



**ACCJC**

ACCREDITING COMMISSION FOR  
COMMUNITY AND JUNIOR COLLEGES  
WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES

# Manual for Institutional Self-Evaluation

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**August 2017**  
**Revised Edition**



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## Foreword

Preparation for a comprehensive accreditation review provides an opportunity for reflection and deep thinking about an institution's current conditions and future directions and about an institution's achievements to date and its future goals. The process of self-evaluation allows the institution to conduct an in-depth and comprehensive examination of the quality of its programs and services and its institutional effectiveness in support of student success. The self-evaluation process provides an opportunity for the institutional leadership to take stock of the quality and processes for continuous improvement of the institution in cooperation with college stakeholders.

Every institution joining the ACCJC membership commits to remaining knowledgeable about and compliant with, the Eligibility Requirements, Accreditation Standards, accreditation-related federal regulations, and Commission policies at all times. However, these requirements may change over time, and institutional know-how may also shift. The comprehensive evaluation visit then becomes the opportunity to tune up institutional practices with respect to all accreditation requirements. The External Evaluation Team Report that an external evaluation team prepares provides an institution with peer assessment of its compliance with Standards which may validate an institution's self-assessment, or may point out areas of non-compliance with Standards; it also provides encouragement and some advice for coming into compliance or for making further improvements over years following the review.

The Eligibility Requirements, Accreditation Standards including federal requirements, and policies of the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (ACCJC) serve as the foundation for the institutional self-evaluation. Although the Standards are presented in four sections, they relate to the institution in its entirety and should therefore be considered as a whole.

Accreditation should not be seen as an event that takes place every seven 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* 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. It also reflects the Eligibility Requirements and Accreditation Standards that the Commission adopted in June 2014.

This *Manual* is designed to be used by institutions preparing their Institutional Self-Evaluation Report. The ACCJC *Guide to Evaluating and Improving Institutions* provides additional and important information on 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.

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Section 3 introduces the ACCJC Eligibility Requirements, Accreditation Standards, and Commission policies (together Commission's Standards).

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 presents 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 Comprehensive External Evaluation Team and how it is conducted, including the responsibilities of the institution.

Section 7 provides information on the Team 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.

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# 1 The 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 the seven agencies in the six geographic regions. The Western region chose to have two higher education accrediting commissions. The ACCJC 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 United States Department of Education (USDE) and must undergo a federal review every five years. The USDE also sets regulations for institutional quality, some of which are incorporated into the accreditation standards and policies 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 in the United States 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 United States. While each regional accreditor's standards might be organized differently or use different wording, the seven regional accrediting commissions follow very similar processes and have very similar standards of quality.

## 1.2 The ACCJC

The purposes of the ACCJC are to assure the public that an institution that is accredited evaluates its educational quality and institutional effectiveness on a regular basis, and to promote continuous 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. Employers, trade or profession-related licensing agencies, and other colleges and universities can accept a student's credentials as legitimate.

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The 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 baccalaureate degrees.

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

## 1.3 The Steps in the Accreditation Process

### ***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<sup>1</sup> 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 evaluation team in a seven-year cycle thereafter. See also the *Eligibility, Candidacy, and Initial Accreditation Manual*.

### ***Comprehensive Review***

ACCJC member institutions agree to undergo a comprehensive review for reaffirmation of accreditation every seven years to determine whether they are continuing to meet 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 (by a team of peer evaluators), Commission review and accreditation action, and continuous institutional improvement.

The comprehensive review starts with an institutional self-evaluation 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, an Institutional Self-Evaluation Report, which the college submits to the ACCJC.

The ACCJC appoints and trains a team of external, peer reviewers from its database of evaluators. The peer reviewers are appointed to an external evaluation team after a review of the information provided in their Bio-Data Forms and the needs of the institution being evaluated. 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

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<sup>1</sup> 34 C.F.R. § 602.16 (2)

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the basis of their professional expertise in higher education, areas of specialization, and the unique characteristics of the institution being evaluated.

Teams include 10-12 members representing academics and administrators. Academics include faculty, deans, division/department chairs, directors, provosts, vice presidents, and others whose primary professional responsibilities are in instruction or instructional support. Administrative representatives include chief executive officers, business officers, administrative vice presidents, directors, and others in a college or multi-college district/system whose primary responsibility is to provide general oversight across a college or district/system.

The team examines the Institutional Self-Evaluation Report, visits the institution as assigned, writes a Team Report that determines the institution's compliance with the Commission's Standards, and other requirements, makes recommendations for compliance and 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 chair submits its Team Report to the ACCJC after providing an opportunity for the institution's CEO to correct errors of fact. The Commission evaluates the Institutional Self-Evaluation Report, the Team 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 and communicates its decisions to the institution via an electronic action letter and to the public through Commission announcements. When the institution has received the Commission action letter, it is required to release and share the Team Report, the Institutional Self-Evaluation Report, and the Commission action letter with the college community and the public.

The last and continuous step in the institutional self-evaluation is that of improvement. Each institution is expected to continuously evaluate the quality of its educational programs and services. The institution should address the recommendations provided in the Team Report and by the Commission in order to meet the standards, take action to resolve any deficiencies noted, and sustain the changes made in its policies and practices. The institution should also give careful consideration to recommendations made to increase institutional effectiveness (recommendations to improve); as a part of its next comprehensive self-evaluation, the institution should evaluate the manner in which each recommendation to improve was considered, and what, if anything, was done by the institution as a result of the recommendation.

### ***Other Reports/Evaluation Visits***

The ACCJC requires that the institution submit a **Midterm Report** in the fourth year after the evaluation team visit to report on the status of the improvement efforts related to the Quality Focus Essay from the Self-Evaluation Report (see Section 5.3 below) and an analysis of data trends (see *Guidelines for Preparing Institutional Reports to the Commission* on the ACCJC website).

The ACCJC also requires institutions to remain in compliance with the ERs, Accreditation Standards, and Commission policies at all times in the period between the comprehensive reviews. If an institution is out of compliance with any of the ERs,



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Accreditation Standards, and Commission policies, the Commission may require a **Follow-Up Report**, with or without a visit at any time. It may also impose a sanction and deadlines for the institution to resolve the noted deficiencies and meet Standards.

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. A **Substantive Change Proposal** must be submitted in accordance with the Commission's "Policy on Substantive Change" but not within six months preceding a comprehensive visit. See also the *Substantive Change Manual*.

## 1.4 List of Manuals and Resources

- *Eligibility, Candidacy, and Initial Accreditation Manual*
- *Guide to Accreditation for Governing Boards*
- *Guide to Evaluating and Improving Institutions*
- *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, including *Guidelines for Preparing Institutional Reports*, are available on the Publications page of the ACCJC website.

The Accreditation Basics online course is available on the ACCJC website.

## 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 learn about the accreditation process and should read the Accreditation Standards carefully before the institution begins the self-evaluation process. Service as an 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 the process that the institution is about to undertake. After an evaluation team visit

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and the institution receives the Commission action letter, 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 Commission will take.

***The CEO should set the institution's focus 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 in the campus community 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 college community will be more likely to understand the recommendations that result from the accreditation process if the

CEO makes clear that the institution intends to follow up on the results of the institutional self-evaluation process and the evaluation team visit 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 team evaluation 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 engaged in the 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

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with accreditation requirements, they help ensure 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 Commission's Standards at all times – not just immediately before or after an accreditation review. The Commission's Standards describe institutional best practices that will lead to achievement of mission and educational quality. The Commission's Standards set expectations for organizational behaviors that are ongoing, not episodic. Without the institutional commitment to compliance, accreditation cannot serve as a source of educational 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 and other communications and manuals available on the website and sent to institutions by the ACCJC, or attending the workshops and conference presentations that the ACCJC provides. 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 accreditation information available to the campus community and the public. The Accreditation Liaison Officer of an institution is the person who communicates important accreditation information to the campus community, particularly to the faculty (see Section 2.3 of this *Manual*). 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 critical document. It is therefore important that the institution have a strong leadership team (CEO, CIO, CSSO, CBO, Researcher, etc.) to guide the process of institutional self-evaluation. Those leaders will ensure that the self-evaluation process is rigorous, honest, and fact-based. See also Section 4.2 Organization of the Self-Evaluation Process/Roles of Campus Groups.

