



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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## **Part I: Guidelines for Self-Evaluation, ISER Development, and Peer Review**

# 1 Introduction and Background

## 1.1 About This Guide

The *Guide to Institutional Self-Evaluation, Improvement, and Peer Review* is intended to support institutions as they conduct a self-evaluation and prepare an Institutional Self-Evaluation Report (ISER) as part of a comprehensive accreditation review, whether for the purposes of candidacy, initial accreditation, or reaffirmation of accreditation. The self-evaluation process is an opportunity for deep, intentional reflection on current institutional conditions, achievements, and goals, and for thorough examination of the quality and effectiveness of programs, services, and institutional operations. Through the self-evaluation, institutions identify strengths and areas for further improvement. The ISER provides a structure for documenting and communicating these results for both internal and external audiences.

An effective ISER begins with an honest, evidence-based, and mission-focused self-evaluation. Therefore, in addition to information and resources specific to the required structure and contents of the ISER, this *Guide* includes suggested best practices and links to other ACCJC content that will support meaningful self-assessment, ongoing institutional learning, and innovation and improvement in support of students' success. To promote consistency between the self-evaluation and peer review processes, the *Guide* also includes review criteria for each individual Standard that be used by institutions under review and by the peer review teams that evaluate them.

Institutions are encouraged to refer to the *Guide* often during the self-reflection and ISER development processes and consult with their assigned ACCJC staff liaison as needed for clarification, additional information, and support.

## 1.2 Accreditation and the Comprehensive Review Process

Accreditation is both a process and a status. As a process, it ensures that institutions of higher education meet established standards of quality and provide educational programs, services, credentials, and credits that students and the community can trust. The process also verifies that institutions have the resources and infrastructure to sustain and improve the quality of their educational offerings and services. As a result of a successful accreditation process, institutions gain an accredited status that qualifies them for federal grants and contracts, enables them to distribute federal financial aid, and ensures that their students can transfer credits to another accredited institution. Many employers also require credentials from accredited institutions as a condition of employment. Ultimately, an accredited status signifies to all interested parties that an institution meets expectations for educational quality, sound institutional practice, and resources for students' success.

Once an institution has achieved initial accreditation with ACCJC,<sup>1</sup> the Commission expects that it will engage in continuous efforts to sustain and improve educational quality and institutional effectiveness. To verify that institutions meet this expectation, the Commission requires its member institutions to undergo a comprehensive review for reaffirmation of accreditation every seven years. ACCJC's comprehensive review process has two broad purposes: (1) ensuring that every member institution maintains compliance with Eligibility Requirements (ERs), Accreditation Standards, Commission policies, and federal regulations related to accreditation (together, referred to as Standards or the Commission's Standards);

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<sup>1</sup> For more information about ACCJC's Eligibility and Preaccreditation processes, see the [Policy on Preaccreditation](#) and the [Eligibility, Candidacy, and Initial Accreditation Manual](#).

and (2) supporting and encouraging institutions as they strive for continuous improvement of student outcomes and institutional effectiveness in pursuit of their mission.

ACCJC's comprehensive review process has four steps. Each step is described briefly below to provide context for the self-evaluation and ISER development processes.

### **Step One: Institutional Self-Evaluation and ISER Development**

The comprehensive review begins with an internal self-evaluation. During this process, the institution evaluates its practices and outcomes against accreditation Standards. The institution considers the quality of its programs and services, its effectiveness in allocating resources to support student learning and achievement, and the degree to which it is meeting its own expectations and standards for institutional performance. The institution documents the findings of its self-evaluation in a formal Institutional Self-Evaluation Report (ISER).

### **Step Two: Peer Review**

After self-evaluation, each institution is evaluated by a peer review team comprised of individuals from other ACCJC member colleges. ACCJC staff build peer review teams with consideration of potential members' professional experience and areas of expertise, in order to best match the unique characteristics and needs of the institution being reviewed. Typical teams include a mix of eight to ten faculty and administrators (including CEOs and business officers as well as deans, provosts, and researchers). The team reviews the ISER and visits the institution to validate and verify ongoing alignment with the Commission's Standards. The team documents its findings and any recommendations and/or commendations in a formal Peer Review Team Report.

### **Step Three: Commission Review and Action**

The Commission meets twice per year, in January and June. As part of its regular activities, the Commission takes action on the accredited status of institutions undergoing comprehensive review for candidacy, initial accreditation, and reaffirmation of accreditation. The Commission uses the Peer Review Team Report and ISER to support its decisions and actions on each institution's status, and communicates its decision and findings to the institution in a formal Action Letter. The Action Letter documents any areas where the institution was found to be out of compliance with Standards and identifies the actions the institution is required to take in order to resolve the deficiencies. The Action Letter also documents and formally commends institutions for those areas where institutional practice exceeds Standards. Per Commission policy,<sup>2</sup> institutions must share the ISER, the final Peer Review Team Report, and the Commission Action Letter with the college community and the public.

