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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 an external evaluation 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), including federal requirements, Commission policies, 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 Handbook for Evaluating and Improving Institutions, 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 evaluation that involves both internal and external review of an institution. The accreditation paradigm includes the following elements:

- standards of good practice that are accepted by the 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 to verify the institution’s responses to compliance requirements; and
- further review and decision by the Commission.
The evaluation team, made up of professional peers who volunteer their services, conducts a careful analysis of the Institutional Self-Evaluation Report, the evidence provided by the institution, and an on-site evaluation. The team:

- reviews the institution using the Eligibility Requirements, Accreditation Standards, and Commission policies (together Commission’s Standards);
- reviews evidence to support the narrative of the Institutional Self-Evaluation Report;
- 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 (course completion, retention, and persistence; program, certificate and degree completion; graduation and transfer; 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. Department of Education (USDE), put into law several requirements for accrediting agencies that seek federal recognition. The ACCJC holds USDE recognition and therefore will ensure institutions adhere to certain federal regulations. Through USDE 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 evaluation visits are required by federal law to review the following:

- the institution’s continued compliance with the Commission Standards;
- the institution’s distance education and correspondence education programs and 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 evaluation team visit. The Commission staff and the institution select dates for the visit, and the institution indicates 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 ten 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 consist of individuals with expertise and/or experience in learning outcomes and learning resources; career/technical education; distance/correspondence education; student services; institutional planning, research, and evaluation; governance and administrative functions. 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 first-time reviewers are required to complete an online Accreditation Basics course prior to team service. The course is available on the ACCJC website at www.accjc.org. A New Peer Reviewer Basic Training is also available for first-time peer reviewers.

All reviewers are required to attend a Peer Review Team Training workshop each time they serve on an external evaluation 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, including 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, current catalog, and most recent class schedule 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 Reviewer

3.1 Peer Review

The review team provides an independent, peer review of an institution. The team uses the Eligibility Requirements (ERs), 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 ERs and that the college’s policies and practices continue to align with 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 relationship 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, 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 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 Institutional Self-Evaluation Report. Peer reviewers should come to the first team meeting prepared to summarize the key issues they have identified in their areas of

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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 Peer Review Team Reports; interviews and written communication with campus personnel, students, governing board members, and community members; evidentiary documents; and evaluation team discussions.”
responsibility, present drafts of questions for interviews, and share lists of those individuals or groups to be interviewed.

The team will assess the Institutional Self Evaluation Report 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.

Although efforts are made for team members to attend a number of classes, it is not possible to visit every class or meet with every member of the faculty. Since most members of the faculty will have participated in the preparation for the evaluation team visit, all should be aware of the presence of the evaluation team and have opportunities to communicate with team members.

Peer reviewers are expected to review the courses/programs/services 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. (For suggestions on how to conduct review of distance education courses, see section 11.1 of this Manual.) Peer reviewers should also visit off-campus locations where 50% or more of a program is offered. The Team Chair will coordinate the visits to off-campus locations.

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 Institutional Self Evaluation Report evidence demonstrating that they continue to meet these requirements. The Eligibility Requirements can be found on the ACCJC website under the Resources tab.

3.4 Peer Reviewers to 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 Standards, 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.

Peer reviewers on evaluation 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 before the college visits and explicitly evaluate policies and practices pertaining to the Standards that address district/system functions. If district/system recommendations are necessary, this team 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.
4 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 final peer review team report. 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.

4.1 Before the Visit

The team chair makes a visit to the campus prior to the scheduled team visit. 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 site visit. This pre-visit to the college gives the team chair the opportunity to establish contacts with key individuals, get a sense of the physical layout of the team room, learn of any significant changes which may have occurred at the college, and begin logistical arrangements for the team, including assessment of computer hardware and software needs. The pre-visit also provides the college with a sense of what the team will need and the opportunity to correct any deficiencies the team chair may note.

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 Site Visit

The team chair is responsible to the Commission for the successful completion of the evaluation site 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 the written reports from the 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 findings. In doing so, the team chair has considerable editorial latitude in constructing the final report.
The Role of the ACCJC Staff Liaison

Each institution has an assigned member of the ACCJC staff to assist and support the college throughout the accreditation process. Familiar with Eligibility Requirements, Accreditation Standards and Commission policies; with federal regulations; and with the unique circumstances of each institution, the staff liaison becomes a valuable resource both to the college and to the peer review team.