The institution's treatment of an evaluation team visit should also be characterized by openness and honesty so that the team will form an accurate understanding of institutional quality and provide, where needed, helpful advice. The institution should identify evidence that supports its own self-evaluation of educational quality, and should retain and organize the evidence so it can be accessed and used by the evaluation team

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before and during the 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, Team Reports and Commission action letters 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 Team Reports available to the public. The availability of such documents supports public confidence that the accreditation process enables an institution to maintain educational quality and improve where needed.

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

Comprehensive reviews occur once every seven years, but the public expects 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 institution's CEO identifies the ALO. 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<sup>2</sup> are to:

- stay knowledgeable about accreditation, including the Commission's Standards;
- 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, distribution of ACCJC newsletters, 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 Team Reports, and Commission action letters;
- prepare the institution for an evaluation team visit in collaboration with the team chair and the team assistant;

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<sup>2</sup> Policy on the Role of Accreditation Liaison Officers.

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- 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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## 3 Eligibility Requirements, Accreditation Standards, Commission Policies, and Federal Regulations

### 3.1 Eligibility Requirements

Institutions applying for Candidacy, Initial Accreditation, or Reaffirmation of Accreditation are expected to include in their Institutional Self-Evaluation Report information demonstrating that they continue to meet the Eligibility Requirements (ERs). Accredited institutions must separately address ERs 1, 2, 3, 4, and 5 in the Self-Evaluation Report. The remaining ERs will be addressed in the institution's response to the relevant sections of the Standards. Appendix F includes the ERs and suggested documentation to verify each ER is met.

### 3.2 Accreditation Standards

The ACCJC Accreditation Standards are the foundation for the institutional self-evaluation. The ACCJC requires that accredited institutions meet the Standards at all times. The Commission has developed tools to support the institutions' self-evaluation of their adherence to the Accreditation Standards, i.e., the Guide to Evaluating and Improving Institutions.

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: Mission, Academic Quality and Institutional Effectiveness, and Integrity, i.e., Institutional Mission, Improving Academic Quality and Institutional Effectiveness, and Integrity across the institution.
- Standard II: Student Learning Programs and Services, i.e., Instructional Programs, Library and Learning Support Services, and Student 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, Chief Executive Officer, Governing Board, and Multi-College Districts or Systems.

The Standards measure not only the quality and effectiveness of the institution's programs and support services no matter where or how they are offered, 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.

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### 3.3 Commission Policies and Federal Regulations

The ACCJC continuously revises its existing policies and develops new policies. This improves the policies and ensures that they are aligned with federal requirements. The 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 Section 5.3 below). 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.

To ensure compliance with the Department of Education's expectation that Federal Regulations are regularly reviewed by accrediting commissions, a table of Selected Evaluation Team Responsibilities for Compliance with U.S. Department of Education (USDE) Regulations is provided in Appendix H. Additionally, a Checklist for Compliance with Federal Regulations and Commission Policies is provided in Appendix K for use by institutions and evaluation teams in assessing institutional compliance with the following federal regulations:

- Public Notification of an Evaluation Visit and Third Party Comment
- Standards and Performance with Respect to Student Achievement
- Credits, Program Length, and Tuition
- Transfer Policies
- Distance Education and Correspondence Education
- Student Complaints
- Institutional Disclosure and Advertising and Recruitment Materials
- Title IV Compliance

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## 4 The Self-Evaluation Process

### 4.1 Purpose of the Self-Evaluation Process

An ACCJC member institution accepts the obligation to undergo a comprehensive review every seven 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, Commission policies, and the institution's own mission and 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). See also Section 5.4.vii.

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, resource allocation, 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 institution-set standards of 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 team 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 evaluation team and the Commission.

### 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 activities. 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 services officer (CSSO), chief financial officer (CFO), institutional researcher, and technical support staff.



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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 dialog 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 process by signing the Certification page of the Institutional Self-Evaluation Report (see Appendix B).

### **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 evaluation team at the time of submission of the Institutional Self-Evaluation Report will be facilitated (see Section 5.2 below).

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

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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 C. The length of a quality Institutional Self-Evaluation Report depends on the size and complexity of the institution. The target length of a good quality report would be approximately 25,000 words (printed on both sides), excluding evidentiary information. (See Section 5.1 below)

Finally, the designated committee is responsible for disseminating the final Institutional Self-Evaluation Report to the college community. The 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 evaluation team 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 Commission's Standards, 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.

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## 5 The 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 them difficult to follow. A good Institutional Self-Evaluation Report should concisely state the institution's current and sustained compliance with Commission's Standards. If additional work remains for the future, the Report should generate concrete details and actionable improvement plans including timelines and outcomes for that work. Self-identified actionable improvement plans (formerly Planning Agendas) should be integrated into planning processes of the institution for implementation and follow-up. And the institution may wish to use them as evidence to demonstrate planning processes and results.

The College is asked to discuss, in a Quality Focus Essay, two or three areas it has identified for further study, improvement, and to enhance academic quality, institutional effectiveness, and excellence (see Section 5.3 below).

The evidence appended to the Report should clearly verify the statements made in the Report. When possible, the Report should incorporate passages from the evidence. This approach provides the 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 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.

In summary, a good Report must be meaningful and useful to the members of the institution as well as provide sufficient information for the evaluation team about the institution, evidence of its achievements, and how it meets the Commission's Standards.

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## 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 (learning and achievement).

Data is categorical information that represents quantitative or qualitative attributes of variables or a set of variables. Data and data analysis should both be referenced in the Report narrative and included as source material in evidence. 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, current and complete, consistently used, derived from reliable sources, and 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/local government. The data that an institution collects, analyzes, and reflects upon should be designed to answer questions related to issues that the institution needs or wants to explore.

Evidence can be selected from every source of information an institution uses to provide verification of a particular action or existing condition. Evidence can include policies, operational documents, minutes, reports, research and analysis, screen captures from websites, and other sources of information.

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 Commission's Standards, and with United States Department of Education (USDE) requirements. These data requirements are related to an institution's continued eligibility for Title IV financial aid funds and are presented in Section 5.4.

### **Reference and Access 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 Commission's Standards. 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.

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The institution will provide to the evaluation team members an electronic copy in Word of the Self-Evaluation Report and electronic access to evidence (which can be in PDF format) in advance of the visit. Evidence should be fixed in time and not be changed or altered during or after the evaluation team visit. This enables the Commission to base its decision on evidence that was available to the team at the time of the evaluation 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 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 evidence on flash drives is correct (see Appendix J).

The numbering of the evidentiary documents referenced in the 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 they are relevant and referenced thereafter. In addition to the evidence and data the institution submits with the Self-Evaluation Report, the evaluation team may also request additional evidence to be available during 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 a Self-Evaluation Report are presented below.

#### **Cover Sheet**

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 D).

#### **Certification Page**

The Institutional Self-Evaluation Report should include a certification page which includes the college Chief Executive Officer's confirmation of the purpose of the Self-Evaluation Report and that the Report accurately reflects the nature and substance of the institution. The certification page should attest to effective 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 the district/system chief executive officer (if appropriate), governing board chair, and other campus constituent groups as determined by the institution (see Appendix B).

#### **Table of Contents**

The Institutional Self-Evaluation Report should include a table of contents to facilitate the evaluation team's use of the Report.

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## **Structure of the Institutional Self-Evaluation Report**

### **A. Introduction**

The introduction should include a brief history of the institution, including the year of establishment. The introduction should highlight the major developments that the institution has undergone since the last comprehensive 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. Presentation of Student Achievement Data and Institution-set Standards**

Institutions are required to gather and analyze data on student achievement. Student achievement data provides the institution with basic information about achievement of its educational mission (see 5.4 i). The ACCJC has developed a generic template for the presentation of disaggregated student achievement data that will assist institutions in implementing data-driven and informed evaluation and planning processes (Appendix G).

Institutions are also required to establish institution-set standards for success with respect to student achievement in relation to the institution's mission. Institutions are expected to set expectations for each of the areas of student achievement (See 5.4 vii), demonstrate that they gather data on these standards, analyze the results on student achievement, and make appropriate changes/improvements to increase student performance (Appendix H).