More information about the Commission and its role can be found on the [ACCJC website](#) under the "Accrediting Commission" menu. For more information about possible Commission actions on institutions, see the [Policy on Commission Actions on Institutions](#).

### **Step Four: Institutional Response to Recommendations and Ongoing Improvement**

The fourth step in the process occurs as the institution implements improvements that were identified through the comprehensive review and documented in the Commission's Action Letter, recommendations from the peer review team, and/or in the institution's own self-identified improvement plans. Institutions document their response and continuous improvement efforts in Follow-Up Reports, Midterm Reports, or Special Reports, as directed

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<sup>2</sup> See [Policy on Public Disclosure and Confidentiality in the Accreditation Process](#).

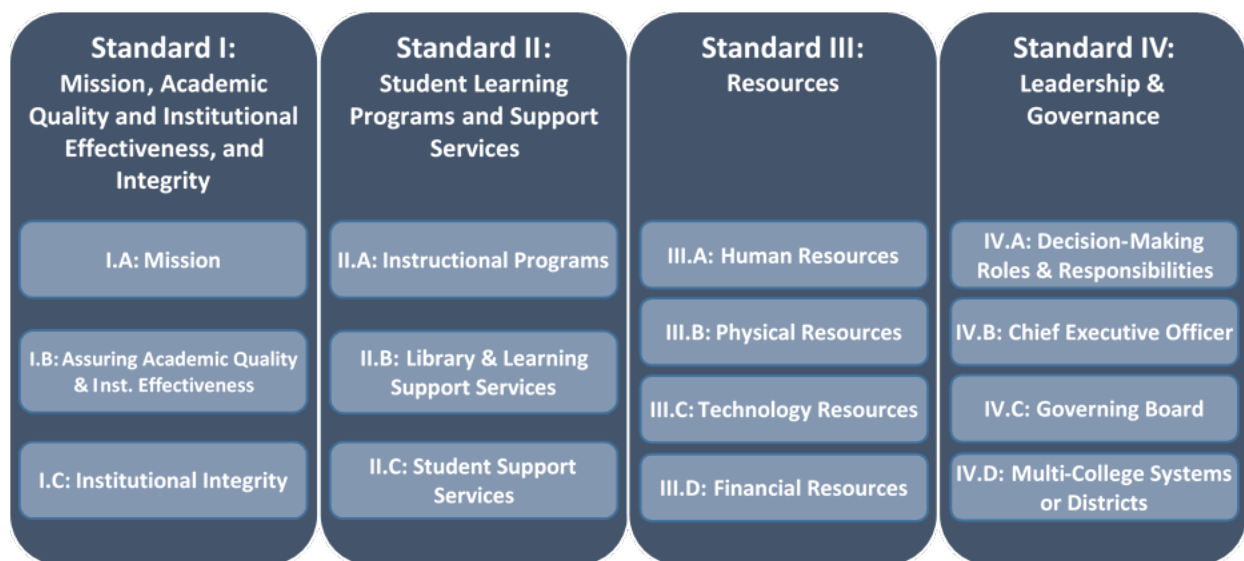
by the Commission. (See the [Guidelines for Preparing Institutional Reports to the Commission](#) for more information about these reports.)

### 1.3 Accreditation Standards

The ACCJC Accreditation Standards are statements of good practice that reflect expectations for educational quality and institutional effectiveness. Institutions evaluate themselves against the Standards to identify strengths and areas for improvement. ACCJC expects accredited institutions to maintain policies and practices that align with the Standards at all times.

The ACCJC Accreditation Standards are organized into four sections and 14 related subsections representing major areas of institutional practice and structure, as shown below:

**Figure 1. ACCJC Accreditation Standards (2014)**



### 1.4 The ACCJC Staff Liaison

To support its member institutions and ensure consistent application of accreditation processes, ACCJC has assigned an experienced ACCJC staff liaison to each institution. (In multi-college districts or systems, all institutions in the district/system have the same liaison). This portfolio model enables each staff liaison to become immersed in the unique mission, culture, and student populations at each of their assigned institutions, which in turn allows them to provide personalized support and guidance on accreditation matters.

The staff liaison serves as the established point of contact between an institution and ACCJC and supports a broad range of activities throughout the accreditation cycle, including activities associated with the comprehensive review. Generally, the role of the staff liaison includes:

- Answering questions about the interpretation or application of the ACCJC Standards or policies in the context of the institution’s mission;
- Sharing perspectives and lessons learned from other institutions related to emerging issues and complex challenges to ensure a uniform response to evolving practices and questions from members;
- Providing information and resources in support of the institution’s Annual Reports, Annual Fiscal Reports, and Substantive Change Application submissions; and
- Providing institution-specific trainings and resources as needed, e.g., trainings to the governing board, faculty, staff, and administrators.

