ACCJC

ACCREDITING COMMISSION FOR
COMMUNITY AND JUNIOR COLLEGES

WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES

Guide to Institutional Self-Evaluation, Improvement, and Peer Review
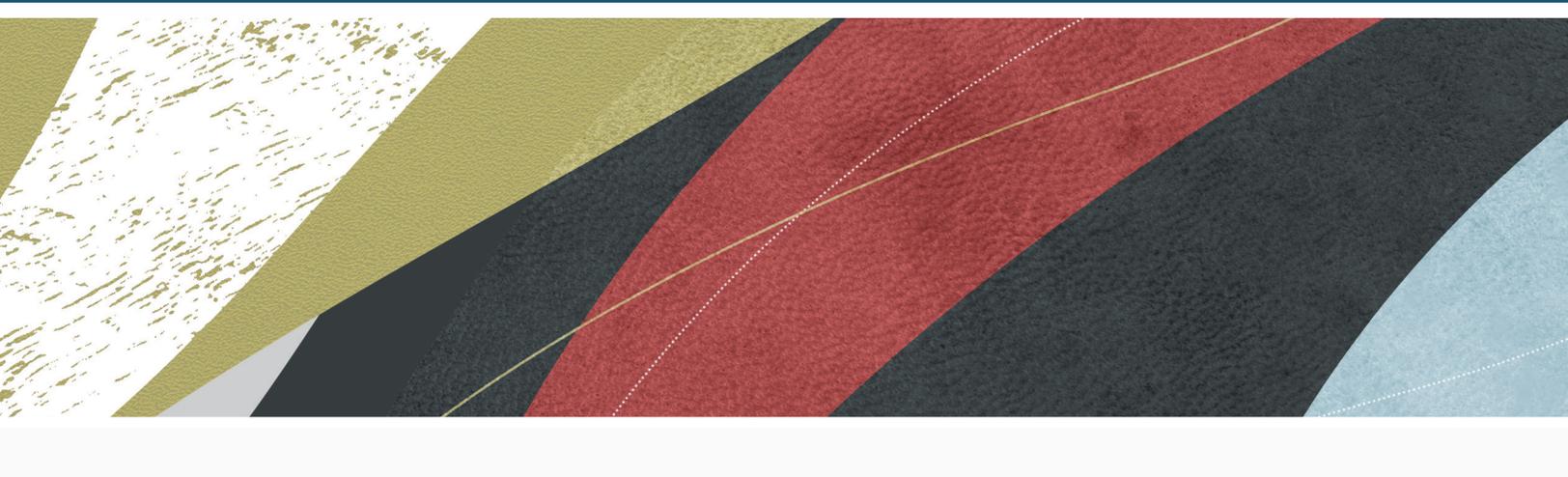
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Introduction: The *Guide* and How to Use It

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. Accreditation should not be seen as an event that takes place once every seven years when compliance with the ACCJC Accreditation Standards and other requirements is assessed. Instead, the accreditation process can be used to inspire ongoing attention to institutional self-reflection and the desire for continuous improvement. The accreditation cycle 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.

This *Guide to Institutional Self- Evaluation, Improvement, and Peer Review* is intended to assist colleges through the institutional self-evaluation process. It is designed for use by two primary audiences: (1) institutions preparing their Institutional Self-Evaluation Report and (2) peer reviewers conducting a peer review team visit. To assist institutions and peer review teams, this *Guide* is divided into three sections.

- Part 1, "Background on Accreditation: Principles and Practices of Quality Assurance and of a Peer Review Process That Supports Institutional Effectiveness, Improvement, and Success," provides a brief theoretical and historical description of accreditation in the western region as a method of assuring institutional quality and encouraging continuous improvement.

- Part 2, "Institutional Self-Evaluation: Beginning the Seven-Year Cycle for Continuous Quality Improvement: Recommended Process and the Required Report," provides instructions to colleges on how to prepare for and create the Institutional Self Evaluation Report (ISER) and how to prepare for the comprehensive peer review visit.

- Part 3, "Guide to Evaluating the Institution Using Standards: Possible Sources of Evidence and Review Criteria for Each Standard," is intended to provoke thoughtful consideration about whether the institution meets the Accreditation Standards at a deeper level than mere compliance. It is intended to provide guidance both to institutions under review and to the peer review teams that evaluate them. The "Guide" is predicated on the belief that both institutional members and peer reviewers use the Standards to evaluate the institution, and that they should have access to the same tools.

As you use the *Guide* as a resource to help you with the "How To" of institutional self-evaluation, it is important to keep in mind the "Why Do" of self-evaluation and peer review—continuous quality improvement for the sake of students and their success.

PART 1
Background on Accreditation:

Principles and Practices
of Quality Assurance and of a Peer
Review Process that Supports
Institutional Effectiveness,
Improvement, and Success

1 Regional Accreditation, the ACCJC, and the Process of Accreditation

1.1 Regional Accreditation

Accreditation is both a process and a status. It is a process of review that ensures institutions provide quality programs and services to students, have sufficient quality resources to maintain those programs and services, and have structures and processes in place to provide continuous support for the programs, the services, and above all, student learning. Institutions that successfully undergo the accreditation review process achieve "accredited status," which assures to students and the public that the education one receives at the institution is a quality education and that the degrees one can achieve at the institution have value and meaning to the recipients and to society.

In the United States, the accreditation process is not run by a government department or agency. In appreciation of and support for the autonomy of colleges and universities, and relying on the expertise of faculty and administrative experts from colleges and universities, the American system of quality assurance in higher education has evolved as a process of *peer evaluation* rather than government oversight and intervention.

The higher education community in the United States has organized its quality assurance of institutions by creating six separate, geographical regions of the country. Within each geographic region, the institutions form an association and create a quality assurance agency, which in turn develops policies and procedures for evaluating institutional and educational quality. *Regional accreditation* refers to the quality assurance processes developed by the seven agencies within the six geographic regions. Regional accreditation is the proven method for assuring the public that a college or university meets established standards of quality and that it grants degrees, certificates, and/or credits that students and the community can trust. 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 in the United States is voluntary. Institutions choose to join the association and agree to uphold the accrediting agency's policies and standards of quality, which are developed by the member institutions based on their expertise of what constitutes good practice. Each regional accrediting commission has developed standards of quality according to federal requirements. Each also aligns its standards with the expectations of good practice across the United States on such topics as mission, goals, and objectives; the appropriateness, sufficiency, and utilization of resources; the usefulness, integrity, and effectiveness of the institution's processes; and the extent to which it is achieving its intended student achievement and student learning outcomes, at levels generally acceptable for higher education. 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.

Regional accreditors conduct a comprehensive evaluation of an institution on a regular basis, which varies from six to ten years among regional accrediting commissions. Member institutions evaluate themselves in accordance with the standards and policies; a team of peer reviewers from like institutions assesses the college's quality and compliance with those standards; and a

commission of peers determines the accredited status of the institution based on the assessment of the peer review team.

Regional accreditation has been operating for more than 100 years in the United States and for more than 50 years in the western region. The Western Association of Schools and Colleges (WASC) evolved into two higher education accrediting commissions: the Accrediting Commission for Community and Junior Colleges (ACCJC), which oversees the quality review of two-year colleges, and the Senior Colleges and Universities Commission (WSCUC), which oversees the quality review of four-year and graduate institutions.

All regional accrediting agencies are recognized by the United States Department of Education (ED) and must undergo a federal review every five years. The ED 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.

1.2 The ACCJC

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 comprises between 19 and 25 individuals representing ACCJC's member institutions and members of the public. The chief executive officers of member institutions elect the Commissioners for staggered three-year terms. Appointments are limited to two three-year terms.

Compliance and Improvement

The ACCJC focuses its energies on two goals: (1) ensuring that every member institution maintains compliance with accreditation standards of quality, with Commission policies, and with federal regulations as they relate to accreditation; and (2) encouraging institutions to strive for continuous improvement of student achievement and success. ACCJC processes are designed to support colleges in their efforts both *to comply* with Commission Standards and policies and *to improve* student outcomes and institutional effectiveness.

The importance of peer review as the preferred approach to institutional evaluation cannot be overstated. Drawing upon their experience and expertise as educators, faculty and administrative representatives on peer review teams have deep understanding of the meaning and significance of the Standards. Consequently, they discern the variety of ways that colleges can align their policies and practices with Standards according to their unique missions, and they also ably recognize compliance and non-compliance, and areas needing improvement.

1.3 The Steps in the Accreditation Process

Obtaining Initial Accreditation

Eligibility: 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 has provided evidence that it complies with the Eligibility Requirements, it will be declared eligible to prepare an Institutional Self-Evaluation Report in application for Candidacy.

Candidacy: The institution conducts a comprehensive institutional self-evaluation in preparation for candidacy. It will prepare an Institutional Self-Evaluation Report (ISER) in which it provides evidence that its policies and practices align with all of the standards of accreditation, eligibility requirements, and Commission policies, henceforth all together the Standards. A peer review team will visit the college to verify that the institution meets the Standards. Upon review of the peer review team's report, the Commission may grant candidacy status. While a candidate for accreditation, the institution will submit a Follow Up Report regarding its compliance with Standards, and the Commission may require a Follow Up Visit. Nevertheless, having achieved candidacy status, the institution is eligible to participate in federal financial aid programs.

Initial Accreditation: Based on assessment of the Follow Up, the Commission may grant Initial Accreditation. Once Initial Accreditation is granted, the institution will thereafter receive a reaffirmation visit by a peer review team following a seven-year cycle. For more detailed information, see also the *Eligibility, Candidacy, and Initial Accreditation Manual*.

Ongoing Accreditation and 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. Member institutions are expected to engage in sustainable efforts to improve educational quality and institutional effectiveness. The review process includes four steps: internal self-evaluation, external evaluation by a team of peer reviewers, Commission review and accreditation action, and institutional response to recommendations for improvement.

INTERNAL SELF-EVALUATION

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 process encourages the institution to consider the quality of its programs and services, the institution's effectiveness in supporting student learning and student achievement, and the degree to which the institution is meeting its own expectations (institution-set standards).

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

1. designed and implemented an ongoing and systematic cycle of evaluation, integrated planning, and resource allocation;

2. positioned its processes to support continuous improvement of its instructional programs and support services, paying particular attention to student achievement and student learning;

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 and assessed its effectiveness against those standards.

A well-organized and thorough self-evaluation process will enable the institution to assess the quality of its programs and services and institutional effectiveness, to report its findings in its Institutional Self-Evaluation Report (ISER), and to share its evidence and analysis with peers on the peer review team and on the Commission.

EXTERNAL EVALUATION

The ACCJC appoints and trains a team of external, peer reviewers. All members of the peer review team are selected on the basis of their professional expertise in higher education, areas of specialization, and the unique characteristics of the institution being reviewed. Teams include eight to ten members representing academics and administrators. Academics include faculty, division/department chairs, deans, 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 ISER, 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 external peer review team chair submits the Team Report to the ACCJC after providing an opportunity for the institution's CEO to correct errors of fact.

COMMISSION REVIEW AND ACTION[1]

It is the responsibility of the elected members of the Commission, as a decision-making body, to determine the accredited status of an institution. The Commission meets in January and June of each year to make a decision on the accredited status of each institution on its agenda. The Commission communicates its decision to the institution via an electronic Action Letter and to the public through Commission announcements. The Action Letter notes if the Commission finds the institution to be out of compliance with Standards. The deficient Standards are listed in the Action Letter and accompanied by "compliance requirements" that broadly describe actions the institution must take in order to come into compliance. The Commission may also provide the institution with additional "improvement recommendations" intended to encourage the institution to increase institutional effectiveness, as well as additional commendations when it deems the institution has exceeded Standards. When the institution has received the Commission's Action Letter, it is required to release and share its ISER, the Team Report, and the Action Letter with the college community and the public.

INSTITUTIONAL RESPONSE TO RECOMMENDATIONS AND ONGOING IMPROVEMENT

The fourth step in the process occurs with the institution's responses to the recommendations it receives in the Commission's Action Letter. The college also takes action on its own self-identified improvement plans that resulted from its internal self-evaluation. The sum total of the cycle of internal and external review is ongoing institutional and educational improvement. Continuous improvement is encouraged through the ACCJC's implementation of other reporting requirements[2]:

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[1] For more detailed information on possible Commission actions, see the Policy on Commission Actions on Institutions on the ACCJC website.
[2] For more detailed information on these other reporting requirements, see Guidelines for Preparing Institutional Reports to the Commission on the ACCJC website.

Follow-Up Reports: Should an institution receive compliance requirements in its Action Letter, the institution will be required to resolve any non-compliance with Standards and to submit a Follow-Up Report on progress made to remediate deficiencies in its policies and/or practices. The Follow-Up Report may be accompanied by a follow-up peer review visit to verify the evidence and information submitted in the report and to verify compliance with Standards.

Midterm Reports: The ACCJC requires that the institution submit a Midterm Report in the fourth year of the seven-year institutional self-evaluation cycle. The purpose of the Midterm Report is to report on the status of improvement efforts related to the Quality Focus Essay (QFE) as described in the ISER (see Section 5.3 below) and to analyze data trends in student learning and student achievement since the publication of the ISER. The institution also reports the decisions it has made and actions it has implemented to increase institutional effectiveness in response to the "improvement recommendations" that are identified in the Team Report and the Action Letter. In addition, the Midterm Report includes descriptions of progress made on self-identified improvement plans that the college included in the ISER in order to further align with Standards.

Annual Reports and Annual Fiscal Reports: The ACCJC requires that colleges continuously monitor (1) institutional data on student learning and student achievement and (2) financial health and stability. This monitoring is conducted through submission of the Annual Report and the Annual Fiscal Report.

Other Reports/Visits

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. Depending on the nature of the substantive change, the Substantive Change Committee of the Commission may or may not require a visit from a peer review team. See also the *Substantive Change Manual*.

2 Eligibility Requirements, Accreditation Standards, Commission Policies, and Federal Requirements

2.1 Eligibility Requirements

Eligibility Requirements are foundational attributes that all community and junior colleges must possess to be considered for accreditation. Institutions applying for Candidacy, Initial Accreditation, or Reaffirmation of Accreditation are expected to include in their Institutional Self-Evaluation Report information demonstrating that they meet or continue to meet the Eligibility Requirements (ERs). Institutions must separately address ERs 1, 2, 3, 4, and 5 in the Self-Evaluation Report. The remaining ERs will be addressed within the institution's responses to the relevant sections of the Standards. Appendix B includes ERs 1 through 5 and suggested documentation to verify that each ER is met.

2.2 Evolution of the Standards

Every accrediting agency in the United States is required to set standards of quality for its member institutions[1]. In the early 1960s accreditation standards required evidence that basic structures and processes were in place and essential resources were available to operate an institution and deliver education services to students. For example, the existence of a mission, president, and governing board provided evidence of structures; sufficient full-time faculty with appropriate training, sufficient funds, and sufficient facilities provided evidence of resources to support college operations and delivery of education services. Evidence of processes for supporting academic freedom, curriculum development, governance, and decision making was also required.

Beginning in the 1990s, accreditation added a requirement that colleges provide evidence that students had actually moved through college programs and were completing them. This student achievement data provided evidence that students were completing courses, persisting semester to semester, completing degrees and certificates, graduating, transferring, and getting jobs. The standards of this era also specified that institutions provide evidence that program review was conducted and that plans to improve education were developed and implemented.

The early focus on structures, resources, and processes was an approach to quality that was built on maintenance and consistency. It was not particularly education-oriented, but it was necessary to support education. The additional focus on student success in moving through the institution began to address the results of a college's efforts to produce student learning and student achievement.

The ACCJC Accreditation Standards adopted in 2002 distinguished another emphasis in accreditation's focus on student success: the emphasis on the knowledge and skills students have gained as a result of attending college—student learning outcomes (SLOs). This focus required that the institution provide evidence:

- to ensure learning is the institution's core activity;
- to support and produce student learning;

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[1] 34 CFR §602.16

- to assess how well learning is occurring;
- to make changes to improve student learning;
- to organize its key processes effectively to support student learning;
- to allocate its resources effectively to support student learning; and
- to improve learning as an important means to institutional improvement.

In 2014, the Commission adopted revised Standards with increased emphasis on student learning and achievement, requiring institutions to set and assess standards for student achievement. In accreditation today, educational quality is linked with student success, measured both in learning and in achievement, as hallmarks of academic quality and institutional effectiveness. Institutions should demonstrate and teams should verify that students are learning and achieving their educational goals.

Periodically[2], the ACCJC reviews and updates its Standards to ensure they remain current with federal regulations and relevant for defining and supporting the quality of member institutions. All member institutions have opportunities to provide input into the review and revision process.

2.3 Accreditation Standards

The ACCJC Accreditation Standards build upon the Eligibility Requirements and provide statements of quality and good practice that institutions measure themselves against for institutional self-evaluation and improvement. The ACCJC requires that accredited institutions meet the Standards at all times by maintaining policies and practices that align with the Standards.

The ACCJC Accreditation Standards consist of four fundamental areas 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 organized as follows:
- Standard I—Mission, Academic Quality and Institutional Effectiveness, and Integrity, which is organized around these themes: Institutional Mission (I.A), Academic Quality and Institutional Effectiveness (I.B), and Institutional Integrity (I.C).
- Standard II—Student Learning Programs and Services, which is organized around these themes: Instructional Programs (II.A), Library and Learning Support Services (II.B), and Student Support Services (II.C).
- Standard III—Resources, which is organized around these themes: Human Resources (III.A), Physical Resources (III.B), Technology Resources (III.C), and Financial Resources (III.D).
- Standard IV—Leadership and Governance, which is organized around these themes: Decision-Making Roles and Processes (IV.A), Chief Executive Officer (IV.B), Governing Board (IV.C), and Multi-College Districts or Systems (IV.D).

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[2] See Policy on Review of Accreditation Standards.

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.

2.4 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 that 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 with the policies should be embedded within the institution's responses to the Standards. Some policies are not included in the Accreditation Standards, so institutions must submit separate responses in the Institutional Self-Evaluation Report (ISER) to provide evidence of compliance with these policies (see Section 5.3 below). A list of policies that must be specifically addressed in the ISER is included in Appendix C.

In addition to the policies that are embedded in the Accreditation Standards and policies that are to be addressed separately (listed in Appendix C), several other policies are relevant to the accreditation process. All policies can be found 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 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 the Commission and member institutions in the accreditation process.

To ensure compliance with the Education Department's expectation that federal regulations are regularly reviewed by accrediting commissions, a checklist for compliance with Commission policies and federal regulations is provided in Appendix C for use by institutions 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

Peer review teams will use a similar checklist when they appraise the institution for compliance with Commission policies and federal regulations.

Every institution in 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 peer review visit then becomes the opportunity to tune up institutional policies and practices with respect to all accreditation requirements. The External Evaluation Report that an external peer review team prepares provides an institution with peer assessment of its compliance with Standards, which may validate an institution's self-assessment, and may point out areas of non-compliance with Standards; it also provides encouragement and advice for coming into compliance or for making further improvements over the years following the review.

3 Institutional Commitment to Quality

3.1 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 a peer review 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 a peer review team visit 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. Accreditation works best if an institution views the accreditation review process as internal continuous quality improvement and an opportunity to receive important validation of sound institutional practices as well as helpful advice from members of peer institutions. The CEO should be prepared to rally the campus to participate in the process. The CEO's approach to accreditation will set the tone for the institution as it proceeds. The campus is more likely to engage with the accreditation review if the CEO assures the work for accreditation 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 peer review 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.

3.2 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 point of contact between the institution and the ACCJC, maintains institutional records of accreditation activities, and helps to organize institutional responses to Eligibility Requirements, Accreditation Standards and Commission policy requirements.

The main tasks of the ALO 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 a peer review team visit in collaboration with the team chair and the team assistant;

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

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

- attend ALO training; and

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

3.3 Institutional Responsibility 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 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 a comprehensive peer review visit. 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 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 peer review 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 college's 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 3.3 of this *Guide*). 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 Institutional Self-Evaluation Report.

The Institutional Self-Evaluation Report (ISER) provides a foundation for the accreditation process. Institutional plans for change and improvement as well as the peer review of the institution's quality will rely on the ISER as a critical document. It is therefore important that the institution have a strong leadership team (Chief Executive Officer/CEO, Chief Instructional Officer/CIO, Chief Student Services Officer/CSSO, Chief Business Officer/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 4.1, "Organization of the Self-Evaluation Process."

The institution's treatment of a peer review team visit should also be characterized by openness and candor 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 peer review team before and during the visit. This evidence should document the institution's success with respect to helping students achieve intended learning outcomes as well as 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, peer review 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 letter, the ISER, and the team report 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.

PART 2
Institutional Self-Evaluation:
Beginning the Seven-Year Cycle for
Continuous Quality Improvement

Recommended Process and the
Required Report

4 Institutional Self-Evaluation Process

4.1 Organization of the Self-Evaluation Process

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 (ISER). 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.

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, 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 suggested list of relevant stakeholders whom the institution should 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 informed 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.

4.2 Role of the Designated Organizing 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 institution's intranet or 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 ISER in order for college representatives to post input to the ISER. 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.

The institution should give the designated committee sufficient time to assume its responsibilities and provide it with the clerical support needed to complete its work. The Commission encourages the institution to select an editor for the ISER at the outset so that the editor can participate throughout the process. The editor has multiple roles. The editor must ensure that the ISER 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 word document template can be downloaded from this link to the ACCJC website: https://accjc.org/wp-content/uploads/ISER_Template.docx. A suggested formatting and style sheet is provided in Appendix A. 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 250 pages, excluding evidentiary information.

Finally, the designated committee is responsible for disseminating the final, complete copy of the ISER to the college community. The peer review team will expect that trustees, faculty, staff, and administrators are familiar with the content of the ISER when they meet with college representatives during the external peer review 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 Commission's requirements.

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

- evaluate its policies and practices against the Commission's Standards, and meet other Commission requirements;

- provide evidence in the ISER that its policies and practices align with Standards;

- include institution-set standards for student achievement and learning outcomes, and measure its effectiveness against those standards;

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

- assess, based on analysis of data, the quality of the institution's programs and services and its institutional effectiveness, and then in turn formulate plans and actions for improvement; and

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

4.3 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 ISER.

A convenient and effective method for establishing a timetable is to work back from the date set for the external peer review 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, drafting the report, review of drafts, final editing and rewriting, institutional circulation, and submission to the Commission.

Table 1 presents important events in the peer review and accreditation process. After the institution coordinates with ACCJC staff the exact date in March or October for the peer review visit, the schedule of events should generally unfold as follows:

Table 1: Timeline of Key Events in the Peer Review Process

Key Event	*Fall Visits*	*Spring Visits*
Institutional Self-Evaluation Report submitted to ACCJC (at least 60 days before visit)	August	January
External Peer Review 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

5 The Institutional Self-Evaluation Report (ISER)

5.1 Purpose of the Institutional Self-Evaluation Report

The work product of the self-evaluation process is an Institutional Self-Evaluation Report (ISER). An important purpose of the ISER 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.

A good ISER should provide documented evidence that demonstrates the institution's current and sustained compliance with Commission Standards. If additional work remains for the future, the Report should generate improvement plans including timelines and outcomes for that work. Self-identified improvement plans should be integrated into planning processes of the institution for implementation and follow-up.

The College is also asked to discuss, in a Quality Focus Essay, two or three projects it has identified to improve student learning and/or student achievement.

The evidence appended to the Report should be clearly connected to the standard being discussed and demonstrate that the college meets the standard. The purpose of evidence is to support the institution's claims that its policies and practices meet Standards. When presenting evidence, the simplest and clearest way is to state directly that a particular document demonstrates that a policy or practice aligns with the required institutional characteristics that are described in the Standard. It is useful to use wording from the Standard itself when asserting that the policy or practice aligns with the Standard.

This approach provides the peer review team with the best starting point for its 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 ISER, when addressing the Accreditation Standards, makes direct reference to the institution's mission and institutional goals. The Report will also include evidence of achieved results, evaluation of those 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 peer review team and to the Commission how the institution's evaluation, improvement, and planning cycle functions. At the same time, the Report should be clear and concise.

