MANUAL FOR INSTITUTIONAL SELF EVALUATION

of Educational Quality and Institutional Effectiveness

*A Publication of the Accrediting Commission
for Community and Junior Colleges*
Western Association of Schools and Colleges

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Foreword

The Accrediting Commission for Community and Junior Colleges (ACCJC), Western Association of Schools and Colleges (WASC) Accreditation Standards serve as the foundation for the institutional self evaluation of educational quality and institutional effectiveness review. 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, including federal requirements, Commission policies, and the institution's mission and goals. The process of self evaluation allows the institution to consider the quality of its programs and services and its institutional effectiveness in support of student success. Although the Standards are presented in four sections, they relate to the institution in its entirety. The Standards should therefore be considered as a whole, and the institution should present a holistic and comprehensive analysis of its compliance.

Accreditation should not be seen as an event that takes place every six years where compliance with the ACCJC Accreditation Standards (Standards) and other requirements is assessed. The accreditation process provides an opportunity for the institutional leadership to take stock of the continuous improvement of the institution in cooperation with college stakeholders. Every ACCJC-accredited institution must meet the ERs, Accreditation Standards, including federal regulations, and Commission policies at all times.

This *Manual for Institutional Self Evaluation of Educational Quality and Institutional Effectiveness* (*Institutional Self Evaluation Manual*) replaces the former *Self Study Manual*. This *Manual* has been revised for currency and in response to requests from member institutions to provide more information about the accreditation process and the accreditation requirements. The accreditation requirements, as expressed in the ACCJC Eligibility Requirements and Accreditation Standards, and the main steps in the accreditation process have not changed.

This *Manual* is designed to be used by institutions preparing their Institutional Self Evaluation Report. The ACCJC *Guide to Evaluating Institutions* and *Guide to Evaluating Distance Education and Correspondence Education* provide additional and important information in the institutional self evaluation process.

Section 1 of this *Manual* begins with an overview of regional accreditation and the ACCJC/WASC accreditation process. It is intended to provide the context for accreditation in the Western region of the United States.

Section 2 describes the role of the college Chief Executive Officer (CEO) and the Accreditation Liaison Officer as well as the need for institutional partnership in accreditation.

Section 3 introduces the ACCJC Accreditation Standards, Commission Policies, and the Commission Rubric for Evaluating Institutional Effectiveness.

Section 4 focuses on the purpose of the institutional self evaluation process and provides guidelines to the institution's organization of the process.

Section 5 discusses the Institutional Self Evaluation Report, its purpose and the ACCJC's requirements for the presentation and use of evidence. This section also introduces the outline for the Institutional Self Evaluation Report, including examples of evidence and data that, as a minimum, need to be included in the Report, and a timeline for the submission of the Report.

Section 6 describes the purpose of the site visit by the External Evaluation Team and how it is conducted, including the responsibilities of the institution.

Section 7 provides information on the External Evaluation Report of Educational Quality and Institutional Effectiveness (External Evaluation Report) and the Commission's decision-making process.

Section 8 provides an overview of key events in the accreditation process and institutional deadlines to meet in the process.

1 ACCJC and the Accreditation Process

1.1 Regional Accreditation

The higher education community in the United States has organized its quality assurance process by creating six separate, geographical regions of the country. Within each geographic region, the institutions have formed an association that developed a quality assurance agency and a process that examines overall institutional quality. The quality assurance process is called *accreditation*, and regional accreditation refers to the institutional accreditation processes developed by seven agencies in the six geographic regions. The Western region chose to have two higher education accrediting commissions. The Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (ACCJC/WASC) is one of the seven regional accrediting agencies and one of the two higher education accrediting agencies in the Western Region.

All regional accrediting agencies are recognized by the U.S. Department of Education (USDE) and undergo a federal review every five years. The USDE also sets regulations for institutional quality, some of which are incorporated into the accreditation standards of all recognized accrediting bodies, while others are enforced through the federal financial aid process.

Regional accreditation is the proven method for assuring the public that a higher education institution meets established standards of quality and provides degrees, certificates and/or credits that students and the community can trust. It has been operating for more than 100 years, and almost 50 years in the Western Region. The granting of accreditation by any regional accrediting commission enables an institution to qualify for federal grants, contracts and to distribute federal financial aid.

Accreditation is a voluntary system for the regulation of higher education quality. Institutions agree to join an association and to be bound to uphold the accrediting agency's standards of quality and its policies. Regional accreditors conduct a comprehensive evaluation of an accredited institution on a regular basis, which varies from six to ten years among regional accrediting commissions. Each regional accrediting commission has developed standards of quality that meet federal requirements; each also aligns its standards with the expectations of good practice across the U.S. While each regional accreditor's standards might be organized differently or use different wording than other regional accreditors use, the seven regional accrediting commissions follow very similar processes and have very similar standards of quality.

1.2 ACCJC/WASC

The purposes of the ACCJC are to evaluate educational quality and institutional effectiveness, and to promote institutional improvement. The ACCJC accreditation process provides assurance to the public that the accredited member institutions meet the Accreditation Standards of quality, and that the education earned at the institutions is of value to the student who earned it; and employers, trade or

profession-related licensing agencies, and other colleges and universities can accept a student's credential as legitimate.

ACCJC accredits institutions in California, Hawai'i, the Territories of Guam and American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands, which have as a primary mission the granting of associate degrees but which may also award certificates and other credentials, including a limited number of bachelor's degrees.

The Commission consists of 19 members representing the interests of the public and the Commission's member institutions. The Commissioners are elected for three-year terms.

1.3   The Steps in the Accreditation Process

Educational Quality and Institutional Effectiveness Review

ACCJC member institutions agree to undergo an educational quality and institutional effectiveness review every six years to determine whether they are meeting the established Eligibility Requirements, Accreditation Standards, including the federal requirements, and Commission policies, and that they are engaged in sustainable efforts to improve educational quality and institutional effectiveness. The review process includes four steps: internal evaluation (i.e., institutional self evaluation), external evaluation, Commission review and accreditation action, and continuous institutional improvement.

The accreditation process starts with an institutional self evaluation process wherein the institution conducts an evaluation of itself against the requirements stated above and in terms of its stated institutional mission and goals. The outcome of the institutional self evaluation process is a written analysis, a Self Evaluation Report of Educational Quality and Institutional Effectiveness (Institutional Self Evaluation Report), which is submitted to the ACCJC.

The Commission appoints a team of trained, external, peer reviewers from its database of evaluators. The peer reviewers are appointed after a review of the data provided in their Bio-Data Forms. The evaluators are accomplished professionals from institutions within and outside the region who are responsible for the external evaluation of a particular institution. All members of the External Evaluation Team are selected on the basis of their professional expertise in higher education, areas of specialization, and the unique characteristics of the institution. Following the visit, team chairs will evaluate the performance of each team member which is recorded in the Commission's evaluator database and used to determine continued service on evaluation teams.

The team examines the Institutional Self Evaluation Report, visits the institution as assigned, writes an External Evaluation Report that determines the institution's compliance with the Eligibility Requirements, Accreditation Standards and Commission policies, and other requirements, makes recommendations for improvement, and commends excellent practice when appropriate. The team also

makes a confidential recommendation to the Commission on the accredited status of the institution.

The External Evaluation Team submits its External Evaluation Report to the Commission after the institution's CEO has been given an opportunity to correct errors of fact. The Commission evaluates the Institutional Self Evaluation Report, the External Evaluation Report, and the college accreditation history and makes a decision on the accredited status of the institution. The Commission may also provide the institution with additional recommendations and direction for improvement. The Commission meets in January and June of each year. The Commission decisions are communicated to the institution via an action letter and are made public through Commission announcements. When the institution has received the Commission action letter, it is required to release and share the External Evaluation Report together with the Institutional Self Evaluation Report and the Commission action letter with the college community and the public.

The last and continuous step in the educational quality and institutional effectiveness review is that of improvement. Each institution is expected to continuously assure the quality of its educational programs and services as well as address the recommendations provided in the External Evaluation Report.

Other Reports/Evaluation Visits

The ACCJC requires that the institution submit a **Midterm Report** in the third year after the external evaluation visit to report on the progress made to resolve the deficiencies and address recommendations intended to increase institutional effectiveness expressed in the recommendations included in the External Evaluation Report. The Midterm Report also includes progress on the institution's self-identified improvement plans.

Institutions are also required to remain in compliance with the ERs, Accreditation Standards and Commission policies at all times in the period between the educational quality and institutional effectiveness review processes. If an institution is out of compliance with any of the ERs, Accreditation Standards and Commission policies, the Commission may require a **Follow-Up Report**, and/or another visit. It may also impose a sanction and deadlines for the institution to resolve the noted deficiencies.

Federal regulations require an institution to submit and receive approval for substantive changes if it wishes to make changes to its mission, scope, nature of the constituency, location, geographical area served, the control of the institution, the content and delivery of courses or programs representing a significant departure from the current situation, or the credit awarded to a program or course. The **Substantive Change Proposal** must be submitted in accordance with the Commission's "Policy on Substantive Change." See also the *Substantive Change Manual.*

Obtaining Initial Accreditation

An institution wishing to seek accreditation for the first time must undergo an

eligibility review to establish compliance with the Commission's Eligibility Requirements for accreditation. If the institution meets the Eligibility Requirements, it will be declared eligible to prepare an Institutional Self Evaluation Report in application for Candidacy. If the institution meets the Accreditation Standards, it will be granted Candidacy status for at least two years and no more than four years[1] and will prepare an Institutional Self Evaluation Report in application for Initial Accreditation. Once Initial Accreditation is granted, the institution receives a reaffirmation visit by an External Evaluation Team in a six-year cycle thereafter.

1.4   List of Manuals and Resources

- *Accreditation Reference Handbook*

- *Eligibility, Candidacy and Initial Accreditation Manual*

- *Guide to Accreditation for Governing Boards*

- *Guide to Evaluating Distance Education and Correspondence Education*

- *Guide to Evaluating Institutions*

- *Manual for Institutional Self Evaluation of Educational Quality and Institutional Effectiveness (Manual for Institutional Self Evaluation)*

- *Substantive Change Manual*

- *Team Evaluator Manual*

- Accreditation Basics online course

- Twelve Common Questions and Answers About regional Accreditation

All manuals and publications are available on the Publications and Policies page of the ACCJC website at: http://www.accjc.org/all-commission-publications-policies.