Evaluation teams will verify that institutions collect student achievement data and use it in the decision-making and integrated planning processes. Teams will also review the institution-set standards, determine their appropriateness and whether the institution is meeting its own expectations, and ensure that plans to improve student performance are developed and implemented whenever the standards are not met.

### **C. 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.

### **D. 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 and non-regionally accredited organizations.

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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 E.) The institution should also provide an analysis of the effectiveness of this division of responsibilities.

#### **E. 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 (see 3.1 above). The Eligibility Requirements as well as the list of documents needed to substantiate continued eligibility can be found in Appendix F.

#### **F. 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 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.

#### **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, resource allocation, 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 elements should guide the structure of the analysis of each of the Standards.

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## **Evidence of Meeting the Standard**

The institution should describe and document the factual conditions at the college, including college practices and policies, which demonstrate how each Standard is being met.

## **Analysis and Evaluation**

Based on the evidence provided, the institution should analyze and systematically evaluate its performance against each Accreditation Standard and its institutional mission. This analysis should result in actionable conclusions about institutional effectiveness, 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 each Accreditation Standard 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.

## **H. Quality Focus Essay**

Continuous quality improvement is a mark of institutional effectiveness. As an institution evaluates its programs and services in the continuous cycle of data analysis, planning, resource allocation, and evaluation, it examines its effectiveness in accomplishing its mission in the context of student learning and student achievement. During that examination, it identifies areas of needed change, development, institutionalization, and expansion. Within the accreditation focus on continuous quality improvement, the institution will identify two or three areas coming out of the institutional self-evaluation on which the institution has decided to act (action projects), and which will have significance **in improving student learning and student achievement** over a multi-year period. These will be described in a Quality Focus Essay (QFE). The Essay will have a 5,000 word limit and will discuss in detail **approaches to improving student learning and student achievement**, including responsible parties, timeline, and anticipated outcomes. The projects described in the QFE should be realistic and culminate in a set of observable and measurable outcomes. The Essay should be consistent in its factual basis and analysis with the other portions of the college's Self-Evaluation Report. It will provide the institution with multi-year, long-term directions for improvement of student learning and student achievement and demonstrate the institution's commitment to excellence. The areas identified in the Essay will become critical focal points for the institution's Midterm Report. Evaluation teams and the Commission will comment on the institution's QFE and may offer constructive advice or assistance.

## **I. Changes and Plans Arising out of the Self-Evaluation Process**

During the process of self-evaluation, institutions commonly find areas where institutional effectiveness can be improved or changes are needed in order to meet the Commission's Standards. Both the changes made during the self-evaluation process and plans for future action should be included in the institution's Self-Evaluation Report. The plans should also be integrated into the institution's ongoing evaluation and planning processes for implementation and follow up. The institution should include changes it has made in response to its self-evaluation, and of future actions planned. These changes and planned changes demonstrate the necessary



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linkages between the self-evaluation process and institutional planning, decision making, resource allocation, and continuous improvement. The changes made and plans for future action should be placed in the Self-Evaluation Report following the relevant grouping of standards (for example, I.A, I.B, I.C, II.A, etc.). The discussion should include any timelines for implementation and expected outcomes. It is suggested that the institution develop a chart summarizing changes made in response to its self-evaluation process and future actions planned for ease of institutional tracking and monitoring.

## 5.4 Requirements for Evidentiary Information

As mentioned in Section 5.2 above, the Commission requires the institution to provide specific kinds of data and other sources of evidence to demonstrate compliance with the Commission's Standards. 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 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 completion 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 institutional and programmatic 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

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identification of areas both in need of improvement and worthy of special note (see Appendix G). 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

Data on Enrolled Students\* (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)

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Data on Graduates\* (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

Other required evidence related to student achievement\*

- 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***

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)?"

- 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***

- 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

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***iv. Evidence of Quality of Student Support Services***

- Student support services program reviews (including student learning outcomes 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
- 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

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**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\***

*(See also Appendix H Evaluation Team Responsibilities for Compliance with U.S. Department of Education Regulations and Appendix K Checklist for Comprehensive Evaluation Teams Evaluating Compliance with Federal Regulations and Commission Policies.)*

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). Evaluation teams should have access to distance education programs and services approximately one month before the evaluation team visit for purposes of assessing quality and compliance with the Commission's policy. Additionally, the evaluation team must evaluate that the institution has correctly applied federal definitions for DE/CE and must determine whether the award of credit for DE/CE meets federal requirements. Institutions must provide the team:

- 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
- College policies on regular and substantive interaction between students and faculty
- College policies on student privacy

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

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- 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 (ER 11, Standard I.A.2 and I.B.3). 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 (ER 11 and Standard I.B.3). 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. (See Appendix H)

#### 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. (See Appendix I)

#### 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. (See Appendix H)

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## 5.5 Submission and Format of the Institutional Self-Evaluation Report

The institution will send to each member of the evaluation team 60 days before the visit, one electronic copy on USB Flash Drive of the Institutional Self-Evaluation Report with evidence, including a current catalog, and the most recent class schedule. The institution will send an electronic copy in Word on USB Flash Drive, with evidence, to the ACCJC office. All evidence submitted must be in electronic format (see Electronic Format below).

The Report will include an appendix of evidence 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 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 evidence available on the institution's website, a hyperlink to the evidence must be provided and not require a username or password.

The ACCJC will provide a roster of the team membership to the institution, and the institution must send a copy of the Report to each team member 60 days before the scheduled visit. The team members must 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 evaluation team expects that these groups are familiar with the contents of the Self-Evaluation Report during the site visit.

### **Electronic Format**

The institution will provide the Self-Evaluation Report, catalog, schedule of classes, and evidence in electronic format on a memory stick/USB. Evidentiary documents may be submitted in PDF. 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 specific items, make it difficult for the evaluation team to determine specifically what the institution wishes to have noted. Where the evidence to support an assertion is embedded in a larger document, the institution should implement a system of electronic pathways or other means to specifically identify the portion of the larger document or other item which is relevant to the stated facts. When possible, passages from the evidence should be incorporated into the body of the Report. Evidence needs to be "frozen" at the time of the evaluation team visit; therefore, it should be provided to the

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team on a USB and not be stored on the website. Evidence provided after the evaluation visit cannot be verified by an on-site review.

Institutions should carefully select relevant, cogent examples of evidence to identify the elements of compliance stated in the Report narrative. The materials should address actions taken as well as outcomes from those actions. (See Appendix J)

### **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 evaluation team visit. In this way, the institution can set target dates for the completion of activities and better estimate the amount of time necessary for meeting goals. 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. (See Section 8)



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## 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 Commission's Standards. Prior to the team visit, the evaluation team chair and team assistant visit the institution and meet with the president/chancellor 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 ALO will 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 evaluation team.

The arrangements for the team typically include: lodging and meals, local transportation while on site, and clerical, computer and technical assistance during the site visit. During the visit, team members may be provided with breakfasts, lunches, refreshments, and team workroom supplies in order to carry out their work. Team members must pay for their own lodging and off site meals; they will be reimbursed for these expenses by the ACCJC. Institutions may not give (and team members may not accept) any souvenir or gift.

The site visit takes place while the institution is in session, generally during the middle of a week. The ACCJC will provide advanced notice to the institution about the timing, nature, and purpose of the evaluation team visit in order for the institution 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 evaluation team. The team will typically expect to meet with the college/district or 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. 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 team will also conduct open meetings for members of the college in order to provide 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 and student and learning support services, the institution must provide the team with the necessary passwords to enable the team to sample them for review one month before the site visit.

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 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 Team Report.

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While on site, the 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 any additional information the institution may wish the evaluation team to review that was not included in the submission of the Self-Evaluation Report.

On the final day of the site visit, the evaluation team chair meets with the college's CEO, and later, with the members of the college 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 summarize observations, comments, and major findings based on the team's evaluation of the Institutional Self-Evaluation Report, supporting materials, and observations on site.