5.2 Audience for the Institutional Self-Evaluation Report (ISER)

Considering the purpose of the ISER, the report serves multiple audiences and should be written with these audiences in mind. The two most important audiences will be the peer review team and the Commission, especially the former as their reviews of the report are critical to the Commission's decision-making process.

THE PEER REVIEW TEAM

The peer review team will use the report as they write their External Evaluation Report, which will be used by the Commission in conjunction with the institution's ISER when the Commission makes its decision about the college's accredited status. The peer review team will assess the claims that the institution makes about meeting Standards. Based on the strength of the evidence and the institution's analysis in support of those claims, the team will plan its visit to the college, determining whom they would like to interview and if they need more evidence before they can draw conclusions regarding the college's meeting or not meeting Standards. It is therefore important, for the team's sake, that the evidence and analysis in the report stay relevant to and focused only on the characteristics that are expressly described in the Standards.

THE COMMISSION

The Commissioners will read the ISER in its entirety, and they will read the peer review team's External Evaluation Report. They will analyze and discuss both documents in their deliberations as they decide the accredited status of the institution.

THE INSTITUTION'S LEADERS AND CONSTITUENCIES

Portions of the ISER will be important to the institution's leadership. The ISER will include plans for improvement. If in its evaluation of compliance with Standards the college finds that it can do a better job of aligning its policies and practices with Standards, the ISER will include plans for improvement. College leadership will want to ensure these plans find their way into institutional, divisional, or departmental plans as appropriate where the improvements will be implemented. The college will report progress on these improvements in its Midterm Report. Therefore, the plans should be clear and specific to provide adequate guidance that will ensure their completion.

The Quality Focus Essay (QFE) in the ISER will also be of interest to the institution's leadership, who will want to ensure the completion of the projects identified in the QFE. The college will also report progress on these initiatives in its Midterm Report. For the requirements of the QFE, see Section 5.3.M.

COMMUNITY STAKEHOLDERS

The Commission's Policy on Public Disclosure and Confidentiality in the Accreditation requires that institutions make their ISER available to the public when they receive their action letter after the Commission meeting, if they haven't published the ISER already. Most institutions provide a link to an electronic copy of the ISER on the accreditation webpage within their website. Institutions use this opportunity to highlight accomplishments as well as to demonstrate compliance with Standards.

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

5.3 Content for the Institutional Self-Evaluation Report (ISER)

The Commission has developed a list of content that an Institutional Self-Evaluation Report (ISER) must include. The content requirements for the ISER are presented below. They also form the outline of the ISER Template, which institutions can download and use when preparing their Report (https://accjc.org/wp-content/uploads/ISER_Template.docx). The institution's ISER should not exceed 250 pages (excluding evidentiary documents).

Title Page

The title page should include the name and address of the institution, and a notation that the ISER is in support of an application for candidacy, initial accreditation, or reaffirmation of accreditation, and date submitted. The format for the title page is provided in the ISER Template.

Certification Page

The ISER should include a certification page which includes the college Chief Executive Officer's confirmation of the purpose of the 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, that the information contained therein is accurate, 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.

Table of Contents

The ISER should include a table of contents to facilitate the peer review team's and others' use of the report.

A. Introduction

The introduction should include a brief history of the institution, including the year of establishment. The introduction will help readers of the report become familiar with the college, its mission, its students, and the communities it serves. The introduction should highlight the major developments that the institution has undergone since the last comprehensive review. In describing the institution, the introduction should include summary data on the service area in terms of labor market, demographic, and socio-economic data. The introduction should include enrollment data and trends (in tables or charts) disaggregated as appropriate to the institution's mission and student population. 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 ISER, as it does to the public, any specialized or programmatic accreditation held.

B. Presentation of Student Achievement Data and Institution-set Standards

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 (see Appendix E). The template is accompanied by a list of questions to encourage institutional analysis of data and identification of areas that are worthy of special note or in need of improvement. Some institutions and district/systems may have developed other means of presenting data for campus and district/system-wide discussion and decision-making. Those charts, tables, and templates may be acceptable as well.

Institutional student achievement data may 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 mission, service area, and student population

Based on the uniqueness of the college's mission, the institution may separately present achievement data for the following categories of 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 tables or charts should present the following data for analysis (data marked with an asterisk * are required):

- 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)
- Certificate/Degree completion (numbers or rates)*
- Student transfer to four-year institutions (numbers or rates)*
- Student job placement (number or rates) for CTE program completers*
- Licensure/certification exam (numbers or rates)*

Institution-Set Standards: The institution must establish appropriate standards of success with respect to student achievement in relation to the institution's mission. Each institution will set expectations for course completion, degree and certificate completion, licensing examination passage rates, job placement rates, and transfer rates as appropriate to the college's mission. Institutions also will set standards of student performance for other indicators pertinent to the institution's mission. The institution

demonstrates that 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.

Within the presentation of the data, institutions are required to include institution-set standards for performance with respect to student achievement metrics and the institution's mission. The data presentation will demonstrate that the institution has set performance standards, gathered data on these metrics, and analyzed the actual results against its set standards (Appendix E). Presentation of the data should be accompanied by brief analysis of notable trends and should include either brief plans for improvements to increase student performance, and/or descriptions of changes that were implemented to increase student performance. Plans to increase student achievement should remain brief in this section and spelled out in greater detail in the Quality Focus Essay (QFE) (see below, content item H).

Peer review teams will verify that institutions collect student achievement data and use it in integrated planning and decision-making 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, or combination, how it organized the institutional self-evaluation process, which individuals and constituent groups were involved, what their responsibilities were, and timelines for completion.

D. Organizational Information

The ISER should include organizational charts of the institution for each major function/division or department, including names of individuals holding each position. In a corporate structure, the relationship of the corporation to the accredited college, 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.

Colleges in multi-college districts/systems must provide a Functional Map, which delineates whether primary responsibility for all or parts of specific functions described in the Standards are vested at the college or district level. (Examples of Functional Maps can be found in Appendix D.) 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.

Institutions that have achieved accreditation are expected to include in their ISER 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 ISER. For each of these Eligibility Requirements, the ISER must include a very

brief narrative analysis plus links to evidentiary documentation demonstrating that the institution continues to meet the Eligibility Requirements (see Section 2.1 above). The remaining Eligibility Requirements will be addressed within the institution's responses to the associated accreditation Standards.

The Eligibility Requirements as well as the list of documents needed to substantiate continued eligibility can be found in Appendix B.

F. Certification of Continued Institutional Compliance with Commission Policies and Federal Regulations

The ISER must specifically address how the institution is in compliance with ACCJC policies and federal regulations. The ISER template (https://accjc.org/wp-content/uploads/ISER_Template.docx) includes a certification statement to verify continued compliance with Commission policies. In addition, the report should provide links to evidence and very brief narratives to demonstrate compliance with the policies. If applicable, the report may also cross-reference to related standards where more detailed narrative and additional evidence can be found. A complete list of the policies and federal regulations that institutions must specifically address can be found in Appendix C.

G. Structure of the Institutional Analysis of Standards

The lengthiest section of the ISER will provide evidence and analysis of how the institution's policies and practices align with each of the accreditation Standards. When preparing this part, it is useful for institutions to keep in mind the foundational principles that permeate the accreditation Standards, i.e., the Commission expectations that each institution:

- *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 when warranted, based on the analysis and supported by adequate sources of data and other evidence.*

For each Standard (e.g. I.A.1, I.A.2, I.A.3, I.A.4, I.B.1, etc.), the institution should present evidence of meeting the Standard and then analyze and evaluate the extent to which its policies and practices align to each Standard as explained here:

Evidence of Meeting the Standard (for each Standard)

The institution should describe and document the factual conditions at the college, including college policies and practices, that demonstrate how the institution's policies or practices align with the Standards. The report should include linked references to evidentiary documents in support of these factual claims.

The most direct way to present evidence is to name the evidentiary document and state explicitly what it demonstrates in regard to the Standard. For example, you might say, "*Document X* demonstrates that the College has a policy on *Y,*" with *Y* being the topic that is called for in the Standard.

Analysis and Evaluation (for each Standard)

Based on the evidence provided, the institution should analyze and systematically evaluate its performance specifically against each accreditation Standard and its institutional mission. This analysis should result in evaluative appraisals about educational quality, institutional effectiveness, and decisions for improvement. The objective of the self-evaluation process is for the institution to reflect on whether or not, and to what degree, institutional evidence demonstrates how well the institution's policies and practices align with 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.

Conclusion (at the end of each *section*) . . .

At the end of each *section*, the institution should reach broader, overarching conclusions regarding its performance on each theme within the Standards: e.g. I.A, Mission; I.C, Institutional Integrity; II.A, Instructional Programs; III.C, Technology Resources; etc. Drawing from the evidence and evaluation for each individual Standard and reflecting on all the Standards within the grouping as a collective whole, the institution should report its overall self-assessment on each section/theme. Holistically, to what extent are the institution's policies and practices aligned with Standards as a sum of its parts, and how has the institution reached this conclusion?

. . . and Improvement Plan(s)[1] Arising out of the Self-Evaluation Process

During the institutional self-evaluation process, colleges commonly find areas where institutional effectiveness can be improved or changes are needed in order to better align with the Commission's Standards. Both the changes made during the self-evaluation process and plans for future action should be documented in the ISER. Such changes and improvement plans demonstrate the necessary linkages between the self-evaluation process and institutional planning, decision making, resource allocation, and continuous improvement. The changes or improvements that the institution has completed in response to its self-evaluation can be included within the narrative of the "Analysis and Evaluation." If the changes or improvements will require more time to complete, time beyond the publication of the ISER, such self-identified improvement plans should be noted in the "Conclusion" of the relevant section of the Standards (e.g. IIA, Instructional Programs). The discussion should include expected outcomes and timelines for implementation. The plans should also be integrated into the institution's ongoing evaluation and planning processes for implementation and follow up.

Table 2 below provides suggested page limits to the institutional responses for each section or theme of the accreditation Standards.

Evidence List (also at the end of each *section*)

At the end of each *section* (e.g. II.C, Student Support Services; III.A, Human Resources; III.B, Physical Resources; etc.), list all evidence that is cited within the narrative text for the Standards of that section. The numbering system for the evidence in the list should match exactly the numbering system used for the evidence citations within the text of the narrative.

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[1] NOTE: The improvement plans noted above relate specifically to the institution's efforts to align with Standards. The improvement projects described in the Quality Focus Essay (QFE) should be designed to improve student learning and student achievement.

Table 2: Suggested Page Limits for Each Section of the Standards

Standard I: Mission, Academic Quality and Institutional Effectiveness, and Integrity	
A. Mission (4 Standards)	6
B. Assuring Academic Quality and Institutional Effectiveness (9 Standards)	17
C. Institutional Integrity (14 Standards)	10
Standard II: Student Learning Programs and Support Services	
A. Instructional Programs (16 Standards)	17
B. Library and Learning Support Services (4 Standards)	6
C. Student Support Services (8 Standards)	10
Standard III: Resources	
A. Human Resources (15 Standards)	10
B. Physical Resources (4 Standards)	6
C. Technology Resources (5 Standards)	7
D. Financial Resources (16 Standards)	16
Standard IV: Leadership and Governance	
A. Decision-Making Roles and Processes (7 Standards)	10
B. Chief Executive Officer (6 Standards)	5
C. Governing Board (13 Standards)	10
D. Multi-College Districts or Systems (7 Standards)	10
Total pages for Analysis of Standards	140

H. Quality Focus Essay (not to exceed 4,000 words)

The Quality Focus Essay is the component of the ISER which provides the opportunity for member institutions to be innovative and to propose new ideas and projects that will improve student learning and/or student achievement at the institutional level.

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 institutional self-examination, it will identify policies, procedures, or practices in need of change that directly relate to the improvement of student learning and/or student achievement. Consequently, the institution will identify two or three areas of need or areas of interest that arise out of the institutional self-evaluation and that focus on student learning and student achievement. Based on the areas identified, the institution will plan two or three action projects which are intended to have a positive impact on improving student learning and/or student achievement over a multi-year period. These projects will be described in a Quality Focus Essay (QFE).

The Essay will include for each project an introductory discussion of the student learning or student achievement data that led to identifying the area of need or area of interest, a brief discussion of the anticipated impact of the project on student learning and/or student achievement, a description of anticipated measureable outcomes, and a detailed description of each project. The description of each project should include specific

activities to be completed, responsible parties, resources needed, and a timeline for completion. The projects described in the QFE should be realistic and workable and should culminate in a set of observable and measurable outcomes. The QFE's factual basis and data analysis should be consistent with the other portions of the college's ISER, notably the student achievement data presented as outline item B (above).

The QFE will provide the institution with multi-year, long-term directions for improvement of student learning and student achievement and will demonstrate the institution's commitment to excellence. The peer review team will review and provide constructive feedback on the QFE, with the goal of supporting institutional efforts to enhance student learning and achievement.

The Commission does not evaluate the QFE to determine the institution's accreditation status. Rather, the Commission uses the QFE as a means to encourage institutional development and innovation, advance educational quality, foster institutional excellence, and support improvement of member institutions. The areas identified in the QFE will become critical focal points for the institution's Midterm Report. In the Midterm Report, the institution will provide a progress report or, if the projects are completed, a final report on the outcomes of the projects.

5.4 Submission and Format of the Institutional Self-Evaluation Report

Sixty days or more before the visit, the institution will send to each member of the peer review team one electronic copy of the Institutional Self-Evaluation Report on USB flash drive, including a current catalog, the most recent class schedule, and subfolders containing electronic copies of all evidence documents. The institution will also send an electronic copy on USB flash drive, with evidence, to the ACCJC office. All evidence submitted must be in electronic format (see Electronic Format below).

Send the USB flash drive 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 ISER refers to evidence available on the institution's website, a hyperlink to the evidence must be provided and not require a username or password. However, links to such web-based evidence are strongly discouraged because web pages sometimes are renamed, moved, or deleted, resulting in broken links in the ISER; and because some readers (peer reviewers) may sometimes need to work with the documents offline.

The institution must make the ISER available to its governing board, faculty, staff, and administrators. The peer review team expects that these groups will be familiar with the contents of the Self-Evaluation Report during the site visit.

Electronic Format

The institution will provide the ISER, catalog, schedule of classes, and evidence documents in electronic format on a USB memory stick/flash drive. Evidentiary documents should 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

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.

The institution should develop a simple, logically organized system of naming and storing the evidence files on the USB flash drive. (See Appendix G)

Citations to large documents in evidence, without links to relevant portions or screen shots of specific items, make it difficult for the peer review 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 that is relevant to the stated facts. When possible, passages from the evidence may be incorporated into the body of the Report. Evidence needs to be "frozen" at the time of the peer review team visit; therefore, it should be provided to the team on a USB and not be stored on the website. Evidence provided after the peer review team visit cannot be verified by an on-site review.

6 The External Peer Review

6.1 The Site Visit

The external peer review team provides an independent evaluation of an institution. The team analyzes and verifies the information provided in the Institutional Self-Evaluation Report (ISER) and assesses whether the institution meets Eligibility Requirements, Accreditation Standards, and Commission policies. The role of the peer reviewer is twofold: (1) to determine that the college complies with Standards and (2) to provide guidance for institutional improvement. The team reviews the ISER, visits the college to further their understanding of the information, and prepares a report of its findings.

The team presents its findings in a report that serves two purposes. First, it provides feedback to the institution regarding the quality of its performance in pursuit of its stated mission and goals, the effectiveness of its procedures, its evidence of student achievement and student learning, and the adequacy of its resources. Second, it provides first-hand observations and analysis that assist the Commission in its determination of the accredited status of the institution.

Prior to the team visit, the peer review 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 college personnel for team interviews, and in general, serve as the communication link between the institution and the peer review 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. Unless arranged otherwise by the college, team members should expect to pay for lodging, off site meals, and transportation to and from the site of the visit; they will be reimbursed for these expenses by the ACCJC, yet the college ultimately bears the costs of the visit. Institutions may not give (and team members should not accept) any souvenir or gift.

The site visit takes place while the institution is in session. The ACCJC will provide advanced notice to the institution about the timing, nature, and purpose of the external peer review 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 peer review team. The team will typically expect to meet with the college/district or system Chief Executive Officer (CEO), administrators, department heads and program coordinators, members of the governing board, faculty, students, and persons with substantial responsibility for producing the ISER. Peer review 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 forums to provide members of the college and other interested parties 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 where 50% or more of a program can be completed. For institutions that offer distance education or correspondence education (DE/CE) courses/programs and DE/CE student and learning support services, the

institution must provide the team access to a sampling of online courses, programs, and services 30 days prior to the site visit, with the necessary passwords.

Early in the visit, the institution may wish to host a simple meet-and-greet activity to introduce the team to key members of the campus community, especially 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 so that the peer review team can focus its time and energies on reviewing and verifying the information provided in the ISER, meeting with individuals or small groups, and collecting information needed to complete the Team Report.

While on site, the peer review team will need a team room with ample privacy and centrally located on campus so that the team members can meet and deliberate in private. The team room should be equipped with appropriate technology, such as computers, a printer, wifi, and Internet access, to support the team during the visit. The team chair and the ALO should work together to arrange the details of the team's needs.

On the final day of the site visit, the peer review team chair will meet 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 ISER, supporting materials, and observations on site.

The peer review team chair sends the draft Team Report to the college CEO for correction of errors of fact before sending the Report to the ACCJC.

If the college is part of a multi-college district/system, one of the peer review team chairs will be selected as the lead chair, or chair of chairs. The chair of chairs will lead a small team to visit the district/system offices to conduct a review. Findings from the district/system visit will be incorporated into each institution's team report. At the close of the visit, the chair of chairs will meet with the district/system CEO to provide an exit report/overview to summarize observations, comments, and major findings of the district/system.

6.2 The External Evaluation Report and Commission Decision

Following the review of the Team Report for errors of fact by the college CEO, the Commission sends the corrected report, herein called the External Evaluation Report, to the CEO 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 External Evaluation 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 External Evaluation Reports are considered. The Commission notifies institutions in writing within 30 days after the decisions are made in the form of an action letter 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 appeal the decision in accordance with the policies of the Commission[1].

When the institution has received the Commission's action letter, it is required to release the action letter together with the ISER and the External Evaluation Report to the college community and the public. The simplest way is to upload these documents to the college's accreditation webpage. Accreditation information must be easily accessible on the college website, no farther than one click from the institution's home page[2].

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[1] Policy on Commission Good Practice in Relations with Member Institutions
[2] Policy on Representation of Accredited Status

PART 3
Guide to Evaluating the Institution Using Standards:

Review Criteria and Possible Sources of Evidence for Each Standard

7 Guide to Understanding and Applying Standards

This next section of the *Guide* provides insight on how to apply the Standards to an institution, one Standard at a time.

7.1 How to Interpret Standards

To understand the Standards and what they are asking, it helps to deconstruct the sentence grammatically—look for the subjects and the verbs. Each statement in the Standards delineates that the institution is supposed to do something or that someone within the institution, such as the CEO or the governing board, is supposed to do something. Descriptive words and phrases in the Standards define the scope of the action that the institution or person is supposed to engage in. The descriptive phrases frequently provide parameters that limit the scope of the expected activity. If the action in the statement is followed by nouns (direct objects), those nouns can also limit the scope of persons or items upon which the action is expected to be enacted.

When evaluating the institution's compliance with a Standard, campus personnel who are working on the ISER should note the limiting descriptors in the statements. They should then search for and analyze evidence that pertains only to what the Standard requires within the limits of those descriptors. They need not stray into tangential areas that are indirectly related to the Standard. Similarly, members of peer review teams should expect to evaluate only evidence that pertains to the Standard as the institution has applied the Standard to its own mission. Peer reviewers should neither expect nor request to view evidence that is not directly related to a Standard.

7.2 Sources of Evidence and Review Criteria for Each Standard

The majority of the ISER will provide evidence and analysis of ways in which the institution's policies and practices align with the Standards. In the following section of this *Guide*, the reader will find the Accreditation Standards followed by **possible sources of evidence** and **evaluation criteria** about their application at an institution.

POSSIBLE SOURCES OF EVIDENCE

There are many types of supporting evidence relevant to an institution's unique mission that can be used to demonstrate compliance with the Standards and to validate the commitment to continuous quality improvement. Institutions engaged in self-evaluation or peer review teams may find evidence in a number of sources, including institutional databases, institutional fact books, catalogs, planning documents, and program reviews; documents such as faculty handbooks, student handbooks, policy statements, minutes of important meetings, course outlines, and syllabi. Useful evidence may also be derived from survey results; from assessments of student work on examinations, class assignments, capstone projects, etc.; from faculty grading rubrics and assessment of student learning outcomes; and from special institutional research projects and reports.

The lists of possible sources of evidence following each Standard are non-exhaustive lists. The lists are also not intended to indicate documents that *must* be present in an institution's ISER. The lists of possible evidence are meant only to guide an institution toward evidentiary documents that it actually has. The institution may have similar evidence or very different evidence, yet it will have evidence that is relevant to its unique mission, culture, and methods of operation. Institutions should carefully select the evidence from their own ongoing practices, evidence that substantiates its assertions about the extent to which it aligns with Standards.

Peer review teams may request additional evidence as appropriate to support institutional claims, but peer review teams should not expect to see the same sorts of evidence that their home institutions might supply.

When presenting evidence in the ISER, the institution does not need to present every available evidence document imaginable. Institutions should not overwhelm the peer review team with the greatest amount of evidence possible. The goal is to provide the most relevant evidence that will substantiate the institution's claim that it meets Standards. The institution should aim for quality, not quantity.

REVIEW CRITERIA:
These criteria are designed to guide a thoughtful examination of institutional quality. They are intended to assist institutions and peer review teams in their assessment of the degree to which the institution's policies and practices align with Standards, meet or do not meet Standards. As institutions review their evidence for each Standard, they can use these criteria as points to reflect on or to discuss in their analysis of compliance with the Standard.

For institutions with baccalaureate degrees, the standards for which there should be specific narrative and evidence about the degree program are noted with additional evaluation criteria drawn from the ACCJC's Protocol for Baccalaureate Degrees.

While reflecting on the Standards and applying the review criteria to its present circumstances, an institution may discover that it needs to improve its policies or practices in order to better align with Standards. In such cases, the concerns should be brought to the attention of appropriate personnel at the college to determine what improvement, if any, should be made. If the improvement can be started and completed before the completion of the ISER, the institution can implement the change and report the improvement in the ISER, supported with relevant evidentiary documents. If the improvement will require more time to plan, implement, and complete, the improvement plan can be described briefly in the ISER, supported with evidence of the work already begun, if any. (See Section 5.4.G above regarding Improvement Plans.)

In short, the purpose of the review criteria is to help the institution reflect on its strengths in light of the Standards, to identify opportunities for improvement where needed, and to draw attention to areas where the institution excels.

Accreditation Standards
Adopted June 2014

Standard I:[1] Mission, Academic Quality[2] and Institutional Effectiveness, and Integrity

The institution demonstrates strong commitment to a mission that emphasizes student learning and student achievement. Using analysis of quantitative and qualitative data, the institution continuously and systematically evaluates, plans, implements, and improves the quality of its educational programs and services. The institution demonstrates integrity in all policies, actions, and communication. The administration, faculty, staff, and governing board members act honestly, ethically, and fairly in the performance of their duties.

A. Mission

1. **The mission describes the institution's broad educational purposes, its intended student population, the types of degrees and other credentials it offers, and its commitment to student learning[3] and student achievement.[4] (ER 6)[5]**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Board policy that states the mission;

   − Web page, catalog page, CEO's message, or white paper that explicates the mission;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   • The institution's mission addresses the institution's educational purpose.

   • The mission defines the student population the institution serves.

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[1] Each separately enumerated statement is an ACCJC accreditation Standard (e.g., I.A.1, II.B.4, and so on). The Standards are organized by subject matter into four chapters which are entitled Standard I, Standard II, Standard III, and Standard IV. The chapters are further divided by headings, or themes, to help identify related groups of Standards.