Specific to the comprehensive review processes described in this *Guide*, the staff liaison’s role includes:

- Providing trainings and resources as the institution prepares its Institutional Self-Evaluation Report (ISER) and evidence;
- Providing advice on key aspects of a site visit, and accompanying the peer review team at the final team visit and any additional visits, in order to ensure clarity and consistency during the peer review process;
- Ensuring that the information provided to the Commission in support of their deliberations on institutions is complete and, as needed, enriched with nuance and context stemming from the staff liaison’s knowledge of their assigned institutions.

Institutions can find their ACCJC staff liaison on the ACCJC website: under the *Directory* menu, click [Find Your Institution’s Staff Liaison](#).

## 2 Organizing the Self-Evaluation Process

### 2.1 General Guidance

An effective and meaningful self-evaluation must balance two distinct priorities: 1) it must be organized in a manner that matches and reflects the institution’s mission and processes, and 2) it must address the Commission’s requirements. Regardless of how an institution chooses to balance these priorities, the self-evaluation process should be organized in a way that ensures the institution can:

- evaluate its policies and practices against the Commission’s Standards and other requirements, through the lens of its own institutional mission and goals;
- evaluate its effectiveness in meeting its institution-set standards for student achievement, learning outcomes, and other metrics relevant for its mission and goals;
- assess, based on analysis of relevant data, the quality and effectiveness of educational programs and services designed to support students’ success
- analyze existing evaluation and planning data, and identify outcomes or improvements resulting from the evaluations;
- develop (and if appropriate, begin implementation of) plans for improvement based on the results of the self-assessment;
- engage stakeholders and internal constituency groups in dialogue about institutional quality and effectiveness, as appropriate to their roles; and

- provide evidence, data, analysis, and plans for improvement emerging from the analysis in the Institutional Self-Evaluation Report (ISER) that demonstrates the institution's alignment with Standards.

The self-evaluation process should result in a shared understanding of institutional strengths and areas for improvement, documented for internal and external audiences in an accurate, honest, and evidence-supported ISER.

## 2.2 Institutional Roles and Responsibilities in the Self-Evaluation Process

Accreditation is an institutional responsibility. As a process for quality assurance and enhancing educational quality, the accreditation process functions best when all internal constituencies - including CEO, administrators, faculty, and staff - are engaged in the work of self-evaluation, continuous improvement, and/or maintaining ongoing 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 areas for improvement, the process supports institutional efforts to fulfill its mission. Regardless of whether an individual at an institution is directly involved in developing an accreditation report, all institutional members play a part in ongoing compliance with accreditation requirements and help to ensure that the institution maintains high quality educational programs and services.

The Institutional Self-Evaluation Report (ISER) provides a foundation for the accreditation process. The ISER is not only a critical document for the purposes of peer review and Commission action, it also documents plans for improvement and innovation related to the Standards that will be implemented over the course of the accreditation cycle. Although accreditation is an institutional responsibility, it is important that there is a strong leadership team to guide the self-evaluation and ISER development, and ensure that both are rigorous, honest, and evidence-based. The leadership team should also ensure that the self-evaluation and ISER reflect the perspectives of multiple stakeholders within the institution. Whether this is done through the team structure and composition, through the dialogue and review process, or some other means, the institution is encouraged to allow for broad institutional involvement in the process, including:

- 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

In addition, the institution's chief executive officer (CEO), accreditation liaison officer (ALO), designated organizing committee, and governing board should have specific, defined roles in the process, as outlined below. The ACCJC staff liaison assigned to the institution will provide support throughout the self-evaluation, ISER development, and peer review visit, as described above in Section 1.4.

### Chief Executive Officer

The chief executive officer (CEO) of an institution (and if applicable, a multi-college district or system) sets the tone for the self-evaluation and comprehensive review process through their leadership and engagement. The CEO should be knowledgeable about the accreditation

process and should be able to explain it to the campus community and governing board.<sup>3</sup> The CEO's advocacy helps the institution establish a positive view of the accreditation process and rally participation. The institutional community is more likely to engage with the self-evaluation if the CEO assures that the work for accreditation will be integrated with other institutional review and planning processes.

The CEO should also play an active role in organizing the institution for the self-evaluation, including establishing the groups or committee participating in the process and setting their responsibilities and roles. The CEO should participate in dialogue related to the self-evaluation and review the ISER as it is drafted in order to help the institution ensure the findings are complete, candid, and honest. The CEO can also help identify information and evidence needed for a holistic institutional self-evaluation.