The evaluation team chair sends the Team Report to the college CEO for correction of errors of fact before sending the Report with the team's confidential recommendation regarding the accreditation status of the institution to the ACCJC. The confidential recommendation on the accredited status of the institution is not disclosed to the institution in the Team Report, at the time of the exit report, or anytime thereafter. If the college is part of a district/system, the lead team chair of the evaluation teams that 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.

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## 7 The External Evaluation Team Report and Commission Decision

Following the review of the Team Report for errors of fact by the college president, the Commission sends the report to the president/chancellor prior to the Commission meeting when action is taken.

The ACCJC provides institutions due process concerning its accrediting decisions. To demonstrate this commitment, the Commission provides institutions the opportunity to respond in writing (no less than 15 days in advance of the Commission meeting) to the Team Report on issues of substance and to any Accreditation Standard deficiencies noted in the Report. The CEO or other representatives of the institution may also appear before the Commission when Team Reports are considered. The Commission notifies institutions in writing within 30 days after the decisions are made in the form of an action letter at which time the Report becomes final and may be distributed. 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 Team 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 impose probation, order show cause, or 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 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 ACCJC Bylaws.

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## 8 Timeline for the Accreditation Process

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

<b><i>Key Events in the Accreditation Process</i></b>	<b><i>Fall Visits</i></b>	<b><i>Spring Visits</i></b>
Institutional Self-Evaluation Report submitted to the ACCJC	August	January
External Evaluation Team Visit	October	March
Draft Team 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



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## APPENDICES

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## **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. This is primarily accomplished as the institution completes its self-evaluation related to Eligibility Requirements and Accreditation Standards. However, there are a number of Commission policies which must be separately addressed. It is recommended the institution use the Checklist for Evaluating Compliance with Federal Regulations and Commission Policies (Appendix K) in preparing its response. The Checklist describes the specific elements to be addressed by the college as to these policies:

- Policy on Rights and Responsibilities of the Commission and Member Institutions
- Policy on Institutional Degrees and Credits
- Policy on Transfer of Credit
- Policy on Distance Education and on Correspondence Education
- Policy on Representation of Accredited Status
- Policy on Student and Public Complaints against Institutions
- Policy on Institution Advertising, Student Recruitment, and Representation of Accredited Status
- Policy on Contractual Relationships with Non-Regionally Accredited Organizations
- Policy on Institutional Compliance with Title IV

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## Appendix B: 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 effective 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 C: ACCJC Suggested Formatting and Style Sheet

(Revised July 2014)

In Document	Formatting and Style
<b>Titles</b>	Times New Roman, 14 pt., bold
<b>Subheadings</b>	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.
<u>Underline</u>	Use single line only. Do not use excessively.
<i>Italics</i>	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.
a.m./p.m.	Express as "a.m." and "p.m." with periods and lowercase.

In Document	Formatting and Style
Hyphens	<p>No spacing before or after hyphens.</p> <p>Hyphenate two-word adjectives used with a compound modifier (e.g., high-unit program).</p> <p>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).</p> <p>Do not hyphenate words with the suffix “wide” (e.g., District wide; College wide).</p>
Capitalization	<p>Capitalize the following words or phrases when referencing the Commission and/or the ACCJC Accreditation Standards:</p> <ul style="list-style-type: none"> <li>• “Commission”</li> <li>• “Accreditation Standards”</li> <li>• “Standards” (e.g., “In order to meet Accreditation Standards...”)</li> </ul> <p>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).</p> <p>Capitalize the first word following a colon when the word begins a complete sentence.</p> <p>Capitalize titles preceding names (e.g., Bay College President Chris Smith).</p> <p><i>Do not</i> capitalize the following:</p> <ul style="list-style-type: none"> <li>• “federal” or “state,” unless it is capitalized in an official name.</li> <li>• “fall” or “spring” (e.g., fall semester enrollment).</li> <li>• Titles following names or standing alone (e.g., Chris Smith, president of Bay College; Marcia S. Jones became president in 2001).</li> </ul>

## 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.

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**Appendix D:  
Institutional Self-Evaluation Report – Sample Cover Sheet**

**Name of Institution**

**Institutional Self-Evaluation Report**

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:*

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*(Name of Institution)*

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*(Address of Institution)*

*Submitted to:*

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

**Date Submitted**

## Appendix E: Examples of Functional Maps

Standard IV.D requires multi-college districts/systems establish “clearly defined roles, authority, and responsibility between the colleges and the district/system” (Standard IV.D.1). The Standard further requires “The district/system clearly delineates, documents, 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.D.2). It is also expected that “The district/system has a policy for allocation and reallocation of resources that are adequate to support the effective operations and sustainability of the colleges and district/system” (Standard IV.D.3), that “district/system planning and evaluation are integrated with the college planning and evaluation to improve student learning and achievement and institutional effectiveness” (Standard IV.D.5), that “communication between colleges and districts/systems ensures effective operations of the colleges and should be timely, accurate, and complete in order for the colleges to make decisions effectively” (Standard IV.D.6), and that the “district/system CEO regularly evaluates district/system and college role delineations, governance, and decision-making processes to assure their integrity and effectiveness in assisting the colleges in meeting educational goals for student achievement and learning” (Standard IV.D.7)

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 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.
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*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 2002 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:**

<b>Standard I: Institutional Mission and Effectiveness</b>		
<b>A. Mission</b>		
<b>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.</b>		
	<b>College</b>	<b>District</b>
1. The institution establishes student learning programs and services aligned with its purposes, its character, and its student population.	<b>P</b>	<b>S</b>
2. The mission statement is approved by the governing board and published.	<b>SH</b>	<b>SH</b>
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.	<b>P</b>	<b>S</b>
4. The institution’s mission is central to institutional planning and decision making.	<b>SH</b>	<b>SH</b>

*Note: Adapted from Sacramento City College 2009*

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## Appendix F:

### Eligibility Requirements for Accreditation

*(Adopted June 2014)*

#### Introduction

Eligible institutions offering one or more programs 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. Eligible institutions may offer, in addition to the Associate Degree, other credentials including certificates and the baccalaureate degree.

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 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 history of an applicant institution will also bear on the Commission's decision. The outcome of a candidacy (pre-accreditation) or of an initial accreditation review is candidacy, accreditation, or denial. When appropriate, the Commission may defer its decision on candidacy or initial accreditation pending receipt of specified information.

#### 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 comprehensive 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. Accredited institutions must separately address Eligibility Requirements 1, 2, 3, 4, and 5 in the Institutional Self-Evaluation Report. The remaining Eligibility Requirements will be addressed in the institution's response to the relevant sections of the Accreditation Standards.

#### 1. Authority

The institution is authorized or licensed to operate as a post-secondary 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.

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*Documentation*

- Degree-granting approval statement, authorization to operate, or certificates from appropriate bodies
- Articles of incorporation (private institutions)

## 2. **Operational Status**

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

*Documentation*

- Enrollment history of institution (most recent three years suggested)
- Enrollments in institutional degree programs by year or cohort, including degrees awarded
- Current schedule of classes

## 3. **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. At least one degree program must be of two academic years in length.

*Documentation*

- List of degrees, course credit requirements, and length of study for each degree program
- General education courses and requirements for each degree offered
- Catalog designation of college level courses for which degree credit is granted
- Data describing student enrollment in each degree program and student enrollment in the institution's non-degree programs

## 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.

*Documentation*

- Name, address, and biographical information about the chief executive officer
- Certification of CEO's full-time responsibility to the institution signed by chief executive officer and governing board

## 5. **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. Institutions that are already Title IV eligible must demonstrate compliance with federal requirements.

**Additional financial accountability for eligibility applicants:** 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

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application. 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 now show an annual or cumulative Operating deficit at any time during the eligibility process.

*Documentation*

- Past, current, and proposed budgets
- Certified independent audits, including management letters
- Financial aid program review/audits if the institution is a participant
- Student loan default rates and relevant USDE reports if the institution is a participant



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## **Appendix G: Guidance for Data Charts and Sample Templates**

### **Student Achievement Data**

Sample charts for both college-wide and programmatic data are provided below. These charts should be accompanied by narrative.