The Accreditation Basics online course is available on the Events page of the ACCJC website at: http://www.accjc.org/events under the "ACCJC Accreditation Training" section.

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[1] 34 C.F.R. § 602.16 (2)

2   Institutional Commitments

2.1   The Role of the Chief Executive Officer (CEO)

The success of accreditation is linked to institutional presidents and/or chancellors' leadership and engagement with the accreditation process.

The CEO should be knowledgeable about the accreditation process and should be able to explain it to the campus community and governing board.

CEOs should make every effort to learn about the accreditation process and should read the Accreditation Standards carefully before the institution begins the self evaluation process. Service as an External Evaluation Team member and participation in ACCJC sponsored workshops and training sessions are excellent ways for a CEO to learn about the accreditation process. The CEO should begin the accreditation self evaluation process with communication to the campus community, including students, the governing board, and the community at large and explain broadly what the institution is about to undertake. After an External Evaluation Team visit and when the Commission action letter is received by the institution, the CEO should be prepared to explain to the campus constituents, the governing board, and the community at large the outcome of the review and the next steps the institution and the Accrediting Commission will take.

The CEO should set the institution's attitude toward and expectations of the accreditation process.

The CEO's advocacy for accreditation helps the institution establish a positive view of the accreditation process. There will inevitably be some on campus who regard the accreditation process with skepticism, or who are reluctant to engage in the process because it requires work and thoughtful reflection, things which require time outside of normal institutional operations. The CEO should be prepared to defend the accreditation process to the skeptics on campus. Accreditation works best if an institution views the accreditation review process as internal continuous quality improvement and an opportunity to receive important validation of institutional practices that are sound as well as helpful advice to support improvement. The campus is more likely to engage with the accreditation review if the CEO assures it will be integrated with other institutional review and planning processes. The recommendations that result from the accreditation process will be more welcomed by the college community if the CEO makes clear that the institution intends to follow up on the results of the institutional self evaluation process and the external evaluation review and make changes and improvements where needed.

The CEO is a leader in the accreditation process.

The CEO should take an active role in organizing the institution for the institutional self evaluation and should establish and set the responsibilities and roles of groups or committees participating in the process. The CEO should review the Institutional Self Evaluation Report as it is drafted and help the institution ensure the Report is complete, candid, and honest. The CEO often can help those preparing the Report

identify information needed for a holistic institutional self evaluation. The CEO can play an extremely important role after the external review and the Commission action on the accredited status of the institution by encouraging the institution to accept the results of the review and move forward to make any improvements needed as well as to continue the excellent practices that have contributed to institutional success.

2.2   Institutional Partnership in Accreditation

The accreditation process relies on a partnership between the ACCJC and the institution being accredited. Accreditation is best able to provide quality assurance to the public and help enhance the educational quality of an institution when institutional CEOs, administrators, faculty, and staff are deeply engaged in the periodic process of reaffirmation of accreditation and in maintaining continuous institutional adherence to ERs, Accreditation Standards, and Commission policies. When institutional members regard accreditation as an opportunity for deep, honest inquiry into institutional strengths and weaknesses, the process becomes supportive of the institution's efforts to provide the best educational programs and services possible in fulfillment of its mission. When institutional members check ongoing educational practices and behaviors for compliance with accreditation requirements, they help assure that the institution retains its high quality.

The institution's responsibility to comply with Accreditation Standards at all times begins when an institution is initially granted accreditation by the ACCJC.

An accredited institution is expected to comply with Eligibility Requirements, Accreditation Standards, and Commission policies at all times – not just immediately before or after an accreditation review. Accreditation Standards describe institutional best practices that will lead to achievement of mission and educational quality. The Accreditation Standards set expectations for organizational behaviors that should be ongoing, not episodic. Without the institutional commitment to compliance, accreditation cannot serve as a source of quality assurance for students and the public.

An institution is responsible for staying informed about Accreditation Standards and Commission policies.

Federal laws and regulations, and institutional needs, change continuously, and Accreditation Standards and policies may change in response. An institution can find updated information about Accreditation Standards, Commission policies, and ACCJC practices by viewing the ACCJC's website on a regular basis, reading the Commission's newsletter (*ACCJC News*) and other communications and manuals sent to institutions by the ACCJC, or attending the workshops and conference presentations that the ACCJC provides each year. Institutional support for its own campus members' participation on accreditation evaluation teams is an excellent means of bringing current knowledge about accreditation to a campus. An institution should establish a means of retaining and sharing updated information on accreditation with its campus community and governing board. Institutions should establish a web page on the institutional intranet to make information available to

the campus community and the public. The Accreditation Liaison Officer of an institution is charged with communicating important accreditation information to the campus community, particularly to the faculty. The CEO should communicate this information as well, particularly to the governing board.

An institution is responsible for preparing an accurate, honest and evidence-supported Self Evaluation Report.

The Institutional Self Evaluation Report provides a foundation for the accreditation process. Institutional plans for change and improvement as well as the team review of the institution's quality will rely on the Report as a most critical document. It is therefore important that the institution have a strong leadership team to guide the process of institutional self evaluation, and that those leaders assure the self evaluation process is rigorous, honest, and fact-based. The institution's treatment of an External Evaluation Team should also be characterized by openness and honesty so the team will form an accurate understanding of institutional quality and can provide, where needed, helpful advice. The institution should identify evidence that supports its own self evaluation of quality, and should retain and organize the evidence so it can be accessed and used by the External Evaluation Team that will visit. This evidence should also document the institution's success with respect to helping students achieve intended learning outcomes and necessary certificates, degrees, and credentials.

The institution is responsible for retaining its own accreditation files and making certain information is available to the public.

Previous institutional self evaluation reports and evaluation team reports provide a valuable history of the institution's efforts to achieve excellence and should be retained and preserved at the institution so the documents can be used. After an evaluation visit, the Commission requires institutions to make the Commission's action letters, institutional reports, and external evaluation team reports available to the public. The availability of such documents assists the public to be confident that the accreditation process assures quality and helps institutions improve where needed.

The institution is responsible for implementing a process for continuous assessment and improvement.

External evaluation visits occur once every six years, but the public counts on continuous quality assurance. The institution is responsible for implementing appropriate processes for ongoing assessment and improvement so that it can retain and improve its educational quality and institutional effectiveness. Many of the Accreditation Standards describe components of such ongoing assessment and improvement processes, so adherence to the Accreditation Standards necessarily means that self assessment, planning, and improvement need to be sustained as ongoing institutional practices.

2.3   The Role of the Accreditation Liaison Officer (ALO)

Every ACCJC member institution must have an ALO. The ALO is identified by the institution's CEO. The ALO assists the CEO in addressing accreditation matters and serves as the second contact person for the Commission staff.

The main roles of the ALO[1] are to:

- stay knowledgeable about accreditation, including the Eligibility Requirements, Accreditation Standards, and Commission policies;

- promote an understanding of accreditation requirements, quality assurance, and institutional effectiveness among constituencies at the college;

- communicate information about accreditation and institutional quality that is available from the ACCJC, including letters sent to the institution and materials posted to the ACCJC's website;

- serve as the key resource person in planning the institutional self evaluation process;

- manage procedures to assure the institution maintains the comprehensive collection of institutional files containing Commission information including institutional reports, previous external evaluation reports, and Commission action letters;

- prepare the institution for an External Evaluation Team site visit in collaboration with the Team Chair and the team assistant;

- maintain regular communication with the CEO and the college on accreditation matters;

- facilitate timely reports to the Commission, including Annual Reports and Substantive Change Proposals;

- attend ALO training; and

- in multi-college districts or systems, communicate with appropriate district/system staff and ALOs at other campuses to engage in system-wide quality improvement to coordinate reports to the Commission and evaluation team site visits.

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[1] Policy on the Role of Accreditation Liaison Officers.

3 Accreditation Standards and the Rubric for Evaluating Institutional Effectiveness

The ACCJC Accreditation Standards are the foundation for the educational quality and institutional effectiveness review. The ACCJC requires that accredited institutions meet the Standards at all times. The Commission has developed a number of tools to support the institutions' self evaluation of their adherence to the Accreditation Standards, i.e., the *Guide to Evaluating Institutions*, the Guide to Evaluating Distance Education and Correspondence Education, and the Rubric for Evaluating Institutional Effectiveness.

3.1 Accreditation Standards

The ACCJC Accreditation Standards consist of four fundamental standards that describe best practices for educational quality and institutional effectiveness. Although the Standards are presented in four sections, they relate to the institution in its entirety. The Standards should therefore be considered as a whole.

The Accreditation Standards are:

- Standard I: Institutional Mission and Effectiveness, i.e., Institutional Mission and Effectiveness and Improving Institutional Effectiveness.

- Standard II: Student Learning Programs and Services, i.e., Instructional Programs, Student Support Services and Library and Learning Support Services.

- Standard III: Resources, i.e., Human Resources, Physical Resources, Technology Resources and Financial Resources.

- Standard IV: Leadership and Governance; i.e., Decision-making Roles and Processes and Board and Administrative Organization.

The Standards measure not only the quality and effectiveness of the programs and support services, but also the effectiveness of the institution in meeting its mission, the adequacy of resources, and the processes of leadership, governance, and decision-making to adapt the institution to meet a changing future.

Commission Policies

The ACCJC continuously revises its existing policies and develops new policies. This improves the policies and ensures that they are aligned with federal requirements. ACCJC requires accredited institutions be in compliance with Commission policies at all times. Many policy elements are embedded within the Accreditation Standards, and the institution's evidence of compliance must be embedded within the institution's responses to the Standards. Some policies are not included in the Accreditation Standards and institutions must submit a separate response to these policies in the Institutional Self Evaluation Report, (see 5.3 Content for the Institutional Self Evaluation Report). A list of policies that must be specifically addressed in the Institutional Self Evaluation Report is included in Appendix A.

In addition to the policies that are embedded in the Accreditation Standards and policies that are to be addressed separately (listed in Appendix A), several other policies are relevant to the accreditation process. All policies can be found in the *Accreditation Reference Handbook* (available on the ACCJC's website) and should be read and understood by member institutions.

- The "Policy on Public Disclosure and Confidentiality in the Accreditation Process" describes both the Commission and the institution's responsibilities to provide information about institutional quality to the public.