[2] Glossary – *Academic Quality*: A way of describing how well the learning opportunities, instruction, support, services, environment, resource utilization and operations of a college result in student learning and student achievement of their educational goals. The Accreditation Standards, collectively, are factors in determining academic quality in the context of institutional mission.

[3] Glossary – *Student Learning*: Competencies in skill and knowledge gained by students at the institution. The knowledge and competencies are expressed for segments of study or activity through measurable learning outcomes at the institutional, program, degree, and course levels.

[4] Glossary – *Student Achievement*: Student attainment that can be measured at defined points of completion, including successful course, certificate and degree completion, licensure examination passage, post-program employment, and other similar elements.

[5] 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. The relevant sections of the Accreditation Standards are so noted by an (ER___) designation.

- The institution's educational purpose is appropriate to an institution of higher learning.

- The mission addresses the types of degrees, credentials, and certificates the institution offers.

- The mission demonstrates the institution's commitment to student learning and student achievement.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:[6]

- The baccalaureate degree program aligns with the institutional mission.

- The mission includes baccalaureate degree among the types of degrees and certificates.

NOTE: Although many institutions state their mission in a single statement known as their "mission statement," the mission, as the ultimate aim and purpose of the institution, may not be limited to a single statement. The mission may be described in part in a collection of descriptive statements such as a mission statement, a vision statement, values statements, institutional goals, or some other combination of institutional statements. When evaluating alignment with Standard IA1, all such mission-related statements should be considered.

2. **The institution uses data to determine how effectively it is accomplishing its mission, and whether the mission directs institutional priorities in meeting the educational needs of students.**

POSSIBLE SOURCES OF EVIDENCE*:

− Data reports to the Board that are considered when institutional priorities are being set;

− Scorecard reports or fact sheets on student achievement and student learning, or other data related to the mission;

− Screen shots of data dashboard;

− Student achievement data as used or included in institutional plans;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution reports and analyzes data that are directly related to its mission. For example, if the mission states that the institution grants degrees, then the institution reports and analyzes degree achievement data.

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[6] Baccalaureate Protocol - This notation is included for standards which should have specific narrative and evidence pertaining to the institution's baccalaureate degree, if there is one. Please note that institutions also have to separately address Eligibility Requirement 1, describing the institution's authorization by the state/government to offer a baccalaureate degree.

* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

- The institution uses those mission-related data to set institutional priorities and improve practices and processes towards meeting its mission.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- Baccalaureate degree data is included among the data that is reported and analyzed.

3. **The institution's programs and services are aligned with its mission. The mission guides institutional decision-making, planning, and resource allocation and informs institutional goals for student learning and achievement.**

POSSIBLE SOURCES OF EVIDENCE*:

- Planning handbook, curriculum handbook, and/or budget development handbook that refer to the mission as a guide for decision-making;
- Institutional plans that demonstrate that the mission guides planning;
- Budget assumptions that are tied to the mission and that guide resource allocation decisions;
- Minutes from meetings when budget assumptions or resource allocations are decided;
- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution can demonstrate that its programs and services align with its mission.
- Planning and decisions are consistently linked to the institution's mission.
- Decision-making bodies are able to demonstrate alignment of all key decisions, including resource allocation decisions, with the college's mission, especially to its commitment to student learning and student achievement.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- The baccalaureate program is clearly aligned with the institutional mission.
- The institution has included the baccalaureate degree in its decision-making and planning processes, and in setting its goals for student learning and achievement.

4. **The institution articulates its mission in a widely published statement approved by the governing board. The mission statement is periodically reviewed and updated as necessary. (ER 6)**

POSSIBLE SOURCES OF EVIDENCE*:

- A document that outlines a mission review process;
- Minutes or other report(s) with details of the process the last time the mission was reviewed and updated;
- Minutes of the Board when the mission was last reviewed, updated, and approved;
- Pages form the college catalog where the mission is presented;
- A few key webpages where the mission is published;

− Copies of other documents or photographs of locations where the mission is published on a regular basis;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution's mission is approved by the governing board.

- The mission is published in multiple locations, including the college catalog.

- The institution follows its process for reviewing and updating its mission.

B. Assuring Academic Quality and Institutional Effectiveness

Academic Quality

1. **The institution demonstrates a sustained, substantive and collegial dialog about student outcomes, student equity, academic quality, institutional effectiveness, and continuous improvement of student learning and achievement.**

POSSIBLE SOURCES OF EVIDENCE*:

− Minutes from groups when and where the dialog has occurred;

− Programs from institutional convocations or other professional development activities when the dialog occurs;

− Minutes from different groups if the various criteria of this Standard are divided among different groups;

− Planning or governance handbooks if the college has regularly scheduled intervals or procedures for discussing these topics and reviewing related data, or if these topics are specifically assigned to different groups for discussion, data review, and planning;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has a structured dialog on student outcomes, student equity, academic quality, institutional effectiveness, and continuous improvement of student learning and achievement.

- The dialog occurs on a regular basis and stimulates plans for improvement.

- The dialog uses the analysis of evidence, data, and research in the evaluation of student learning.

2. **The institution defines and assesses student learning outcomes for all instructional programs and student and learning support services. (ER 11)**

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

POSSIBLE SOURCES OF EVIDENCE*:

− Program information in the catalog and brochures includes program-level learning outcomes;

− Support services define learning outcomes and other measures of effectiveness;

− Assessment methods for learning outcomes are documented;

− Assessment results are collected and analyzed at the program level;

− Assessment results are collected and analyzed for support services;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- Student learning outcomes and assessments are established for all instructional programs, learning support services, and student support services.

- Learning outcomes assessments are the basis for the regular evaluation of all courses and programs.

- The institution provides for systematic and regular review of its instructional and student support services.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- Student learning outcomes for upper division baccalaureate courses reflect higher levels of depth and rigor generally accepted in higher education.

- Assessment of baccalaureate degree outcomes must reflect higher levels of learning than lower division coursework in the same program.

3. **The institution establishes institution-set standards[1] for student achievement, appropriate to its mission, assesses how well it is achieving them in pursuit of continuous improvement, and publishes this information. (ER 11)**

POSSIBLE SOURCES OF EVIDENCE*:

− Description of the process that was used to establish institution-set standards or that was used to review and update institution-set standards;

− A document that spells out what the institution-set standards are for the various data appropriate to its mission;

− Reports that include actual student achievement data compared to institution-set standards. These may include institutional evaluation reports, institutional planning documents, or program review reports;

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[1] Glossary – *Institution-Set Standards*: Performance metrics and measures set by institutions for student achievement, both in individual programs and for institution-wide student achievement. (A useful example of Institution-Set Standards could be the three-year averages of student performance metrics and performance targets set above the averages.) Both the definition and the level of expected performance are appropriate for assessing achievement of institutional mission, for determining actions of improvement, and for analyzing institutional results in the context of higher education. Institutions assess student performance against locally set standards in order to determine institutional effectiveness and academic quality and to inform planning and action for continuous improvement.

- Reports include analysis of the data and improvement plans, especially when the data reveal underperforming areas of the college;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has established criteria and processes to determine appropriate, institution-set standards for student achievement appropriate to its mission, including standards for course completion, program completion, transfer, job placement rates, and licensure examination passage rates. The metrics both monitor and challenge institutional performance.

- In addition to the above metrics, institutions must demonstrate they are aware of, and use the key metrics used in the USDE College Scorecard.

- There is broad-based understanding of the priorities and actions to achieve and exceed institution-set standards.

- The institution annually reviews data to assess performance against institution-set standards.

- If the institution does not meet its own standards, it establishes and implements plans for improvement which enable it to reach these standards.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- The institution has institution-set standards for the baccalaureate program and assesses performance related to those standards. It uses assessment to improve the quality of the baccalaureate program.

- Student achievement standards are separately defined and assessed for baccalaureate programs to distinguish them from associate degree programs.

NOTE: Peer review teams will appraise the process by which the standards have been set, the appropriateness of the standards in accordance with the institution's mission, and the availability of the set standards to institutional constituencies. Teams will also review ways in which the institution regularly compares its data to its set standards, initiatives that have been planned and implemented to improve institutional performance in areas where standards are not met, and other improvements planned by the institution to increase its performance in areas where standards are met (to achieve or exceed stretch goals).

4. **The institution uses assessment data and organizes its institutional processes to support student learning and student achievement.**

POSSIBLE SOURCES OF EVIDENCE*:

- Procedures that document institutional evaluation and planning processes, such as an Institutional Planning Handbook;

- Documents that demonstrate how achievement data are used in planning and how planning is intended to support student learning and student achievement;

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- Assessment data drives college planning to improve student learning and student achievement.

- Institutional processes are organized and implemented to support student learning and student achievement.

Institutional Effectiveness

5. **The institution assesses accomplishment of its mission through program review and evaluation of goals and objectives, student learning outcomes, and student achievement. Quantitative and qualitative data are disaggregated for analysis by program type and mode of delivery.**

   POSSIBLE SOURCES OF EVIDENCE*:
   − Procedures that document the program review process, such as a Program Review Handbook, including instructions or expectations how student learning data and student achievement data are used to plan program improvements;
   − Program review template, including analysis of past goals and objectives, and analysis of student learning and student achievement data;
   − The process includes disaggregation of data by program type and mode of delivery, as appropriate to the college's practices;
   − Completed program review reports that include all of the above;
   − Reports present both quantitative and qualitative data;
   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   - The college has established and uses program review processes that incorporate systematic, ongoing evaluation of programs and services using data on student learning and student achievement. These processes support programmatic improvement, implementation of modifications, and evaluation of the changes for continuous quality improvement.

   - The program review process demonstrates how goals and objectives and the data provide information about how well the college is achieving its mission.

   - Data assessment and analysis drive college planning to improve student learning and student achievement.

   - Data used for assessment and analysis is disaggregated to reflect factors of difference among students, as identified by the institution.

6. **The institution disaggregates and analyzes learning outcomes and achievement for subpopulations of students. When the institution identifies performance gaps, it implements strategies, which may include allocation or reallocation of human, fiscal and other resources, to mitigate those gaps and evaluates the efficacy of those strategies.**

POSSIBLE SOURCES OF EVIDENCE*:

− Procedures that document the program review process (or other institutional evaluation process), including necessary components of student learning and student achievement data disaggregation;

− Completed program review reports, including analysis of disaggregated data;

− If the disaggregated data show achievement gaps between subpopulations of students, the reports include plans for closing the gaps, including resource allocation requests if needed;

− Procedures that document how resource allocation requests are included as a component of program review;

− Completed program review reports or other institutional evaluations that analyze disaggregated data of past and present after plans/projects have been implemented and resources allocated—to determine if gaps are closing;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- Disaggregation of data:
  - o The institution disaggregates learning outcome data for student subpopulations, as identified by the institution.
  - o The institution disaggregates student achievement data for student subpopulations, as identified by the institution.
  - o Student subpopulations, for disaggregation, may be defined differently for student learning and student achievement.

- Disaggregated data are analyzed, and learning and/or achievement gaps, if any, are reported.

- The institution demonstrates that institutional data and evidence, including student achievement data, is used for program review and improvement.

- The college's resource allocation is driven by program review (or other institutional evaluation process).

7. **The institution regularly evaluates its policies and practices across all areas of the institution, including instructional programs, student and learning support services, resource management, and governance processes to assure their effectiveness in supporting academic quality and accomplishment of mission.**

POSSIBLE SOURCES OF EVIDENCE*:

− Procedures that document the policy review process or a regular cycle of review for college policies;

− Policies that reflect the latest update or that include the dates of all reviews and updates;

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

- Procedures that document the evaluation processes or cycles for program review processes, resource allocation processes, and governance structures;

- Results or reports from evaluations of the institutional planning processes, program review process, resource allocation process, and governance structure;

- Analysis within such reports of those processes' effectiveness in supporting academic quality and accomplishment of the mission;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has a regular review cycle for its policies and procedures to assure their continued effectiveness.

- The institution regularly evaluates its institutional planning and evaluation processes to determine their efficacy.

- The institution regularly evaluates its program review processes to determine their efficacy.

- The institution regularly evaluates its resource allocation processes to determine their efficacy.

- The institution regularly evaluates its governance structure and decision-making processes to determine their efficacy.

- The institution uses the results from assessment processes to develop and implement plans for improvement.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- The institutional evaluation policies and practices recognize the unique aspects and requirements of the baccalaureate program in relation to learning and student support services and resource allocation and management.

8. **The institution broadly communicates the results of all of its assessment and evaluation activities so that the institution has a shared understanding of its strengths and weaknesses and sets appropriate priorities.**

POSSIBLE SOURCES OF EVIDENCE*:

- Regularly published evaluation reports to the campus community or to constituent groups;

- Minutes of meetings when evaluation reports are disseminated and discussed, from a variety of constituent groups as appropriate;

- Presentation materials from convocations when evaluation results are shared with the campus community;

- Other presentations or reports to communities or stakeholders served by the college;

- Minutes of meetings, or reports, when goals or plans are made as a result of the sharing of evaluation results;

- Minutes of meetings when data discussions and planning lead to creation of budget assumptions and prioritizations for resource allocation;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution demonstrates that communication of its assessment and evaluation to internal and external stakeholders occurs regularly.

- Institutional evaluation reports and program reviews can be accessed by constituencies.

- The strengths and weaknesses of the institution as identified by the assessment are clearly communicated to the college community.

- The data supported discussion on strengths and weaknesses is used to set institutional priorities.

9. **The institution engages in continuous, broad based, systematic evaluation and planning. The institution integrates program review, planning, and resource allocation into a comprehensive process that leads to accomplishment of its mission and improvement of institutional effectiveness and academic quality. Institutional planning addresses short- and long-range needs for educational programs and services and for human, physical, technology, and financial resources. (ER 19)**

POSSIBLE SOURCES OF EVIDENCE*:

- Procedures that document systematic evaluation and planning cycles and who is responsible (by position or group) ;
- Reports that demonstrate integration of institutional evaluation or program review with planning and resource allocation;
- Completed institutional plans, program reviews, and other institutional or programmatic evaluation reports;
- Reports of accomplishment of improvements;
- Minutes that record who is present or who participates in planning and evaluation committees to show broad-based participation;
- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- Comprehensive institutional planning is designed to accomplish the mission and improve institutional effectiveness and academic quality.

- Institutional planning must:
  o happen on a regular basis
  o include wide participation across the college-wide community
  o use valid data sources
  o follow consistent processes

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

Standard I.B: Assuring Academic Quality and Institutional Effectiveness

- Institutional planning integrates program review, resource allocation, strategic and operational plans, and other elements.

- Comprehensive planning addresses short- and long-term needs of the institution.

C. Institutional Integrity[1]

1. **The institution assures the clarity, accuracy, and integrity of information provided to students and prospective students, personnel, and all persons or organizations related to its mission statement, learning outcomes, educational programs, and student support services. The institution gives accurate information to students and the public about its accreditation status with all of its accreditors. (ER 20)**

POSSIBLE SOURCES OF EVIDENCE*:

− Procedures that document systematic review cycles for the information that is presented in the catalog, in brochures, and on the website, and who is responsible (by position or group) to assure clarity, accuracy, and integrity of the information related to

  o The mission

  o Information on educational programs

  o Information on student support services

  o Learning outcomes

  o Accredited status of the college;

− Page reference where accredited status can be found in the catalog;

− Screen shots of web page where accredited status is presented, and screen shot of web page where the link to accredited status is located (one click from the college's home page) ;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution conducts regular review of the information it publishes to ensure its clarity, accuracy, and integrity.

- The institution can document processes for regular review of catalog information and website information.

- The institution provides current and accurate information on student achievement to the public.

- Student learning outcomes for courses and programs are published or can be accessed by the public.

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[1] Glossary – *Institutional Integrity*: Concept of consistent and ethical actions, values, methods, measures, principles, expectations, and outcomes, as defined by institutions; and of clear, accurate, and current information available to the college community and public.

- The institution posts its accredited status on its website and in all relevant documents.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- Information related to baccalaureate programs is clear and accurate in all aspects of this Standard, especially in regard to learning outcomes, program requirements, and student support services.

2. **The institution provides a print or online catalog for students and prospective students with precise, accurate, and current information on all facts, requirements, policies, and procedures listed in the "Catalog Requirements"[2]. (ER 20)**

POSSIBLE SOURCES OF EVIDENCE*:

– Print catalog;

– Online catalog;

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[2] **Catalog Requirements:**
The following list of required information must be included in the college catalog.

1. General Information
   - Official Name, Address(es), Telephone Number(s), and Website Address of the Institution
   - Educational Mission
   - Representation of accredited status with ACCJC, and with programmatic accreditors if any
   - Course, Program, and Degree Offerings
   - Student Learning Outcomes for Programs and Degrees
   - Academic Calendar and Program Length,
   - Academic Freedom Statement
   - Available Student Financial Aid
   - Available Learning Resources
   - Names and Degrees of Administrators and Faculty
   - Names of Governing Board Members

2. Requirements
   - Admissions
   - Student Tuition, Fees, and Other Financial Obligations
   - Degrees, Certificates, Graduation and Transfer

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

4. Locations or Publications Where Other Policies may be Found

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution provides a print or online catalog, which is easily accessible to all interested parties.

- The catalog presents accurate and current information for all required details listed in "Catalog Requirements."

- The college describes the frequency for catalog publication and process for dissemination.

3. **The institution uses documented assessment of student learning and evaluation of student achievement to communicate matters of academic quality to appropriate constituencies, including current and prospective students and the public. (ER 19)**

POSSIBLE SOURCES OF EVIDENCE*:

- Reports to the public or to stakeholders contain any or all of the following:
  - o Course completion data and analysis
  - o Degree and certificate completion data and analysis
  - o Results of assessment of student learning
  - o Job placement data of degree and certificate completers
  - o Licensure pass rates/data
  - o Transfer data
  - o Other achievement data related to the college's mission;
- Marketing materials that contain any of the above;
- Data dashboard pages to which public has access;
- Links on the college's website to federal scorecard information;
- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution collects assessment data on student achievement and student learning, and makes determinations regarding their meaning.

- The institution makes its data and analysis public to internal and external stakeholders.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- The assessment results of student learning and student achievement in the baccalaureate program is used in the communication of academic quality.

4. **The institution describes its certificates and degrees in terms of their purpose, content, course requirements, and expected learning outcomes[3].**

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[3] 34 CFR §668.6

POSSIBLE SOURCES OF EVIDENCE*:

− Print catalog;

− Online catalog;

− Marketing materials for degree and certificate programs;

− Program web pages;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The institution clearly describes its certificates and degrees in its catalog, including expected program learning outcomes.

• Program descriptions include course sequence, units or credit hours, prerequisites, admission requirements if different from college admission requirements.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

• The purpose, content, course requirements, and learning outcomes of the baccalaureate program are clearly described.

5. **The institution regularly reviews institutional policies, procedures, and publications to assure integrity in all representations of its mission, programs, and services.**

POSSIBLE SOURCES OF EVIDENCE*:

− Procedures that document the policy review process or a regular cycle of review for college policies;

− Publications and web pages where information is repeated;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The institution reviews and evaluates its policies, procedures, and publications on a regular basis to assure integrity and consistency of information in the several places where the same information is published.

• The institution has clear structures and processes for conducting these reviews.

6. **The institution accurately informs current and prospective students regarding the total cost of education**, **including tuition, fees, and other required expenses, including textbooks, and other instructional materials.**

POSSIBLE SOURCES OF EVIDENCE*:

− "Tuition and Fees" pages from the college catalog ;

− Policy on tuition ;

− Other documents that inform students of tuition charges for courses or programs;

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

- Web pages or other publications that describe residence hall pricing, meal plans, off campus housing costs, parking fees, etc. ;

- Bookstore webpages where textbook prices are published;

- Bookstore procedures for collecting textbook information from faculty;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution publishes information on the total cost of education, including tuition, fees, and other required expenses, including textbooks and other instructional materials.

- Tuition is consistent for all courses regardless of program. If there is program-specific tuition, the institution can provide a rationale for the difference.

7. **In order to assure institutional and academic integrity, the institution uses and publishes governing board policies on academic freedom and responsibility. These policies make clear the institution's commitment to the free pursuit and dissemination of knowledge, and its support for an atmosphere in which intellectual freedom exists for all constituencies, including faculty and students. (ER 13)**

POSSIBLE SOURCES OF EVIDENCE*:

- A governing board policy on Academic Freedom that contains the criteria stated in this Standard;

- Copies of this policy in a faculty handbook and student handbook, or similar documents disseminated to faculty and students. ;

- Presentations or agenda from faculty development workshops, student orientations, or meetings where the policy is discussed;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has governing board policies on academic freedom and responsibility.

- These policies are regularly reviewed by the governing board.

- Policies are published in easily accessible locations.

8. **The institution establishes and publishes clear policies and procedures that promote honesty, responsibility and academic integrity. These policies apply to all constituencies and include specifics relative to each, including student behavior, academic honesty and the consequences for dishonesty.**

POSSIBLE SOURCES OF EVIDENCE*:

- A policy on Academic Honesty and Integrity or a Student Code of Conduct that addresses the criteria in this Standard;

- Copy of this policy in a student handbook or similar document disseminated to students;

- Course syllabi that clearly describe expectations for academic honesty and consequences for violations;
- Presentations or agenda from student orientations or meetings where the policy is discussed;
- Procedure or process for authenticating student identity in DE/CE courses;
- Personnel policy on honesty and integrity, or personnel policy describing grounds for employee discipline including violations of honesty or integrity;
- Copy of this policy in an employee handbook or similar documents disseminated to faculty and staff;
- Presentations or agenda from staff orientations or meetings where the policy is discussed;
- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has board approved policies on student academic honesty and student behavior, which are clearly communicated to current and future students.
- The institution has board approved policies on the faculty's responsibility regarding academic honesty and integrity.
- The institution has board approved policies that promote honesty, responsibility, and integrity of all employees and include consequences for dishonesty.
- The institution has procedures for authenticating student identity in DE/CE courses.

9. **Faculty distinguish between personal conviction and professionally accepted views in a discipline. They present data and information fairly and objectively.**

POSSIBLE SOURCES OF EVIDENCE*:

- The institution expresses these expectations in one or more of the following:
  - Personnel policy
  - Faculty handbook
  - Faculty job description;
- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- There is a clear expectation that faculty distinguish between personal conviction and professionally accepted views.

10. **Institutions that require conformity to specific codes of conduct of staff, faculty, administrators, or students, or that seek to instill specific beliefs or world views, give clear prior notice of such policies, including statements in the catalog and/or appropriate faculty and student handbooks.**

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

POSSIBLE SOURCES OF EVIDENCE*:

− Policies that describe expectations of codes of conduct or beliefs;

− College catalog;

− Marketing materials for the institution;

− Student handbook;

− Employee and faculty handbooks;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The institution clearly communicates its requirements of conformity to codes of conduct of staff, faculty, administrators, and students.

• If a college seeks to instill specific beliefs or world views, it has policies to give clear prior notice of such adherence to specific beliefs or world views, including statements in the catalog and/or appropriate faculty and student handbooks.

11. Institutions operating in foreign locations operate in conformity with the Standards and applicable Commission policies for all students. Institutions must have authorization from the Commission to operate in a foreign location.

POSSIBLE SOURCES OF EVIDENCE*:

− Documentation of authorization from ACCJC to operate in a foreign location;

− Documentation from the foreign government or locality of authorization to operate in the foreign location;

− The institution can provide evidence that it satisfies all relevant elements of the "Policy on Principles of Good Practice in Overseas International Education Programs for Non U.S. Nationals";

− Inventory of programs for non-U.S. nationals recruited abroad;

− Inventory of programs for internally recruited international students organized through the college or the district/system;

− Inventory of study abroad programs for U.S. students;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The institution has protocols in place to ensure that curricula offered in foreign locations, to non U.S. Nationals, adheres to the Commission's "Policy on Principles of Good Practice in Overseas International Education Programs for Non U.S. Nationals."