The narrative should discuss how the definition and expected performance level were selected by the institution for the institution-set standards, and how the institution-set standards are used in conjunction with performance levels (across the college and within programs) for making institutional decisions and for continuous quality improvement. In the SER for the relevant Standards, the institution's self-evaluation as to the analysis and use of the data, and the level of student achievement performance, should be reflected in the narrative and evidence.

**Charts with relevant disaggregation** Additional charts showing disaggregation by student demographics and by delivery format should be included as relevant to the institutional mission and the students it serves. These may include:

- Age
- Race
- Gender
- Socio-economic status
- Online versus face-to-face courses/students
- College center versus main campus performance
- Cohort group performance
- Other categories as appropriate

### **Data Other Than Student Achievement**

Institutions are expected to have goals related to their mission. These goals will include student achievement, but will extend beyond student achievement to assess institutional quality and effectiveness across college operations. Institutional evaluation of achieving of these goals (or related objectives) should include qualitative and quantitative data and analysis of the data.

Charts of these data, and narrative concerning their analysis and use for institutional effectiveness and improvement, should be included in the Self-Evaluation Report, both at the beginning of the report and as relevant in the narrative for specific standards.

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

- Has the institution set standards\* (performance expectations) for student achievement in these categories?
- Are these standards reasonable
- Is the institutional performance satisfactory when compared to the institution-set standard?

- Describe significant trends over the \_\_\_-year period and the institution’s interpretation of the meaning.
- What changes have been made or are planned as a result of the analysis of the data?

**Sample Template: College-Wide Student Achievement**

<b>Data Element</b>	<b>Definition of the measure</b>	<b>Institution-Set Standard</b>	<b>Stretch Goal</b>	<b>Most Recent Year’s Performance</b>	<b>Previous Year _____ Performance</b>	<b>Multi-year average</b>
Course Completion Rate*	Applies to all students: Successful course completion, grade C or better if graded, over the number of students enrolled when the general enrollment period ends.*	**	***		Add columns for the number of years being tracked (generally 3 to 5 prior years)	(generally 3-6 years) Use for multi-year trend analysis
Institution-identified data element (insert name)						
Institution-identified data element (insert name)  Add rows as needed.						

**Notes:**  
 \*Required data element and definition.  
 \*\* An institution-set standard of the expected performance level for this measure is required. There should be additional institution-set standards representing all aspects of the college’s mission. The definitions of those measures should be relevant and appropriate for the aspect of student achievement being monitored. The level of performance identified as the institution-set standard for that measure should be appropriate within higher education expectations, and should provide guidance for institutional actions to improve student achievement.  
 \*\*\* The Accreditation Standards expect institutions to have goals related to achievement of its mission. If an institution has identified a

“stretch goal” for increasing performance in this area of student achievement, please so note.

Provide general narrative discussion and analysis with this table at the beginning of the Self-Evaluation Report. Use segments of the table and more specific analysis in the SER for the relevant standards.

**Sample Template: Programmatic Student Achievement**

<b>Data Element</b>	<b>Definition of the measure</b>	<b>Institution-Set Standard</b>	<b>Stretch Goal</b>	<b>Most Recent Year's Performance</b>	<b>Previous Year Performance</b>	<b>Multi-year average</b>
Job Placement Rate*	For every CTE program: The number of students who are employed in the year following completion of a certificate program or degree, over all certificate program or degree completers.*	**	***		Add columns for the number of years being tracked (generally 3 to 5 prior years)	(generally 3-6 years) Use for multi-year trend analysis
Licensure Exam Passage Rate*	For every CTE program in which students must pass a licensure examination in order to work in their field of study: The number of students who passed the licensure examination over all who took the examination.	**	***			
Institution-identified data element (insert name)						
Institution-identified data element (insert name) Add rows as needed.						

**Notes:**  
\*Required data element and definition.

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\*\* An institution-set standard of the expected performance level for this measure is required. The expected performance level may be the same across all CTE programs or differ between programs. In either case, the levels are set by the institution. The definitions of those measures should be relevant and appropriate for the aspect of student achievement being monitored. The level of performance identified as the institution-set standard for that measure should be appropriate within higher education expectations, reflective of appropriate differences between programs, if applicable, and should provide guidance for institutional decisions and actions to improve student achievement.

\*\*\* The Accreditation Standards expect institutions to have goals related to achievement of its mission. If an institution has identified a “stretch goal” for increasing performance in this area of student achievement, please so note.

## Appendix H: Selected Evaluation Team Responsibilities for Compliance with U.S. Department of Education (USDE) Regulations

PARAGRAPH OF 34 C.F.R.	USDE REGULATION AND USDE GUIDELINES FOR 34 C.F.R. § 602, JANUARY 2012	EVALUATION TEAM TASK
602.16(a)(1)(i)	<p>Standards effectively address “success with respect to student achievement in relation to the institution’s mission,... including as appropriate consideration of course completion, State licensing examinations, and job placement rates.”</p> <p>Whether institutionally-developed standards to demonstrate student success are being used by the accreditor in the accreditation assessment, and the institution’s performance with respect to student achievement is assessed.</p>	<p><b>Address in Standard I.B.</b></p> <p>The institution must set standards for satisfactory performance of student success (student achievement and student learning).</p> <p>The evaluation teams examine the institution-set standards for student success and achievement and assess their appropriateness. Evaluation teams examine institution summary data on course completion rates, licensure pass rates where available, and job placement rates where available. The team also examines program/certificate completion data, and graduation data provided by the college. These data are examined in the context of the institution-set standards of satisfactory performance and goals for improvement of student success (student achievement and student learning). The evaluation team cites this information as evidence of the institution’s accomplishment of mission. The Team Report cites the use of this evidence in describing its evaluation of how well the institution fulfills its mission.</p> <p><i>(Standards I.A.2, I.B.3; and ER 11-Student Learning and Student Achievement)</i></p>
<p>602.16(a)(1)(viii)</p> <p>602.24(e)</p> <p>602.24(f)</p> <p>As pertains to:</p>	<p>Standards effectively address the quality of the institution or program in: “ensuring that any awarded academic credits/degrees/credentials conform to commonly accepted practice including time invested and content mastered.”</p> <p>If the institution converts clock</p>	<p><b>Address in Standard II.A.</b></p> <p>The evaluation team will examine and evaluate the reliability and accuracy of the institution’s assignment of credit hours by reviewing the institution’s related policies and procedures and application of those policies and procedures to programs and courses. The evaluation team samples at least five course outlines and corresponding syllabi, and examines the class schedule, to determine that the institution has assigned an appropriate amount of work to conform to the Carnegie Unit, and this sampling must include:</p> <ul style="list-style-type: none"> <li>• At least one distance education course</li> </ul>

<p><b>600.2 (Credit Hour)</b> <b>668.8(k),(l)</b></p>	<p><b>hours to credit hours for purposes of federal financial aid, the institution adheres to the Department of Education’s 2011 conversion formula</b></p>	<ul style="list-style-type: none"> <li>• At least one classroom based course with a laboratory</li> <li>• At least one course that provides for clinical practice, if applicable to the institution</li> <li>• At least one class that converts clock hours to credit hours for purposes of awarding credit, if the institution does so.</li> </ul> <p>The evaluation team will examine institutional policies and procedures for measuring the program length and intended outcomes of degrees and certificates offered.</p> <p>The evaluation team will confirm the institution has transfer of credit policies that are publicly disclosed and that include a statement of the criteria regarding the transfer of credit earned at another institution of higher education.</p> <p>Since USDE regulations establish a <i>minimum</i> standard, and institutions may choose to include more work for their credit hours than the minimum amount, credit hours at one institution will not necessarily equate to credit hours at another institution for a similar program.</p> <p>The evaluation team will, in the Team Report narrative of its findings, cite the institution’s policy, procedure, class and program evidence examined.</p> <p><i>(Standards I.C.4, II.A.5, II.A.9, II.A.10, II.A.11, II.A.15, II.A.16; ER 10-Academic Credit; Policy on Award of Credit; Policy on Institutional Degrees and Credits; and Policy on Transfer of Credit)</i></p>
<p><b>602.16(a)(1)(ix)</b>  <b>And related</b>  <b>668.43</b></p>	<p><b>The standards effectively address the quality of the institution in addressing: “the Record of student complaints received by, or available to, the agency.”</b></p> <p><b>The institution “must make readily available to enrolled and prospective students.... (a)(6) the names of associations, agencies or governmental bodies that accredit, approve or license the institution and its programs and the procedures</b></p>	<p><b>Address in Standard I.C and ER 20.</b></p> <p>The evaluation team will be sent a copy of any complaints that have been filed with the ACCJC in accordance with the criteria for filing such complaints. The evaluation team will examine the institution’s procedures which define student grievances/complaints and the manner in which they are received and will examine the institution’s files containing student complaints/grievances for the five years preceding a comprehensive evaluation. The evaluation team will examine any patterns observed in the complaints to determine whether they constitute evidence that indicates the institution has failed to comply with Accreditation Standards, ERs and policies. Any deficiencies will be identified in the Team Report as such.</p> <p><i>(Standards I.C.5, I.C.8; ER 20-Communication with the Public; and Policy on Student and Public Complaints Against Institutions)</i></p>