- The "Policy on Commission Good Practice in Relations with Member Institutions" describes the practices that the Commission must adhere to in the process of institutional accreditation, including allowing written, signed, third-party comment on institutions scheduled for evaluation.

- The "Policy on Rights and Responsibilities of ACCJC and Member Institutions" describes the practices shared by both by the Commission and member institutions in the accreditation process.

3.2   Rubric for Evaluating Institutional Effectiveness

The Commission developed a Rubric for Evaluating Institutional Effectiveness (Appendix B) to be used by institutions as they engage in self-reflection and evaluation. It is also used by teams as they examine an institution's adherence to the Accreditation Standards and by the Commission as it evaluates institutions.

The purpose of the Rubric is to provide common language that can be used to describe an institution's status *vis-à-vis* full adherence to the Standards as well as to provide a developmental framework for understanding an institution's progress toward achieving full compliance with Accreditation Standards.

For more than a decade, the Accreditation Standards have required institutions to engage in systematic and regular program review and planning, as well as short and long-term planning and resource allocation processes that support the improvement of institutional effectiveness and educational quality. The Accreditation Standards added student learning outcomes assessment and improvement as important components to the required institutional processes of evaluation, planning, and improvement.

The three areas included in the Rubric, i.e., program review and planning, the use of data and analyses to inform institutional planning and improvement, and the assessment of student learning, consistently emerge as areas in which institutions may need additional guidance. The Rubric provides teams and institutions with common summative and descriptive narratives to communicate and understand each institution's status.

It is important to note the sample behaviors described in the Rubric are not new criteria or standards by which an institution will be evaluated, but are examples of behavior that, if characteristic of an institution, would indicate its stage of implementation of the Standards. The Rubric is expected to be helpful in assessing

what additional efforts institutions should undertake to achieve full compliance with Accreditation Standards.

The Commission has announced expectations with regard to performance discussed in the Rubric. The Commission expects that all institutions be at the:

- Sustainable Continuous Quality Improvement level in Program Review of instructional and non-instructional programs and services.

- Sustainable Continuous Quality Improvement level in Planning.

- Proficiency level in the identification, assessment, and use for improvements of Student Learning Outcomes.

Institutions should plan and take action to achieve and maintain the Sustainable Continuous Quality Improvement level in all three areas.

4 The Self Evaluation Process

4.1 Purpose of the Self Evaluation Process

An ACCJC member institution accepts the obligation to undergo an educational quality and institutional effectiveness review every six years to maintain its accredited status. The first step in this process is a self evaluation. The self evaluation process serves several purposes. First, it is an opportunity for the institution to conduct a thorough self evaluation against the Eligibility Requirements, Accreditation Standards, including federal requirements, and Commission policies, and the institution's own objectives. The process should enable the institution to consider the quality of its programs and services, the institution's effectiveness in supporting student success, and the degree to which the institution is meeting its own expectations (institution-set standards).

During the institutional self evaluation process, the institution should reflect on the extent to which it has:

1. designed and implemented an ongoing and systematic cycle of evaluation, integrated planning, re-evaluation and improvement,

2. considered its programs and services while paying particular attention to program review and achievement of student learning outcomes,

3. prepared and implemented institutional plans for improvement supported by adequate sources of data and other evidence, and

4. established its own standards of institutional performance regarding student achievement and student learning.

Second, self evaluation is the foundation for the preparation of an Institutional Self Evaluation Report and for the Commission's external evaluation process. A well-organized and thorough self evaluation process will enable the institution to consider the quality of its programs and services and institutional effectiveness, to report its findings, and to share its evidence and analysis with the External Evaluation Team.

4.2 Organization of the Self Evaluation Process/Roles of Campus Groups

It is important for an institution to have a designated committee responsible for the overall planning and supervision of the self evaluation process and the preparation of the Institutional Self Evaluation Report. One possibility is to vest the responsibility for the self evaluation process in an existing college committee that has oversight of the institution's continuous evaluation, student success, planning and/or improvement functions. Another option is to establish a new committee whose membership is drawn from existing committees that have a role in the institution's evaluation, planning and improvement functions. The designated committee should include representatives of faculty and staff with special responsibilities relevant for the topics to be covered in the self evaluation process, such as the chief instructional officer (CIO), Accreditation Liaison Officer (ALO), institutional

effectiveness officer, chief student support services officer (CSSO), chief financial officer (CFO), institutional researcher and/or technical support staff.

The self evaluation process should be self reflective and consider the institution's strengths, weaknesses, and achievements. Analysis of institutional data against the institutional mission and objectives undertaken by the relevant personnel, and dialogue about the results and effects of the analysis is a crucial element in the process to ensure that the self evaluation provides a comprehensive review of the institution. Below is a list of the stakeholders that may be relevant for the institution to involve in the self evaluation process.

- Administrative leadership

- Faculty, including adjunct faculty

- Students, typically student leaders

- Support staff, including researchers and technology staff

- District/system office representatives for colleges in multi-college districts/systems

- Governing boards

As governing boards are ultimately responsible for educational quality and monitoring of institutional performance, including student success, planning, implementation of plans, and participation in accreditation processes, they should be kept current of the progress of the self evaluation process. When the institutional self evaluation has been completed, the Board must read and certify that they have been involved in the institutional self evaluation process by signing the Certification page of the Institutional Self Evaluation Report (see Appendix C).

Role of the Designated Committee

The designated committee is responsible for organizing and coordinating the self evaluation process and for ensuring that appropriate progress is made. In addition, it is an important role of the committee to ensure that evidence is shared within the institution and that relevant internal stakeholders, who have knowledge of data and who can contribute to the analysis of data and evidence, are involved in the process as appropriate.

The institutional intranet or the faculty/staff section on the institution's website can be an effective resource for sharing information relevant for the self evaluation process. One possible approach is to create an electronic repository on the intranet or the website for sharing information, e.g., the timetable for the self evaluation process, minutes from committee meetings, and drafts of the various sections of the Institutional Self Evaluation Report in order for college representatives to post input to the Report. If the institution already has a permanent electronic platform for sharing institutional data, a separate repository for the self evaluation process may not be necessary, or the repository for the self evaluation can provide links to the general information platform so that data is easily accessible for everyone involved in the self evaluation process. If the institution has well organized electronic data and other evidence in place, the presentation of the evidentiary information in

electronic format to the External Evaluation Team at the time of submission of the Institutional Self Evaluation Report will be facilitated (see also Section 5.2).

The institution should give the designated committee sufficient time to assume its responsibilities and provide it with the clerical support needed to complete its work. The Commission encourages the institution to select an editor for the Institutional Self Evaluation Report at the outset so that the editor can participate throughout the process. The editor has multiple roles. The editor must ensure that the Report reads as a coherent text and that it is clear and succinct without excessive repetition and redundancies across the various sections of the report. A suggested formatting and style sheet is provided in Appendix D. The length of a quality Institutional Self Evaluation Report depends on the size and complexity of the institution. As a rule of thumb, the target for the length of a good quality report would be approximately 25,000 words, excluding evidentiary information.

Finally, the designated committee is responsible for disseminating the final Institutional Self Evaluation Report to the college community. The External Evaluation Team will expect that trustees, faculty, staff, and administrators are familiar with the content of the Institutional Self Evaluation Report when it meets with them during the external evaluation site visit.

In summary, an effective and useful self evaluation process has to balance two needs: 1) to be organized in a manner best fit for the institution's mission and processes, and 2) to address the requirements of the Commission.

Regardless of how an institution chooses to align these needs, there are a number of principles that support a successful self evaluation process. It should:

- address the Eligibility Requirements, Accreditation Standards, and Commission policies, and meet other Commission requirements,

- provide content and evidence for the Institutional Self Evaluation Report,

- include institution-set standards for student achievement and learning outcomes,

- provide and analyze existing evaluation, planning, and improvement data,

- lead to an assessment based on analysis of data of the quality of the institution's programs and services and its institutional effectiveness as well as the formulation of plans and actions for improvement, and

- involve the institutional stakeholders who have a role in improving institutional quality.

5 The Self Evaluation Report of Educational Quality and Institutional Effectiveness (Institutional Self Evaluation Report)

5.1 Purpose of the Institutional Self Evaluation Report

The outcome of the self evaluation process is an Institutional Self Evaluation Report. An important purpose of the Institutional Self Evaluation Report is to provide a written analysis of strengths and weaknesses of educational quality and institutional effectiveness based on the institution's continuous evaluation and quality improvement activities which have been considered in the self evaluation process.

Unnecessarily long reports can make the documents difficult to follow. A good Institutional Self Evaluation Report should concisely state the institution's resolution of any deficiencies noted by the previous evaluation team and its current and sustained compliance with Eligibility Requirements, Accreditation Standards, and Commission policies. If additional work remains for the future, concrete details and planning agendas including, timelines and outcomes for that work should be included in the Report. The evidence appended to the Report should clearly validate the statements made in the Report. When possible, passages from the evidence should be incorporated into the Report. This approach provides the External Evaluation Team with the best starting point for the review of the institution's ability to assure and improve its own quality. In the preparation of the Report, it is useful if the institution reviews previous college reports, team reports and Commission action letters.

Furthermore, a good Institutional Self Evaluation Report, when addressing the Accreditation Standards, makes direct reference to the institution's mission and institutional objectives. The Report also makes reference to evidence of achieved results, evaluation of the results, and examples of improvements which are integrated into the institutional planning processes rather than only describing processes and/or intentions which are not supported by evidence of achievement. Through this approach, the institution will demonstrate to the External Evaluation Team how the institution's evaluation, improvement, and planning cycle functions. At the same time, the Report should be clear and concise. It should make reference to previous sections in order to avoid unnecessary repetition.

A good Report must also be meaningful and useful to the members of the institution as well as provide sufficient information for the External Evaluation Team about the institution, evidence of its achievements, and how it meets the Eligibility Requirements, Accreditation Standards, and Commission policies.

5.2 Evidence and Data

Using Evidence and Data

A quality institution acts on evidence and data when making judgments. Access to and use of evidence and various data sources that relate to the institution's mission, institutional objectives, and educational goals as well as planning processes are

necessary parameters for thorough self reflection and continuous self improvement. This information is also necessary for the institution to determine what action it should take to improve educational quality and institutional effectiveness in order to support student success.