• If the institution promotes its distance education in foreign locations, the promotion of these activities aligns with the institution's mission and the objectives for its DE.

12. The institution agrees to comply with Eligibility Requirements, Accreditation Standards, Commission policies, guidelines, and requirements for public disclosure, institutional reporting, team visits, and prior approval of substantive

changes. When directed to act by the Commission, the institution responds to meet requirements within a time period set by the Commission. It discloses information required by the Commission to carry out its accrediting responsibilities. (ER 21)

POSSIBLE SOURCES OF EVIDENCE*:

− Correspondences between the institution and the ACCJC demonstrating that the college meets all ACCJC deadlines;

− The institution's accreditation web page is one click away from the college's home page;

− College web page with links to accreditation reports and action letters since the last visit, including the last ISER, action letters, midterm report, and follow-up reports, if any;

− Web page with announcement of upcoming ACCJC peer review visit, with link to ACCJC Third Party Comment form (The link should be available more than five weeks before the scheduled visit and then deactivated 35 days before the first day of the visit.);

− Press release or Board announcement of upcoming peer review team visit and notification for interested parties to provide third-party comments;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The institution has made public all required reports and documents regarding its compliance with ACCJC Standards and policies.

• The institution can demonstrate that it consistently meets all reporting deadlines to the ACCJC.

• The institution complies with the ACCJC Policy on Rights and Responsibilities of the Commission and Member Institutions. The institution has publicly disclosed the dates for the upcoming comprehensive peer review visit and has solicited third-party comment.

13. **The institution advocates and demonstrates honesty and integrity in its relationships with external agencies, including compliance with regulations and statutes. It describes itself in consistent terms to all of its accrediting agencies and communicates any changes in its accredited status to the Commission, students, and the public. (ER 21)**

POSSIBLE SOURCES OF EVIDENCE*:

− Web pages or catalog pages where accredited status from other accrediting agencies is located, and their contact information; AND

− Correspondence or documentation from other agencies or government entities that show that the college is in good standing with those agencies;

− And/or other documents that demonstrate the institution is aligned with this Standard.

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REVIEW CRITERIA:

- The institution's communications with external agencies are clear and accurate.

- The institution clearly communicates any changes in its accredited status to the Commission, students, and the public in a timely manner.

- The institution complies with the USDE's regulation on public notifications.

14. The institution ensures that its commitments to high quality education, student achievement and student learning are paramount to other objectives such as generating financial returns for investors, contributing to a related or parent organization, or supporting external interests.

POSSIBLE SOURCES OF EVIDENCE*:

- − Conflict of interest policies;

- − Budget assumptions used in financial planning;

- − And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution's policies and practices demonstrate that delivering high quality education is paramount to other objectives.

- The institution can demonstrate that decisions regarding finance have not compromised its commitment to high educational quality.

Standard II: Student Learning Programs and Support Services

The institution offers instructional programs, library and learning support services, and student support services aligned with its mission. The institution's programs are conducted at levels of quality and rigor appropriate for higher education. The institution assesses its educational quality through methods accepted in higher education, makes the results of its assessments available to the public, and uses the results to improve educational quality and institutional effectiveness. The institution defines and incorporates into all of its degree programs a substantial component of general education designed to ensure breadth of knowledge and to promote intellectual inquiry. The provisions of this standard are broadly applicable to all instructional programs and student and learning support services offered in the name of the institution.

A.   Instructional Programs

1. **All instructional programs, regardless of location or means of delivery, including distance education and correspondence education, are offered in fields of study consistent with the institution's mission, are appropriate to higher education, and culminate in student attainment of identified student learning outcomes, and achievement of degrees, certificates, employment, or transfer to other higher education programs. (ER 9 and ER 11)**

    POSSIBLE SOURCES OF EVIDENCE*:
    − The college catalog—program descriptions show that programs align to the mission, are appropriate to higher education, and culminate in student attainment of learning outcomes and achievement of degrees, certificates, employment, and/or transfer;
    − Program brochures and web pages that describe the same;
    − And/or other documents that demonstrate the institution is aligned with this Standard
    − (Data on student degree/certificate completion, transfer, and job placement are already included in the ISER section on Student Achievement and do not need to be repeated here as evidence that programs culminate in achievement of degrees, etc.)

    REVIEW CRITERIA:
    • All course and program offerings, whether traditional or distance education and/or correspondence education (DE/CE), align with the stated mission of the institution.
    • Course and program offerings are appropriate for post-secondary education.
    • Program descriptions include expected student learning outcomes and list the degrees and certificates that can be earned.
    • The institution can supply data that students actually achieve degrees and certificates.

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FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- The baccalaureate degree field of study aligns with the institutional mission.

- Student demand for the baccalaureate degree program demonstrates its correlation with the institutional mission.

2. **Faculty, including full time, part time, and adjunct faculty, regularly engage in ensuring that the content and methods of instruction meet generally accepted academic and professional standards and expectations. In exercising collective ownership over the design and improvement of the learning experience, faculty conduct systematic and inclusive program review, using student achievement data, in order to continuously improve instructional courses and programs, thereby ensuring program currency, improving teaching and learning strategies, and promoting student success.**

POSSIBLE SOURCES OF EVIDENCE*:

- Documentation of the process for curriculum development, review, and approval—the workflow and persons responsible—for courses and for programs;

- Approved course outlines of record that contain course descriptions, expected course learning outcomes, and course content at appropriate educational levels (pre-collegiate, lower division, or upper division);

- Documentation of a rigorous review process for DE courses to ensure they meet expectations for effective DE teaching methods and regular and substantive interactions;

- Documentation of a regular program review process, with timelines, workflow, and persons responsible;

- Completed program review reports, with analysis of student learning assessment results and analysis of student achievement data, leading to improvement plans, and requests for resource allocations if needed;

- Minutes from departmental, divisional, or other meetings where program reviews, program data, and improvement plans are discussed;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- Faculty are involved in curriculum development for courses and programs.

- Faculty ensure that course content and methods of instruction meet generally accepted academic and professional standards of higher education.

- Faculty evaluate and discuss the relationship between teaching methodologies and student performance on a regular basis.

- Criteria used in program review include relevancy, appropriateness, achievement of learning outcomes, currency, and planning for the future.

- The program review process is consistently followed for all college programs, regardless of the type of program (collegiate, developmental, etc.) and mode of delivery.

- Program review includes analysis of student achievement data (course completions and degree/certificate completions) and student learning data (SLO assessment results).

- The results of program review are used in institutional planning.

- Successive program reviews document improvements that have resulted from plans or goals developed in prior program reviews.

3. **The institution identifies and regularly assesses learning outcomes for courses, programs, certificates and degrees using established institutional procedures. The institution has officially approved and current course outlines that include student learning outcomes. In every class section students receive a course syllabus that includes learning outcomes from the institution's officially approved course outline[1].**

POSSIBLE SOURCES OF EVIDENCE*:

− Approved course outlines of record, which contain student learning outcomes and perhaps suggested assessment methods in broad terms;

− Documentation of a regular cycle of learning outcomes assessment for courses and programs—with workflow, timelines, and persons responsible;

− Program review reports that contain assessment results/data and analysis;

− Sample assessment instruments and results from courses or programs;

− Written instructions or a template that guides faculty to include student learning outcomes among the course information on a syllabus;

− Syllabi from courses in a broad range of programs and disciplines, all containing SLOs that match the SLOs in the approved course outlines of record;

− Documentation of a regular process for review of syllabi—with timelines and persons responsible—to ensure syllabi contain accurate course information, including course SLOs;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has established a procedure for identifying student learning outcomes for courses, programs, certificates, and degrees.

- Student learning outcomes are in place for the institution's courses, programs, certificates and degrees.

- All faculty regularly assess learning outcomes in courses and programs.

- Current, officially approved course outlines include student learning outcomes.

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[1] In preparation for the peer review visit, the institution should identify a random sampling of 5% of active courses for review. Peer reviewers on the visiting team will review officially approved course outlines of record (CORs) and syllabi for these courses to ensure they contain student learning outcomes (SLOs) and to ensure that the SLOs in the syllabi match the SLOs in the CORs.

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- All syllabi include student learning outcomes as listed on the officially approved course outlines.

- Learning outcomes for courses and programs offered as DE/CE match the learning outcomes for the same courses and programs when taught in traditional mode.

- Institutions have structures in place to verify all students receive a course syllabus.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- Learning outcomes for baccalaureate courses, programs, and degrees are identified and assessed consistent with institutional processes.

4. **If the institution offers pre-collegiate level[2] curriculum, it distinguishes that curriculum from college level[3] curriculum and directly supports students in learning the knowledge and skills necessary to advance to and succeed in college level curriculum.**

POSSIBLE SOURCES OF EVIDENCE*:

− The college catalog;

− Documents that record course sequences from pre-collegiate to college-level;

− Pre-collegiate prerequisite courses noted in catalog descriptions of college-level courses;

− College-level course outlines of record that identify necessary prerequisite skills or knowledge, and pre-collegiate course outlines of record that contain the requisite skills as outcomes;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- Criteria and processes have been developed and are used for decision-making in regards to offering developmental, pre-collegiate, continuing and community education, short-term training, or contract education.

- The college has a process and criteria for determining the appropriate credit type, delivery mode, and location of its courses and programs.

- There is alignment between pre-collegiate level curriculum and college level curriculum in order to ensure clear and efficient pathways for students.

- Catalog information for courses clearly delineates whether a course is pre-collegiate or college-level. Course sequencing from pre-collegiate to college-level is clearly described. Course numbering protocols indicate the level of courses.

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[2] Glossary – *Pre-Collegiate Level*: Curriculum and courses offered by the college, either credit or noncredit, that the college defines as below the level of curriculum that satisfies requirements for either degrees or transfer. Pre-collegiate curriculum usually refers to courses which may prepare a student to successfully complete degrees or transfer. Pre-collegiate curriculum may also refer to courses which provide technical preparation for individuals to attain entry level work without completing studies which would qualify for either a certificate that is part of a degree, a degree or transfer.
[3] Glossary – *College Level*: Curriculum and courses offered by the college which are degree applicable and meet college graduation requirements, including courses in certificate programs that qualify toward an associate degree and above.

5. **The institution's degrees and programs follow practices common to American higher education, including appropriate length, breadth, depth, rigor, course sequencing, time to completion, and synthesis of learning. The institution ensures that minimum degree requirements are 60 semester credits or equivalent at the associate level, and 120 credits or equivalent at the baccalaureate level. (ER 12)**

POSSIBLE SOURCES OF EVIDENCE*:

− Catalog pages that accurately and clearly describe the number of credits required for degrees and certificates;

− Course and/or program development, review, and approval procedure that contains criteria used by faculty and others for determining appropriate length, breadth, depth, rigor, course sequencing, time to completion, and synthesis of learning;

− Policy on the minimum number of credits required for a degree or certificate;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution demonstrates the quality of its instruction by following practices common to American higher education and has policies and procedures in place to define these practices.

- The college follows established criteria to decide the breadth, depth, rigor, sequencing, time to completion, and synthesis of learning of each program it offers.

- All associate degrees at the college require successful completion of a minimum of 60 semester credits.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- A minimum of 40 semester credits or equivalent or total upper division coursework, including the major and general education, is required. The minimum total number of semester credits required is 120.

- The academic credit awarded for upper division courses within baccalaureate programs is clearly distinguished from that of lower division courses.

- The instructional level and curriculum of the upper division courses in the baccalaureate degree are comparable to those commonly accepted among like degrees in higher education and reflect the higher levels of knowledge and intellectual inquiry expected at the baccalaureate level.

- Student expectations, including learning outcomes, assignments, and examinations of the upper division courses demonstrate the rigor commonly accepted among like degrees in higher education.

- The program length and delivery mode of instruction are appropriate for the expected level of rigor.

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6. **The institution schedules courses in a manner that allows students to complete certificate and degree programs within a period of time consistent with established expectations in higher education.[4] (ER 9)**

   POSSIBLE SOURCES OF EVIDENCE*:

   - Enrollment management plans that take into consideration time to completion and program pathways;
   - Student achievement data reports that evaluate the effectiveness of enrollment management and pathways plans;
   - And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   - The institution schedules classes in alignment with student needs and program pathways, allowing students to complete programs within a reasonable period of time.
   - The institution uses data to evaluate the degree to which scheduling facilitates completion for their diverse students' needs.
   - The institution reflects on time-to-completion data in program review and institutional evaluation, and devises plans to improve completion rates.

   FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

   - Baccalaureate courses are scheduled to ensure that students will complete those programs in a reasonable period of time.

7. **The institution effectively uses delivery modes, teaching methodologies and learning support services that reflect the diverse and changing needs of its students, in support of equity in success for all students.**

   POSSIBLE SOURCES OF EVIDENCE*:

   - Institutional reports on diverse and changing needs of students and resulting plans for developing or improving delivery modes, teaching methodologies, and learning support services;
   - Policy and/or procedure for DE/CE course and/or program approval;
   - Minutes from committee meeting when DE/CE approval procedure is followed.
   - Course outlines of record and syllabi from courses that are taught both in traditional mode and in DE/CE mode;
   - Examples of DE/CE course materials, assignments, activities, and assessments;
   - Institutional evaluation or program review of DE/CE and related learning support services;
   - Program reviews that disaggregate student learning assessment data and student achievement data by mode of delivery. When achievement gaps are noted between

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[4] Glossary – *Established expectations in higher education* (also, appropriate for, accepted in, common to, accepted norms in, etc): Shared and time honored principles, values and practices within the American community of higher education.

delivery modes, program reviews include plans to improve teaching methodologies and/or learning support services in support of *equity* in success;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution demonstrates it understands and is meeting the needs and learning styles of its students, by identifying students by subpopulations.

- The institution has established protocols to determine the appropriate delivery modes for its diverse student populations.

- The institution has established and follows a policy and/or procedure for approving courses and programs for DE/CE. The procedure ensures that DE/CE courses and programs comply with federal definitions of 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) and 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).

- The college regularly evaluates the effectiveness of its delivery modes and uses results to guide improvements.

- The college regularly assesses the changing needs of its students and uses the results of such assessments to plan or improve delivery modes, teaching methodologies, and learning support services.

- The college provides equitable learning support services for DE/CE students and traditional on-campus students.

8. **The institution validates the effectiveness of department-wide course and/or program examinations, where used, including direct assessment of prior learning. The institution ensures that processes are in place to reduce test bias and enhance reliability.**

POSSIBLE SOURCES OF EVIDENCE*:

− Documented procedures for department-wide course or program assessments and for evaluating students' prior learning;

− In-house or external reports with data analysis that verifies that department-wide assessments are free of bias;

− Documentation of the existence of an IRB at the institution, one of whose tasks is to verify that department-wide assessments are free of bias;

− If the college uses third-party assessments, it can provide verification from the vendor that the assessments are free of bias;

− And/or other documents that demonstrate the institution is aligned with this Standard.

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REVIEW CRITERIA:

- Programs and departments have clear structures in place to determine pre-requisite criteria and to ensure their consistent application.

- If appropriate, programs and departments have protocols to evaluate students' prior learning.

- The institution has established protocols to ensure the use of unbiased, valid measures of student learning.

9. **The institution awards course credit, degrees and certificates based on student attainment of learning outcomes. Units of credit awarded are consistent with institutional policies that reflect generally accepted norms or equivalencies in higher education. If the institution offers courses based on clock hours, it follows Federal standards for clock-to-credit-hour conversions. (ER 10)**

POSSIBLE SOURCES OF EVIDENCE*:

- Faculty documents that show which course-level assessments/assignments link to which student learning outcomes. Documentation may be noted on syllabi, in gradebooks, or on other documents;

- When appropriate, course outlines of record that connect course level SLOs to program level SLOs;

- A policy or other document that explains the meanings of grades;

- A policy and/or procedures that assure award of credit for educational experiences is based on achievement of stated student learning outcomes;

- Course outlines that state a minimum of hours of work per unit of credit awarded;

- A policy or other document that verifies the institution follows Federal standards for clock-to-credit-hour conversions;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution can demonstrate that at the course level, passing grades on assignments or exams link directly to students' demonstration of achieving learning outcomes.

- The institution can demonstrate that course credit is awarded based on students' demonstration of achieving learning outcomes.

- The institution awards credits consistent with accepted norms in higher education.

- The achievement of stated programmatic learning outcomes is the basis for awarding degrees and certificates.

- The institution demonstrates that it follows federal standards for clock-to-credit-hour conversions in the awarding of credit.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- Baccalaureate degrees and the course credit in those programs are based on student learning outcomes. These outcomes are consistent with generally accepted

norms and equivalencies in higher education, especially in relation to upper division courses.

10. **The institution makes available to its students clearly stated transfer-of-credit policies in order to facilitate the mobility of students without penalty. In accepting transfer credits to fulfill degree requirements, the institution certifies that the expected learning outcomes for transferred courses are comparable to the learning outcomes of its own courses. Where patterns of student enrollment between institutions are identified, the institution develops articulation agreements as appropriate to its mission. (ER 10)**

POSSIBLE SOURCES OF EVIDENCE*:

− A policy on Transfer of Credit;

− Documented procedures for review of transcripts, including persons responsible (by position);

− Catalog pages that describe transfer of credit;

− Other documents, such as a Student Handbook, that describe transfer of credit;

− Catalog pages and other documents that describe transfer services available to students;

− Articulation agreements or transfer agreements with other institutions;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The institution has approved policies and procedures to address the transfer of classes from and to other institutions, and these policies and procedures are clearly communicated to students.

• Transfer of coursework policies and procedures are regularly reviewed.

• The institution has developed, implemented, and evaluated articulation agreements with institutions where patterns of students enrollment have been identified.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

• Policies for student transfer into the baccalaureate program ensure that all program requirements are fulfilled, including completion of the minimum required semester units, prerequisites, experiential activities, and general education.

11. **The institution includes in all of its programs, student learning outcomes, appropriate to the program level, in communication competency, information competency, quantitative competency, analytic inquiry skills, ethical reasoning, the ability to engage diverse perspectives, and other program-specific learning outcomes.**

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POSSIBLE SOURCES OF EVIDENCE*:

− A policy or other document that identifies the above as institutional learning outcomes, or that includes the above within general education (GE) outcomes;

− Course outlines of record that include related institutional or GE learning outcomes among course level learning outcomes;

− Program or degree information in the college catalog or other documents that include learning outcomes related to the above;

− Program reviews or other assessment reports that document student achievement of the above learning outcomes;

− Institutional evaluation or planning documents that report and/or broadly analyze student achievement of the above learning outcomes;

− Educational planning documents or templates (commonly used by academic advisers) that include all required courses for a degree, including courses that satisfy institutional (or GE) learning outcomes;

− A transcript evaluation process for graduation applicants that assures student achievement of the above learning outcomes;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The institution has adopted programmatic learning outcomes in communication competency, information competency, quantitative competency, analytic inquiry skills, ethical reasoning, the ability to engage diverse perspectives, and other program-specific learning outcomes.

• These learning outcomes are regularly assessed and results are used to drive program improvements.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

• Student learning outcomes in the baccalaureate program are consistent with generally accepted norms in higher education and reflect the higher levels expected at the baccalaureate level.

12. **The institution requires of all of its degree programs a component of general education based on a carefully considered philosophy for both associate and baccalaureate degrees that is clearly stated in its catalog. The institution, relying on faculty expertise, determines the appropriateness of each course for inclusion in the general education curriculum, based upon student learning outcomes and competencies appropriate to the degree level. The learning outcomes include a student's preparation for and acceptance of responsible participation in civil society, skills for lifelong learning and application of learning, and a broad comprehension of the development of knowledge, practice, and interpretive approaches in the arts and humanities, the sciences, mathematics, and social sciences. (ER 12)**

POSSIBLE SOURCES OF EVIDENCE*:

− A policy or other document that states the institution's general education (GE) philosophy;

- Catalog pages that outline GE requirements for graduation, including GE requirements for the baccalaureate if the institution offers a BA, BS, or Bachelor of Applied Science;

- A Curriculum Handbook or other procedural document that outlines an approval process, including persons responsible, for accepting courses as satisfying GE requirements;

- Course outlines of record for GE approved courses that include relevant GE learning outcomes;

- Educational planning documents or templates (commonly used by academic advisers) that include all required courses for a degree;

- A transcript evaluation process for graduation applicants that ensures completion of GE requirements;

- Program reviews or other assessment reports that analyze and evaluate student achievement of GE learning outcomes;

- Institutional evaluation or planning documents that report and/or broadly analyze student achievement of GE learning outcomes;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has a faculty developed rationale for general education that serves as the basis for inclusion of courses in general education and is listed in the catalog.

- The institution has a general education philosophy, which reflects its degree requirements.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- At least 36 semester units or equivalent of lower division general education is required, including at least nine semester units or equivalent of upper division general education coursework.

- At least nine semester units or equivalent of upper division general education coursework is required.

- The general education requirements are integrated and distributed to both lower and upper division courses.

- The general education requirements are distributed across the major subject areas for general education; the distribution appropriately captures the baccalaureate level student learning outcomes and competencies.

13. All degree programs include focused study in at least one area of inquiry or in an established interdisciplinary core.[5] The identification of specialized courses in an

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[5] Glossary – *Interdisciplinary Core*: A set of courses required of all students for completion of an interdisciplinary major or degree. The courses are identified on the basis of the skills, knowledge, and

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area of inquiry or interdisciplinary core is based upon student learning outcomes and competencies, and includes mastery, at the appropriate degree level, of key theories and practices within the field of study.

POSSIBLE SOURCES OF EVIDENCE*:

− Catalog information for each degree and certificate, including required courses within the discipline and/or related disciplines;

− Other publications that contain the same information for each degree;

− Appropriate level student learning outcomes recorded in the course outline of record for each course in the degree pathway;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- All programs includes a focused study on one area of inquiry or discipline and includes key theories and practices appropriate for the certificate of achievement or associate's degree level.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- The baccalaureate degree program includes a focused study on one area of inquiry or discipline at the baccalaureate level and includes key theories and practices appropriate to the baccalaureate level.

14. **Graduates completing career-technical certificates and degrees demonstrate technical and professional competencies that meet employment standards and other applicable standards and preparation for external licensure and certification.**

POSSIBLE SOURCES OF EVIDENCE*:

− Catalog information for each degree and certificate, including required courses, preparation for external licensure or certification, and career opportunities;

− CTE program websites;

− Reports of licensure pass rates;

− CTE program reviews or similar reports that include assessment data on student demonstration of technical and professional competencies;

− Minutes of CTE faculty/professional advisory groups;

− Course outlines of record of CTE and technical courses;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution verifies and maintains currency of employment opportunities and other external factors in all of its career-technical disciplines.

- The institution determines competency levels and measurable student learning outcomes based upon faculty expertise and input from industry representatives.

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habits of mind that students within the interdisciplinary program of study are expected to attain and demonstrate.

- The institution assesses student achievement of technical and professional competencies as captured in learning outcomes of career-technical courses and programs.
- CTE faculty and professional advisory groups discuss current employment standards and revise curriculum as needed.
- The institution's website maintains current information of external requirements and other factors related to career-technical degree and certificate programs and current information about employment opportunities.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- The CTE baccalaureate degree ensures students will be able to meet employment standards and licensure or certification as required in the field of study.

15. **When programs are eliminated or program requirements are significantly changed, the institution makes appropriate arrangements so that enrolled students may complete their education in a timely manner with a minimum of disruption.**

POSSIBLE SOURCES OF EVIDENCE*:

− Documented procedures for program elimination process;

− If a program has been eliminated, the college can provide documentation that it has followed its procedures;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has established procedures regarding program elimination, including the process for which enrolled students will be able to complete their education in a timely manner with a minimum of disruption.
- Program elimination procedure is clearly communicated to students.