5.1 Before the Visit

The ACCJC staff liaison is active with the college for many months prior to the peer review visit. The staff liaison provides training and support to the institution throughout the two-year period leading up to the peer review visit as the college prepares its Institutional Self Evaluation Report. The staff liaison assists in selection of the date for the peer review visit, recruits a team chair and peer review team members, participates in the training of the team chair and team members, and maintains communication with the college throughout the process. The staff liaison is available to address any questions or concerns that either the college or the peer review team may encounter.

5.2 During the Visit

The staff liaison is present during the visit to support the process, to answer questions regarding protocols and Commission expectations, and to provide guidance on procedures. The staff liaison does not participate in the evaluation of the college but rather is available to assist the team chair or team members to stay focused on Standards or to help with interpretation of Standards.

5.3 After the Visit

The staff liaison keeps track of the process for completing the Peer Review Team Report. He or she coordinates with the team chair and the institution’s CEO to arrange due dates for the various drafts of the report, ensuring that the final copy is completed in time for the Commission meeting when the decision will be made on the institution’s accredited status. The staff liaison provides feedback to the team chair regarding the quality of the report, ensuring that the report is clear, concise, and coherent.
6 Preparing for the Site Visit

6.1 Analysis of the Institutional Self Evaluation Report

Each peer reviewer will complete a desk review of the Institutional Self Evaluation Report (ISER), analyzing how the report 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. In addition, the peer reviewer will assess if the ISER serves as an effective vehicle for evaluation of the institution by noting if the Report could be used to determine the integrity, quality, and effectiveness of the institution. 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.

During the desk review, peer reviewers 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.

6.2 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 site visit.

6.3 Team Assignments and Preliminary Drafting of the Team Report

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 site 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. Team members begin to draft their assigned sections of the Peer Review Team Report.

If the institution has provided sufficient evidence to demonstrate compliance with Standards, team members may complete their analysis of those Standards during the desk review and draw conclusions about the quality of the institution, its programs and services. For Standards for which more information is needed, team members compile a list of persons at the institution whom they would like to interview in order to obtain information that they were unable to gain from the desk review of the ISER and the evidence provided. They may also compile a list of other evidentiary documents to review during the visit.

6.4 The Handbook for Evaluating and Improving Institutions

Reference to the Handbook for Evaluating and Improving Institutions was made in the Introduction to this Manual. This Handbook is designed to be used by institutions.
conducting a self-evaluation and preparing an ISER as well as by teams conducting a comprehensive peer review visit. The Handbook 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 Handbook, 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.
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. The team’s judgment about the integrity and educational quality of the institution assists the Commission in giving assurance to 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, the “Policy on Distance Education and on Correspondence Education” and “Contractual Relationships with Non-Regionally Accredited Organizations.” These policies are found on the ACCJC website.

Initial Meeting of the Peer Review Team

On the first day of the visit, the team generally begins with a team meeting. At this first planning session, the team reviews assignments, examines supplementary materials, arranges schedules, and discusses the Self-Evaluation Report of the institution. 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 for review.

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 Self-Evaluation Report. At the meeting, the team discusses the general plan of the visit with institutional staff. Team members can clarify questions they have about the institutional self-evaluation and schedule meetings with individuals or groups such as the governing board, faculty, administration, classified staff, students, and others. Remember, it is important to keep scheduled meetings with institutional staff.
The first meeting may be followed by a brief tour of the campus to familiarize team members with the physical plant and the locations for campus appointments.

7.3 **Remainder of the Visit**

Team members arrange interviews with college personnel and community stakeholders, make classroom and distance education (DE) visits, attend team meetings scheduled by the team chair, and review documents provided in the team room. The institution should provide class schedules and staff contacts for the team. Schedules of faculty office hours and telephone directories are helpful. The team should 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 conversations, not large meetings for formal presentations by special groups or special interests.