Evidence is information that justifies the analysis and conclusions in the Institutional Self Evaluation Report. Data refers to categories of information that represent qualitative or quantitative attributes of a variable or a series of variables. The institution must use data as evidence in the Institutional Self Evaluation Report.

For data to be a useful and reliable source of information for reflection, planning, and decision-making, it should be accurate and tested for validity and significance, be current and complete, consistently used, derived from reliable sources, and be used longitudinally and in disaggregated form, as appropriate. There are several sources of data, internal and external, from which an institution can draw information. Examples of sources of data are institutional demographic data at the local, district, system, state, or federal level; assessment data; survey results; and data reported to the state government. The data that an institution collects, analyzes, and reflects upon should be designed to answer questions related to issues that the institution needs to explore.

The Commission expects an institution to apply the principle of data-driven decision-making. Therefore, the data the institution uses in its regular planning and improvement activities should be used and reported in the Institutional Self Evaluation Report. In addition to this evidence, the Commission requires the institution to provide specific kinds of data and other sources of evidence to show compliance with the Eligibility Requirements, Accreditation Standards, and Commission policies, and with USDE requirements. These data requirements are related to an institution's continued eligibility for Title IV financial aid funds. These requirements are presented in Section 5.4.

Access and Reference to Data and Evidence

The Institutional Self Evaluation Report should include reference to evidence and data that substantiate the statements made in the Report that the institution meets or exceeds the Eligibility Requirements, Accreditation Standards, and Commission policies. **All evidence and data included in the Institutional Self Evaluation Report must be cited and quoted or discussed with the institution's analysis of the various Accreditation Standards and sub-sections, where reference to the information is relevant.**

In addition to a hard copy, the institution will provide to the External Evaluation Team members visiting the institution an electronic copy in Word of the Self Evaluation Report and evidence (can be in PDF format) in advance of the visit. During the visit, the team members should also have access to the evidence and data upon which the institutional analysis is based at the time of the institution's submission of the Institutional Self Evaluation Report. It is helpful for readers when the electronic copy of the report contains hyperlinks to the relevant evidence. Links should be to evidence stored on an electronic memory device (flash drive/USB stick). Links to websites or other materials should be for supplemental information only,

and not content for the report itself. Screen shots of relevant online material can be included in the electronic evidence files. The institution should ensure that all links are active and all evidenced on flash drives is correct.

The numbering of the evidentiary documents referenced in the Institutional Self Evaluation Report should align with the relevant Standards, together with a brief title, e.g., Strategic Plan. Documents which are relevant to more than one Standard should be allocated a number in the first chapter where it is relevant. In addition to the evidence and data the institution submits with the Institutional Self Evaluation Report, the External Evaluation Team may also request additional evidence to be available at the site visit.

5.3   Content for the Institutional Self Evaluation Report

The Commission has developed a list of content that an Institutional Self Evaluation Report must include. The content requirements for an Institutional Self Evaluation Report are presented below.

<u>Cover Sheet</u>
The cover sheet should include the name and address of the institution, and a notation that the Institutional Self Evaluation Report is in support of an application for candidacy, initial accreditation, or reaffirmation of accreditation, and date submitted (see Appendix E).

<u>Certification Page</u>
The Institutional Self Evaluation Report should include a certification page which includes the college Chief Executive Officer's confirmation of the purpose of the Institutional Self Evaluation Report and that the Report accurately reflects the nature and substance of the institution. The certification page should attest to broad campus participation in the Report preparation, accuracy, and that the governing board has read the Report and was involved in the self evaluation process. The institution should include signatures of district/system chief executive officer (if appropriate), governing board chair, and other campus constituent groups as determined by the institution (see Appendix C).

<u>Table of Contents</u>
The Institutional Self Evaluation Report should include a table of contents to facilitate the External Evaluation Team's use of the Report.

<u>Structure of the Institutional Self Evaluation Report</u>

A. Introduction
    The introduction should include a brief history of the institution, including the year of establishment. Furthermore, the introduction should highlight the major developments that the institution has undergone since the last educational quality and institutional effectiveness review, including student enrollment data, summary data on the service area in terms of labor market, demographic and socio-economic data. The introduction should also include the names and locations, including addresses, of sites where 50% or more of a program, certificate or degree is available to students and any other off-campus sites or

centers, including international sites. Institutions should clearly state in the Self Evaluation Report, as it does to the public, any specialized or programmatic accreditation held.

B. **Organization of the Self Evaluation Process**
The institution should explain, either in narrative or chart form, how it organized the self evaluation process, the individuals who were involved, and what their responsibilities were.

C. **Organizational Information**
The Institutional Self Evaluation Report should include organizational charts for the institution and for each major function, including names of individuals holding each position. In a corporate structure, the relationship to the accredited institution, including roles and responsibilities of both entities, must be included in this section. The institution should provide a list of its contracts with third-party providers.

Colleges in multi-college districts/systems must provide an account of whether primary responsibility for all or parts of specific functions that relate to the Standards are vested at the college or district level. The overview of the responsibilities of key functions in institutions in multi-college districts/systems must be presented in the form of a Functional Map. (Examples of Functional Maps can be found in Appendix F.) The institution should also provide an analysis of the effectiveness of this division of responsibilities.

The institution is required to provide a list including addresses of off-campus sites and centers, including international sites.

D. **Certification of Continued Institutional Compliance with Eligibility Requirements**
The USDE, as part of the recognition process of accrediting commissions, requires that the accrediting commissions ensure their accredited institutions provide evidence they meet the commissions' eligibility requirements at any given time. The Institutional Self Evaluation Report must include the institution's analysis and evidentiary information demonstrating that the institution meets the Eligibility Requirements. The Eligibility Requirements as well as the list of documents needed to verify continued eligibility can be found in Appendix G.

E. **Certification of Continued Institutional Compliance with Commission Policies**
The Accreditation Standards reference specific Commission policies. The Institutional Self Evaluation Report must address how the institution is in compliance with these policies in conjunction with their assessment of how they meet the Standards. Some Commission policies are not integrated in the Accreditation Standards. The Institutional Self Evaluation Report must include the institution's analysis and evidentiary information demonstrating that the institution addresses policies specific to the college mission and activities. A complete list of the policies that institutions must specifically address can be found in Appendix A.

F. **Responses to Recommendations from the Most Recent Educational Quality and Institutional Effectiveness Review**
The Institutional Self Evaluation Report must include a section that demonstrates the institution has addressed recommendations made in the previous External Evaluation Report. Recommendations represent the observations and analyses of an External Evaluation Team at the time of the visit and should be considered in light of the Accreditation Standards and the institution's mission. The Commission expects that the institution has, as part of its ongoing quality assurance activities, adequately addressed the recommendations, resolved deficiencies noted by the External Evaluation Team as appropriate, and meets the Accreditation Standards cited within each recommendation.

G. **Structure of the Institutional Analysis**
The main body of the Institutional Self Evaluation Report must identify and address each of the Accreditation Standards including the subsections. When preparing this part, it is useful for institutions to keep the principles underlying the Accreditation Standards in mind, i.e., the Commission expects institutions to:

- design and implement an ongoing and systematic cycle of evaluation, integrated planning, re-evaluation and improvement,

- analyze its programs and services while paying particular attention to program review data, student achievement data, and student learning outcomes data, and

- take action to improve based on the analysis supported by adequate sources of data and other evidence and make improvement plans when warranted.

The following three elements should guide the structure of the analysis of each of the Standards.

Descriptive Summary
A descriptive overview of what the institution does in relation to each of the Standards.

Self Evaluation
Based on the descriptive summary, the institution should analyze and systematically evaluate its performance against the Eligibility Requirements, Accreditation Standards, Commission policies, and its institutional mission. This analysis should result in actionable conclusions about institutional effectiveness and educational quality and decisions for improvement. The basic questions to explore are whether or not, and to what degree, institutional evidence demonstrates that the institution meets the Eligibility Requirements, Accreditation Standards, and Commission policies, and how the institution has reached this conclusion. The Commission expects current and sustained compliance with Standards, focusing on accomplishments and outcomes that have been achieved and not just structures or processes used.

Actionable Improvement Plans
Continuous quality improvement is a hallmark of institutional effectiveness. As an institution evaluates its programs and services with reference to each Standard, it identifies areas in need of change. The Commission expects the institution to identify goals related to the areas that require change and decide on the action required to meet these goals. The institution should include the required actions in improvement plans. It may not be possible for the institution to have improvement plans fully developed at the time of submission of the Institutional Self Evaluation Report. The Commission expects these actionable improvement plans to be integrated into the institution's continuous evaluation and planning processes. Subsequently, the institution is required to report in the institutional Midterm Report how the improvement activities have been integrated into the institutional planning processes and to what extent the intended outcomes have been met.

5.4   Requirements for Evidentiary Information

As mentioned in Section 5.2, the Commission requires the institution to provide specific kinds of data and other sources of evidence to demonstrate compliance with the Eligibility Requirements, Accreditation Standards, and Commission policies. The USDE continuously revises and interprets federal regulations; in response, the Commission updates its list of federal requirements for its manuals and policies. Institutions are accountable for knowing and maintaining their reporting relationships with the USDE and other regulators and for meeting USDE requirements. The data required by the USDE which must be included in the Institutional Self Evaluation Report are marked with an asterisk (*) in the following sections.

Colleges are expected to set for themselves institutional standards of acceptable performance below which the institution would find its performance unacceptable and take corrective action. New federal regulations also require external evaluation teams to review the standards institutions have set for student learning and achievement; how well the institution believes it is meeting its standards, and whether those standards are reasonable. (See Institution-set Standards for Student Performance, page 27.)

All evidentiary information included in the Institutional Self Evaluation Report must be discussed and cited within the various Accreditation Standards and sub-sections where reference to the information is relevant. Furthermore, the information should be supported by analysis in terms of its alignment with the institutional mission and how the outcome of the data analysis will impact the future planning and development of the institution.

i.   *Student Achievement Data*

Student achievement data is end-point data that provides an institution with basic information about achievement of its educational mission. Collected longitudinally, such data and analyses will inform the college whether changes in pedagogy or services are effective in improving student completion, or whether a decline in student completion needs to be given attention and study

so that trends can be reversed. It will also keep institutions informed about fluctuations and serve as a warning if rates decrease and trends need to be reversed. When collected in disaggregated form, it may also provide information about barriers to completion and transfer, the need to collect additional data, and indicate attention that needs to be given to various groups.