16. **The institution regularly evaluates and improves the quality and currency of all instructional programs offered in the name of the institution, including collegiate, pre-collegiate, career-technical, and continuing and community education courses and programs, regardless of delivery mode or location. The institution systematically strives to improve programs and courses to enhance learning outcomes and achievement for students.**

POSSIBLE SOURCES OF EVIDENCE*:

− Program review calendar and schedule for report submissions;

− Program review reports that document plans for improvements and improvements that have been accomplished;

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

- Institutional planning and evaluation documents that include plans for improvements and reports on improvements that have been accomplished, with accompanying data on student learning and student achievement;
- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The college has a process to regularly evaluate the effectiveness of its courses and programs.
- The criteria used in program review include relevancy, appropriateness, and achievement of student learning outcomes, currency, and planning for the future.
- The program review process is consistently followed for all college programs, regardless of the type of program (collegiate, developmental, etc.).
- The results of program evaluation are used in institutional planning.
- Changes/improvements in programs have occurred as a result of the consideration of program evaluations and are evaluated for their effectiveness.

B.   Library and Learning Support Services

1. **The institution supports student learning and achievement by providing library, and other learning support services to students and to personnel responsible for student learning and support. These services are sufficient in quantity, currency, depth, and variety to support educational programs, regardless of location or means of delivery, including distance education and correspondence education. Learning support services include, but are not limited to, library collections, tutoring, learning centers, computer laboratories, learning technology, and ongoing instruction for users of library and other learning support services. (ER 17)**

POSSIBLE SOURCES OF EVIDENCE*:

- College catalog information on library and other learning support services. These services may be repeated in a Student Handbook, Faculty Handbook, and/or Personnel Handbook;
- Web-based access to all library and learning support services;
- Web instructions on how to use online library and learning support services;
- Schedules of trainings/workshops/podcasts on how to use library and learning support services;
- New staff and faculty orientations that include library and learning support services on the agenda;
- Results of student satisfaction surveys or other evaluations of library and learning support services;
- Results of faculty and staff satisfaction surveys or other evaluations of library and learning support services;
- Enrollment reports of library and learning support users;

- − Other reports of student use of library and learning support services;
- − And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution assesses the effectiveness of its own library and learning support services in terms of quantity, quality, depth and variety.
- The institution has an established evaluation process to determine it has sufficient depth and variety of library materials, including technology support, to meet the learning needs of its students.
- All campus locations/all types of students/all college instructional programs are equally supported by library services and accessibility.
- The college provides equitable learning support services for DE/CE students and traditional on-campus students.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- Learning support services to support the baccalaureate degree program are sufficient to support the quality, currency, rigor, and depth of the baccalaureate degree and reflect the unique needs of the program.
- Resource collections are sufficient in regard to the rigor, currency, and depth expected of the baccalaureate level.

2. **Relying on appropriate expertise of faculty, including librarians, and other learning support services professionals, the institution selects and maintains educational equipment and materials to support student learning and enhance the achievement of the mission.**

POSSIBLE SOURCES OF EVIDENCE*:

- − Minutes of meetings of library and/or learning support personnel and/or faculty, especially for the purposes of planning or evaluating library and learning support services;
- − Inventory of educational equipment and materials for library and/or learning support services;
- − Replacement, repair, or maintenance schedule for library and learning support equipment and materials;
- − And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- Faculty and library personnel work together to develop and maintain appropriate library resources.
- Faculty and library personnel work together to inform the selection of educational equipment and materials to support student learning.

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- Faculty and learning support personnel work together to develop appropriate learning support services, equipment, technology, and learning spaces.

- The institution has an established evaluation process to determine it has sufficient depth and variety of materials to meet the learning needs of its students.

3. **The institution evaluates library and other learning support services to assure their adequacy in meeting identified student needs. Evaluation of these services includes evidence that they contribute to the attainment of student learning outcomes. The institution uses the results of these evaluations as the basis for improvement.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Surveys and other evaluation instruments that are used to determine effectiveness of library and learning support services;

   − Program review reports of library and learning support services;

   − In the program review reports, institutional student achievement data or *select* program or course data that show library or learning support services' impact on student learning and student achievement;

   − Special reports that evaluate library or learning support services' impact on student learning and student achievement;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   - The institution uses methods to evaluate its library and other learning support services.

   - The evaluation assesses use, access, and relationship of the services to intended student learning.

   - The evaluation includes input by faculty, staff and students.

   - The college regularly evaluates the impact that learning support services have on student learning.

4. **When the institution relies on or collaborates with other institutions or other sources for library and other learning support services for its instructional programs, it documents that formal agreements exist and that such resources and services are adequate for the institution's intended purposes, are easily accessible and utilized. The institution takes responsibility for and assures the security, maintenance, and reliability of services provided either directly or through contractual arrangement. The institution regularly evaluates these services to ensure their effectiveness. (ER 17)**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Copies of contracts or MOUs with external sources, organizations, consortiums, or agencies;

   − Evaluations of these external services, which may be included in program reviews;

   − Reports of numbers of end users;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- Collaboration with other institutions or other sources for library and learning support services are evaluated for quality assurance, including services that are formalized through contractual agreements.

- The institution gathers information to assess whether the services are being used and are effective.

C. Student Support Services

1. The institution regularly evaluates the quality of student support services and demonstrates that these services, regardless of location or means of delivery, including distance education and correspondence education, support student learning, and enhance accomplishment of the mission of the institution. (ER 15)

POSSIBLE SOURCES OF EVIDENCE*:

− Program reviews of student support services;

− Student support services planning documents;

− Needs assessment or satisfaction surveys of student support services;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has evaluation processes in place to measure the quality of its student support services.

- Evaluation occurs at regular intervals.

- Student support services data or outcomes are disaggregated by location or means of delivery as appropriate to the institution's structure.

- The institution has established protocols to verify that these services are of comparable quality and support student learning regardless of location or means of delivery.

- Student services programs are aligned with the institutional mission.

2. The institution identifies and assesses learning support outcomes for its student population and provides appropriate student support services and programs to achieve those outcomes. The institution uses assessment data to continuously improve student support programs and services.

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POSSIBLE SOURCES OF EVIDENCE*:

- Program reviews of student support services, including analysis of student achievement data or student learning data as they relate to student support services, and including plans for improvements and reports on accomplishments of past plans;

- Program reviews or other reports that show connections between learning support services and student support services;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has developed assessment methods to ascertain the effectiveness of student support services.

- The institution uses evaluation results to improve student services.

3. **The institution assures equitable access to all of its students by providing appropriate, comprehensive, and reliable services to students regardless of service location or delivery method. (ER 15)**

POSSIBLE SOURCES OF EVIDENCE*:

- Inventory of all student support services that are available at on-the-ground sites and those that can be accessed 100% online;

- Results of periodic needs assessments and/or satisfaction surveys for student support services at all sites and online;

- Reports that analyze data on student use of support services, disaggregated as appropriate to the mission and student population;

- Catalog information regarding student support services and how to access them regardless of service location or delivery method;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution demonstrates that it assesses student needs for services regardless of location or mode of delivery, and allocates resources to provide for those services.

- The institution has established protocols to verify that these services are equitable regardless of location or means of delivery.

4. **Co-curricular programs and athletics programs are suited to the institution's mission and contribute to the social and cultural dimensions of the educational experience of its students. If the institution offers co-curricular or athletic programs, they are conducted with sound educational policy and standards of integrity. The institution has responsibility for the control of these programs, including their finances.**

POSSIBLE SOURCES OF EVIDENCE*:

- Policies or procedures regarding the purposes, integrity, and supervision of co-curricular programs;

- Financial reports of co-curricular programs;

- Documentation, such as club charters, that demonstrate that co-curricular programs align with the institution's mission;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution determines what co-curricular programs are appropriate to its mission and students.

- The institution evaluates the quality and effectiveness of its co-curricular programs on a regularly basis.

- The institution has policies and/or procedures in place to oversee the effective operation of athletic and co-curricular programs.

5. **The institution provides counseling and/or academic advising programs to support student development and success and prepares faculty and other personnel responsible for the advising function. Counseling and advising programs orient students to ensure they understand the requirements related to their programs of study and receive timely, useful, and accurate information about relevant academic requirements, including graduation and transfer policies.**

POSSIBLE SOURCES OF EVIDENCE*:

- Schedule of trainings for faculty and others on their advising roles and resources available;

- Presentations from trainings for faculty and others on their advising roles and resources available;

- Educational planning documents used by advisors;

- Content and expected learning outcomes of student orientations;

- Annual calendar of student orientations and academic advising activities;

- Copies of advising materials shared with students;

- Catalog information regarding academic advising;

- Policies on academic requirements or academic progress;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution develops, implements, and evaluates counseling and/or academic advising services.

- The evaluation of counseling and/or academic advising includes how these services enhance student development and success.

- The institution has structures in place to verify all pertinent information on academic requirements is accurate and disseminated in a timely manner.

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- Professional development is provided to prepare faculty and others for their advising roles.

6. **The institution has adopted and adheres to admission policies consistent with its mission that specify the qualifications of students appropriate for its programs. The institution defines and advises students on clear pathways[1] to complete degrees, certificate and transfer goals. (ER 16)**

POSSIBLE SOURCES OF EVIDENCE*:

− Admission policies;

− College catalog pages where admission policies are presented to prospective students;

− Web pages where admission policies are presented to prospective students;

− Educational planning software or documents that include pathways to all degrees, certificates, and transfer;

− Presentations from trainings for academic advisors and/or students on how to use educational planning software or documents;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has governing board approved admission policies that are consistent with its mission.

- The policies specify the qualifications of students appropriate for its programs.

- The institution advises students on clear pathways to obtain their educational goals.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- The prerequisites and other qualifications for the baccalaureate degree are appropriately communicated and applied to students.

7. **The institution regularly evaluates admissions and placement instruments and practices to validate their effectiveness while minimizing biases.**

POSSIBLE SOURCES OF EVIDENCE*:

− Identification or description of admissions and placement instruments and practices;

− Program review of admissions or advising services, including data that attempt to correlate results of placement instruments with success rates in courses;

− Other evaluation reports that attempt to correlate results of placement instruments with success rates in courses;

− Timeline of periodic evaluations of assessment or placement instruments to ensure continued consistency and effectiveness;

− And/or other documents that demonstrate the institution is aligned with this Standard.

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[1] Glossary – *Pathways*: The specific selection and progression of courses and learning experiences students pursue and complete as they progress in their education toward a certificate, degree, transfer, or other identified educational goal.

REVIEW CRITERIA:

- The institution has established processes to evaluate the effectiveness of practices and tools of admissions and placement.

- Evaluations of placement processes are used to ensure their consistency and effectiveness.

8. **The institution maintains student records permanently, securely, and confidentially, with provision for secure backup of all files, regardless of the form in which those files are maintained. The institution publishes and follows established policies for release of student records.**

POSSIBLE SOURCES OF EVIDENCE*:

- − Policy or procedure that assures safe, secure, confidential ,maintenance of student records, including procedures for backup;

- − Protocols for release of records;

- − Presentations from staff trainings on maintaining student records and confidentiality;

- − Copies of forms used for release of records or transcripts requests;

- − And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has an established process to maintain student records permanently, securely, and confidentially, with a provision for secure backup of all files, regardless of the form in which those files are maintained.

- The institution publishes and follows its established policies for release of student records.

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Standard II.C: Student Support Services

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Standard III: Resources

The institution effectively uses its human, physical, technology, and financial resources to achieve its mission and to improve academic quality and institutional effectiveness. Accredited colleges in multi-college systems may be organized so that responsibility for resources, allocation of resources, and planning rests with the district/system. In such cases, the district/system is responsible for meeting the Standards, and an evaluation of its performance is reflected in the accredited status of the institution(s).

A.   Human Resources

1. **The institution assures the integrity and quality of its programs and services by employing administrators, faculty and staff who are qualified by appropriate education, training, and experience to provide and support these programs and services. Criteria, qualifications, and procedures for selection of personnel are clearly and publicly stated and address the needs of the institution in serving its student population. Job descriptions are directly related to institutional mission and goals and accurately reflect position duties, responsibilities, and authority.**

   POSSIBLE SOURCES OF EVIDENCE*:
   − Job announcements for staff, faculty, and administrative positions, including minimum qualifications;
   − Job descriptions, including duties, responsibilities, required skills and knowledge, and minimum qualifications;
   − Policies related to hiring;
   − Recruitment and hiring procedures, including persons responsible;
   − Screening tools used during the hiring process;
   − Equivalency policies and procedures;
   − Procedures for equivalency review of transcripts from non-U.S. institutions;
   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:
   - The institution demonstrates that it has developed appropriate hiring criteria.
   - The institution advertises open positions using appropriate venues to attract quality candidates.
   - The institution demonstrates it has a process to verify the qualifications of applicants and newly hired personnel.
   - Checks are conducted on applications regarding the equivalency of degrees from non-U.S. institutions.
   - The institution uses methods to ensure that qualifications for each position are closely matched to specific programmatic needs and that duties, responsibilities, and authority are clearly delineated.
   - The institution demonstrates that all job descriptions are directly related to the institutional mission.

- The institution employs safeguards to ensure that hiring procedures are consistently followed.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- The job descriptions for faculty members teaching in the baccalaureate degree accurately reflect the duties and responsibilities associated with that position.

2. **Faculty qualifications include knowledge of the subject matter and requisite skills for the service to be performed. Factors of qualification include appropriate degrees, professional experience, discipline expertise, level of assignment, teaching skills, scholarly activities, and potential to contribute to the mission of the institution. Faculty job descriptions include development and review of curriculum as well as assessment of learning. (ER 14)**

POSSIBLE SOURCES OF EVIDENCE*:

− Job announcements for faculty, both full-time and part-time if different;

− Job descriptions for faculty, both full-time and part-time if different;

− Procedures for screening faculty applications, including verifying transcripts for minimum qualifications;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The college demonstrates that it has a consistent process to verify that faculty selected for hire have adequate and appropriate knowledge of their subject matter.

- The college has a formal process for vetting credentials, and other forms of preparation, to ensure that qualified faculty are selected for hire.

- All faculty job descriptions include the responsibility for curriculum oversight and student learning outcomes assessment.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- The qualifications for faculty teaching upper division courses in the baccalaureate degree include the requirement for a master's degree (or academic credentials at least one level higher than a baccalaureate degree) or doctoral degree, in an appropriate discipline.

- In cases where no Master's degree is available for the field of study, the qualifications for faculty teaching upper division courses in the baccalaureate degree include a bachelor's degree in the discipline or closely related discipline, and a Master's degree in any discipline, and demonstrated industry work experience in the field for a minimum of six years, and commonly required industry-recognized certification or professional licensure.

- The Commission may require some faculty in non-career technical education baccalaureate programs to have a recognized terminal degree in the field of study.

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3. **Administrators and other employees responsible for educational programs and services possess qualifications necessary to perform duties required to sustain institutional effectiveness and academic quality.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Job announcements for administrators and other employees;

   − Job descriptions for administrators and other employees;

   − Procedures for screening applications, including verifying transcripts for minimum qualifications;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   - The institution demonstrates that it has a process to determine if administrators and other employees responsible for educational programs and services possess the qualifications necessary to perform duties required to sustain institutional effectiveness and academic quality.

4. **Required degrees held by faculty, administrators and other employees are from institutions accredited by recognized U.S. accrediting agencies. Degrees from non-U.S. institutions are recognized only if equivalence has been established.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Procedures for verifying applicants' transcripts, including procedures for verifying equivalency from non-U.S. institutions;

   − Documentation when transcript verification has been completed, perhaps as a step in the screening/hiring process;

   − Transcripts of current employees of the college, by position, with names and other identifying information redacted. (These confidential evidentiary documents, though available to the team[1], should not be made available to the public.);

   − Completed equivalency reviews, with names and other identifying information redacted. (These confidential evidentiary documents, though available to the team, should not be made available to the public.)

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   - The institution demonstrates that it verifies the qualifications of applicants and newly hired personnel.

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[1] CONFIDENTIALITY: All peer review team members agree to adhere to the ACCJC Policy on Public Disclosure and Confidentiality in the Accreditation Process, which states, "the Commission expects evaluation team members to keep confidential all institutional information read or heard before, during, and after the evaluation visit. Except in the context of Commission work, evaluation team members are expected to refrain from discussing information obtained in the course of service as an evaluation team member. Sources of information that should remain confidential include the current Institutional Self-Evaluation Report; previous evaluation team reports; interviews and written communication with campus personnel, students, governing board members, and community members; evidentiary documents, and evaluation team discussions."

- Degrees from non-U.S. institutions are validated for equivalency.

5. **The institution assures the effectiveness of its human resources by evaluating all personnel systematically and at stated intervals. The institution establishes written criteria for evaluating all personnel, including performance of assigned duties and participation in institutional responsibilities and other activities appropriate to their expertise. Evaluation processes seek to assess effectiveness of personnel and encourage improvement. Actions taken following evaluations are formal, timely, and documented.**

POSSIBLE SOURCES OF EVIDENCE*:

− Policies related to performance evaluations of staff, faculty, and administrators;

− Procedures for conducting employee performance evaluations, including timelines and persons responsible;

− Procedures for conducting faculty and administrator performance evaluations, including timelines and persons responsible;

− Templates or forms used for performance evaluations of staff, faculty, and administrators, including opportunities for encouraging improvement;

− Timeline of scheduled performance evaluations;

− Records of completed performance evaluations;

− Sample completed performance evaluations, with names and other identifying information redacted. (These confidential evidentiary documents, though available to the team, should not be made available to the public.);

− Records of follow-up evaluations when deficiencies or areas of needed correction are identified;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The college has a process is in place to ensure that evaluations lead to improvement of job performance.

- The college demonstrates that performance evaluations are completed on a regular basis.

- Evaluation criteria accurately measure the effectiveness of personnel in performing their duties.

6. ~~The evaluation of faculty, academic administrators, and other personnel directly responsible for student learning includes, as a component of that evaluation, consideration of how these employees use the results of the assessment of learning outcomes to improve teaching and learning.~~ *(Effective January 2018, Standard III.A.6 is no longer applicable. The Commission acted to delete the Standard during its January 2018 Board of Directors meeting.)*

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Standard III.A: Human Resources

7. **The institution maintains a sufficient number of qualified faculty, which includes full-time faculty and may include part-time and adjunct faculty, to assure the fulfillment of faculty responsibilities essential to the quality of educational programs and services to achieve institutional mission and purposes.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Department rosters of faculty, identifying full-time and part-time;
   − Data reports of FTEF or student-to-faculty ratios, student-to-counselor ratios;
   − Program reviews that evaluate the need for more or fewer faculty, including replacements due to resignations or retirements, and the resulting resource allocation process;
   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   • The institution demonstrates that it has the appropriate staffing levels for each program and service.

   FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

   • There is at least one full-time faculty member assigned to the baccalaureate program.

8. **An institution with part-time and adjunct faculty has employment policies and practices which provide for their orientation, oversight, evaluation, and professional development. The institution provides opportunities for integration of part time and adjunct faculty into the life of the institution.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Policies or procedures for orientation, supervision, and evaluation of part-time faculty;
   − Agenda from orientations for part-time faculty, with copies of materials from the orientation;
   − Schedule of orientations and other professional development workshops or trainings for part-time faculty;
   − An online, self-directed orientation;
   − Documentation of part-time faculty participation in trainings, committee work, program review and planning, institutional evaluation and planning, or other activities and events;
   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   • The institution has policies and practices demonstrating that part-time and adjunct faculty have opportunities for professional development, are appropriately oriented to the institution and its student populations, and are engaged in key academic processes.

9. **The institution has a sufficient number of staff with appropriate qualifications to support the effective educational, technological, physical, and administrative operations of the institution. (ER 8)**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Department or division rosters of staff in support positions;

   − Program reviews that evaluate the need for more or fewer support staff, including replacements due to resignations or retirements, and the resulting resource allocation process;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   • The institution has policies and practices to determine the appropriate number and qualifications for support personnel.

10. **The institution maintains a sufficient number of administrators with appropriate preparation and expertise to provide continuity and effective administrative leadership and services that support the institution's mission and purposes. (ER 8)**

    POSSIBLE SOURCES OF EVIDENCE*:

    − Department or division rosters of managers and administrators in leadership positions;

    − Policy or procedure for succession planning when managers or administrators leave the institution;

    − Program reviews that evaluate the need for more or fewer managers or administrators, including replacements due to resignations or retirements, and the resulting resource allocation process;

    − And/or other documents that demonstrate the institution is aligned with this Standard.

    REVIEW CRITERIA:

    • The institution has policies and practices to determine the appropriate number, qualifications, and organization of administrators.

11. **The institution establishes, publishes, and adheres to written personnel policies and procedures that are available for information and review. Such policies and procedures are fair and equitably and consistently administered.**

    POSSIBLE SOURCES OF EVIDENCE*:

    − Personnel policies and procedures, publicly available in print and/or online;

    − Notices to employees how to access personnel policies and procedures;

    − Agenda item in employee orientations notifying employees of the location of personnel policies and procedures;

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- Documentation that all employee complaints against the college for not following personnel policy or procedure have been resolved and improvements made if needed;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution publishes its personnel policies and makes them available for review.

- The institution ensures that it administers its personnel policies and procedures consistently and equitably.

12. Through its policies and practices, the institution creates and maintains appropriate programs, practices, and services that support its diverse personnel. The institution regularly assesses its record in employment equity and diversity consistent with its mission.

POSSIBLE SOURCES OF EVIDENCE*:

- Personnel policies that support diversity and equity, or other formal statements of the institution's commitment to diversity and/or equity;

- Program review of human resources, including evaluation of data on the diversity of staff and faculty;

- Diversity plans or goals for human resources that arise from program review;

- Equity plans or goals for human resources that arise from program review;

- Personnel reports on equity and diversity;

- Agenda or presentations from staff development sessions or other programs that the institution conducts to support its diverse personnel;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution's policies and practices promote an understanding of equity and diversity.

- The institution has methods to determine the kinds of support its personnel need and regularly evaluates the effectiveness of these programs and services.

- The institution tracks and evaluates its record on employment diversity and equity.

- The institution ensures that its personnel are treated fairly.

- The institution plans for the recruitment of diverse personnel in accordance with its mission.

13. The institution upholds a written code of professional ethics for all of its personnel, including consequences for violation.

POSSIBLE SOURCES OF EVIDENCE*:

- Ethics policy, including consequences for violations;

- Procedure for ethics violations;

− Report of any ethics violations, procedures followed, and resolution, with names and other identifying information redacted. (These confidential evidentiary documents, though available to the team, should not be made available to the public.)

− And/or other documents that demonstrate the institution is aligned with this Standard

REVIEW CRITERIA:

- The institution has an approved ethics policy for all of its personnel, which delineates consequences for violation.

14. **The institution plans for and provides all personnel with appropriate opportunities for continued professional development, consistent with the institutional mission and based on evolving pedagogy, technology, and learning needs. The institution systematically evaluates professional development programs and uses the results of these evaluations as the basis for improvement.**

POSSIBLE SOURCES OF EVIDENCE*:

− Schedule of professional development opportunities offered at the college;

− Staff/faculty survey of professional development needs, and results;

− Staff development program review, or human resource program review including evaluation of and improvement plans for staff development;

− Evaluation instruments for professional development opportunities, plus results, analysis, and plans for improvement;

− Professional Development Committee roster and minutes;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution offers professional development programs consistent with its mission.

- The institution has methods to identify professional development needs of its faculty and other personnel.

- The college engages in meaningful evaluation of professional development activities and uses results for improvement.

- The college measures the impact of professional development activities on the improvement of teaching and learning.

15. **The institution makes provision for the security and confidentiality of personnel records. Each employee has access to his/her personnel records in accordance with law.**

POSSIBLE SOURCES OF EVIDENCE*:

− Policy and/or procedure for maintaining security and confidentiality of personnel records;

− And/or other documents that demonstrate the institution is aligned with this Standard.

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- The institution has provisions for keeping personnel records secure and confidential.

- The institution provides employees access to their records.