	<p><b>by which documents describing that activity may be reviewed under paragraph (b).” (b) “the institution must make available for review to any student or prospective student upon request a copy of the documents describing an institutions accreditation and its State, Federal or tribal approval or licensing. The institution must also provide (those persons) with contact information for filing complaints with its accreditor and with its State approval or licensing entity and any other relevant State official or agency that would appropriately handle a student’s complaint.”</b></p>	<p>The evaluation team will examine the institution’s means of providing to any student or prospective student information about its accrediting bodies and governmental (usually state) licensing or approval bodies, copies of documents describing an institution’s accreditation or governmental approval, as well as contact information for filing complaints with such bodies. The Team Report will describe the institution’s compliance with this new requirement. <i>(ER 20 – Communication with the Public)</i></p> <p>The evaluation team will examine whether institutions make available to students located in states other than the institution’s home state, and receiving instruction from the institution (via distance education or correspondence education, or by other means) the contact information for filing complaints with the relevant governmental or approval body in that state in which the student is located.</p>
<p><b>602.17(f)</b></p>	<p><b>The agency provides a detailed written report that assesses the institution’s compliance with the agency’s standards, including areas needing improvement AND the institution’s performance with respect to student achievement.</b></p>	<p><b>Address in Standard I.B.</b></p> <p>The evaluation team will examine student achievement data at the programmatic and institutional levels. The institution must set standards of satisfactory performance for student achievement, and evaluate itself against those standards, at the programmatic and institutional levels. The evaluation teams must examine the institution’s own analyses, and also determine whether the institution’s standards for student achievement are reasonable.</p> <p>The examination will assess the institution’s performance with respect to the institution-set standards. The examination will be based upon data, and it will reference data cited above re 602.16, as well as other factors used by the institution. The Team Report will detail the institution’s performance, noting both effective performance and areas in which improvement is needed.</p> <p><i>(Standard I.A.2, I.B.3, II.A, II.C)</i></p>
<p><b>602.17(g)</b></p>	<p><b>Distance and Correspondence Education: During institutional reviews, the</b></p>	<p><b>Address in Standard II.A.</b></p> <p>The evaluation team will review the manner in which the institution determines if a</p>

	<p><b>agency applies the definitions of "distance education" and "correspondence education" found in §602.3 to determine which mode of delivery is being employed.</b></p> <p><b>The agency requires institutions that offer distance education or correspondence education to have processes in place through which the institution establishes that the student who registers in a distance education or correspondence course or program is the same student who participates in and completes the course or program and receives the academic credit. The agency meets this requirement if it:</b></p> <ol style="list-style-type: none"> <li><b>1. Requires institutions to verify the identity of a student who participates in a class or program by using methods such as:</b> <ol style="list-style-type: none"> <li><b>(i) A secure log in and passcode</b></li> <li><b>(ii) Proctored examinations</b></li> <li><b>(iii) New or other technologies and practices that are effective in verifying student identity</b></li> </ol> </li> </ol>	<p>course is offered by distance education or correspondence education. The team will examine the delivery mode of a sampling of courses where students are separated from the instructors. The team must assess whether the courses are distance education (with regular and substantive interaction with the instructor, initiated by the instructor, and online activities are included as part of a student's grade) or correspondence education (online activities are primarily "paperwork related," including reading posted materials, posting homework and completing exams, and interaction with the instructor is initiated by the student as needed). Use of a learning management system alone will not determine whether the mode is distance education; course syllabi, grading policy, and actual instructional delivery determine how the mode is characterized for USDE purposes. The team will describe its findings and the team's judgment of the appropriateness of institutional application of the USDE delivery mode definitions.</p> <p>The evaluation team will examine the efficacy of methods that the institution uses to verify the identity of students enrolled in distance education and correspondence education classes. The evaluation team will describe whether the institution uses the secure log in and password for its distance education classes. If the institution uses other methods for its distance education classes or correspondence classes, the evaluation team will describe those methods and the team's judgment of their efficacy in preserving the integrity of the credits and grades awarded.</p> <p><i>(Standards II.A.1, II.A.3, II.A.7, II.B.1, II.C.1; and Policy on Distance Education and on Correspondence Education)</i></p>
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<p><b>602.19 (a-e)</b></p>	<p><b>The agency must demonstrate that it has and effectively applies a set of monitoring and evaluation approaches that enable the agency to identify ....institutional strengths and stability. These approaches must include ... collection and analysis of key data and indicators, including fiscal information and measures of student achievement.</b></p>	<p><b>Address in Standard I.B, II.C, and III.D.</b></p> <p>Comprehensive evaluation teams must examine the institution’s longitudinal data on the institution’s fiscal condition, including significant increases or decreases in revenues and enrollments, and identify any team concerns about fiscal stability. Comments should be included in Standard III.D.</p> <p><i>(Standards III.D.1-15; ER 5-Financial Accountability, and ER 18-Financial Resources</i></p> <p>Comprehensive evaluation teams must examine the institution’s longitudinal data on student achievement (course completion, program/certificate completion, graduation, licensure, job placement data) and identify any team concerns about stability and achievement of mission, as well as any trends that identify strengthened institutional performance.</p> <p><i>(Standards I.B.3; and ER 11-Student Learning and Student Achievement)</i></p>
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## Appendix I: Clock-to-Credit-Hour Conversion Requirements

### General

- Are in §668.8(k) and (l), October 29, 2010 program integrity final regulations, p. 66949-66950 (preamble: pp. 66854-66857)
- Is an exception to the credit-hour definition that applies for purposes of the title IV, HEA programs
- Modified regulations—
  - The requirements for when an institution must use clock hours for undergraduate programs, and
  - The standards for clock-to-credit-hour conversions

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

- Section 668.8(k)(2) applies to degree and non-degree programs.
- The program is required to be measured in clock hours for Federal or State approval except if required for only a limited component of the program.
- Completing clock hours is a requirement for licensure to practice an occupation except if required for a limited component of the program.
- The credit hours awarded are not in compliance with the definition of a credit hour.
- The institution does not provide the clock hours that are the basis for credit hours and does not require attendance in those hours in the case of a program that might otherwise qualify to do conversion to credit hours.

### No Conversion required - §668.8(k)(1)

- Unless §668.8(k)(2) applies, an undergraduate program may use credit hours as defined in §600.2 without applying the conversion formula if—
  - a) The program is at least two academic years in length and provides an associate degree, a bachelor's degree, a professional degree, or an equivalent degree as determined by the Secretary, or
  - b) The program is a nondegree program with—
    - Each course in the program being fully acceptable toward a degree program at the institution; and
    - The institution able to demonstrate that students enroll in, and graduate from, that degree program.
- A program not meeting a) or b) must use the conversion formula or use clock hours.

### New Conversion Ratios - §668.8(l)(1)

- 
- One semester or trimester credit hour is equal to at least 37.5 clock hours.
  - One quarter credit hour is equal to at least 25 clock hours.