The ACCJC has developed a generic template for the presentation of disaggregated institutional student achievement data to assist institutions in implementing data-driven and informed evaluation and planning processes. The template is accompanied by a list of questions to encourage institutional analysis of data and identification of areas both in need of improvement and worthy of special note (see Appendix H). Some institutions and district/systems may have developed other means of presenting data for campus and district/system-wide discussion and decision-making. Those templates may be acceptable as well.

Student achievement data should be in disaggregated form by:

- Age

- Gender

- Race/Ethnicity

- Socio-economic status

- Delivery mode

- Instructional site

- Cohort group

- Other, as relevant to the institution's service area and mission

The data should be provided separately for the following credit/non-credit programs:

- Liberal Arts or Liberal Education/Transfer Programs

- Career and Technical Education (CTE) Programs

- Basic Skills and English as a Second Language (ESL) Programs

Data on Incoming Students

- Student preparedness for college, including need for academic advising, assessment scores indicating need for remedial instruction and orientation, etc.

- Student training needs, including local employment training needs, transfer education needs, basic skills and/or ESL needs, etc.

- Student educational goals

<u>Data on Enrolled Students*</u> (When an institution reports rates in the following
categories, it must specify the denominator)

- FT/PT student enrollment across the institution's range of instructional programs

- Annual growth/decline in headcount enrollment (numbers or rates)

- Course completion (numbers or rates)

- Persistence of students from term to term (numbers or rates)

- Student progression to the next course in a sequence of courses/next level of course (numbers or rates)

- Student program completion (numbers or rates)

- Certificate/Degree completion (numbers or rates)

- Student transfer to four-year institutions (numbers or rates)

<u>Data on Graduates*</u> (When an institution reports rates in the following categories it
must specify the denominator)

- Student job placement (number or rates) as appropriate

- Licensure/certification exam (numbers or rates) as appropriate

<u>Other required evidence related to student achievement*</u>

- Policies and procedures for award of credit, including application of the credit hour definition in the Commission's "Policy on Institutional Degrees and Credits"

- Policies and procedures for transfer of credit, including examples of the decision-making process

- Comprehensive list of agreements with other institutions on transfer of credit

ii. *Evidence of Student Learning Outcomes and Assessment of Outcomes[1]*

The institution must provide evidence of institutional student learning outcomes and samples of student learning outcomes for courses, programs, certificates and degrees. Institutions need to identify the end point learning outcomes that students must achieve, in a course/program/certificate/degree, i.e., the data that derive from summative assessments of how well students have mastered institutional and programmatic learning outcomes. Institutions should use and be able to provide aggregated data and analyses that can inform the question "How well is the institution achieving its educational (and programmatic) mission(s)?"

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[1] See Section 3.2 and Appendix B: Rubric for Evaluating Institutional Effectiveness.

- Catalog and other descriptions of programs, including the recommended sequence of courses, and their related student learning outcomes

- Course outlines/syllabi with stated student learning outcomes

- Samples of student work/performance (portfolios, productions, recitals, projects, etc.)

- Grading rubrics where they exist

- Examples of authentic assessment and/or embedded assessment

- Summary data on assessed student learning outcomes attainment

- Examples of improvement of the teaching/learning process and increased student success and institutional improvement as a result of the analysis of the above

iii. *Evidence of Quality Program Review[2]*

- Program review cycles/timelines

- Policies on curricular review

- Evidence that SLO assessment data are used for institutional self evaluation, planning, and improvement of teaching and learning

- Action taken (improvements) on the basis of program review

- Connection to the budgeting and resource allocation processes

- Impact on institutional effectiveness, educational quality, and student success

iv. *Evidence of Quality of Student Support Services*

- Student support services program reviews (including SLO assessment data and analysis)

- Student satisfaction and follow-up surveys

- Records of student use of services

- Student loan default rates

- Student support services planning documents

- Catalog, handbook, and website descriptions of student support services

- Policies on academic progress, integrity, codes of conduct, grievances and complaint procedures, including information provided to students about how to file a complaint with the institution's accreditor and/or its state approval/licensing entity

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[2] See footnote 1 in this Section.

- Availability and accessibility of services, including off-campus and distance education/correspondence education (DE/CE) students

v.   Evidence of Financial Performance and Integrity*

- Annual external financial audits

- Federal audits

- Audits of any foundations that are not separately incorporated

- Actuarial studies for post-retirement health benefits, collective bargaining agreements, related board policies, plans for funding the liability. For private institutions, the notes to financial statements dealing with employee benefit plans, commitments and contingencies

- Leave accrual policies and records

- Records of self-insurance for health benefits, workers compensation and unemployment

- Records of obligations for future total compensation expenditures including employment agreements, collective bargaining agreements, and management contracts, including any buy-out provisions

- Records from bond funding, if any, including audit reports and minutes from bond oversight committee meetings

- Policies and procedures for purchasing

- Plans related to facilities and technology, capital expenditure budgets and total cost of ownership plans

- Financial Aid Compliance Reports, USDE audits

vi.   Evidence of Quality of International Activities

- Lists of programs for non-U.S. nationals recruited abroad

- Lists of programs for internally recruited international students organized through the college or the district/system

- List of study abroad programs for U.S. students

vii.   Evidence of Compliance with other Areas Related to Federal Requirements*

Distance Education and Correspondence Education

An accrediting commission recognized by the USDE is not required to have separate standards for distance education and correspondence education (DE/CE). The accrediting commissions need, however, to ensure that DE/CE offered by their accredited institutions meet the accreditation standards. Institutions accredited by the ACCJC, therefore, need to demonstrate they assure the quality of DE/CE to the same extent as education delivered in face-to-face classes by providing disaggregated data and analysis (See Appendix H). Additionally, the evaluation team must evaluate where the institution has

correctly applied federal definitions for DE/CE and must determine whether the award of credit for DE/CE meets federal requirements.

- List of courses, programs, certificates and degrees where 50% or more is offered in distance education or correspondence education mode

- Means of verification of identity of students registered in distance education or correspondence education classes

- Student privacy policies

Public Information

The institution shall assure clarity, accuracy and accessibility of information regarding:

- Recruiting practices

- Admission practices

- Academic calendar

- Catalogs, publications

- Award/transfer of credit

- Credit requirements for courses, programs, certificates and degrees

- Length and costs of programs

- Student degree/certificate completion rates

- Transfer rates

- Job placement and licensure pass rates

- Campus crime statistics

- Grading practices

- Advertising practices

- Representation of the institution

Campus Sites

Names and addresses of off-campus sites and centers, including international, noting where 50% or more of a program, certificate or degree is offered

Institution-set Standards for Student Performance

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, job placement, and transfer rates. The institution must demonstrate it gathers data on institution-set standards, analyzes results on student achievement, and makes appropriate changes/improvements to increase student performance, educational quality, and institutional effectiveness. Evaluation teams will identify these institution-set standards, determine their reasonableness, review the data and analyze the college's performance, describe the institution's

overall performance, and determine whether the institution is meeting its standards.

Clock to Credit Hour Conversion
If the institution converts clock to credit hours for purposes of federal financial aid, it should adhere to the federal formula for clock to credit hour conversion.

Records of Student Complaints
Institutions are required to have established and clearly publicize policies and procedures for filing formal complaints and/or grievances. The institution must provide evidence that these policies and procedures are being followed and whether patterns of the complaints are obvious and could indicate a need to be addressed by the institution. Complaint files should be available for the period since the last comprehensive evaluation visit. The institution must also demonstrate that it clearly communicates how to file a formal complaint with the institution's accreditor and/or state authorizing agency.

5.5 Submission and Format of the Institutional Self Evaluation Report

The institution is required to submit four hard copies and one electronic copy in Word (see *Electronic Format* below) of the Institutional Self Evaluation Report together with a college catalog and class schedule to the Commission. The Report will include an appendix of evidence (can be in PDF format) supporting the narrative statements made (see *Submitted Evidence* below). The appendix should include a table of contents listing the evidence submitted. **Please note that all evidence submitted with reports must be submitted in electronic format**. Send hard and electronic copies of the report, and the evidence on electronic storage device, to:

> Accrediting Commission for Community and Junior Colleges (ACCJC)
> 10 Commercial Blvd., Suite 204
> Novato, CA 94949
> Contact telephone number: 415-506-0234

If the Institutional Self Evaluation Report refers to information available on the institution's website, a specific URL that provides the location of and access to resources on the Internet, must be provided through a hyperlink.

In addition to a hard copy, External Evaluation Team members must be provided with an electronic copy of the Institutional Self Evaluation Report and evidence in advance of the visit. A roster of the team membership will be sent to the institution, and the institution must send a copy of the Report to each team member. The team members should be provided the same Report that has been filed with the Commission.

The institution must make the Institutional Self Evaluation Report available to the governing board, faculty, staff, and administrators. The External Evaluation Team expects that these groups are familiar with the contents of the Institutional Self Evaluation Report during the site visit.

Electronic Format

Reports and evidence submitted in electronic format should be copied onto an electronic memory device (e.g., flash drive/USB stick). The report narrative is required in MS Word. The institution must provide the name and contact information of an individual who can assist if there are difficulties accessing the information.

Submitted Evidence

Citations to large documents in evidence, without links to relevant portions or screen shots of items on point, make it difficult to determine specifically what the institution wishes to have noted. When possible, passages from the evidence should be incorporated into the body of the Report.

Institutions should carefully select relevant, cogent examples of evidence where possible to identify the elements of compliance stated in the report narrative. The materials should address actions taken as well as outcomes from those actions.

Timetable

A realistic and detailed timetable for the self evaluation process is essential for an effective process. The Commission suggests that an institution begin the process two years in advance of the scheduled site visit. However, institutions with internal continuous improvement processes may require less time to prepare their Institutional Self Evaluation Report.

A convenient and effective method for establishing a timetable is to work back from the date set for the External Evaluation Team visit. In this way, target dates can be set for the completion of activities and the amount of time necessary for meeting goals can be better estimated. Several target dates should be kept in mind while planning the calendar. Time needs to be allowed for evidence gathering and analysis, review of drafts, final editing and rewriting, and institutional circulation and submission to the Commission.