B.   Physical Resources

1. **The institution assures safe and sufficient physical resources at all locations where it offers courses, programs, and learning support services. They are constructed and maintained to assure access, safety, security, and a healthful learning and working environment.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Facilities inventory;

   − Reports from safety and security walk-throughs;

   − Facilities program review or facilities plan, including improvement plans based on evaluations of safety and security;

   − Reporting procedure or template for facilities safety, security, or maintenance;

   − Maintenance request protocol;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   - The institution ensures that all facilities are safe.

   - The institution regularly evaluates whether it has sufficient physical resources at all locations.

   - The institution has a process by which all personnel and students can report unsafe physical facilities.

2. **The institution plans, acquires or builds, maintains, and upgrades or replaces its physical resources, including facilities, equipment, land, and other assets, in a manner that assures effective utilization and the continuing quality necessary to support its programs and services and achieve its mission.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Program reviews for areas within physical resources (such as facilities maintenance, housekeeping, grounds, transportation, etc.) ;

   − Facilities plan;

   − Institutional plan;

   − Minutes from facilities planning meetings;

   − Correspondence related to acquiring, building, maintaining, upgrading, or replacing facilities, equipment, or other physical assets, only if the correspondence demonstrates institutional alignment with details within this Standard;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution ensures that the needs of programs and services are considered when planning its buildings.

- Facilities' planning is aligned with the institutional mission.

- The institution ensures that program and service needs determine equipment replacement and maintenance.

3. **To assure the feasibility and effectiveness of physical resources in supporting institutional programs and services, the institution plans and evaluates its facilities and equipment on a regular basis, taking utilization and other relevant data into account.**

POSSIBLE SOURCES OF EVIDENCE*:

− Reports on the state of facilities, equipment, or other physical assets;

− Reports on facilities use and occupancy;

− A schedule of regular inspections of facilities and equipment;

− Program reviews for areas within physical resources (such as facilities maintenance, housekeeping, grounds, transportation, etc.);

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution regularly assesses the use of its facilities.

- The institution uses the results of the evaluation to improve facilities or equipment.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- The facilities and other physical resources utilized by the baccalaureate program are evaluated for feasibility and effectiveness for the program on a regular basis.

4. **Long-range capital plans support institutional improvement goals and reflect projections of the total cost of ownership of new facilities and equipment.**

POSSIBLE SOURCES OF EVIDENCE*:

− Long range capital plans;

− Multiple years' institutional budgets;

− Multiple years' division or department budgets, especially Maintenance and Operations;

− And/or other documents that demonstrate the institution is aligned with this Standard.

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

- Long-range capital projects are linked to institutional planning and include projections of total cost of ownership.

- The institution has identified elements which constitute the definition of "total cost of ownership" that the institution uses when making decisions about facilities and equipment.

- Planning processes ensure that capital projects support college goals.

- The institution assesses the effectiveness that long-range capital planning has in advancing the college's improvement goals.

C.   Technology Resources

1. Technology services, professional support, facilities, hardware, and software are appropriate and adequate to support the institution's management and operational functions, academic programs, teaching and learning, and support services.

POSSIBLE SOURCES OF EVIDENCE*:

- Technology plans or program reviews that evaluate and plan for reliability, disaster recovery, privacy, and security;

- Technology inventories;

- Technology infrastructure blueprints;

- Disaster recovery procedure or plan;

- DE/CE technology plan;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution ensures that its various ~~types of~~ technology needs are identified.

- The institution regularly evaluates the effectiveness of its technology in meeting its range of needs.

- There are provisions for reliability, disaster recovery, privacy, and security, whether technology is provided directly by the institution or through a contractual arrangement.

- The institution makes decisions about use and distribution of its technology resources.

- The technology infrastructure is sufficient to maintain and sustain traditional teaching and learning and DE/CE offerings.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- Technology services, support, facilities, hardware, and software utilized by the baccalaureate program are appropriate and adequate for the program.

2. **The institution continuously plans for, updates and replaces technology to ensure its technological infrastructure, quality and capacity are adequate to support its mission, operations, programs, and services.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Technology plans, short term and long range;

   − Documentation of technology replacement, repair, or upgrade cycle;

   − Employee and student survey instruments (with technology questions);

   − Analysis of the results of such surveys;

   − Examples of program reviews from other divisions, departments, or units that include technology resource requests;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   - The institution has established provisions to ensure a robust, current, and sustainable technical infrastructure is maintained that provides maximum reliability for students, staff, and faculty.

   - The institution bases its technology decisions on the results of evaluation of program and service needs.

   - Evaluations of technology and technology services include input from end users.

   - The institution has developed a process to prioritize needs when making decisions about technology purchases.

3. **The institution assures that technology resources at all locations where it offers courses, programs, and services are implemented and maintained to assure reliable access, safety, and security.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Technology replacement, repair, or upgrade cycle that highlights "all locations";

   − Technology replacement or repair log that highlights "all locations";

   − Technology help request protocols, including access for employees at "all locations";

   − And/or other documents that demonstrate the institution is aligned with this Standard

   REVIEW CRITERIA:

   - The institution allocates resources for the management, maintenance, and operation of its technological infrastructure and equipment.

   - The college provides an appropriate system for reliability and emergency backup.

4. **The institution provides appropriate instruction and support for faculty, staff, students, and administrators, in the effective use of technology and technology systems related to its programs, services, and institutional operations.**

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POSSIBLE SOURCES OF EVIDENCE*:

- − Schedules of technology training for staff and faculty;
- − Presentations or agenda from professional development opportunities on technology;
- − Evaluations of training, and documentation of improvements to subsequent training for staff and faculty;
- − Schedules of technology training for students;
- − Curriculum for training students on technology use;
- − Resources, such as manuals or online instructions, that support students, staff, and faculty in their use of technology;
- − And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- • The institution assesses the need for information technology training for students and personnel.
- • The institution allocates resources for information technology training for faculty, students, and staff.
- • The institution regularly evaluates the training and technical support it provides for faculty and staff to ensure these programs are appropriate and effective.

5. **The institution has policies and procedures that guide the appropriate use of technology in the teaching and learning processes.**

POSSIBLE SOURCES OF EVIDENCE*:

- − Policies or procedures for acceptable use of technology;
- − Publications containing acceptable use policies or guidelines, such as employee handbooks, student handbooks, etc.;
- − Other forms of acceptable use guidelines, such as posters in computer labs;
- − And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- • The institution has established processes to make decisions about the appropriate use and distribution of its technology resources.
- • The institution publicizes these policies and processes.

D. Financial Resources

Planning

1. **Financial resources are sufficient to support and sustain student learning programs and services and improve institutional effectiveness. The distribution of resources supports the development, maintenance, allocation and reallocation, and enhancement of programs and services. The institution plans and manages**

its financial affairs with integrity and in a manner that ensures financial stability. (ER 18)

POSSIBLE SOURCES OF EVIDENCE*:

− Annual financial reports (including Audited financial statements);

− Budget allocation model or process;

− Longitudinal comparison of annual operating budgets or financial plans by program or department, highlighting or explaining significant increases or decreases;

− Examples of the enhancement of programs or services funded through the budget allocation model or process;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The institution has sufficient revenues to support educational improvement and innovation.

• Funds are allocated in a manner that will realistically achieve the institution's stated goals for student learning.

• Line items in the budget for resources support student learning programs and services.

• The institution's resource allocation process provides a means for setting priorities for funding institutional improvements.

• Institutional resources are carefully managed to sustain student learning programs and services and improve institutional effectiveness.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

• The financial resources allocated to the baccalaureate program are sufficient to support and sustain program student learning and effectiveness.

2. **The institution's mission and goals are the foundation for financial planning, and financial planning is integrated with and supports all institutional planning. The institution has policies and procedures to ensure sound financial practices and financial stability. Appropriate financial information is disseminated throughout the institution in a timely manner.**

POSSIBLE SOURCES OF EVIDENCE*:

− Policies or procedures for budget development that identify the institution's mission and goals as the foundation for financial planning or that integrate financial and institutional planning;

− Budget process that ties resource allocation to program review and planning;

− Budget assumptions that are tied to the mission, institutional goals, or program reviews;

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Standard III.D: Financial Resources

- Budgeted or planned fiscal expenditures that have supported or that support the achievement of institutional plans or goals;

- Minutes from a finance or budget committee's meeting when institutional mission and goals, institutional plans, or program reviews are discussed;

- Minutes from any governance group when institutional planning and financial planning are connected or coordinated;

- Any document in which budget proposals, resource allocation decisions, and/or financial decisions are reported to the campus;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution reviews its mission and goals as part of the annual fiscal planning process.

- The institution establishes priorities among competing needs so that it can predict future funding. Institutional plans exist, and they are clearly linked to financial plans, both short-term and long-range.

- The financial planning process relies primarily on institutional plans for content and timelines.

- The governing board and other institutional leadership receive information about fiscal planning that demonstrates its links to institutional planning.

- Budget process that ties resource allocation to planning and program review.

- Budget assumptions that are tied to the mission, institutional goals, or program reviews.

3. **The institution clearly defines and follows its guidelines and processes for financial planning and budget development, with all constituencies having appropriate opportunities to participate in the development of institutional plans and budgets.**

POSSIBLE SOURCES OF EVIDENCE*:

- Procedures that define guidelines and processes for financial planning and budget development;

- Minutes from finance or budget committee meetings verifying that established financial planning and budget development processes are followed;

- Roster of a finance or budget committee;

- Documented budget development process that identifies responsible parties for steps in the planning process and that identifies opportunities for input from constituencies;

- A documented timeline of institutional planning coordinated with budget development process, including reporting deadlines for various types of reports to or reviews with different audiences;

- Budget proposals presented to the Board, to the public, and to the campus;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- Institution has established processes for financial planning and budget development, which are widely known and understood by college constituents.

- The college's mechanisms or processes are used to ensure constituent participation in financial planning and budget development.

Fiscal Responsibility and Stability

4. **Institutional planning reflects a realistic assessment of financial resource availability, development of financial resources, partnerships, and expenditure requirements.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Agenda or minutes from planning committee meetings or budget committee meetings when financial resource availability is discussed;

   − Attachments from such meetings that identify funding sources, partnerships, or expenditure requirements;

   − Budget documents that balance expected revenues and expenditures;

   − Documentation of coordination of institutional planning with grants and other alternative funding sources;

   − Other documents used during institutional planning that identify available or potential financial resources and/or funding sources;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   - Individuals involved in institutional planning receive accurate information about available funds, including the annual budget showing ongoing and anticipated fiscal commitments.

   - Budget information, including the institution's fiscal condition, is sufficient in content and timing to support realistic institutional and financial planning.

   - Sound financial planning, including a realistic expectation of financial resource availability, are foundational elements of the institution's plans and goals.

   - The institution reviews its past financial results as part of planning for current and future fiscal needs

5. **To assure the financial integrity of the institution and responsible use of its financial resources, the internal control structure has appropriate control mechanisms and widely disseminates dependable and timely information for sound financial decision making. The institution regularly evaluates its financial management practices and uses the results to improve internal control systems.**

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POSSIBLE SOURCES OF EVIDENCE*:

− Policies or procedures for internal control mechanisms;

− Policies or procedures for purchasing;

− Budgets, financial reports, audit reports presented to the campus and to the Board;

− Reports of decisions for financing or allocation of resources presented to the campus community or to constituent groups;

− Monthly, quarterly, or other reports of revenues and expenditures;

− Finance department program review, including evaluation of effectiveness of internal controls;

− Evaluation instruments for assessing effectiveness and integrity of financial management practices, and the results of such evaluations;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The institution has internal control mechanisms, including persons responsible, that govern the preparation of financial documents and ensure dependable, accurate, and timely financial information is available for sound financial decision-making.

• Information about budget, fiscal conditions, and financial planning are provided throughout the college.

• Individuals involved in institutional planning and management receive dependable and timely information about available funds, including the annual budget showing ongoing and anticipated fiscal commitments.

• Budget information, including the fiscal condition, financial planning, and audit results, is sufficient in content and timing to support sound financial management

• The institution prepares accurate financial documents through the application and maintenance of adequate internal controls

6. **Financial documents, including the budget, have a high degree of credibility and accuracy, and reflect appropriate allocation and use of financial resources to support student learning programs and services.**

POSSIBLE SOURCES OF EVIDENCE*:

− Budget versus actual variance reports and analyses;

− Annual external audit reports and findings;

− Audits of any foundations that are not separately incorporated;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• Funds are allocated, as shown in the budget, in a manner that will realistically achieve the institution's stated goals for student learning.

• The institutional budget is an accurate reflection of institutional spending and it has credibility with constituents.

- Audits demonstrate the integrity of financial management practices.

7. **Institutional responses to external audit findings are comprehensive, timely, and communicated appropriately.**

   POSSIBLE SOURCES OF EVIDENCE*:
   - Formal responses to external audit reports and findings;
   - Minutes of meetings when audits and findings are discussed and responses are planned;
   - Minutes of meetings where the above reports are disseminated;
   - And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:
   - Information about budget, fiscal conditions, and audit results are provided throughout the college.
   - The institution remediates audit findings in a timely manner.
   - If the institution has received any audit findings or negative reviews during the last six years, they have been addressed in a timely manner.

8. **The institution's financial and internal control systems are evaluated and assessed for validity and effectiveness, and the results of this assessment are used for improvement.**

   POSSIBLE SOURCES OF EVIDENCE*:
   - External auditors' reports and findings that address the college's internal control systems;
   - The college's responses to such findings;
   - Financial reports subsequent to audits findings, and subsequent audit reports and findings;
   - Finance department program reviews, including evaluations of validity and effectiveness of financial and internal control systems;
   - And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:
   - The Finance Department regularly conducts program review, including evaluation of effectiveness of internal controls.
   - The institution assesses the effectiveness of its past financial plans and the results of this assessment are used to improve current and future financial plans.
   - Audits demonstrate the integrity of financial management practices.
   - The institution reviews its internal control systems on a regular basis.

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9. **The institution has sufficient cash flow and reserves to maintain stability, support strategies for appropriate risk management, and, when necessary, implement contingency plans to meet financial emergencies and unforeseen occurrences.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Policy or procedure reflecting commitment to sound financial practices and financial stability;

   − Policy or procedure that defines minimum reserve expectations;

   − Monthly, quarterly, or other cash-flow or cash balance reports;

   − Reports of reserves, special reserve accounts, etc.;

   − Policies or procedures for risk management;

   − Reports of insurance policies, funds, payments, etc.;

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

   − Contingency plans for financial emergencies;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   • The institution's level of unrestricted fiscal reserves is adequate to meet financial emergencies and unforeseen occurrences.

   • The ending balance of unrestricted funds for the immediate past three years is sufficient to maintain a reserve needed for emergencies.

   • The institution has sufficient insurance to cover its needs. If the institution is self-funded in any insurance categories, it has sufficient reserves to handle financial emergencies.

   • The institution's process for receiving revenues does not pose cash-flow difficulties. When there is a cash-flow challenge, the college has a process to rectify those difficulties.

10. **The institution practices effective oversight of finances, including management of financial aid, grants, externally funded programs, contractual relationships, auxiliary organizations or foundations, and institutional investments and assets.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Procedures for the financial management and oversight of grants, externally funded programs, contractual relationships, auxiliary organizations or foundations, and institutional investments and assets;

   − Financial reports or audits for grants, externally funded programs, contractual relationships, auxiliary organizations, foundations, bonds, institutional investments, endowments, and/or assets;

   − Financial aid reports and/or audits that demonstrate effective oversight;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has established processes to assess its use of financial resources.

- The institution demonstrates compliance with Federal Title IV regulations and requirements for managing federal financial aid.

- The institution ensures that it assesses its use of financial resources systematically and effectively.

- The institution uses results of the evaluation as the basis for improvement.

Liabilities

11. **The level of financial resources provides a reasonable expectation of both short-term and long-term financial solvency. When making short-range financial plans, the institution considers its long-range financial priorities to assure financial stability. The institution clearly identifies, plans, and allocates resources for payment of liabilities and future obligations.**

    POSSIBLE SOURCES OF EVIDENCE:*

    − Procedure for both the short-term and long-range management of the institution's cash and capital structure;

    − Cash flow forecasts and analyses;

    − Resulting institutional budgets and plans that account for payments of both short-term liabilities and long-term and future obligations;

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

    − The institution's credit rating;

    − And/or other documents that demonstrate the institution is aligned with this Standard.

    REVIEW CRITERIA:

    - The institution continually assesses and adjusts its capital structure and cash management strategies to ensure both short-term and long-term financial solvency.

    - The institution has plans for payments of long-term liabilities and obligations, including health benefits, insurance costs, building maintenance costs, etc. This information is used in short-term or annual budget and other fiscal planning.

12. **The institution plans for and allocates appropriate resources for the payment of liabilities and future obligations, including Other Post-Employment Benefits (OPEB), compensated absences, and other employee related obligations. The actuarial plan to determine Other Post-Employment Benefits (OPEB) is current and prepared as required by appropriate accounting standards.**

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POSSIBLE SOURCES OF EVIDENCE*:

− Actuarial valuation report for pension and OPEB;

− Records of annual required contributions (ARC) for pension and OPEB obligations;

− Collective bargaining agreements;

− Leave accrual policies and records;

− Notes to financial statements dealing with employee benefit plans, commitments and contingencies;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The institution incorporates actuarially developed plans for Other Post-Employment Benefit (OPEB) obligations into its financial plans.

• The institution's pension and OPEB plans are sufficiently funded. The institution fully funds or has a plan to fully fund its annual pension and OPEB obligation (Annual required contribution [ARC]).

13. **On an annual basis, the institution assesses and allocates resources for the repayment of any locally incurred debt instruments that can affect the financial condition of the institution.**

POSSIBLE SOURCES OF EVIDENCE*:

− Documentation of debt repayment schedules;

− Independent evaluation reports or other documents that demonstrate the institution's record or history of debt repayment;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The institution has an annual assessment of debt repayment obligations.

• The institution has appropriate plans to repay locally incurred debt.

• The institution ensures that locally incurred debt repayment schedule does not have an adverse impact on meeting all current and future financial obligations.

14. **All financial resources, including short- and long-term debt instruments (such as bonds and Certificates of Participation), auxiliary activities, fund-raising efforts, and grants, are used with integrity in a manner consistent with the intended purpose of the funding source.**

POSSIBLE SOURCES OF EVIDENCE*:

− Reports that analyze grant expenditures consistent with intended use of the grant funds;

− Similar reports on use of funds from auxiliary activities and fund raising efforts;

− Records from bond funding, if any, including audit reports;

− Minutes and reports of bond oversight committee;

−   Compliance reports from funding agencies or audits, both internal and external;

−   And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

•   The institution's restricted funds are audited or reviewed by funding agencies on a regular basis.

•   Expenditures from restricted funds are made in a manner consistent with the intent and requirements of the funding source.

•   Bond expenditures are consistent with regulatory and legal restrictions.

•   The institution ensures that the financial operations of all auxiliary activities are appropriately monitored.

15. **The institution monitors and manages student loan default rates, revenue streams, and assets to ensure compliance with federal requirements, including Title IV of the Higher Education Act, and comes into compliance when the federal government identifies deficiencies.**

POSSIBLE SOURCES OF EVIDENCE*:

−   Reports on student loan default rates;

−   Institutional plans or service area plans for lowering loan default rates;

−   USDE Federal Student Aid (FSA) audits and compliance reports (Checklist: Title IV Compliance. Policy on Institutional Compliance with Title IV);

−   College responses to FSA audits and related reports and correspondences (Checklist: Title IV Compliance. Policy on Institutional Compliance with Title IV);

−   And/or other documents that demonstrate the institution is aligned with this Standard

REVIEW CRITERIA:

•   The institution's three-year default rate is within federal guidelines.

•   The institution has a plan to reduce the default rate if it exceeds federal guidelines.

•   Student loan default rates, revenues, and related matters are monitored and assessed to ensure compliance with Federal Regulation.

Contractual Agreements[1]

16. **Contractual agreements with external entities are consistent with the mission and goals of the institution, governed by institutional policies, and contain appropriate**

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[1] Glossary – *Contractual Agreements*: Arrangements for educational services that are either: (1) provided by the college/district/system for remuneration under contracts with business or other agencies, or (2) received by the college/district/system under contracts with businesses or other agencies. Contractual arrangements for delivery of educational services may include, but are not limited to, curriculum, learning support services, student support services, and instruction.

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provisions to maintain the integrity of the institution and the quality of its programs, services, and operations.

POSSIBLE SOURCES OF EVIDENCE*:

− Copies of contractual agreements with external entities, highlighting consistency with institutional mission and goals;

− Policies and procedures regarding contractual agreements with external entities, highlighting provisions for maintaining institutional integrity and support for programs and services;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• If the institution has contractual agreements, they are consistent with institutional mission and goals.

• The institution has appropriate control over these contracts. It can change or terminate contracts that don't meet its required standards of quality.

• External contracts are managed in a manner to ensure that federal guidelines are met.

Standard IV: Leadership and Governance

The institution recognizes and uses the contributions of leadership throughout the organization for promoting student success, sustaining academic quality, integrity, fiscal stability, and continuous improvement of the institution. Governance roles are defined in policy and are designed to facilitate decisions that support student learning programs and services and improve institutional effectiveness, while acknowledging the designated responsibilities of the governing board and the chief executive officer. Through established governance structures, processes, and practices, the governing board, administrators, faculty, staff, and students work together for the good of the institution. In multi-college districts or systems, the roles within the district/system are clearly delineated. The multi-college district or system has policies for allocation of resources to adequately support and sustain the colleges.

A.   Decision-Making Roles and Processes

1. **Institutional leaders create and encourage innovation leading to institutional excellence. They support administrators, faculty, staff, and students, no matter what their official titles, in taking initiative for improving the practices, programs, and services in which they are involved. When ideas for improvement have policy or significant institution-wide implications, systematic participative processes are used to assure effective planning and implementation.**

   POSSIBLE SOURCES OF EVIDENCE*:
   − Diagrams of governance and decision-making lines of communication;
   − Examples of innovations or improvement ideas that have been brought forward by an individual or group, advanced through the governance/decision-making process, and implemented;
   − Minutes of meetings, or progress reports, that can track the development of innovations or improvements from inception to planning to implementation;
   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:
   • The institution has formal and informal practices and procedures that encourage individuals, no matter their role, to bring forward ideas for institutional improvement.
   • The institution has established systems and participative processes for effective planning and implementation for program and institutional improvement.

2. **The institution establishes and implements policy and procedures authorizing administrator, faculty, and staff participation in decision-making processes. The policy makes provisions for student participation and consideration of student views in those matters in which students have a direct and reasonable interest. Policy specifies the manner in which individuals bring forward ideas and work together on appropriate policy, planning, and special-purpose committees.**

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POSSIBLE SOURCES OF EVIDENCE*:

− Policy and/or procedure that establishes governance structure and explains constituents' roles in decision making;

− Policy or procedure that delineates constituents' areas of responsibility in bringing ideas forward, planning, and decision-making;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- Institutional policies and procedures describing the roles for each group in decision-making processes.

- These policies and procedures encourage student participation in matters which concern them, and take into consideration the student perspective when making decisions.

- The institution has policies and procedures that describe the official responsibilities and authority of the faculty and of academic administrators in curricular and other educational matters.

3. **Administrators and faculty, through policy and procedures, have a substantive and clearly defined role in institutional governance and exercise a substantial voice in institutional policies, planning, and budget that relate to their areas of responsibility and expertise.**

POSSIBLE SOURCES OF EVIDENCE*:

− Policy and/or procedure that defines the roles of administrators and faculty in governance;

− Minutes or other reports that demonstrate administrators and faculty carrying out their roles as defined;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- Institutional policies and procedures describe the roles for each group in governance, including planning and budget development.

4. **Faculty and academic administrators, through policy and procedures, and through well-defined structures, have responsibility for recommendations about curriculum and student learning programs and services.**

POSSIBLE SOURCES OF EVIDENCE*:

− Policy and/or procedure that describe the roles of administrators and faculty in decision-making related to curriculum and student learning programs and services;

− Minutes or other reports that demonstrate administrators and faculty carrying out their roles as described;

− And/or other documents that demonstrate the institution is aligned with this Standard.