As mentioned previously, the team chair receives a summary of any formal complaints against the institution which have been received by the Commission. One or more team members may be asked to verify that any issues related to those complaints have been addressed. The college will provide some members of the team access to the formal file of student complaints to ascertain if the institution reasonably addressed the issues. 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 and the team as a whole.

7.4 **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. In the morning of the final day, the team meets to review findings and make final plans for the preparation of its Peer Review Team Report, including what recommendations are to be included.

7.5 **Team Recommendations**

Team members must submit written statements on their assignments prior to the end of the visit. The team will finalize its recommendations for institutional improvement or for resolution of deficiencies at the end of the visit. The team chair will share the subject of these recommendations with the institution’s CEO in a private meeting, but given that the team 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 with the institution or anyone else.

After the team has met, the team chair meets with the CEO of the institution to review major team findings and to ensure that the team has made no major errors of fact. The team chair reviews the subject of key team recommendations with the CEO of the college.
7.6 **Oral Report at Conclusion of the Team Visit**

The team chair presents a final oral report to members of the college community. All team members are expected to be present. At this meeting, the team chair summarizes 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 immediately at the end of this meeting. It is appropriate for the team to express thanks for assistance, enjoyment at meeting people, or appreciation for institutional activities, but team members should avoid engaging in extended conversations about the visit. Team members should not respond to questions from the college community or the press any time after the visit.
8  After the Site Visit

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

Following the team visit and prior to the submission of the final report to the Commission, the team chair submits a draft of the report to team members for comment. After the team chair incorporates team members’ feedback 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 their feedback to the team chair about the draft in a timely manner.

Communication between the institution and the team should occur only through the team chair and/or the Commission office. Contacts by individuals from the institution or in the course of other professional activities should always be referred to the team chair or the Commission office.

8.2  Expenses and Reimbursements to Peer Reviewers

The ACCJC reimburses each team member for necessary travel, food, and lodging expenses.

Peer reviewers receive expense 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. Personal expenses not identified on the expense form are the responsibility of the team member. Team members must attach original receipts for transportation, lodging, and meals to the expense form. Team members must secure approval in advance from the Commission staff for rental cars. All expenses claimed by the team must be submitted with original receipts within 30 days of the visit.

8.3  Evaluation of Team Members, Team Chair, and the Visit

In order to ensure the effectiveness of the institutional peer review 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.

The team chair and each team member will complete an online evaluation form. These online evaluations are important to help the Commission, ACCJC staff, and teams continuously improve the peer review process.


9  The Comprehensive Peer Review Team Report

9.1 Preparing the Peer Review Team Report

The Peer Review Team Report is not usually a long document. It should be an honest and 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 of the institution’s exceeding Standards to support conclusions when commendations are made;
- provide evidence of the institution’s need for improvement or not meeting Standards to support conclusions when recommendations are made;
- 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.

9.2 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 or 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 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 may read the report, and with what purposes in mind. The document will be available to any persistent reporter, government agency, or legislator. Review the report through public eyes.

### 9.3 Sample Format for Team Member Report

Team members will prepare written reports to the team chair on the areas they have been assigned. Individual reports present general observations, findings and evidence, and conclusions for each section of the Standards. **Appendix A** provides a descriptive template for the team members’ reports. In addition, the team chair has copies of reports from teams visiting other colleges which can be used as models. The team chair may also provide sample reports that are not particularly well constructed in order to demonstrate what not to do as a peer reviewer. However, team members should be alert to changes in format or expectations which may have been developed since the time of the example team reports.

### 9.4 Format of the Team Chair’s Peer Review Team Report

The complete Peer Review Team Report is written by the team chair. A format for the completed report is included below so that team members can understand what the entire report includes and how their individual reports 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 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 and its accreditation history.

• **Major Findings, Commendations, and Recommendations of the External Evaluation 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 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.

• **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’ reports, as described in Section 8.3 of this Manual, are used by the team chair in writing the Peer Review Team Report for the college and the Commission. Individual team members’ reports note whether evidence has been offered to demonstrate 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 each Eligibility Requirement, Accreditation Standard, and pertinent Commission policies.