### Accreditation Liaison Officer

Every ACCJC member institution must have an accreditation liaison officer (ALO). The institution's CEO designates the ALO, and the ALO assists the CEO in addressing accreditation matters. The ALO is an advocate for the accreditation process, helping to explain and ensure the adoption of Commission recommendations and requirements. As such, the ALO's role is critical throughout the entire accreditation cycle. However, the ALO typically has a very specific role and set of responsibilities with respect to the institutional self-evaluation, ISER development, and comprehensive review processes, which include:

- serving as the key resource person and project manager for the institutional self-evaluation and ISER development processes;
- preparing the institution for a peer review team visit in collaboration with the institution's CEO, the peer review team chair and team assistant; and
- in multi-college districts or systems, communicating with appropriate district/system staff and ALOs at other campuses to engage in system-wide quality improvement and coordinate efforts regarding reports to the Commission and peer review team visits.

For more detailed information about the role and responsibilities of the ALO beyond the self-evaluation, see the Commission's [Policy on the Role of Accreditation Liaison Officers](#) and the ACCJC [Accreditation Liaison Officer \(ALO\) Guide](#).

### Designated Organizing Committee

Accreditation is the responsibility of the entire institution. It is therefore important for the institution to have a designated committee, with appropriate institutional representation, that is charged with the overall planning and supervision of the self-evaluation process and the preparation of the Institutional Self-Evaluation Report (ISER). This could be an existing committee that has oversight of other functions related to continuous evaluation, student success, planning and/or improvement, or it could be a new committee with membership drawn from existing groups with a role in the institution's evaluation, planning and improvement activities. Whatever structure the institution chooses for the designated organizing committee, the membership should include individuals with responsibility for and/or expertise in topics relevant to the self-evaluation process. This might include the institution's chief instructional officer (CIO), accreditation liaison officer (ALO), institutional effectiveness officer, chief student services officer (CSSO), chief financial officer (CFO), institutional researcher(s), and technical support staff, as well as faculty, staff, and students.

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<sup>3</sup> Service as a peer review team member is one of the best ways for a CEO to learn more about the self-evaluation process. Interested CEOs that have not yet served on a peer review team are encouraged to contact their ACCJC staff liaison for more information.

The designated committee is responsible for organizing and coordinating the self-evaluation process. It is also the committee's role to ensure 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. Finally, the designated organizing committee is responsible for disseminating the final copy of the ISER, including all supporting evidence to the college community and for helping to build institutional familiarity with the contents prior to the peer review team visit. The institution should give the designated committee sufficient time to assume its responsibilities and provide it with the clerical and/or administrative support needed to complete its work.

## Governing Board

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. The institution's governing board should be kept informed of the progress of the self-evaluation process. When the self-evaluation has been completed, the Board should have an opportunity to read the Institutional Self-Evaluation Report prior to its submission to ACCJC. The Board must sign the ISER's certification page to certify that there has been broad involvement in the process and that, to the best of its knowledge, the ISER accurately represents the nature and substance of the institution (see Section 3.2 of this *Guide* for more detail).

## 2.3 Managing the Self-Evaluation Process

ACCJC staff liaisons typically reach out to an institution's accreditation liaison officer (ALO) to schedule an ISER training for the designated organizing committee and other institutional representatives approximately 2.5 years prior to ISER submission. Many institutions use this training to kick-off their own internal processes. While the amount of time required to conduct the self-evaluation and develop the ISER varies by institution, the Commission suggests that institutions begin at least two years in advance of the ISER due date.

A realistic and detailed timetable for the self-evaluation process is essential for an effective process. Allow ample time to gather and analyze evidence, draft the report, review drafts, and complete final editing. Also allow time for institutional circulation and dialogue, approval by relevant internal constituencies, and submission to the Commission. One effective method for establishing a timetable is to begin with the ISER due date (see Table 1 below) and work backwards. This method helps to identify key milestones for institutional review and approval activities and more accurately estimate the amount of time that can reasonably be allowed for evidence gathering, analysis, and drafting the report itself.

**Table 1. Submission Due Dates for Institutional Self-Evaluation Reports (ISERs)**

	Site Visit in Fall	Site Visit in Spring
Visits through the end of Spring 2022	60 days before Visit	60 days before Visit
Visits scheduled for Fall 2022 and Beyond	Dec. 15 of prior year (to accommodate Team ISER Review in spring prior to site visit)	Aug. 1 of prior year (to accommodate Team ISER Review in fall prior to site visit)

For more information and guidance on developing the ISER timeline and other tips on ISER project management, see the "ISER Project Management" video in ACCJC's ["Preparing the ISER" Educational Series](#).

## 2.4 Interpreting Accreditation Standards

The first step in the institutional analysis is to read and interpret each Standard. Taking the time to deliberately and intentionally work through each Standard not only ensures a more consistent understanding among all members of the self-evaluation team, it can also help with the identification and selection of relevant evidence (see Section 2.5). As the institution begins writing its response to each Standard, a precise understanding of the practice, policy, expectation, etc. described in each Standard will also help to ensure a more concise and focused narrative.