- Institutional policies and procedures describe the official responsibilities and authority of the faculty and of academic administrators in curricular and other educational matters

- The institution regularly evaluates these policies and procedures to ensure they are being followed and practices are functioning effectively.

FOR INSTITUTIONS WITH A BACCALAUREATE DEGREE:

- The faculty and academic administrators assigned to the baccalaureate program have responsibility for making recommendations to appropriate governance and decision-making bodies about the curriculum, student learning programs, and services for the program.

5. **Through its system of board and institutional governance, the institution ensures the appropriate consideration of relevant perspectives; decision-making aligned with expertise and responsibility; and timely action on institutional plans, policies, curricular change, and other key considerations.**

POSSIBLE SOURCES OF EVIDENCE*:

− Policy and/or procedure that establishes governance structure and explains constituents' roles in institutional decision making;

− Governance committee(s) charters and rosters;

− Governance handbook or other document that describes institutional governance system;

− Sample minutes from decision-making groups and other types of reports that demonstrate when decisions are made and/or when resulting actions are completed;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- Written policies on governance procedures specify appropriate roles for all staff and students. These policies specify the academic roles of faculty in areas of student educational programs and services planning.

- Staff and students are well informed of their respective roles. The various groups collaborate on behalf of institutional improvements. The result of this effort results in documented institutional improvement.

- The college has developed structures of communication that demonstrate that it values diverse perspectives.

- The college demonstrates that consideration of diverse perspectives leads to setting institutional priorities and timely action.

6. **The processes for decision-making and the resulting decisions are documented and widely communicated across the institution.**

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

POSSIBLE SOURCES OF EVIDENCE*:

− Procedures that establish processes for decision-making;

− Sample minutes from decision-making groups and other types of reports that demonstrate when decisions are made and/or when resulting actions are completed;

− Sample communications to the institution regarding decisions made and the resulting actions;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The college has processes to document and communicate decisions across the institution.

7. **Leadership roles and the institution's governance and decision-making policies, procedures, and processes are regularly evaluated to assure their integrity and effectiveness. The institution widely communicates the results of these evaluations and uses them as the basis for improvement.**

POSSIBLE SOURCES OF EVIDENCE*:

− Evaluation instruments and resulting reports that assess effectiveness of governance structures and processes, including plans for improvement;

− Evaluation instruments and resulting reports that assess effectiveness of committees, including plans for improvement;

− Minutes from a governance body when effectiveness of governance structures and processes were discussed;

− Documentation of a regular cycle of evaluation for governance;

− Subsequent governance evaluation reports that document improvements to governance;

− Examples of communications to the college on results of the evaluations or discussions;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution regularly evaluates its governance and decision-making structures. The results of these evaluations are communicated within the campus community.

- The institution uses the results of these evaluations to identify weaknesses and to make needed improvements.

B. Chief Executive Officer

1. **The institutional chief executive officer (CEO) has primary responsibility for the quality of the institution. The CEO provides effective leadership in planning, organizing, budgeting, selecting and developing personnel, and assessing institutional effectiveness.**

POSSIBLE SOURCES OF EVIDENCE*:

− Policy that outlines CEO responsibilities;

− CEO job description;

− Job announcements for CEO;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The CEO regularly communicates institutional values, goals, institution-set standards, and other relevant information, to internal and external stakeholders.

• The CEO communicates the importance of a culture of evidence and a focus on student learning.

• The institution has mechanisms in place to link institutional research, particularly research on student learning, to institutional planning processes, and resource allocation processes, which has been driven by the CEO.

2. **The CEO plans, oversees, and evaluates an administrative structure organized and staffed to reflect the institution's purposes, size, and complexity. The CEO delegates authority to administrators and others consistent with their responsibilities, as appropriate.**

POSSIBLE SOURCES OF EVIDENCE*:

− Policy that outlines CEO responsibilities;

− Organizational charts;

− Policies and procedures that provide for the delegation of authority from the CEO to administrators and others;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The institution has policies and procedures which provide for the delegation of authority from the CEO to administrators, and others, consistent with their roles and responsibilities.

3. **Through established policies and procedures, the CEO guides institutional improvement of the teaching and learning environment by:**

• **establishing a collegial process that sets values, goals, and priorities;**

• **ensuring the college sets institutional performance standards for student achievement;**

• **ensuring that evaluation and planning rely on high quality research and analysis of external and internal conditions;**

• **ensuring that educational planning is integrated with resource planning and allocation to support student achievement and learning;**

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

- **ensuring that the allocation of resources supports and improves achievement and learning; and**

- **establishing procedures to evaluate overall institutional planning and implementation efforts to achieve the mission of the institution.**

POSSIBLE SOURCES OF EVIDENCE*:

− Policies and procedures that provide for the delegation of authority from the CEO to administrators and others for the topics listed in this Standard;

− Minutes of meetings with CEO present when any of the above are decided or acted upon;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- (listed within the Standard)

4. **The CEO has the primary leadership role for accreditation, ensuring that the institution meets or exceeds Eligibility Requirements, Accreditation Standards, and Commission policies at all times. Faculty, staff, and administrative leaders of the institution also have responsibility for assuring compliance with accreditation requirements.**

POSSIBLE SOURCES OF EVIDENCE*:

− Policy and/or procedure that describes CEO role in accreditation;

− Rosters of accreditation leadership teams;

− Examples of CEO communications or presentations related to accreditation;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The CEO takes a lead role in accreditation processes and in creating a culture of commitment to continuous quality improvement.

- The CEO ensures others on campus also understand accreditation.

- The CEO collaborates with the institution's accreditation liaison officer to guide all accreditation efforts.

5. **The CEO assures the implementation of statutes, regulations, and governing board policies and assures that institutional practices are consistent with institutional mission and policies, including effective control of budget and expenditures.**

POSSIBLE SOURCES OF EVIDENCE*:

− Policy and/or procedure that describes CEO role in the matters described in this Standard;

− Copies of communications from the CEO regarding statutes, regulations and policies, and budgets;

- Reports and other documents related to the matters described in this Standard and signed by the CEO;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The CEO regularly communicates statutory and compliance expectations to the governing board to provide for informed decision-making.

- The CEO ensures that all governance decisions are linked to the institutional mission.

6. **The CEO works and communicates effectively with the communities served by the institution.**

POSSIBLE SOURCES OF EVIDENCE*:

- Copies of communications from the CEO to the communities served by the college;

- Press releases from the CEO;

- Itinerary of CEO's in-person contacts with community groups;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The CEO ensures that communities served by the college are regularly informed about the institution.

C. Governing Board

1. **The institution has a governing board that has authority over and responsibility for policies to assure the academic quality, integrity, and effectiveness of the student learning programs and services and the financial stability of the institution. (ER 7)**

POSSIBLE SOURCES OF EVIDENCE*:

- Policies that describe the authority and responsibilities of the board;

- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The institution has a policy manual or other compilation of policy documents that delineates the governing board's accountability for academic quality, integrity, the effectiveness of learning programs and services, and institution's financial stability. These policies are reviewed on a regular basis.

- The institution's board policies address quality improvement and adherence to the institution's mission and vision.

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

2. **The governing board acts as a collective entity. Once the board reaches a decision, all board members act in support of the decision.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Policy or bylaws that describe the ways in which the board may make decisions or act;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   • Board members, individually, demonstrate their support for board policies and decisions.

3. **The governing board adheres to a clearly defined policy for selecting and evaluating the CEO of the college and/or the district/system.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Policy and/or procedures for selecting and evaluating the CEO;

   − Timeline of CEO selection process and/or CEO evaluation process;

   − Documents from the most recent selection process for a new CEO;

   − Completed CEO evaluations;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   • The board has an established process for conducting a search and the selection of the chief administrator.

   • The board has an established process for its evaluation of the chief administrator's performance.

   • The board sets clear expectations for regular reports on institutional performance from the chief administrator.

4. **The governing board is an independent, policy-making body that reflects the public interest in the institution's educational quality. It advocates for and defends the institution and protects it from undue influence or political pressure. (ER 7)**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Board policy or bylaws that address the elements contained in this Standard;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   • The governing board is appropriately representative of the public interest and lacks conflict of interest.

   • The composition of the governing board reflects public interest in the institution.

5. **The governing board establishes policies consistent with the college/district/system mission to ensure the quality, integrity, and improvement of student learning programs and services and the resources necessary to support them. The governing board has ultimate responsibility for educational quality, legal matters, and financial integrity and stability.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Board policy or bylaw that describes the board's responsibility for matters described in this Standard;

   − Minutes from board meetings when policies are discussed and approved;

   − Minutes from board meetings when educational quality, legal matters, or financial integrity and stability are discussed;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   • The Board has approved policies, institutional goals or other formal statements that describe governing board expectations for quality, integrity and improvement of student learning programs and services.

   • The governing board is aware of the institution-set standards and analysis of results that have led to the improvement of student achievement and learning.

6. **The institution or the governing board publishes the board bylaws and policies specifying the board's size, duties, responsibilities, structure, and operating procedures.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Board policy or bylaws that define the elements contained in this Standard;

   − Location where policies and bylaws are made available to the public;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:

   • Board bylaws and policies regarding the governing board's specifications are readily available in print and/or online.

7. **The governing board acts in a manner consistent with its policies and bylaws. The board regularly assesses its policies and bylaws for their effectiveness in fulfilling the college/district/system mission and revises them as necessary.**

   POSSIBLE SOURCES OF EVIDENCE*:

   − Policy or procedure for review of board policies;

   − Timeline for regular review of board policies. This may be a multi-year timeline;

   − And/or other documents that demonstrate the institution is aligned with this Standard.

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

REVIEW CRITERIA:

- Governing board records (minutes, resolutions) indicate that its actions are consistent with its policies and bylaws.

- The governing board has a system for evaluating and revising its policies on a regular basis.

8. **To ensure the institution is accomplishing its goals for student success, the governing board regularly reviews key indicators of student learning and achievement and institutional plans for improving academic quality.**

    POSSIBLE SOURCES OF EVIDENCE*:

    − Reports to the board on student performance data or on institutional plans;

    − Minutes of board meetings when student performance data or institutional plans are discussed;

    − And/or other documents that demonstrate the institution is aligned with this Standard.

    REVIEW CRITERIA:

    - The governing board regularly reviews data on student performance.

9. **The governing board has an ongoing training program for board development, including new member orientation. It has a mechanism for providing for continuity of board membership and staggered terms of office.**

    POSSIBLE SOURCES OF EVIDENCE*:

    − Policy or procedure for staggered terms of office;

    − Agenda and/or presentations from new board member orientations;

    − Schedule of ongoing training opportunities or topics for board members;

    − Documentation of board member participation in offsite board development workshops or conferences;

    − And/or other documents that demonstrate the institution is aligned with this Standard.

    REVIEW CRITERIA:

    - The governing board has a program for development and orientation.

    - The governing board has a formal, written method of providing for leadership continuity and staggered terms of office.

10. **Board policies and/or bylaws clearly establish a process for board evaluation. The evaluation assesses the board's effectiveness in promoting and sustaining academic quality and institutional effectiveness. The governing board regularly evaluates its practices and performance, including full participation in board training, and makes public the results. The results are used to improve board performance, academic quality, and institutional effectiveness.**

    POSSIBLE SOURCES OF EVIDENCE*:

    − Bylaws, policy, and/or procedures for conducting board evaluations;

- Completed board evaluations;
- Locations where the results of board evaluations are made public;
- Agenda/minutes that note discussions on the board evaluation;
- Subsequent evaluations that record improvements made as a result of prior evaluations;
- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The governing board has a self-evaluation process, as defined in its policies.
- The governing board uses the results from its self-evaluation to make improvements regarding its role, functioning, and effectiveness.

11. **The governing board upholds a code of ethics and conflict of interest policy, and individual board members adhere to the code. The board has a clearly defined policy for dealing with behavior that violates its code and implements it when necessary. A majority of the board members have no employment, family, ownership, or other personal financial interest in the institution. Board member interests are disclosed and do not interfere with the impartiality of governing body members or outweigh the greater duty to secure and ensure the academic and fiscal integrity of the institution. (ER 7)**

POSSIBLE SOURCES OF EVIDENCE*:

- Policy or procedure on board code of ethics and conflict of interest, with consequences for violations;
- Affidavits or conflict of interest agreements signed by individual board members;
- And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- When a conflict of interest is reported, the board demonstrates that it follows its conflict of interest policy.
- The governing board has a stated process for dealing with board behavior that is unethical.
- Less than half of the board members are owners of the institution. A majority of governing board members are non-owners of the institution.

12. **The governing board delegates full responsibility and authority to the CEO to implement and administer board policies without board interference and holds the CEO accountable for the operation of the district/system or college, respectively.**

POSSIBLE SOURCES OF EVIDENCE*:

- Policy on board delegation of authority to the CEO;
- And/or other documents that demonstrate the institution is aligned with this Standard.

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

- Board delegation of administrative authority to the chief administrator is defined in policy or other board approved documents.

- Board delegation of administrative authority is clear to all parties.

- The governing board sets clear expectations for regular reports on institutional performance from the chief administrator.

- The board sets clear expectations for sufficient information on institutional performance to ensure that it can fulfill its responsibility for educational quality, legal matters, and financial integrity.

13. **The governing board is informed about the Eligibility Requirements, the Accreditation Standards, Commission policies, accreditation processes, and the college's accredited status, and supports through policy the college's efforts to improve and excel. The board participates in evaluation of governing board roles and functions in the accreditation process.**

    POSSIBLE SOURCES OF EVIDENCE*:

    − Reports to the board regarding accreditation;

    − Minutes from board meetings when accreditation is discussed;

    − Agenda or presentations from board trainings on accreditation;

    − Documentation of board participation in institutional self-evaluation for accreditation, if any, such as rosters or minutes from committees;

    − Board evaluations that include discussion of the board's role in accreditation;

    − And/or other documents that demonstrate the institution is aligned with this Standard.

    REVIEW CRITERIA:

    - The governing board receives training about the accreditation process and Accreditation Standards, Eligibility Requirements, and Commission policies.

    - The governing board participates appropriately in institutional self-evaluation and planning efforts.

    - Governing board actions indicate a commitment to improvements planned as part of institutional self-evaluation and accreditation processes.

    - The governing board is informed of institutional reports due to the Commission, and of Commission recommendations to the institution.

D.   Multi-College Districts or Systems

1. **In multi-college districts or systems, the district/system CEO provides leadership in setting and communicating expectations of educational excellence and integrity throughout the district/system and assures support for the effective operation of the colleges. Working with the colleges, the district/system CEO establishes**

clearly defined roles, authority and responsibility between the colleges and the district/system.

POSSIBLE SOURCES OF EVIDENCE*:

− Presentations by or communications from the district/system CEO that express expectations for educational excellence and integrity;

− Policies and/or procedures that delineate roles and responsibilities between district/system and the colleges;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- There are established policies and/or practices which demonstrate the delineation of roles and responsibilities for the district/system and the colleges.

2. **The district/system CEO 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. The district/system CEO ensures that the colleges receive effective and adequate district/system provided services to support the colleges in achieving their missions. Where a district/system has responsibility for resources, allocation of resources, and planning, it is evaluated against the Standards, and its performance is reflected in the accredited status of the institution.**

POSSIBLE SOURCES OF EVIDENCE*:

− The functional map (see Appendix D);

− Policies and/or procedures that delineate roles and responsibilities between district/system and the colleges;

− Communications from the district/system CEO regarding operational responsibilities of the district/system and/or colleges;

− Evaluations of the district/system completed by CEOs of the colleges;

− Summary of district/system role in institutional evaluation and planning, if described in greater detail in Standard I;

− Summary of district/system role in resources and allocation of resources, if described in greater detail in Standard III;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The district/system is knowledgeable regarding the established policies and/or practices which demonstrate the delineation of roles and responsibilities for the district/system and the colleges.

- The delineation of responsibilities is regularly evaluated for effectiveness.

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

- District/system services are regularly evaluated with regard to their support for institutional missions and functions.

3. **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. The district/system CEO ensures effective control of expenditures.**

   POSSIBLE SOURCES OF EVIDENCE*:
   − Policies and/or procedures for allocation and reallocation of resources to the colleges;
   − Policies and/or procedures for internal controls of district/system finances;
   − Resource allocation model or plan;
   − District/system budgets and college budgets;
   − District/system and college audit reports;
   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:
   - The district/system's has an established policy for distributing resources to its institutions.
   - The policy is well-understood across the district/system.
   - The distribution method reflects the needs and priorities of the colleges.
   - The institution's most recent annual independent audit reports and audited financial statements demonstrate the district reviews and controls system-wide expenditures.

4. **The CEO of the district or system delegates full responsibility and authority to the CEOs of the colleges to implement and administer delegated district/system policies without interference and holds college CEO's accountable for the operation of the colleges.**

   POSSIBLE SOURCES OF EVIDENCE*:
   − Policies and/or procedures that describe delegation of authority to the CEOs as described in this Standard;
   − Procedure or evaluation instrument for district/system CEO evaluation of college CEOs;
   − And/or other documents that demonstrate the institution is aligned with this Standard.

   REVIEW CRITERIA:
   - The institution has policies and practices that demonstrate delegation of authority to college CEO.

5. **District/system planning and evaluation are integrated with college planning and evaluation to improve student learning and achievement and institutional effectiveness.**

POSSIBLE SOURCES OF EVIDENCE*:

− District/system evaluation and planning manual;

− District/system plans;

− District/system reports on student learning and student achievement;

− Minutes of district/system governance or planning committees;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The district/system and the colleges engage in an integrated planning and evaluation process.

- District/system plans include analysis of student learning and student achievement in the district/system.

6. **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.**

POSSIBLE SOURCES OF EVIDENCE*:

− Policy, procedures, and/or protocols for communications between district/system and colleges;

− Reports from district/system to colleges and from colleges to district/system;

− Minutes from district/system committees, with evidence of dissemination to colleges;

− District/system website, used for sharing information with colleges;

− Examples of timely communications between district/system and colleges regarding operational matters;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

- The district/system and the colleges have an established communication protocol to ensure effective operations of the colleges are timely, accurate and complete.

- The colleges are well informed about district/system issues, governing board actions and interests that have an impact on operations, educational quality, stability or the ability to provide high quality education.

7. **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. The district/system widely communicates the results of these evaluations and uses them as the basis for improvement.**

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* *Possible sources of evidence* will vary from college to college according to the diversity of missions, college culture, and college operations in the region. The list above is not intended as a checklist, but only as examples of typical documents that may exist at an institution.

POSSIBLE SOURCES OF EVIDENCE*:

− Policy and/or procedure for district/system evaluations;

− Timeline or cycle for regular evaluations of district/system;

− Evaluation instruments used for evaluating effectiveness of district/system on governance, decision-making, district/system and college relationships, and resource allocation;

− Minutes that document discussion of the effectiveness of district/system governance, decision-making, district/system and college relationships, and resource allocation;

− Documentation of dissemination of evaluation results;

− Program reviews or other system evaluations of district/system services;

− Reports of improvements in subsequent program reviews or system evaluations;

− And/or other documents that demonstrate the institution is aligned with this Standard.

REVIEW CRITERIA:

• The district/system and the colleges have a robust evaluation process on college role delineations, governance and decision-making processes which ensure their integrity and effectiveness in assisting college in meeting their goals.

• The evaluation process is conducted regularly and results of such evaluations are widely communicated.

• Improvements are made as a result of these evaluations.

8 Evaluating Distance and Correspondence Education

Distance education (DE) and correspondence education (CE) are common delivery mechanisms in American higher education. A sizable number of institutions that are campus-based offer some portion of the curriculum and programs in a distance education format, and there is a small but growing number of institutions that offer educational services solely through distance education. In 2006, the Higher Education Act revised regulations that had restricted the use of distance education by institutions eligible for Title IV financial aid. Effective July 1 of that year, institutions were no longer restricted to offering less than 50% of a degree program via distance education in order to retain eligibility. The regulatory changes have increased the number of programs that campus-based institutions offer through distance education, as well as generating opportunities for some new, solely distance education-based institutions to emerge in the Western region.

The Commission's "Policy on Distance Education and on Correspondence Education" has been revised continuously to reflect the changes made in the 2006 Reauthorization of the Higher Education Act and to the Higher Education Opportunity Act of 2008, which provides greater emphasis on Distance Education and Correspondence Education. The Commission Policy provides the following definitions of Distance Education and Correspondence Education. These definitions are congruent with the definitions in the Higher Education Opportunity Act of 2008. Note that correspondence education may be offered via the same delivery modes as distance education. The US Department of Education focuses more closely on the nature of the interaction between instructor and student, and on aspects of the instruction delivered, to determine whether the course or program is considered distance education or correspondence education for purposes of Title IV.

8.1 Definitions of Distance Education and Correspondence Education

Distance Education

Distance education is defined, for the purpose of accreditation review, as a formal interaction which uses one or more technologies to deliver instruction to students who are separated from the instructor and which supports regular and substantive interaction between the students and instructor, either synchronously or asynchronously. Distance education often incorporates technologies such as the internet; one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audio conferencing; or video cassettes, DVDs, and CD-ROMs, in conjunction with any of the other technologies.

Correspondence Education

Correspondence education is:

(1) Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor;

(2) Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student;

(3) Correspondence courses are typically self-paced; and,

(4) Correspondence education is not distance education.

A Correspondence course is:

(1) A course provided by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. Interaction between the instructor and student is limited, is not regular and substantive, and is primarily initiated by the student. Correspondence courses are typically self-paced;

(2) A course which is part correspondence and part residential training, the Secretary [of Education] considers the course to be a correspondence course; and,

(3) Not distance education. [1]

8.2 Evaluation of Distance Education

Because of the impact that distance education and correspondence education have on the federal financial aid that students and institutions receive, peer review teams are required to review distance education courses to ensure that they are indeed distance education and not correspondence education by definition. The distinctive characteristic that peer reviewers evaluate is regular and substantive interaction between the instructor and students, initiated by the instructor. Institutions that offer distance education and correspondence education will be reviewed to ensure that they comply with the Commission Policy on Distance Education and on Correspondence Education.

To help institutions and peer review teams prepare for a review of distance education, the Commission has prepared a protocol for reviewing distance education. See Appendix H.

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[1] Language is from the Federal Register 8/6/2009, which clarifies the differences for purposes of federal financial aid funding.

Appendices

Appendix A:
ACCJC Suggested Formatting and Style Sheet

(Revised July 2014)

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

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

WRITING STYLE

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

- Be concise. Avoid jargon. Keep it as to-the-point as possible.

- Be specific, definite, clear, and concrete. Explicit writing holds the attention of readers.

- Do not write in the first person (*We* or *us*); use third person (*the College*).

- 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.*

- Passive voice is acceptable when the agent of the action is unknown or unimportant.
  Passive example: *Construction was completed three months early.*

Appendix B:
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.

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 application. It is recommended that the auditor employ as a guide Audits of Colleges and Universities published by the American Institute of Certificated 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

Appendix C:
Commission Policies and Federal Regulations to be Addressed in the Institutional Self-Evaluation Report

The institution's Self-Evaluation Report must include brief analyses and evidentiary information demonstrating the institution complies with Commission policies and federal regulations on the topics listed below. The peer review team will use a checklist to verify that the institution is in compliance with Commission policies and federal regulations, and their responses to the checklist will be included in their report to the Commission. The topics addressed in the checklist are listed in **Section F** of the ISER template (https://accjc.org/wp-content/uploads/ISER_Template.docx).

Each topic below is derived from federal regulations that the ACCJC must address when reviewing member institutions. For each of the federal regulations and the associated Commission policies, suggested evidentiary documents are listed. Suggested cross referencing to Standards is also provided. Evidence and analysis for compliance with these regulations and policies should be extremely concise, no more than a sentence or two that shows that the evidence demonstrates compliance. The institution can present more detailed analysis and evaluation in the analysis section of the associated Standards.

Checklist topic: Public Notification of an Evaluation Team Visit and Third Party Comment
Regulation citation: 602.23(b).
Associated Commission policy: Policy on Rights and Responsibilities of the Commission and Member Institutions

> The institution must provide evidence
> (1) that it has made an appropriate and timely effort to solicit third party comment in advance of a comprehensive evaluation visit.