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 Team Member Reports**

1. Individuals should not be named, either in praise or blame. Comment, if necessary on the office or position, not the officeholder.
2. Avoid advocating individual educational or governance theories.
3. Neither advocate for, nor advise against, specialized accreditation. Program-specific accreditation is an institutional matter. 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.
10 Principles of Effective Recommendations

One of the most difficult tasks of the peer review team is drafting recommendations to the college. The team needs to choose a level of generality/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.

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 the appropriate Accreditation Standard 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 the Accreditation Standards and Commission policies. Recommendations should reference related Eligibility Requirements (ERs) only when the institution is clearly deficient in the area of eligibility.

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)

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. Within the findings, the
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 content of the findings and conclusions sections of the Peer Review Team Report should include a comment on whether or not the institution meets the Standard. (“The College meets the Standard.” or “The College does not meet the Standard.”)

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

This will help to avoid repeating recommendations over and over for each relevant Standard. 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. Additionally, if multiple Standards are cited, the findings and evidence of each of the cited Standards should identify deficiencies that the overarching recommendation is intended to address. Overarching recommendations should be presented in their complete form in the Standard 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 and to ensure that progress continues and moves beyond the paper stage into the college’s operations, the team recommends that the college institutionalize its planning, program review, and budgeting process by implementing them and regularly using them. (I.B.9, II.A.2, III.B.3, and III.C.2)”

**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. Recommendations should be consistent with the findings and evidence, and conclusions sections of the Peer Review Team Report.

7. **Clarity and Directness.**

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

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. **Avoid 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. Do not cite additional Standards if the findings and evidence for those Standards do not describe a need for improvement related to the recommendation.

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 multi-cultural 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.
11 Special Issues

11.1 Distance Education and Correspondence Education

(Addressed in Standards II.A, II.B, II.C and the Policy on Distance Education and on Correspondence Education)

Recognizing that most institutions must make use of the growing range of systems for delivery of instruction, including various electronic means, the ACCJC has adopted a policy based on principles of good practice to help assure that distance education complies with the Higher Education Opportunities Act of 2008 (HEOA) and is characterized by the same concerns for quality, integrity, and effectiveness that apply to the more traditional face-to-face mode of instruction.

Distance education (DE) is defined as a formal interaction which uses one or more technologies to deliver instruction to students who are separated from the instructor and which supports regular and substantive interaction between the students and instructor, initiated by the instructor, either synchronously or asynchronously. The most commonly understood form of distance education is courses that are offered 100% online via a learning management system such as Blackboard, Moodle, or Canvas. Other forms of distance education include one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audioconferencing; and hybrid courses that combine some face-to-face instruction with one or more of the other distance modalities.

Distance education delivered through these means may occur on campus as well as off campus. Interactions between the students and the faculty member may be synchronous or asynchronous. The institution must demonstrate that there is regular and substantive interaction between students and instructors, and teams must verify this during the visit.

Correspondence education (CE) is defined as education in which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. Interaction between instructor and students is limited, is not regular and not substantive, and is primarily initiated by the student. Correspondence courses are typically self-paced.

For a complete definition of distance education and correspondence education, refer to the Guide to Evaluating and Improving Institutions and/or the Commission’s “Policy on Distance Education and on Correspondence Education.” The team will determine whether the institution uses the appropriate definition for these alternate delivery modes.

Peer reviewers are expected to assess distance learning activities of the college, using both the Accreditation Standards and the “Policy on Distance Education and on Correspondence Education,” which can be found on the ACCJC website, under Resources.

Prior to the team visit, the team chair will arrange with the institution which DE and/or CE courses are to be reviewed by designated members of the team. It is suggested that teams review no fewer than fifteen DE courses and no more than 10% of the total number of DE courses offered in a semester for evidence of regular and substantive interaction. These courses should be randomly selected. It is also recommended, if
possible, that the team review archived courses from the semester immediately prior to the visit instead of active courses within the current semester. When determining regular and substantive interaction, the team should use the institution’s own definitions and examples of best practices as identified in the college’s policies and procedures related to DE.

In addition, the HEOA 2008 requires that institutions which offer distance education or correspondence education (DE/CE) have processes in place through which the institution establishes that the student who registers in a DE/CE course or program is the same person who participates in and completes the course or program and receives the academic credit. This requirement will be met if the institution verifies the identity of a student who participates in class or coursework by using, at the institution’s discretion, such methods as a secure log-in and password, proctored examinations, and/or new or other technologies and/or practices that are developed and effective in verifying student identity. The institution must also publish policies that ensure the protection of student privacy and will notify students at the time of class registration of any charges associated with verification of student identity.

