hours if rounding (must round down any fractions to ensure no overawards)** 21

### NOTES:

**Limitation:** the rules do not allow more than 7.5 hours of out-of-class prep for every 30 hours in class

- **(A)** 120 in-class hours divided by 30 hours = 4 There are 10 hours of out-of-class prep per 30 clock hours (40/4 = 10), but cannot have more than 7.5 (4 * 7.5 = 30)

- **(B)** 120 in-class hours divided by 30 hours = 4 There are 7.5 or fewer hours of out-of-class prep per 30 clock hours (8/4 = 2), so use actual hours of out-of-class prep (B)

**Semester hours per course**

- **(C)** 150 total clock and prep hours divided by 37.5 = 4
- **(D)** 128 total clock and prep hours divided by 37.5 = 3.413
- **(E)** 120 total clock hours divided by 37.5 = 3.2
Appendix D: Checklist for Evaluating Compliance with Federal Regulations and 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 other evaluation items under ACCJC standards which address the same or similar subject matter. Peer review 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 to the evidence reviewed and team findings related to each of the evaluation items. If some content is discussed in detail elsewhere in the team report, the page(s) of the 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 team report along with any recommendations.

This Checklist will become part of the 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 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 peer review 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 (add space as needed):
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 (add space as needed):
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 (add space as needed):
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 (add space as needed):
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 (add space as needed):


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 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 (add space as needed):
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 (add space as needed):
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 (add space as needed):