When interpreting a Standard, it can be helpful to deconstruct each sentence grammatically - in other words, begin by isolating the subjects and the verbs. Each statement in the Standards delineates something that the institution or an individual or group within the institution (i.e., the subject) is expected to do (i.e., the verb). From there, look for descriptive words and phrases that define the scope of the action that the institution, person, or group is supposed to engage in. The descriptive phrases frequently include parameters that limit the scope of the expected activity. For an example of how to apply this interpretation method, see the “Interpreting Standards” video in ACCJC’s [“Preparing the ISER” Educational Series](#).

## 2.5 Selecting and Formatting Evidence

### Selecting Evidence

As noted above in Section 2.4, each Standard typically contains descriptive words and phrases that define and/or limit its scope. These can be particularly helpful for identifying relevant evidence, as well. When gathering evidence for the self-evaluation, include only evidence that pertains directly to the Standard in question and falls within its scope. The most effective sources of evidence are tied directly to Standards and clearly relevant to an institution’s unique mission.

There are many types of evidentiary documents that can demonstrate alignment with Standards and validate an institutional commitment to continuous quality improvement in pursuit of mission. As an institution engages in self-evaluation, it may consider evidence from a number of sources, including institutional databases, institutional fact books, catalogs, planning documents, and program reviews; and 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.

Possible sources of evidence for each Standard can be found in Part II of this *Guide*. The lists of possible evidence are **not** intended as a checklist of required documentation. The evidence used to demonstrate alignment with Standards will vary from institution to institution, based on differences in mission, college culture, and regional expectations for college operations. Institutions may not have all of the documents listed as possible evidence, or they may have other documents that are better aligned with a given Standard. Each institution should carefully select evidence from its own ongoing practices that substantiates its assertions about the extent to which it aligns with Standards.

Generally speaking, institutions should identify relevant sources of evidence prior to drafting the ISER narrative. When identifying specific documents for inclusion in the ISER, institutions should be judicious and selective. Rather than overwhelming the peer review team with every document possible, include a representative sample of the most relevant evidence. The goal is to provide evidence that will substantiate the institution’s analysis and narrative and demonstrate alignment with Standards. Aim for quality, not quantity.

For more discussion of evidence selection, see the “Evidence to Use” video in ACCJC’s [“Preparing the ISER” Educational Series](#).

### Formatting Evidence for Submission with the ISER

The Commission requires institutions to provide a copy of each evidentiary document cited so that there is a full record of the information available at the time of the comprehensive review. Therefore, when citing an institutional webpage as evidence, institutions are asked to “freeze” the page as a PDF or screenshot so that the evidence is not inadvertently moved or overwritten during a website update. Links from the ISER to a live website are strongly discouraged, as peer reviewers and/or Commissioners may sometimes need to work with the documents offline.

As described in Section 3.7 of this *Guide*, institutions must submit a final copy of the ISER and all evidence files to the Commission on a USB flash drive unless otherwise instructed by their staff liaison. Please note that the Commission expects that the ISER submitted by the institution will contain links to the evidence files on the USB flash drive, rather than to a repository or live page on the institution’s website.

As the final evidence documents are selected for inclusion in the ISER, please use the following good practices for formatting the evidence files:

1. Develop standardized abbreviations and file/folder naming conventions as appropriate to your institution, and use them consistently.
2. Use file names with 27 characters or less when possible.
3. Begin each file name with a reference number that identifies the Standard in which the evidence is referenced for the first time (e.g., 1A1-01\_MissionStmnt; 1B1-10\_2020StratPlan). If the document is cited again in a subsequent Standard, use the same reference number.
4. Avoid using filenames containing spaces, periods, slashes, or backslashes. (Hyphens and underscores are fine.)
5. Consider highlighting relevant portions of a document or providing specific page numbers to help readers quickly focus on pertinent information. This is particularly helpful for lengthy documents.

## 3 Developing the Institutional Self-Evaluation Report (ISER)

### 3.1 Purpose and Audience

The Institutional Self-Evaluation Report (ISER) documents the results of an institution’s self-evaluation activities with a written analysis of the institution’s understanding of its strengths and opportunities for improvement and innovation in relation to Standards and its own mission. The ISER represents the institution’s best assessment of its sustained alignment with Standards; the quality and effectiveness of its programs, services, and practices; and the degree to which it is meeting its goals for student learning and achievement. An effective ISER includes:

- honest, thoughtful analysis of the effectiveness of institutional programs, services, practices, and policies, including both institutional strengths and areas for improvement;
- relevant data and evidence supporting the institution’s analysis and findings;

- institutional plans to improve and/or sustain alignment with Standards, Commission policies, and federal regulations; and
- a Quality Focus Essay, identifying two to three quality focus projects that the institution will implement with the goal of innovating to improve student learning and achievement.

The ISER should be written with multiple audiences in mind, as discussed below.

### Internal Institutional Stakeholders

The content of the ISER should be clear to internal stakeholders at the institution, as the ISER includes plans for improvement that may need to be integrated into institutional, divisional, and/or departmental plans. These portions of the ISER should also provide adequate information to guide implementation and promote shared understanding of the desired outcomes.