The Institutional Self Evaluation Report and the supporting evidence should be submitted to the Commission and the External Evaluation Team **at least 60 days prior to the scheduled evaluation visit**. (For more details see Section 8.)

6   The Site Visit

The External Evaluation Team is responsible for conducting a site visit to the institution to verify the information provided in the Institutional Self Evaluation Report and assess whether the institution meets Eligibility Requirements, Accreditation Standards, and Commission policies. Prior to the team visit, the External Evaluation Team Chair and team assistant visit the institution and meet with the chancellor/president and the Accreditation Liaison Office (ALO) in order to prepare for the visit. The ALO or designee is the main contact for the Team Chair and team assistant and assumes the primary responsibility for facilitating the team's logistical needs during the site visit. The arrangements for the team typically include: lodging, meals, local transportation while on site, and clerical, computer and technical assistance during the site visit. In addition, the ALO or designee must assist the team during the visit to collect, as needed, additional information and materials, locate campus members for team interviews, and in general, serve as the communication link between the institution and the visiting team.

The site visit takes place while the institution is in session, generally during the middle of a week. The institution will receive advance notice about the timing, nature, and purpose of the External Evaluation Team visit in order to prepare and host the visit. The Commission expects major administrative officers and key campus personnel to be on campus during the time of the site visit in order to meet, as necessary, with members of the External Evaluation Team. The External Evaluation Team will typically expect to meet with the college/district system Chief Executive Officer (CEO), administrators, department heads/program coordinators, members of the governing board, students and persons with substantial responsibility for producing the Institutional Self Evaluation Report. External evaluation team members might also decide to attend meetings of the governing board should one be scheduled during the time of the site visit. In addition, the External Evaluation Team will also conduct open meetings for members of the college community in order to provide broad access to the team during the site visit. For institutions that have off-campus program sites and/or multi-campus sites in the U.S. or internationally, the team will schedule time to visit these sites. For institutions that offer DE/CE courses/programs/ certificates/degrees, the institution must provide the team with the necessary passwords to enable the team to sample DE/CE courses/programs/certificates/ degrees and student and learning support services for review.

The institution may wish to host a simple activity to introduce the team to key members of the campus community and those directly involved in the self evaluation process. Although such an activity may be useful for purposes of orientation, the institution is nevertheless discouraged from hosting more elaborate activities in order to allow the External Evaluation Team to focus the major portion of its time on reviewing and verifying the information provided in the Institutional Self Evaluation Report, meeting with individuals or small groups, and collecting information needed to complete and write the External Evaluation Report.

While on site, the External Evaluation Team will need a team room that is located in a central place with ample privacy in order to allow the team members to meet and

deliberate in private. The team room should be equipped with appropriate technology, such as computers, a printer and Internet access, to support the team during the visit. The details of the team's needs will be discussed between the Team Chair and the ALO.

The team room will also serve as the resource room for evidentiary information in support of the Institutional Self Evaluation Report. The information in the team room should include printed copies of any information that was previously sent to the team in electronic format and additional information the institution may wish the External Evaluation Team to review that was not included in the submission of the Institutional Self Evaluation Report.

On the final day of the site visit, the External Evaluation Team Chair meets with the college's CEO, and later, with the members of the institution to present the team's exit report. College attendance at the exit report is at the discretion of the college CEO. The exit report should not be filmed or recorded. The purpose of the exit report is to share brief observations, comments and major findings based on the team's evaluation of the Institutional Self Evaluation Report, supporting materials and observations on site. The final External Evaluation Report with the team's confidential recommendations regarding the accreditation status of the institution is made to the Commission and is not disclosed to the institution at the time of the exit report. If the college is part of a district/system, the lead Team Chair of the external evaluation teams who have visited the institutions in the district/system will also meet with the district/system CEO and provide an overview of any district/system issues.

7　The External Evaluation Report and Commission Decision

The External Evaluation Team Chair is responsible for preparing a draft of the External Evaluation Report. The Team Chair drafts the External Evaluation Report and sends it to the president/chancellor for review and correction of errors of fact. Within five days, the Report should be returned to the Team Chair. The final version of the Report is submitted by the Team Chair to the ACCJC office. The Commission sends the final Report to the president/chancellor prior to the Commission meeting when action is taken. The confidential recommendation of the External Evaluation Team on the accredited status of the institution is not disclosed in the External Evaluation Report.

The Commission provides institutions due process concerning its accrediting decisions. To demonstrate this commitment, institutions are provided an opportunity to respond in writing to the draft External Evaluation Report in order to correct errors of fact (as noted above) and to respond in writing (no less than 15 days in advance of the Commission meeting) to the final External Evaluation Report on issues of substance and to any Accreditation Standard deficiencies noted in the Report. The CEO or other representative of the institution may also appear before the Commission when external evaluation reports are considered. The Commission notifies institutions in writing within 30 days after the decisions are made in the form of an action letter. If the Commission acts to deny initial accreditation, or withdraw or terminate accreditation, institutions may request a review of the decision before it becomes final.

When the institution has received the Commission's action letter, it is required to release the action letter together with the Institutional Self Evaluation Report and the External Evaluation Report to the college community and the public. This information must be easily accessible on the college website no farther than one click from the institution's home page. If the Commission acts to place an institution on probation or order show cause or makes a final decision to deny, withdraw, suspend, revoke or terminate accreditation or initial accreditation, the Commission makes public a brief statement (Public Disclosure Notice) summarizing the reasons for its decision. The institution can provide official comment regarding the Commission decision. The Commission makes the public disclosure notice available on its website in the Directory of Accredited Institutions together with a link to the official comment prepared by the affected institution, if any, regarding the decision.

The institution may request a review by the Commission, as described in the *Accreditation Reference Handbook*, Review of Commission Actions, and a further appeal hearing, as described in the WASC Constitution.

8   Timeline for the Accreditation Process

Key Events in the Accreditation Process	Fall Visits	Spring Visits
Institutional Self Evaluation Report submitted to ACCJC	August	January
External Evaluation Team visit	October	March
Draft External Evaluation Report sent to College CEO for correction of errors of fact	November	April
Commission meeting and decision on accreditation	January	June
Commission action letter received by College posted to the college website	February	July

Key institutional deadlines in the accreditation process

For the timely implementation of the evaluation process, the following deadlines and requirements must be met by the institution:

- Submit one electronic copy in Microsoft Word, including evidence, and four printed copies of the Institutional Self Evaluation Report, one catalog and one class schedule (the latter two documents can be submitted electronically) to the ACCJC office at least 60 days in advance of the scheduled site visit.

- Submit one printed and one electronic copy of the Institutional Self Evaluation Report, including evidence in an electronic format, one catalog and one class schedule (the latter two documents can be submitted electronically) to each member of the External Evaluation Team.

- Review the External Evaluation Report for errors of fact by the deadline set by the Team Chair.

- Make the Institutional Self Evaluation Report, the External Evaluation Report, and the Commission action letter available to the public.

APPENDICES

Appendix A

Commission Policies to be addressed in the
Institutional Self Evaluation Report

The institution's Self Evaluation Report must include analysis and evidentiary information demonstrating the institution complies with Commission policies. The following Commission policies must be addressed in a separate section of the Report:

- Policy on Distance Education and on Correspondence Education

- Policy on Institutional Compliance with Title IV

- Policy on Institutional Advertising, Student Recruitment, and Representation of Accredited Status

- Policy on Institutional Degrees and Credits

- Policy on Institutional Integrity and Ethics

- Policy on Contractual Relationships with Non-Regionally Accredited Organizations

Appendix B

ACCJC Rubric for Evaluating Institutional Effectiveness

Appendix B, Part I: Program Review

Levels of Implementation	Characteristics of Institutional Effectiveness in Program Review *(Sample institutional behaviors)*
Awareness	• There is preliminary investigative dialogue at the institution or within some departments about what data or process should be used for program review. • There is recognition of existing practices and models in program review that make use of institutional research. • There is exploration of program review models by various departments or individuals. • The college is implementing pilot program review models in a few programs/operational units.
Development	• Program review is embedded in practice across the institution using qualitative and quantitative data to improve program effectiveness. • Dialogue about the results of program review is evident within the program as part of discussion of program effectiveness. • Leadership groups throughout the institution accept responsibility for program review framework development (Senate, Admin., Etc.) • Appropriate resources are allocated to conducting program review of meaningful quality. • Development of a framework for linking results of program review to planning for improvement. • Development of a framework to align results of program review to resource allocation.
Proficiency	• Program review processes are in place and implemented regularly. • Results of all program reviews are integrated into institution-wide planning for improvement and informed decision-making. • The program review framework is established and implemented. • Dialogue about the results of all program reviews is evident throughout the institution as part of discussion of institutional effectiveness. • Results of program review are clearly and consistently linked to institutional planning processes and resource allocation processes; college can demonstrate or provide specific examples. • The institution evaluates the effectiveness of its program review processes in supporting and improving student achievement and student learning outcomes.
Sustainable Continuous Quality Improvement	• Program review processes are ongoing, systematic and used to assess and improve student learning and achievement. • The institution reviews and refines its program review processes to improve institutional effectiveness. • The results of program review are used to continually refine and improve program practices resulting in appropriate improvements in student achievement and learning.