> *POSSIBLE EVIDENCE DOCUMENTS*

> − Press release or Board announcement of upcoming visit by an accreditation peer review team and notification for interested parties to provide third-party comments (Standard IC12)

> − College web page with announcement of the upcoming visit by an accreditation peer review team, including a link to the ACCJC Third Party Comment form (Standard IC12)

Checklist topic: Standards and Performance with Respect to Student Achievement
Regulation citations: 602.16(a)(1)(i); 602.17(f); 602.19 (a-e).
Associated Commission policy: Policy on Monitoring Institutional Performance

> The institution must provide evidence
> (1) that it has defined elements of student achievement performance across the institution and has identified the expected measure of performance within each defined element, including expectations for course completion and other performance indicators appropriate to the college's mission;

(2) that it has defined elements of student achievement performance within each instructional program, and has identified the expected measure of performance within each defined element, including job placement rates and/or licensure exam pass rates for program completers;

(3) that 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; and

(4) that 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.

POSSIBLE EVIDENCE DOCUMENTS

−   Information about the college's institution-set standards (Standard IB3)

−   Institutional reports or program review documents that include institution-set standards for job placements and/or licensure exam pass rates.

−   Reference to student achievement data presented earlier in the ISER, which include comparison of actual data to institution-set standards.

−   Reference to more detailed information and analysis in response to Standards IB3, IB4, and IB9.

Checklist topic: Credits, Program Length, and Tuition
Regulation citations: 600.2 (definition of credit hour); 602.16(a)(1)(viii); 602.24(e), (f); 668.2; 668.9.
Associated Commission policy: Policy on Institutional Degrees and Credits

The institution must provide evidence
(1) that credit hour assignments and degree program lengths are within the range of good practice in higher education;
(2) that 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);
(3) that tuition is consistent across degree programs or there is a rational basis for any program-specific tuition; and
(4) that any clock hour conversions to credit hours adhere to the Department of Education's conversion formula, both in policy and procedure, and in practice.

POSSIBLE EVIDENCE DOCUMENTS

−   Policy on the minimum number of credits required for a degree or certificate (Standard IIA5)

−   Policy or procedure for clock-to-credit-hour conversions (Standard IIA9)

−   Catalog pages that describe the number of credits required for degrees and certificates (Standard IIA5)

−   Policy on tuition (Standard IC6)

- − Catalog pages that describe tuition for courses or programs (Standard IC6)

- − Other document that informs students of tuition charges for courses or programs (Standard IC6)

Checklist topic: Transfer Policies
Regulation citations: 602.16(a)(1)(viii); 602.17(a)(3); 602.24(e); 668.43(a)(ii)
Associated Commission policy: Policy on Transfer of Credit

The institution must provide evidence
(1) that its transfer policies are appropriately disclosed to students and to the public; and
(2) that its transfer policies contain information about the criteria the institution uses to accept credits for transfer

POSSIBLE EVIDENCE DOCUMENTS

- − Policy on transfer of credit (Standard IIA10)

- − Catalog pages that describe transfer of credit (Standard IIA10)

- − Other documents, such as a Student Handbook, that describe transfer of credit (Standard IIA10)

Checklist topic: Distance Education and Correspondence Education
Regulation citations: 602.16(a)(1)(iv), (vi); 602.17(g); 668.38.
Associated Commission policy: Policy on Distance Education and on Correspondence Education

The institution must provide evidence
(1) that it has policies and procedures for defining and classifying a course as offered by distance education or correspondence education, in alignment with USDE definitions;
(2) that 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);
(3) that 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; and
(4) that the technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings.

POSSIBLE EVIDENCE DOCUMENTS

- − Policy or procedure for approval of distance education or correspondence education (Standards IIA2 and IIA7)

- − Pages from curriculum development handbook or other document that describe criteria for approval of distance education or correspondence education courses or programs (Standards IIA2 and IIA7)

- Policy or procedure for student authentication in distance education or correspondence education courses (Standard IC8)

- Brief description of technology infrastructure or inventory for sustaining distance education (Standard IIIC1)

Checklist topic: Student Complaints
Regulation citations: 602.16(a)(1)(ix); 668.43.
Associated Commission policies: Policy on Student and Public Complaints against Institutions and Policy on Representation of Accredited Status

The institution must provide evidence
(1) that it 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;
(2) that the student complaint files for the previous six years (since the last comprehensive evaluation) are available, and the files demonstrate accurate implementation of the complaint policies and procedures;
(3) that if institutional analysis of the student complaint files identifies any issues that may be indicative of the institution's noncompliance with any Accreditation Standards, the institution has taken action to come into compliance; and
(4) 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.

POSSIBLE EVIDENCE DOCUMENTS

- Policy or procedure for complaint process

- Catalog pages where complaint policy and procedure are located (Standard IC2)

- Examples of complaint cases that have been completed

- Program plans or other documents that provide evidence of actions planned or taken to come into compliance with Accreditation Standards if student complaints have revealed areas of non-compliance.

- Web page where accreditation information is posted, with instructions on how to file complaints with accrediting agencies.

Checklist topic: Institutional Disclosure and Advertising and Recruitment Materials
Regulation citations: 602.16(a)(1)(vii); 668.6.
Associated Commission policy: Policy on Institution Advertising, Student Recruitment, and Representation of Accredited Status

The institution must provide evidence
(1) that it provides accurate, timely (current), and appropriately detailed information to students and the public about its programs, locations, and policies; and
(2) that it provides required information concerning its accredited status.

POSSIBLE EVIDENCE DOCUMENTS

- College Catalog (Standard IC2)

- College homepage that includes the link to the statement of accredited status (Standard IC1)

− Web page where statement of accredited status resides, including accreditation information from other accrediting agencies (Standard IC1)

Checklist topic: Title IV Compliance
Regulation citations: 602.16(a)(1)(v); 602.16(a)(1)(x); 602.19(b); 668.5; 668.15; 668.16; 668.71 et seq.
Associated Commission policies: Policy on Contractual Relationships with Non-Regionally Accredited Organizations and Policy on Institutional Compliance with Title IV

The institution must provide evidence
(1) that it has addressed the required components of the Title IV Program, including findings from any audits and program or other review activities by the USDE;
(2) that it has addressed any issues raised by the USDE as to financial responsibility requirements, program record-keeping, etc. and that if issues were not timely addressed, the institution demonstrates that it has the fiscal and administrative capacity to timely address issues in the future and to retain compliance with Title IV program requirements;
(3) that the institution's student loan default rates are within the acceptable range defined by the USDE and that remedial efforts have been undertaken when default rates near or meet a level outside the acceptable range; and
(4) that 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.

POSSIBLE EVIDENCE DOCUMENTS

− USDE Federal Student Aid (FSA) audits (Standard IIID15)

− College responses to FSA audits and related reports and correspondences

− Copies of contracts and MOUs with non-regionally accredited organizations as described in the policy (Standard IIID16)

Appendix D:
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 peer review team, the Self-Evaluation Report is expected to provide a Functional Map to explain the delineation of roles and responsibilities for evaluation purposes.

Below are samples of how such a Map might appear.

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

Example 1:

Function	District	Colleges
Program/Course Development	Board of Trustees has final approval of all new courses/programs. District provides research necessary to develop new programs (labor market analysis, etc.). The District monitors, in partnership with the colleges, resources available for new programs.	Program/Course development is the primary focus and responsibility of the colleges and their faculty. All new courses/programs must follow the college curriculum approval process via the Curriculum Committee of the Academic Senate.

Course Scheduling	The District has the responsibility to negotiate the instructional calendar with the faculty union. Those negotiations ultimately impact the scheduling process for the majority of classes.	The colleges are accountable for developing a schedule of classes that reflects the needs of most students. It is the responsibility of the colleges' CIOs, vice presidents, and deans to develop a schedule that meets the FTES goals of the college/district in a productive and efficient manner.
Program Review	The Vice Chancellor of Educational Services provides assistance to the colleges in the development of a program review model. The district research division provides research data that is necessary for any program review. This data includes…	The colleges, primarily through each Curriculum Committee and Academic Senate, develop the program review model. The model and its processes are reviewed on a cyclical basis for effectiveness. Each program is reviewed every three years. The results of program review lead to appropriate changes within the program to improve student learning outcomes and student achievement.

Note: Adapted from Rancho Santiago Community College District 2008

The second example illustrates how the colleges and the district manage the distribution of responsibility by function as it pertains to the 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:

Standard I: Institutional Mission and Effectiveness		
A. Mission **The institution has a statement of mission that defines the institution's broad educational purpose, its intended student population, and its commitment to achieving student learning.**		
	College	**District**
1. The institution establishes student learning programs and services aligned with its purposes, its character, and its student population.	P	S
2. The mission statement is approved by the governing board and published.	SH	SH

3. Using the institution's governance and decision-making processes, the institution reviews its mission statement on a regular basis and revises it as necessary.	**P**	**S**
4. The institution's mission is central to institutional planning and decision making.	**SH**	**SH**

Note: Adapted from Sacramento City College 2009

Appendix E:
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 briefly 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. 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 to the college's mission

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 these goals (or related objectives) should include qualitative and quantitative data and analysis of the data.

Charts of these data, along with concise narrative analysis for institutional improvement and effectiveness, should be included in the Self-Evaluation Report, both at the beginning of the report and as relevant within the narratives for specific standards.

The questions below are meant to aid in institutional analysis of data and to stimulate dialog. These may 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 actual 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 analysis of the data?

Sample Template: College-Wide Student Achievement

Data Element	Definition of the measure	Institution-Set Standard	Stretch Goal	Most Recent Year's Performance	Previous Year ____ Performance	Multi-year average
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

Data Element	Definition of the measure	Institution-Set Standard	Stretch Goal	Most Recent Year's Performance	Previous Year ____ Performance	Multi-year average
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.
** 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 F:
Clock-to-Credit-Hour Conversion Requirements

<u>General</u>

- Are in §668.8(k) and (I), 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

<u>Clock Hour Only: not eligible for conversion - §668.8(k)(2)</u>

- 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.

<u>No Conversion required - §668.8(k)(1)</u>

- 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.

<u>Conversion Case Study (to semester hours)</u>

- 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 ½
  - 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			
Total semester hours if no rounding					22.026		
Total semester hours if rounding (must round down any fractions to ensure no overawards)						21	

NOTES:

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

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

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

Semester hours per course

(C)   150 total clock and prep hours divided by 37.5 = 4

(D)   128 total clock and prep hours divided by 37.5 = 3.413

(E)   120 total clock hours divided by 37.5 = 3.2

Appendix G:
Protocol for Organizing/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. Place the ISER and the college's catalog in the root folder.

2. Use one folder for each section of the Standards.

3. Use file names of 27 characters in length or less when possible

4. Avoid complex/redundant sub folder structures

5. Lead each file name with a reference number associated with the Standard and the order in which the evidence is referenced in the ISER.

6. 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 a document in folder ST1.

7. Do not use spaces, periods, slashes, or back slashes in your file names. Instead, use hyphens or underscores.

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:

BOTminutes11-12-13_audit_2011-12.pdf

Within the evidence document, the section where the Board reviewed the audit for Fiscal Year 2011-2012 should be highlighted.

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.

The USB Flash Drive will contain the college's Institutional Self-Evaluation Report (example is shown below) compiled into one file. The flash drive will also contain the evidence to support the ISER organized in order of appearance in the ISER and according to Standards. **Figure 1** (next page) presents an example of an directory structure for the evidence folders beginning with the Eligibility Requirements:
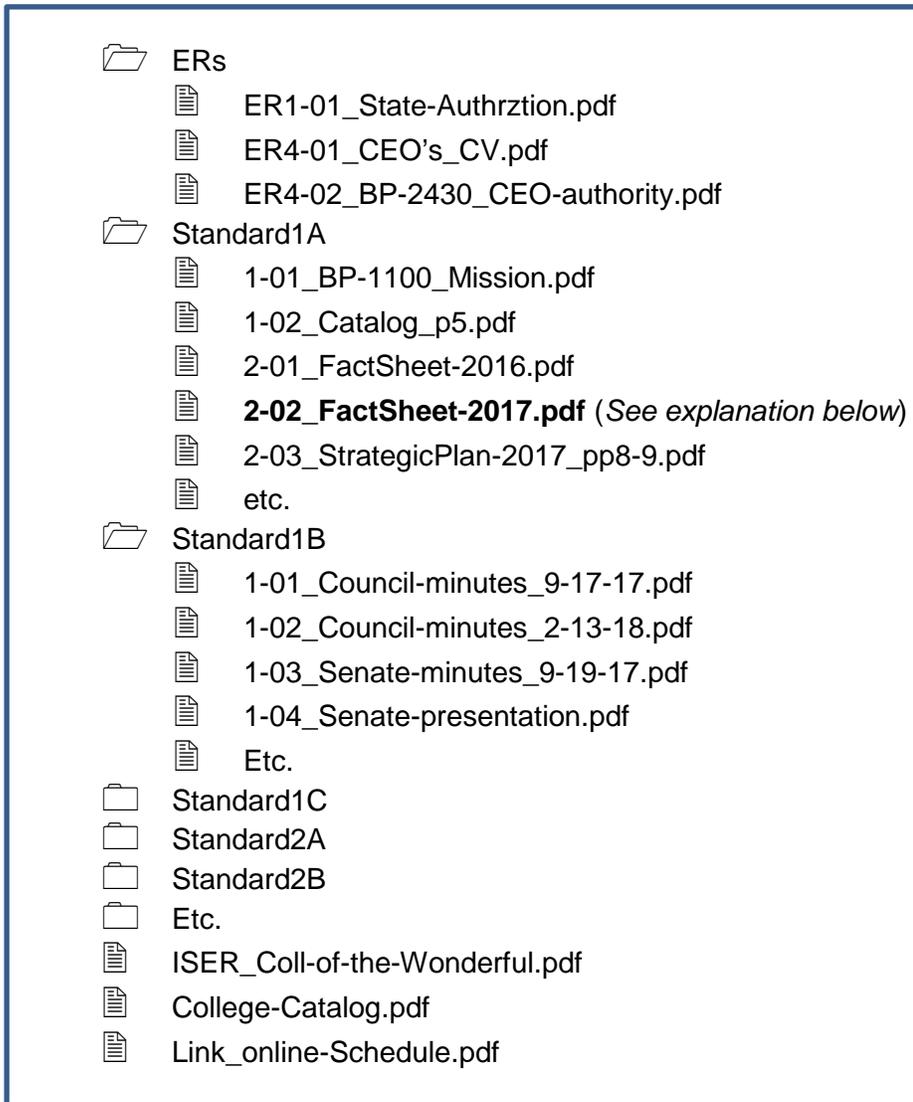
Figure 1: Sample file directory on a USB flash drive

In the above evidence file names for the Standards, such as 2-02 in the folder for Standard I.A, the numbering system represents the following.

2-02_FactSheet-2017.pdf

The 2 represents which Standard within section I.A: Standard I.A.2

The 02 represents the second piece of evidence referenced within the narrative for Standard I.A.2.

The numbers are followed by a brief descriptive title.
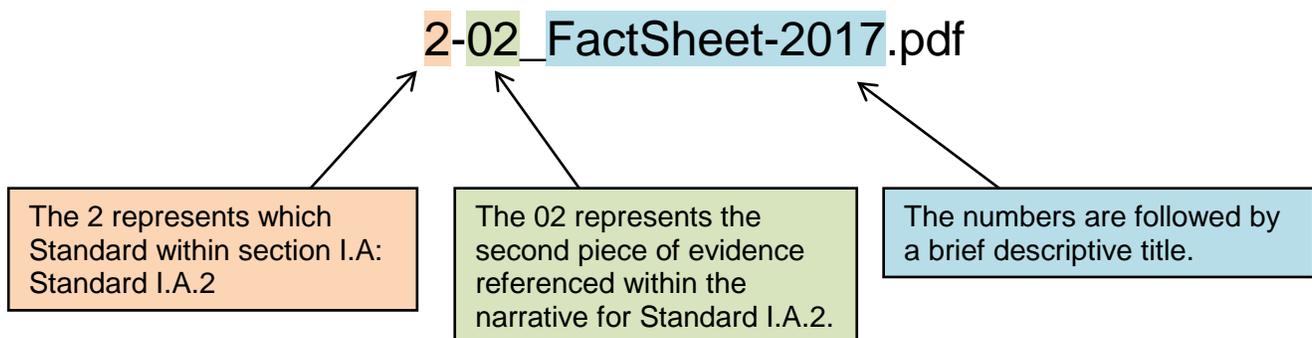
Appendix H:
Recommended Protocol for Peer Review of Distance Education

Adopted January 2018

Introduction

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

For its part, in order to promote consistency in the ways in which peer review teams evaluate distance education at institutions, the ACCJC recognizes that institutions and peer review teams need a framework for evaluating such courses and programs. The purpose of this thought paper is to propose a framework for consistent peer review processes of distance education throughout the region.

Background

Through conversations both with institutions and with chairs of peer review teams, the ACCJC has become aware of different ways in which institutions make distance education courses available for team review and different levels of scrutiny practiced by peer review teams during comprehensive visits to colleges. The differences lead to inconsistencies in evaluation processes and in the results of those evaluations.

- Inconsistency in how institutions select courses to be observed: Some institutions purposefully select courses that reflect their best practices in distance education. Some institutions select only those courses that faculty have given permission for the team to observe. Some institutions select a random sampling of courses. Some institutions allow the peer review team complete discretion over which courses to select for observation.
- Inconsistency in the number of courses that teams observe: For example, one team visiting a small college observed ten online classes out of the 60 classes that the college offered online during the semester, or roughly 17% of the online classes. A second team visiting a larger college looked at 90 classes out of the 270 that were offered during the same semester. The latter team observed 33% of that institution's online classes.
- Inconsistency in the level of access that peer review teams receive: Some teams are granted the same level of access that a student would have. Some teams are granted a level of access similar to an instructor or teaching assistant. Those who receive student-level access may not be able to observe the different sorts of interactions that occur between the instructor and students. Such reviewers might see only whole-class interactions such as discussion forums. Since they are not real students, they would not participate in or be privy to any private interactions that may occur between the instructor

and individual students or between the instructor and small groups of students that the instructor has created for special projects or discussions. Peer reviewers who have such limited access may draw false conclusions about the extent of regular and substantive interactions.

- Inconsistency in the basis of evaluation: Some team members will evaluate an institution's evidence of regular and substantive interaction based on the institution's own definitions and expectations for best practices. On another team, the peer reviewer may evaluate the evidence based on his or her home institution's definitions and expectations for best practices. Differences between the technology used at the college being reviewed and the technology used at the peer reviewer's home institution might also influence the peer reviewer's evaluation.
- Inconsistency in the recommendations that teams write as a result of their observations and evaluations: The ACCJC has noted that some teams' evaluations are stricter than others. A peer review team that finds 50% of courses with regular and substantive interaction may write a Recommendation for Improvement, whereas a second team that finds 50% of courses without regular and substantive interaction may write a Compliance Recommendation.
- Inconsistency in the types of courses that teams review: Many teams observe only fully online distance education courses. Some teams also observe hybrid courses (courses that utilize face-to-face instruction in a traditional classroom plus asynchronous, online instruction). Some teams also observe classes that use two-way interactive video instruction.

Toward Consistent Evaluation Practices

The Accrediting Commission for Community and Junior Colleges desires to approach all college evaluations equitably and to assess all institutions' quality and integrity using the same criteria and expectations for each institutional review. The Eligibility Requirements, Standards of Accreditation, Commission policies, and the *Guide for Evaluating and Improving Institutions* provide the foundations for consistency of evaluation and Commission actions. Still, because there are variances in the ways that institutions implement distance education and the ways in which peer review teams observe and evaluate distance education, especially fully online courses, both colleges and evaluation teams need guidelines to evaluate the quality of distance education in consistent ways.

Consistency in the evaluation process is also important as a means to minimizing bias. When an institution or its faculty self-selects the courses that a team will review, their desire to appear successful may influence which courses they allow a peer review team to observe. When a peer reviewer uses his or her own institution as a model for distance education, then the limitations of his or her experience may impact the evaluation process.

When colleges get together and discuss the experience of their comprehensive accreditation visits, they become aware of such inconsistencies and as a result may develop distrust in the value of the peer review process. Colleges should be able to expect equitable treatment.

Lastly, it is important that both the college and peer review team ensure that distance education is truly distance education and not correspondence education because the difference impacts Title IV federal financial aid. It is the regular and substantive interaction between instructor and students that sets distance education apart from correspondence education. Guided by federal regulations, peer reviewers must pay close attention to evidence of regular and substantive

interaction. However, when peer review visits are conducted toward the beginning of a semester or quarter, regular interactions may not yet be in evidence.

Therefore, the ACCJC has devised the following guidelines to enhance the consistency of evaluating distance education.

Guidelines for Evaluating Distance Education

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

1. Guide for institutions:
   - A. In its ISER, among its evidence of meeting either Standard II.A.1 or II.A.2, the college should include the following:
     - Its own policy, if it has one, on ensuring that content and methodology for teaching distance education are equivalent to those of face-to-face courses and programs.
     - Its own definitions and guidelines for best practices for "regular and substantive" interaction between instructor and students. These may be written in administrative procedures, standard operating procedures, a faculty handbook, curriculum handbook, or similar document as appropriate to the institution.
     - Evidence of faculty training on best practices for "regular and substantive" interaction in distance education.
     - A brief description of features within the college's learning management system (LMS) that facilitate substantive interaction. Evidence might be presented in the form of data analysis of instructor use of these features.
     - Also, description and evidence of the college's student verification methods.
   - B. In preparation for the Comprehensive Peer Review Visit:
     - The college should inform distance education faculty that the peer review team will "observe" a randomly selected cadre of distance education classes.
     - The college should work with the Team Chair regarding the random selection of fully online distance education classes to observe. The college should select no fewer than 15 separate sections but no more than 10% of the total number of distance education sections offered in one semester. When possible, it is preferred that the peer reviewers have access to archived distance education classes from the semester immediately preceding the semester of the visit, affording them the opportunity to observe "regular and substantive" interaction through a full semester, quarter, or shortened term.
         Another benefit of providing peer reviewers access to the prior term's online classes is that the reviewers' presence in the online class will not interfere with the instruction or the course design. Such interference has been a concern of online instructors, making them reluctant to allow access to visitors.
     - The college should inform the peer review team of instructions for access to the randomly selected classes.
     - The college should expect that the peer review team will maintain confidentiality of student and instructor information.

2. Guidelines for Peer Review Teams
     - The team chair will appoint one or two team members to observe distance education classes.

- The peer reviewers should observe no fewer than 15 separate fully online distance education sections but no more than 10% of the total number of online sections offered in a semester.
- If the college provides access to archived online sections from the semester or quarter immediately preceding the visit, then the assigned team members will be able to conduct their observations of the courses as part of the desk review of the evidence prior to the actual visit. The reviewers will not need to spend time observing online classes during the visit. This is a preferred approach to online classroom observation.
- Peer reviewers should be allowed access as an instructor or teaching assistant so that they will be able to observe all facets of instructor interactions with students. Considering the sensitive nature of such observations and acting in accordance with the Commission Policy on Public Disclosure and Confidentiality in the Accreditation Process, the peer reviewers will maintain confidentiality throughout the observations and report writing.
- Peer reviewers should evaluate the courses using the institution's own definitions and expectations for regular and substantive interaction. This includes observations of hybrid sections and sections taught using interactive video.
- Peer reviewers should triangulate their findings by confirming their observations through interviews with faculty and students who participate in distance education, and with managers or administrators who oversee distance education, and by using those interviews to uncover the root of deficiencies that they may have found in their observations.
- In keeping with federal policy §602.17(g), peer reviewers should be able to ensure that effective student verification processes are being employed; that student privacy is protected; and that, if there are any additional charges for these service, the college has written policies that students will be notified of such charges at the time of registration or enrollment.

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

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

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