### Peer Review Team

The peer review team will use the ISER as the basis for their comprehensive review of the evaluation of the institution with respect to Standards. Peer review team members will read the ISER and review supporting evidence closely, in order to verify that the evidence and analysis demonstrates that the institution meets Standards. Based on their review of the ISER, the team will determine what additional evidence, information, and/or interviews they will need during the comprehensive visit in order to finalize their conclusions regarding the institution's alignment with Standards. The team also uses the ISER as they write their Peer Review Team Report for the Commission. From the team's perspective, it is important that the analysis and evidence presented in the ISER are clearly focused on and directly relevant to the institutional policies, practices, and characteristics that are described in Standards.

### The Commission

The Commission uses the ISER and supporting evidence as a basis for its decision-making process as it takes action on the institution's accredited status. The Commissioners will read the ISER in conjunction with the Peer Review Team Report, and analyze and discuss both documents in their deliberations. For the Commission's process, it is important that the analysis and evidence presented in the ISER are clearly focused on and directly relevant to the institutional policies, practices, and characteristics that are described in Standards.

### Community Members

Members of the institution's external community - including potential students and employers - have a vested interest in the quality of the institution. The Commission's [Policy on Public Disclosure and Confidentiality in the Accreditation Process](#) requires that institutions make their ISER available to the public when they receive their action letter after the Commission meeting, if they haven't done so already. Most institutions provide a link to an electronic copy of the ISER on the accreditation page of their website. Institutions use this opportunity to highlight accomplishments related to student success and achievement, as well as to demonstrate compliance with Standards.

## 3.2 General Expectations (Length, Format, etc.)

An effective self-evaluation report is clear and coherent. The narrative and analysis should be concise and directly related to the Standards. The length of the ISER will depend somewhat on the size and complexity of the institution, but generally the final document should be no more than 250 pages, excluding evidence. Suggested lengths for the institutional analysis of the Standards are provided in Table 2, below. Staying within these page limits will allow

ample space for the introductory matter and other required elements (see Section 3.3, below).

**Table 2. Suggested Length for Each Section of the Institutional Analysis of Standards**

<b>Standard I: Mission, Academic Quality and Institutional Effectiveness, and Integrity</b>	
A. Mission (4 Standards)	6
B. Assuring Academic Quality and Institutional Effectiveness (9 Standards)	17
C. Institutional Integrity (14 Standards)	10
<b>Standard II: Student Learning Programs and Support Services</b>	
A. Instructional Programs (16 Standards)	17
B. Library and Learning Support Services (4 Standards)	6
C. Student Support Services (8 Standards)	10
<b>Standard III: Resources</b>	
A. Human Resources (15 Standards)	10
B. Physical Resources (4 Standards)	6
C. Technology Resources (5 Standards)	7
D. Financial Resources (16 Standards)	16
<b>Standard IV: Leadership and Governance</b>	
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
<b>Total pages for Analysis of Standards</b>	<b>140</b>

The Commission encourages institutions to designate an editor for the final document early in the self-evaluation process so they can participate throughout the process. The editor should ensure that the ISER is clear and succinct without excessive repetition and redundancies across the various sections of the report, as well as addressing any grammatical issues and providing a unified institutional voice and consistent style. The ISER is a technical report, and should use clear, concise, and straightforward language. See Appendix A for other stylistic considerations and suggestions.

ACCJC staff have developed a template for institutions to use as they develop the ISER. The [ISER Template](#) is a Word document that includes a section for each of the required elements discussed below in Section 3.3. The template also includes embedded formatting to assist with the preparation of the final document and table of contents. The ISER Template is linked above, and can also be downloaded directly from the [ACCJC website](#): on the Resources tab, click “Guides and Manuals” and scroll down to “Template for Institutional Self-Evaluation Report (ISER).”

### 3.3 List of Required Contents

The Institutional Self-Evaluation Report (ISER) must contain the sections described below. Use the [ISER Template](#) to ensure that each required element is included. For more information and context on the structure of the ISER, see the “Structure of the Report” video in ACCJC’s [“Preparing the ISER” Educational Series](#).

#### Title Page

The title page lists the name and address of the institution and the date of submission, and indicates whether the ISER is in support of an application for candidacy, initial accreditation, or reaffirmation of accreditation. See the [ISER Template](#) for the required format.

#### Certification Page

The certification page confirms that the ISER accurately reflects the nature and substance of the institution, and attests that there was broad participation in preparation of the report. It also certifies that the governing board has read the report and was involved in the self-evaluation process. See the [ISER Template](#) for the format and suggested signatories.

#### Table of Contents

The [ISER Template](#) has been formatted to assist institutions with generating an automatic table of contents. Contact your ACCJC staff liaison for additional assistance if needed.