Appendix B, Part II: Planning

Levels of Implementation	Characteristics of Institutional Effectiveness in Planning *(Sample institutional behaviors)*
Awareness	• The college has preliminary investigative dialogue about planning processes. • There is recognition of case need for quantitative and qualitative data and analysis in planning. • The college has initiated pilot projects and efforts in developing systematic cycle of evaluation, integrated planning and implementation (e.g., in human or physical resources). • Planning found in only some areas of college operations. • There is exploration of models and definitions and issues related to planning. • There is minimal linkage between plans and a resource allocation process, perhaps planning for use of "new money". • The college may have a consultant-supported plan for facilities, or a strategic plan.
Development	• The Institution has defined a planning process and assigned responsibility for implementing it. • The Institution has identified quantitative and qualitative data and is using it. • Planning efforts are specifically linked to institutional mission and goals. • The Institution uses applicable quantitative data to improve institutional effectiveness in some areas of operation. • Governance and decision-making processes incorporate review of institutional effectiveness in mission and plans for improvement. • Planning processes reflect the participation of a broad constituent base.
Proficiency	• The college has a well documented, ongoing process for evaluating itself in all areas of operation, analyzing and publishing the results and planning and implementing improvements. • The institution's component plans are integrated into a comprehensive plan to achieve broad educational purposes and improve institutional effectiveness. • The institution effectively uses its human, physical, technology, and financial resources to achieve its broad educational purposes, including stated student learning outcomes. • The college has documented assessment results and communicated matters of quality assurance to appropriate constituencies (documents data and analysis of achievement of its educational mission). • The institution assesses progress toward achieving its education goals over time (uses longitudinal data and analyses). • The institution plans and effectively incorporates results of program review in all areas of educational services: instruction, support services, library and learning resources.
Sustainable Continuous Quality Improvement	• The institution uses ongoing and systematic evaluation and planning to refine its key processes and improve student learning. • There is dialogue about institutional effectiveness that is ongoing, robust and pervasive; data and analyses are widely distributed and used throughout the institution. • There is ongoing review and adaptation of evaluation and planning processes. • There is consistent and continuous commitment to improving student learning; and educational effectiveness is a demonstrable priority in all planning structures and processes.

Appendix B, Part III: Student Learning Outcomes

Levels of Implementation	Characteristics of Institutional Effectiveness in Student Learning Outcomes *(Sample institutional behaviors)*
Awareness	• There is preliminary, investigative dialogue about student learning outcomes. • There is recognition of existing practices such as course objectives and how they relate to student learning outcomes. • There is exploration of models, definitions, and issues taking place by a few people. • Pilot projects and efforts may be in progress. • The college has discussed whether to define student learning outcomes at the level of some courses or programs or degrees; where to begin.
Development	• College has established an institutional framework for definition of student learning outcomes (where to start), how to extend, and timeline. • College has established authentic assessment strategies for assessing student learning outcomes as appropriate to intended course, program, and degree learning outcomes. • Existing organizational structures (e.g., Senate, Curriculum Committee) are supporting strategies for student learning outcomes definition and assessment. • Leadership groups (e.g., Academic Senate and administration), have accepted responsibility for student learning outcomes implementation. • Appropriate resources are being allocated to support student learning outcomes and assessment. • Faculty and staff are fully engaged in student learning outcomes development.
Proficiency	• Student learning outcomes and authentic assessments are in place for courses, programs, support services, certificates and degrees. • There is widespread institutional dialogue about the results of assessment and identification of gaps. • Decision-making includes dialogue on the results of assessment and is purposefully directed toward aligning institution-wide practices to support and improve student learning. • Appropriate resources continue to be allocated and fine-tuned. • Comprehensive assessment reports exist and are completed and updated on a regular basis. • Course student learning outcomes are aligned with degree student learning outcomes. • Students demonstrate awareness of goals and purposes of courses and programs in which they are enrolled.
Sustainable Continuous Quality Improvement	• Student learning outcomes and assessment are ongoing, systematic and used for continuous quality improvement. • Dialogue about student learning is ongoing, pervasive and robust. • Evaluation of student learning outcomes processes. • Evaluation and fine-tuning of organizational structures to support student learning is ongoing. • Student learning improvement is a visible priority in all practices and structures across the college. • Learning outcomes are specifically linked to program reviews.

Appendix C

Institutional Self Evaluation Report – Sample Certification Page

(To be inserted in the Institutional Self Evaluation Report following the Cover Sheet)

To: Accrediting Commission for Community and Junior Colleges,
Western Association of Schools and Colleges

From:

_____
(*Name of Chief Executive Officer*)

_____
(*Name of Institution*)

_____
(*Address*)

This Institutional Self Evaluation Report is submitted to the ACCJC for the purpose of assisting in the determination of the institution's accreditation status.

I certify there was broad participation by the campus community, and I believe the Self Evaluation Report accurately reflects the nature and substance of this institution.

Signatures:

_____
(*Chief Executive Officer*)   (Date)

_____
(*Chairperson, Governing Board*)   (Date)

_____
(*Name, Title, Representing*)   (Date)

_____
(*Name, Title, Representing*)   (Date)

_____
(*Name, Title, Representing*)   (Date)

_____
(*Name, Title, Representing*)   (Date)

Appendix D

ACCJC Suggested Formatting and Style Sheet

(Revised March 2012)

In Document	Formatting and Style
Titles	Times New Roman, 14 pt., bold
Subheadings	Times New Roman, 12 pt., bold
Body text	Times New Roman, 12 pt., Left Justified
Page numbers	Place in footer, either in bottom right or center
Margins	1.25" left; 1" right; 1" top; 1" bottom
● Bullets	Circle bullet, Times New Roman, 12 pt.
Underline	Use single line only. Do not use excessively.
Italics	Use italic font to emphasize, not bold font.
Acronyms	Spell out the names of groups on the first reference, followed by the acronym, e.g., the Accrediting Commission for Community and Junior Colleges (ACCJC). The acronym for U.S. Department of Education is USDE (not U.S.D.E.) The acronym may be used alone on second reference.
Numbers	Spell out numbers one through and including ten; use numbers for larger numbers. A number that begins a sentence should be spelled out. Credit hours should be expressed as numerals.
Abbreviations	Spell out state names in text; abbreviate them only in addresses, lists, etc. Spell out "and" instead of the symbol "&" unless it is part of an official company name.
Commas	When a conjunction joins the last two elements in a series, use a comma before the conjunction (e.g., board, administrators, faculty, staff and students). Commas always go inside quotation marks. Do not use excessively.
Colons	Colons go outside quotation marks unless they are part of the quotation itself.
Percentages	Spell out "percent." Use the symbol (%) only in scientific, technical, or statistical copy.
Latin terms	Do not underline or italicize.

In Document	Formatting and Style
a.m./p.m.	Express as "a.m." and "p.m." with periods and lowercase.
Hyphens	No spacing before or after hyphens. Hyphenate two-word adjectives used with a compound modifier (e.g., high-unit program). Do not hyphenate words beginning with "non," except those containing a proper noun (e.g., nonresident; non-German; non-degree-seeking) or when the second element consists of more than one word (e.g., a full-time student; attending school full time). Do not hyphenate words with the suffix "wide" (e.g., District wide; College wide).
Capitalization	Capitalize the following words or phrases when referencing the Commission and/or the ACCJC Accreditation Standards: • "Commission" • "Accreditation Standards" • "Standards" (e.g., "In order to meet Accreditation Standards…") Capitalize "College" and "District" when referencing a specific college or district (i.e., capitalize when you can replace "College" with a college name and when you can replace "District" with a district name). Capitalize the first word following a colon when the word begins a complete sentence. Capitalize titles preceding names (e.g., Bay College President Chris Smith). *Do not* capitalize the following: • "federal" or "state," unless it is capitalized in an official name. • "fall" or "spring" (e.g., fall semester enrollment). • Titles following names or standing alone (e.g., Chris Smith, president of Bay College; Marcia S. Jones became president in 2001).

WRITING STYLE

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

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

Use the active voice. The active voice is more direct and vigorous than the passive voice.

    Passive example: 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 E

Institutional Self Evaluation Report – Sample Cover Sheet

Name of Institution

Self Evaluation Report of Educational Quality and Institutional Effectiveness

Notification of Reason for submission, i.e., Support of Reaffirmation of Accreditation, or in Support of an Application for Candidacy or in Support of an Application for Initial Accreditation

Submitted by:

_____
(Name of Institution)

_____
(Address of Institution)

Submitted to:

Accrediting Commission for Community and Junior Colleges,
Western Association of Schools and Colleges

Date Submitted

Appendix F

Examples of Functional Maps

Standard IV.B.3. requires multi-college districts/systems establish "clearly defined roles of authority and responsibility between the colleges and the district/system and acts as the liaison between the colleges and the governing board." The Standard further requires "The district/system clearly delineates and communicates the operational responsibilities and functions of the district/system from those of the colleges and consistently adheres to this delineation in practice." (Standard IV.B.3.a). It is also expected that "The district/system regularly evaluates district/system role delineation and governance and decision-making structures and processes to assure their integrity and effectiveness in assisting the colleges in meeting educational goals." (Standard IV.B.3.g).

In order to facilitate this process and to define and clarify the roles and responsibilities of each group (the district/system, and the colleges), and for the External Evaluation Team, the Self Evaluation Report is expected to provide a Functional Map to explain the delineation of roles and responsibilities for evaluation purposes. Below are samples of how such a Map might appear.

The first example categorizes the various functions of the campus/district and describes the roles of the district and the colleges related to that function.

Example 1:

Function	District	Colleges
Program/Course Development	Board of Trustees has final approval of all new courses/programs. District provides research necessary to develop new programs (labor market analysis, etc.). The District monitors, in partnership with the colleges, resources available for new programs.	Program/Course development is the primary focus and responsibility of the colleges and their faculty. All new courses/programs must follow the college curriculum approval process via the Curriculum Committee of the Academic Senate.
Course Scheduling	The District has the responsibility to negotiate the instructional calendar with the faculty union. Those negotiations ultimately impact the scheduling process for the majority of classes.	The colleges are accountable for developing a schedule of classes that reflects the needs of most students. It is the responsibility of the colleges' CIOs, vice presidents, and deans to develop a schedule that meets the FTES goals of the college/district in a productive and efficient manner.
Program Review	The Vice Chancellor of Educational Services provides assistance to the colleges in the development of a program review model. The district research division provides research data that is necessary for any program review. This data includes…	The colleges, primarily through each Curriculum Committee and Academic Senate, develop the program review model. The model and its processes are reviewed on a cyclical basis for effectiveness. Each program is reviewed every three years. The results of program review lead to appropriate changes within the program to improve student learning outcomes and student achievement.

Note: Adapted from Rancho Santiago Community College District 2008

The second example illustrates how the colleges and the district manage the distribution of responsibility by function as it pertains to the ACCJC Accreditation Standards. This map includes indicators that depict the level and type of responsibility as follows:

P: Primary Responsibility (leadership and oversight of a given function including design, development, implementation, assessment and planning for improvement).

S: Secondary Responsibility (support of a given function including a level of coordination, input, feedback, or communication to assist the primary responsibility holders with the successful execution of their responsibility).

SH: Shared Responsibility (the district and the college are mutually responsible for the leadership and oversight of a given function or that they engage in logically equivalent versions of a function—district and college mission statements).