11.2 Records of Student Complaints

(Addressed in Standard II.B and 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.

11.3 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,” which can be found on the ACCJC website, under Resources.)

11.4 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. 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. Peer review teams will review 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 improvements for areas where its standards are not met.

11.5 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.

11.6 Commission Policies and Federal Regulations

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

- Policy on Rights and Responsibilities of the Commission and Member Institutions
- Policy on Institutional Degrees and Credits. (Review of this policy includes federal requirements for clock-to-credit-hour conversions, Appendix C)
- Policy on Transfer of Credit
- Policy on Distance Education and on Correspondence Education
- Policy on Representation of Accredited Status
- Policy on Student and Public Complaints against Institutions
- Policy on Institution Advertising, Student Recruitment, and Representation of Accredited Status
- Policy on Contractual Relationships with Non-Regionally Accredited Organizations
- Policy on Institutional Compliance with Title IV

The peer review team will use the Checklist for Compliance with Federal Regulations and Commission Policies (Appendix D) to verify the institution’s compliance with the Commission policies listed above. The checklist 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: The checklist will become part of the Peer Review Team Report.**
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 evaluation 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; careful review of the Guide to Evaluating and Improving Institutions; development of a strategy for meeting with individuals and groups; and thinking about the report before the visit begins.

Once the visit starts, team members will be bombarded by hundreds of bits and pieces of information. One way to organize the material is, before the visit, to complete the Team Assignments and to prepare draft reports of the Standards for which you have responsibility, using the report format guide in this Manual.
(Appendix A). As you read the ISER and review the evidence that the college provided beforehand, make brief notes and indicate any questions you have. If you are able to draw conclusions about the college’s meeting Standards based on the evidence provided with the ISER, then create a draft of your findings and conclusions. During the visit, fill in the draft with information gathered from the interviews and meetings with members of the institution. 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 which areas remain to be covered, which areas need further work, and which areas are complete. When your Standard team is satisfied that it has the information it needs to draw conclusions about the college’s meeting the Standard, you can complete the report to the team chair for that section. You can always go back and change it as new information becomes available to you.

What do I do if I find an issue that isn’t discussed in the ISER?

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 makes a pre-visit to 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 evidence 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 decides how to deal with it. If the situation is such that the institution should have provided more current information to the evaluation team, then the team has the opportunity to comment on that in the report.

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

Take note of the information and its source, get copies of any printed information, and take the information back to the team chair and peer review 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.
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 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 order to reach 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.
13 Outline of the Peer Review Team Visit

This section outlines the important characteristics and processes of a team evaluation. 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
      b. Guide to Evaluating and Improving Institutions
      c. Team Training Materials
   4. Team roster

B. Information from the institution—at least eight weeks before the visit
   1. Institutional Self-Evaluation Report
   2. Electronic evidence documents
   3. Current catalog
   4. Current class schedule

C. Information from the Team Chair
   1. Introductory information and welcome
   2. Team survey for making assignments
   3. Team member overview of the Institutional Self Evaluation Report
   4. Team schedules, logistical arrangements, and other matters of interest

D. Team Member Activities before the Visit
   1. Complete the Accreditation Basics course online (for first-time peer reviewers)
   2. Attend mandatory Team Training workshop
   3. Read Commission manuals, guides, and related materials
   4. Read entire Institutional Self Evaluation Report and related materials
   5. Review electronic evidence provided by the institution
6. Respond promptly to team chair requests for information and reports
7. Complete assignments and prepare analyses of the college’s ISER as directed by the team chair
8. Prepare lists of individuals/groups for interviews to give to the team chair
9. Prepare analytical questions regarding the ISER and evidence
10. 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 evidence documents presented electronically, and in the team room if any; 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 classes/centers and 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 Peer Review Team Report draft
   e. Complete assigned Standard team member report
   f. Develop formal recommendations

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
      b. Agree on team recommendations
      c. Submit final assigned Standard team member report to team chair
      d. Sign the Certification of Team Member Participation form
   
3. Attend final open meeting and leave campus promptly

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

Standard: __________________________ Team Member __________________________

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 section (IV.A, IV.B, etc.) should begin with 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 section should describe 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 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, as appropriate within the Standards:

- the institution’s status in developing student learning outcomes for courses, programs, certificates, 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.