#### Section A: Introduction

The introduction helps readers of the report become familiar with the college, its mission, its students, and the communities it serves. Include the following subsections to provide context for the institution’s mission and educational offerings:

- A brief history of the institution, including the year of establishment, highlighting major events or developments that have occurred since the last comprehensive review;
- Tables/charts showing enrollment trends, disaggregated as appropriate to the institution’s mission and student population;
- Summary-level labor market, demographic, and socio-economic data for the service area;
- 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; and
- A list of any specialized or programmatic accreditations held by the institution.

#### Section B: Presentation of Student Achievement Data and Institution-Set Standards

This section demonstrates that the institution has set performance standards, gathered data on these metrics, and analyzed the actual results against its standards. Provide charts or tables containing data for institution-set standards<sup>4</sup> and other student achievement metrics relevant to the institution’s mission and goals. Data may be disaggregated for relevant subpopulations of students, as appropriate to the mission. (See Section 3.4 for additional

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<sup>4</sup> Institutions are required to set standards for student achievement in the following categories: course completion; degree/certificate completion; licensing examination pass rates; job placement rates; and transfers to four-year institutions. Institutions may also establish standards for other metrics as appropriate to their unique missions.

guidance.) Provide additional analysis and context for these data and their use in Standards I.B.3 and I.B.6.

### **Section C: Organization of the Self-Evaluation Process**

This section provides a brief explanation (using tables, narrative, or a combination) of how the institution organized its self-evaluation process. Include the individuals and constituent groups who were involved, what their responsibilities were, and timelines of major activities leading to completion.

### **Section D: Organizational Information**

This section provides readers with context for the institution's structure. Include organizational charts for each major function/division or department, with a listing of the names of individuals holding each position. For institutions with 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.

### **Section E: Certification of Continued Institutional Compliance with Eligibility Requirements<sup>5</sup>**

This section provides a very brief narrative analysis and links to evidence demonstrating the institution's ongoing compliance with five individual Eligibility Requirements (ERs). (Institutions address the remaining ERs in their responses to associated Accreditation Standards.) See Appendix B for suggested documentation.

### **Section F: Certification of Continued Institutional Compliance with Commission Policies and Federal Regulations**

This section provides evidence of the institution's ongoing compliance with specific ACCJC policies and federal regulations. Include very brief narratives and links to evidence demonstrating institutional compliance with each policy. If appropriate, institutions may provide references to other sections of the ISER where more detailed narrative and additional evidence related to the specific policy or regulation can be found. ACCJC provides its peer review teams with a checklist to use when verifying compliance with these Commission policies and federal regulations. Institutions may wish to use the checklist as they prepare their ISER, as well. See Appendix C for a copy of the checklist that has been annotated with possible sources of evidence for each policy area.

### **Section G: Institutional Analysis of Standards**

This section provides evidence and analysis demonstrating the institution's alignment with each of the individual Accreditation Standards. This will be the lengthiest section of the ISER, with a suggested length of approximately 140 pages. Table 2 on page 14 includes suggested lengths for each individual standard area. The institution's narrative analysis for each standard should follow the structure outlined below in Section 3.5.

### **Section H: Quality Focus Essay (QFE)**

This section outlines two or three projects that the institution will implement over a multi-year period to improve student learning and/or student achievement. The full length of the

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<sup>5</sup> The U.S. Department of Education (ED), as part of its recognition process for accrediting commissions, requires that accrediting commissions ensure their accredited institutions provide evidence that they are in continuous compliance with commissions' eligibility requirements. ACCJC meets this requirement by requiring institutions to include evidence in their ISER that demonstrates ongoing and sustained compliance with ERs.

Quality Focus Essay (QFE), including both projects, should not exceed 4,000 words. More information about the expectations for the QFE can be found below in Section 3.6.

### 3.4 Expectations for Presentation of Data in the ISER

#### General Expectations

The Commission expects that institutions regularly review and analyze both quantitative and qualitative data to assess the degree to which they are fulfilling their unique missions and supporting students' success. A practice of regular analysis and dialogue about institutional data helps the institution monitor trends, respond proactively, and make informed decisions about resource allocation, innovation, and improvement. In addition, meaningfully disaggregated data can help to identify equity gaps and barriers to equitable educational outcomes.

Institutions must present specific types of data in several specific places in the Institutional Self-Evaluation Report (ISER), including Section A, Section B, and Standard I.B.3. In other areas of the ISER, institutions may complement their narrative analysis with data charts and tables if and where appropriate to demonstrate alignment with Standards. Include enough context to clearly show how the data are connected to the institutional analysis. An effective data presentation should clarify and enhance the reader's understanding of the narrative.