Example 2:

Standard I: Institutional Mission and Effectiveness		
A. Mission		
The institution has a statement of mission that defines the institution's broad educational purpose, its intended student population, and its commitment to achieving student learning.		
	College	District
1. The institution establishes student learning programs and services aligned with its purposes, its character, and its student population.	P	S
2. The mission statement is approved by the governing board and published.	SH	SH
3. Using the institution's governance and decision-making processes, the institution reviews its mission statement on a regular basis and revises it as necessary.	P	S
4. The institution's mission is central to institutional planning and decision making.	SH	SH

Note: Adapted from Sacramento City College 2009

Appendix G

Eligibility Requirements for Accreditation
(Adopted June 1995; Revised January 1996, January 2004;
Edited June 2011, January 2012)

Introduction

Eligible institutions offering one or more programs of two academic years leading to the Associate Degree, located in the states of Hawai'i and California, the territories of Guam and American Samoa, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, and the Republic of the Marshall Islands may apply to the Commission for candidacy.

Prior to making a formal application, an institution wishing to become a Candidate for Accreditation must begin by assessing itself in relation to the basic criteria for institutional eligibility, stated below. The institution should also review the Accreditation Standards and Commission policies, as they will provide a clear statement of ultimate Commission expectations of institutional performance and quality and give further definition to the eligibility criteria. The eligibility process is designed to screen institutions prior to a period of formal and extensive institutional self evaluation (formerly self study) so that only institutions which meet the basic criteria for eligibility may proceed.

The Commission uses the same institutional self evaluation and site visit process for both candidacy and accreditation applications. The results of a candidacy, or initial accreditation visit could be denial, candidacy, or accreditation. Clearly, the history of the applicant institution will have great bearing on the Commission's decision.

Eligibility Requirements

In order to achieve eligibility, the institution must completely meet all Eligibility Requirements. Compliance with the Eligibility Requirements is expected to be continuous and will be validated periodically, normally as part of every Institutional Self Evaluation process and Educational Quality and Institutional Effectiveness Review.

Institutions that have achieved accreditation are expected to include in their Institutional Self Evaluation Report information demonstrating that they continue to meet the eligibility requirements.

1. Authority

The institution is authorized or licensed to operate as an educational institution and to award degrees by an appropriate governmental organization or agency as required by each of the jurisdictions or regions in which it operates.

Private institutions, if required by the appropriate statutory regulatory body, must submit evidence of authorization, licensure, or approval by that body. If incorporated, the institution shall submit a copy of its articles of incorporation.

2. Mission

The institution's educational mission is clearly defined, adopted, and published by its governing board consistent with its legal authorization, and is appropriate to a degree-granting institution of higher education and the constituency it seeks to serve. The mission statement defines institutional commitment to achieving student learning.

3. Governing Board

The institution has a functioning governing board responsible for the quality, integrity, and financial stability of the institution and for ensuring that the institution's mission is being carried out. This board is ultimately responsible for ensuring that the financial resources of the institution are used to provide a sound educational program. Its membership is sufficient in size and composition to fulfill all board responsibilities.

The governing board is an independent policy-making body capable of reflecting constituent and public interest in board activities and decisions. A majority of the board members have no employment, family, ownership, or other personal financial interest in the institution. The board adheres to a conflict of interest policy that assures that those interests are disclosed and that they do not interfere with the impartiality of governing body members or outweigh the greater duty to secure and ensure the academic and fiscal integrity of the institution.

4. Chief Executive Officer

The institution has a chief executive officer appointed by the governing board, whose full-time responsibility is to the institution, and who possesses the requisite authority to administer board policies. Neither the district/system chief executive officer nor the institutional chief executive officer may serve as the chair of the governing board. The institution informs the Commission immediately when there is a change in the institutional chief executive officer.

5. Administrative Capacity

The institution has sufficient staff, with appropriate preparation and experience to provide the administrative services necessary to support its mission and purpose.

6. Operational Status

The institution is operational, with students actively pursuing its degree programs.

7. Degrees

A substantial portion of the institution's educational offerings are programs that lead to degrees, and a significant proportion of its students are enrolled in them.

8. Educational Programs

The institution's principal degree programs are congruent with its mission, are based on recognized higher education field(s) of study, are of sufficient content and length, are

conducted at levels of quality and rigor appropriate to the degrees offered, and culminate in identified student outcomes. At least one degree program must be of two academic years in length.

9. Academic Credit

The institution awards academic credits based on generally accepted practices in degree-granting institutions of higher education. Public institutions governed by statutory or system regulatory requirements provide appropriate information about the awarding of academic credit.

10. Student Learning and Achievement

The institution defines and publishes for each program the program's expected student learning and achievement outcomes. Through regular and systematic assessment, it demonstrates that students who complete programs, no matter where or how they are offered, achieve these outcomes.

11. General Education

The institution defines and incorporates into all of its degree programs a substantial component of general education designed to ensure breadth of knowledge and promote intellectual inquiry. The general education component includes demonstrated competence in writing and computational skills and an introduction to some of the major areas of knowledge. General education has comprehensive learning outcomes for the students who complete it. Degree credit for general education programs must be consistent with levels of quality and rigor appropriate to higher education. See the Accreditation Standards, II.A.3, for areas of study for general education.

12. Academic Freedom

The institution's faculty and students are free to examine and test all knowledge appropriate to their discipline or area of major study as judged by the academic/educational community in general. Regardless of institutional affiliation or sponsorship, the institution maintains an atmosphere in which intellectual freedom and independence exist.

13. Faculty

The institution has a substantial core of qualified faculty with full-time responsibility to the institution. The core is sufficient in size and experience to support all of the institution's educational programs. A clear statement of faculty responsibilities must include development and review of curriculum as well as assessment of learning.

14. Student Services

The institution provides for all of its students appropriate student services that support student learning and development within the context of the institutional mission.

15. Admissions

The institution has adopted and adheres to admission policies consistent with its mission that specify the qualifications of students appropriate for its programs.

16. Information and Learning Resources

The institution provides, through ownership or contractual agreement, specific long-term access to sufficient information and learning resources and services to support its mission and instructional programs in whatever format and wherever they are offered.

17. Financial Resources

The institution documents a funding base, financial resources, and plans for financial development adequate to support student learning programs and services, to improve institutional effectiveness, and to assure financial stability.

18. Financial Accountability

The institution annually undergoes and makes available an external financial audit by a certified public accountant or an audit by an appropriate public agency. The institution shall submit with its eligibility application a copy of the budget and institutional financial audits and management letters prepared by an outside certified public accountant or by an appropriate public agency, who has no other relationship to the institution, for its two most recent fiscal years, including the fiscal year ending immediately prior to the date of the submission of the application. The audits must be certified and any exceptions explained. It is recommended that the auditor employ as a guide Audits of Colleges and Universities, published by the American Institute of Certified Public Accountants. An applicant institution must not show an annual or cumulative operating deficit at any time during the eligibility application process. Institutions that are already Title IV eligible must demonstrate compliance with federal requirements.

19. Institutional Planning and Evaluation

The institution systematically evaluates and makes public how well and in what ways it is accomplishing its purposes, including assessment of student learning outcomes. The institution provides evidence of planning for improvement of institutional structures and processes, student achievement of educational goals, and student learning. The institution assesses progress toward achieving its stated goals and makes decisions regarding improvement through an ongoing and systematic cycle of evaluation, integrated planning, resource allocation, implementation, and re-evaluation.

20. Integrity in Communication with the Public

The institution provides a print or electronic catalog for its constituencies with precise, accurate, and current information concerning the following (34 C.F.R. § 668.41-43; § 668.71-75.):

General Information
- Official Name, Address(es), Telephone Number(s), and Website Address of the Institution
- Educational Mission
- Course, Program, and Degree Offerings
- Academic Calendar and Program Length
- Academic Freedom Statement
- Available Student Financial Aid
- Available Learning Resources

- Names and Degrees of Administrators and Faculty
- Names of Governing Board Members

Requirements
- Admissions
- Student Fees and Other Financial Obligations
- Degree, Certificates, Graduation and Transfer

Major Policies Affecting Students
- Academic Regulations, including Academic Honesty
- Nondiscrimination
- Acceptance of Transfer Credits
- Grievance and Complaint Procedures
- Sexual Harassment
- Refund of Fees

Locations or Publications Where Other Policies may be Found

21. Integrity in Relations with the Accrediting Commission

The institution provides assurance that it adheres to the Eligibility Requirements and Accreditation Standards and policies of the Commission, describes itself in identical terms to all its accrediting agencies, communicates any changes in its accredited status, and agrees to disclose information required by the Commission to carry out its accrediting responsibilities. The institution will comply with Commission requests, directives, decisions and policies, and will make complete, accurate, and honest disclosure. Failure to do so is sufficient reason, in and of itself, for the Commission to impose a sanction, or to deny or revoke candidacy or accreditation. (34 C.F.R. § 668 – misrepresentation.)

Appendix H

Sample Template for Student Achievement Data
(See also Section 5.4, Student Achievement Data)

Data Element	Year 1		Year 2		Year 3		Year 4		Year 5		Comprehensive Visit Year (No Data)
Course Completion Numbers/ Rates*	College Total #/%	**	College Total #/%	**	College Total #/%	**	College Total #/%	**	College Total #/%	**	
Persistence Numbers/ Rates Fall to Spring Spring to Fall	College Total #/% #/%	**	College Total #/% #/%	**	College Total #/% #/%	**	College Total #/% #/%	**	College Total #/% #/%	**	
etc.											
etc.											

*When institutions report rates they must specify the denominator.

**Information in this field should be disaggregated into the relevant sub-populations defined by the institution. These can include the following, as appropriate:

- Age
- Race/Ethnicity
- Gender
- Socio-economic status
- Online courses vs. face-to-face courses
- College centers vs. main campus performance
- Cohort group performance
- Other categories as appropriate

The questions below are meant to aid in institutional analysis of data, to stimulate dialogue, and should be useful for identifying areas both in need of improvement and worthy of special note.

- Describe significant trends over the five-year period and the institution's interpretation of the meaning.
- Has the institution set performance expectations (key performance indicators or target goals) for its own performance, and how does it judge its achievement of the intended target goals?
- Is the institutional performance satisfactory?
- What changes have been made or are planned as a result of the analysis of the data?