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

C. Conclusions

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

After the conclusion, each Standard section (IV.A, IV.B, etc.) should include 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 section 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 Peer Review 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” 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 USDE. 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 numerals 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 and periods always go inside the closing 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>
<tr>
<td>In Document</td>
<td>Formatting and Style</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------------</td>
</tr>
</tbody>
</table>
| **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 = $3.2 \times 6 = 19.2$ semester hours (or $3 \times 6 = 18$ 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 $\frac{1}{2}$
  - Rounding on individual course or educational activity, not on the total
### Full Formula Option

<table>
<thead>
<tr>
<th>Course #1 (40 hours of actual out-of-class student work)</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></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 (40 hours of actual out-of-class student work)</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 (40 hours of actual out-of-class student work)</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 (8 hours of actual out-of-class student work)</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 (8 hours of actual out-of-class student work)</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 (no out-of-class student work)</td>
<td>120</td>
<td>+ 0</td>
<td>120</td>
<td>3.2</td>
<td>3</td>
<td>(E)</td>
</tr>
<tr>
<td><strong>Total clock hours and out-of-class student work (amount not relevant)</strong></td>
<td></td>
<td></td>
<td><strong>826</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total semester hours if no rounding</strong></td>
<td></td>
<td></td>
<td><strong>22.06</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total semester hours if rounding (must round down any fractions to ensure no overawards)</strong></td>
<td></td>
<td></td>
<td><strong>21</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 (8)

**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. Evaluation teams will evaluate the institution’s compliance with standards as well as the specific Checklist elements from federal regulations and related Commission policies noted here.

General Instructions: The form should contain narrative as well as the “check-off.”
   a. The team should place a check mark next to each evaluation item when it has been evaluated.
   b. For each subject category (e.g., “Public Notification of an Evaluation Visit and Third Party Comment”), the team should also complete the conclusion check-off.
   c. The narrative will cite 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 an Evaluation Team Visit and Third Party Comment

Evaluation Items:
   _____ The institution has made an appropriate and timely effort to solicit third party comment in advance of a comprehensive evaluation visit.
   _____ The institution cooperates with the evaluation team in any necessary follow-up related to the third party comment.
   _____ The institution demonstrates compliance with the Commission Policy on Rights and Responsibilities of the Commission and Member Institutions as to third party comment.

   [Regulation citation: 602.23(b).]

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

Narrative (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.

_____ 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.

_____ 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.

_____ 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.

[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).

_____ 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).

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

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

_____ 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.

_____ Policies contain information about the criteria the institution uses to accept credits for transfer.

_____ 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:

_____ The institution has policies and procedures for defining and classifying a course as offered by distance education or correspondence education, in alignment with USED definitions.

_____ There is an accurate and consistent application of the policies and procedures for determining if a course is offered by distance education (with regular and substantive interaction with the instructor, initiated by the instructor, and online activities are included as part of a student’s grade) or correspondence education (online activities are primarily “paperwork related,” including reading posted materials, posting homework and completing examinations, and interaction with the instructor is initiated by the student as needed).

_____ The institution has appropriate means and consistently applies those means for verifying the identity of a student who participates in a distance education or correspondence education course or program, and for ensuring that student information is protected.

_____ The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings.

_____ 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.

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 six 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.
- _____ The institution demonstrates compliance with the Commission Policy on Representation of Accredited Status and the Policy on Student and Public Complaints Against Institutions.

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

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

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

**Narrative (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.

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

_____ The institution provides required information concerning its accredited status as described above in the section on Student Complaints.

[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 USED.

_____ The institution has addressed any issues raised by the USED 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.

_____ The institution’s student loan default rates are within the acceptable range defined by the USED. Remedial efforts have been undertaken when default rates near or meet a level outside the acceptable range.

_____ 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.

_____ 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):