New Conversion Ratios Exception - §668.8(l)(2)

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

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### Conversion Case Study (to semester hours)

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

120/ 37.5 = 3.2 semester hours per course (3, always round down course-by-course)

  - Converted program = 3.2 \* 6 = 19.2 semester hours (or 3 \* 6 = 18 semester hours, if rounding)
- Full formula option illustrates:
  - Must evaluate on individual coursework components of a program
  - Total clock hours and out-of-class student work is irrelevant
  - Must meet limitation for the minimum number of clock hours per credit hour in addition to out-of-class work
  - Excess out-of-class student work per credit hour does not carry over between courses or educational activities in a program
  - Use exact calculation including any fractions of credit hours or round down any fraction, including a fraction equal to or greater than  $\frac{1}{2}$
  - Rounding on individual course or educational activity, not on the total

Full Formula Option

	In-class clock hours		Allowable out-of-class prep hours	Total clock and prep hours	Semester hours	Semester hours (rounded)	Notes
Course #1 (40 hours of actual out-of-class student work)	120	+	$7.5 * 4 = 30$	150	4	4	(A), (C)
Course #2 (40 hours of actual out-of-class student work)	120	+	$7.5 * 4 = 30$	150	4	4	(A), (C)
Course #3 (40 hours of actual out-of-class student work)	120	+	$7.5 * 4 = 30$	150	4	4	(A), (C)
Course #4 (8 hours of actual out-of-class student work)	120	+	8	128	3.413	3	(B), (D)
Course #5 (8 hours of actual out-of-class student work)	120	+	8	128	3.413	3	(B), (D)
Externship (no out-of-class student work)	120	+	0	120	3.2	3	(E)
Total clock hours and out-of-class student work (amount not relevant)				826			
<b>Total semester hours if no rounding</b>					<b>22.026</b>		
<b>Total semester hours if rounding (must round down any fractions to ensure no overawards)</b>						<b>21</b>	

**NOTES:**

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

- (A) 120 in-class hours divided by 30 hours = 4      There are 10 hours of out-of-class prep per 30 clock hours ( $40/4 = 10$ ), but cannot have more than 7.5 ( $4 * 7.5 = 30$ )
- (B) 120 in-class hours divided by 30 hours = 4      There are 7.5 or fewer hours of out-of-class prep per 30 clock hours ( $8/4 = 2$ ), so use actual hours of out-of-class prep (8)

**Semester hours per course**

- (C) 150 total clock and prep hours divided by 37.5 = 4
- (D) 128 total clock and prep hours divided by 37.5 = 3.413
- (E) 120 total clock hours divided by 37.5 = 3.2

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## Appendix J: Protocol for Creating/Submitting Evidence

In order to facilitate the compiling of data on a USB Flash Drive with the simplest file name/folder structure possible, please use the following protocol.

1. Use file names of 27 characters in length (or less when possible)
2. Use folder names of four characters in length (when possible)
3. Avoid complex/redundant sub folder structures
4. Develop standard abbreviations for file names
5. Use Shortcuts: When a document is referenced as evidence for both [Standard] ST1, and ST4, a “shortcut” to the folder ST1 could be placed in the folder ST4 that would automatically take the reader to document in folder ST1.

Here is an example of an excessively long file name:

Boardoftrusteesmeetingofnovember12, 2013,reviewofauditforfiscalyear2011-2012.pdf

The file name could be abbreviated and named like this:

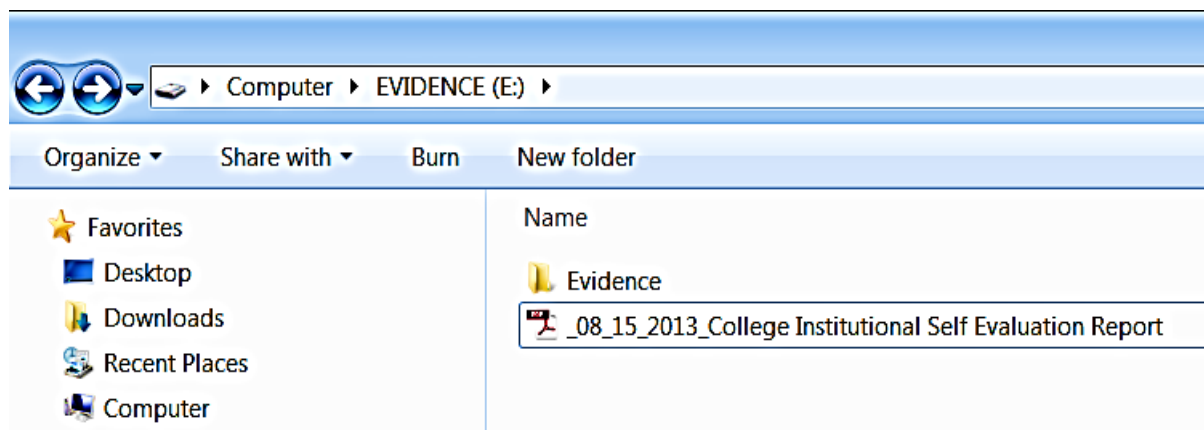
BOT\_Mtg\_11\_12\_13\_Audit\_FY\_2011-12.pdf

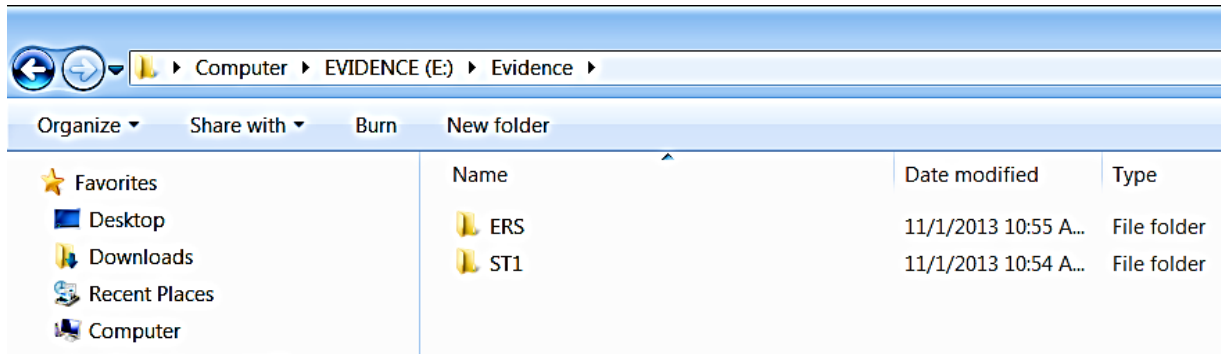
In summary, the institution can develop standardized abbreviations and file/folder naming conventions that will create consistency, is reflective of the institution’s style of writing, and will ensure the reader receives a well indexed, well organized document.

Below are examples of this protocol:

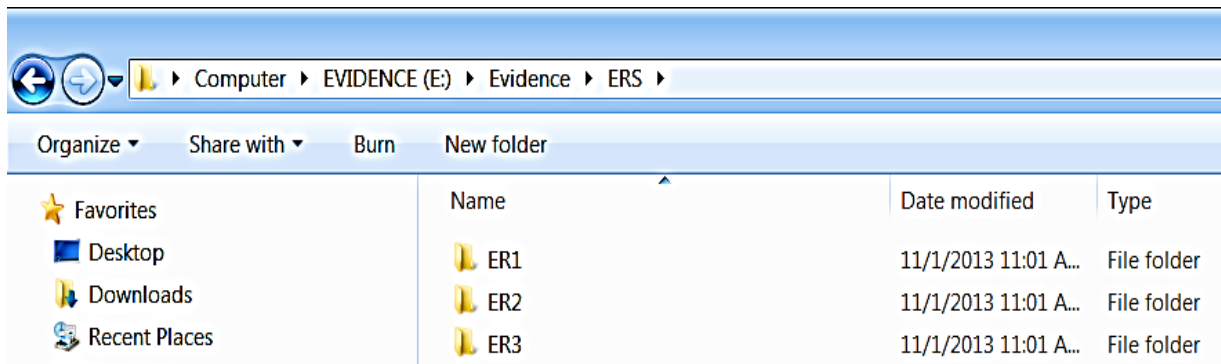
The USB Flash Drive will contain the Colleges Institutional Self-Evaluation Report (example is shown below) – compiled into one file, and the Evidence to support the Institutional Self-Evaluation Report in a folder structure as shown below:

Here is an example of the Evidence Folder Directory Structure beginning with the Eligibility Requirements:

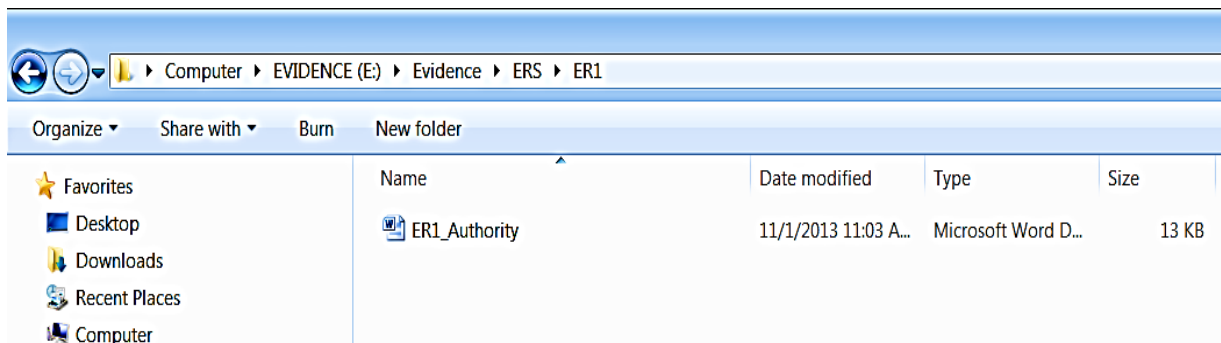




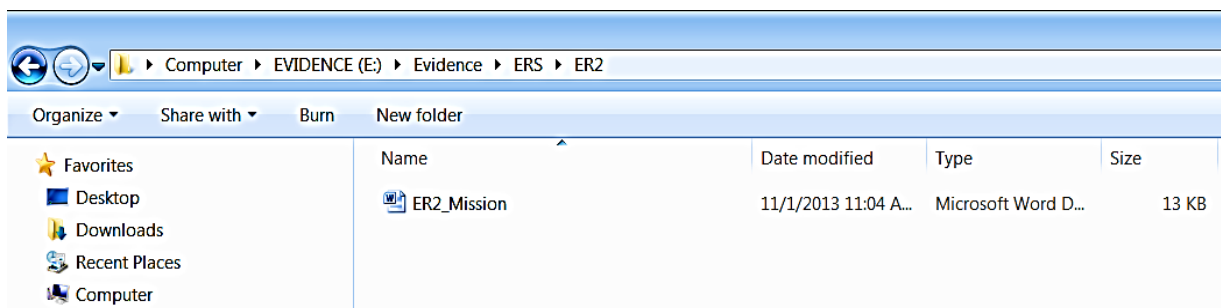
The ERS folder will have subfolders named by ER number.



Folder ER1 will have all evidence files for ER-1. The example file shown is named ER1\_Authority.docx



Folder ER2 will have all evidence files for ER-2. The example file shown is named ER2\_Mission:



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## Appendix K: Checklist for Evaluating Compliance with Federal Regulations and Related Commission Policies

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

*General Instructions: The form should contain narrative as well as the "check-off."*

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

This Checklist will become part of the Team Report. Institutions may also use this form as a guide for preparing documentation for team review. It is found as an appendix in the team and institutional self-evaluation manuals.

### **Public Notification of an Evaluation Team Visit and Third Party Comment**

#### **Evaluation Items:**

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

[Regulation citation: 602.23(b).]

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

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



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**Narrative (add space as needed):**

**Standards and Performance with Respect to Student Achievement**

**Evaluation Items:**

- \_\_\_\_\_ The institution has defined elements of student achievement performance across the institution, and has identified the expected measure of performance within each defined element. Course completion is included as one of these elements of student achievement. Other elements of student achievement performance for measurement have been determined as appropriate to the institution's mission.
- \_\_\_\_\_ The institution has defined elements of student achievement performance within each instructional program, and has identified the expected measure of performance within each defined element. The defined elements include, but are not limited to, job placement rates for program completers, and for programs in fields where licensure is required, the licensure examination passage rates for program completers.
- \_\_\_\_\_ The institution-set standards for programs and across the institution are relevant to guide self-evaluation and institutional improvement; the defined elements and expected performance levels are appropriate within higher education; the results are reported regularly across the campus; and the definition of elements and results are used in program-level and institution-wide planning to evaluate how well the institution fulfills its mission, to determine needed changes, to allocating resources, and to make improvements.
- \_\_\_\_\_ The institution analyzes its performance as to the institution-set standards and as to student achievement, and takes appropriate measures in areas where its performance is not at the expected level.

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

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

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

**Narrative (add space as needed):**

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## **Credits, Program Length, and Tuition**

### **Evaluation Items:**

- \_\_\_\_\_ Credit hour assignments and degree program lengths are within the range of good practice in higher education (in policy and procedure).
- \_\_\_\_\_ The assignment of credit hours and degree program lengths is verified by the institution, and is reliable and accurate across classroom based courses, laboratory classes, distance education classes, and for courses that involve clinical practice (if applicable to the institution).
- \_\_\_\_\_ Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition).
- \_\_\_\_\_ Any clock hour conversions to credit hours adhere to the Department of Education's conversion formula, both in policy and procedure, and in practice.
- \_\_\_\_\_ The institution demonstrates compliance with the Commission *Policy on Institutional Degrees and Credits*.

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

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

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

### **Narrative (add space as needed):**

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## **Transfer Policies**

### **Evaluation Items:**

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

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

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

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

### **Narrative (add space as needed):**

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## **Distance Education and Correspondence Education**

### **Evaluation Items:**

- \_\_\_\_\_ The institution has policies and procedures for defining and classifying a course as offered by distance education or correspondence education, in alignment with USDE definitions.
- \_\_\_\_\_ There is an accurate and consistent application of the policies and procedures for determining if a course is offered by distance education (with regular and substantive interaction with the instructor, initiated by the instructor, and online activities are included as part of a student's grade) or correspondence education (online activities are primarily "paperwork related," including reading posted materials, posting homework and completing examinations, and interaction with the instructor is initiated by the student as needed).
- \_\_\_\_\_ The institution has appropriate means and consistently applies those means for verifying the identity of a student who participates in a distance education or correspondence education course or program, and for ensuring that student information is protected.
- \_\_\_\_\_ The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings.
- \_\_\_\_\_ The institution demonstrates compliance with the Commission *Policy on Distance Education and Correspondence Education*.

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

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

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

### **Narrative (add space as needed):**

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## **Student Complaints**

### **Evaluation Items:**

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

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

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

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

### **Narrative (add space as needed):**

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## **Institutional Disclosure and Advertising and Recruitment Materials**

### **Evaluation Items:**

- \_\_\_\_\_ The institution provides accurate, timely (current), and appropriately detailed information to students and the public about its programs, locations, and policies.
- \_\_\_\_\_ The institution complies with the *Commission Policy on Institutional Advertising, Student Recruitment, and Representation of Accredited Status*.
- \_\_\_\_\_ The institution provides required information concerning its accredited status as described above in the section on Student Complaints.

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

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

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

### **Narrative (add space as needed):**

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## **Title IV Compliance**

### **Evaluation Items:**

- \_\_\_\_\_ The institution has presented evidence on the required components of the Title IV Program, including findings from any audits and program or other review activities by the USDE.
- \_\_\_\_\_ The institution has addressed any issues raised by the USDE as to financial responsibility requirements, program record-keeping, etc. If issues were not timely addressed, the institution demonstrates it has the fiscal and administrative capacity to timely address issues in the future and to retain compliance with Title IV program requirements.
- \_\_\_\_\_ The institution's student loan default rates are within the acceptable range defined by the USDE. Remedial efforts have been undertaken when default rates near or meet a level outside the acceptable range.
- \_\_\_\_\_ Contractual relationships of the institution to offer or receive educational, library, and support services meet the Accreditation Standards and have been approved by the Commission through substantive change if required.
- \_\_\_\_\_ The institution demonstrates compliance with the Commission *Policy on Contractual Relationships with Non-Regionally Accredited Organizations* and the *Policy on Institutional Compliance with Title IV*.

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

### **Conclusion Check-Off:**

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

### **Narrative (add space as needed):**