No specific format is required for the data presented in the ISER. Institutions may use charts, graphs, tables, etc. as appropriate for the requirements of the Standard/section. However, institutions are strongly advised to involve their research staff in the preparation of any data to ensure that data visualizations follow good practices and that analysis of the data is consistent throughout the ISER. In addition, where possible and relevant, institutions should disaggregate data appropriately for their unique mission, goals, and service area. Depending on the Standard under consideration, data could potentially be disaggregated by:

- personal demographic characteristics such as race/ethnicity, gender, age, socio-economic status, etc.;
- institutional characteristics such as mode of instruction, instructional site, degree/certificate program, etc.;
- other educational characteristics such as full-time/part-time status, first-time in college status, cohort group, etc.;
- some combination of the above, or other characteristics relevant to the institution's mission or service area.

#### Expectations Regarding Institution-Set Standards for Student Achievement

Per federal regulations, institutions must establish appropriate standards of success with respect to student achievement in relation to the institution's mission (i.e., institution-set standards). All institutions must set expectations, as appropriate to their mission, for:

- course completion;
- degree and certificate completion;
- licensing examination pass rates;
- job placement rates for CTE students; and
- transfer.

For each metric, the expectations of success with respect to student achievement must include both a “floor” or baseline for acceptable attainment, as well as a reasonable aspirational goal. Institutions may also set standards of student performance or other indicators of institutional quality and effectiveness that align with their mission and goals.

Institutions report institution-set standard data annually as part of the ACCJC Annual Report. In the ISER, institutions discuss practices related to the use of the data for institutional planning, decision-making, innovation, and improvement. Narrative in Standards I.B.3 and I.B.6 (and elsewhere, if appropriate) should briefly discuss notable trends or gaps and indicate what improvements have been made or planned as a result of the institution’s ongoing data analysis. 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 to confirm they are appropriate, and verify that the institution has processes for implementing improvements if/when it does not meet its own standards for performance.

### 3.5 Structuring the Institutional Analysis for Each Standard

Section G of the ISER presents the institution’s own analysis of the degree to which it meets Standards. A consistent structure across the sections of this analysis greatly assists peer review teams and Commissioners in their review. Therefore, institutions should follow the structure outlined below. This structure is also embedded in the [ISER Template](#).

For more information and context on structuring the institutional analysis, see the “Writing to the Standards” video in ACCJC’s [“Preparing the ISER” Educational Series](#).

#### For each individual Standard (e.g. I.A.1, I.A.2, I.A.3, etc.)

The institution’s response to each individual Standard should contain two parts, as follows:

##### **Evidence of Meeting the Standard**

In this section, indicate the specific evidence and factual conditions at the institution that demonstrate alignment with the Standards. Include linked references to evidentiary documents and provide a brief description explaining why the evidence is relevant to the Standard. The most direct way to present evidence in this section is to simply name the evidentiary document and state explicitly what it demonstrates in regard to the Standard. For example, “*Document X* demonstrates that the College has a policy on Y,” with Y being the topic described in the Standard.

##### **Analysis and Evaluation**

In this section, discuss the degree to which the institution is aligned with the Standard by systematically evaluating the evidence introduced in the Evidence of Meeting the Standard section. This analysis should result in evaluative appraisals about educational quality, institutional effectiveness, recognitions of institutional strengths and achievements, clear results or outcomes of processes, and plans for short and/or long-term improvement. The Commission expects demonstrations of current and sustained compliance with Standards. Wherever appropriate, these demonstrations should include not just a list of structures or processes, but also discussions of accomplishments and outcomes achieved through the structures or processes.

#### For Each Main Section (I.A., I.B., I.C., II.A, Etc.)

At the end of each main section of the Standards, discuss the broader, overarching conclusions regarding its performance within that section, summarize any formal

improvement plans emerging from the self-evaluation, and provide a full list of the evidence cited in the section.

### **Conclusion**

Drawing from the evidence and evaluation for each individual Standard in the section, reflect on the section as a whole in a brief concluding statement or paragraph. The statement should reflect a more holistic appraisal of the institution's policies and practices in the thematic area of the section (e.g., I.A: Mission, II.A: Instructional Programs, III.C: Technology Resources, Etc.).

### **Improvement Plans Arising Out of the Self-Evaluation Process (If Applicable)**

During the institutional self-evaluation process, the institution may have identified specific areas for improvement, either to increase its institutional effectiveness or 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.

Changes or improvements that the institution has completed in response to its self-evaluation can be included within the "Analysis and Evaluation" narrative for each individual Standard. However, some improvements may be larger in scope and may not be completed before the ISER is submitted. Note any such longer-term improvement plans emerging from the self-evaluation at the end of the appropriate main section of the Standards (e.g. II.A: Instructional Programs), after the Conclusion. For each improvement plan, provide a very brief description of the 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. The institution will provide a progress report on any such self-identified improvement plan in its Midterm Report.

For more information about self-identified improvement plans, see the "Improvement Plans and the QFE" video in ACCJC's ["Preparing the ISER" Educational Series](#).

### **Evidence List**

At the end of each main section (e.g., II.C: Student Support Services; III.A: Human Resources; Etc.), provide a list of all evidence cited within the individual Standards for that section. The numbering system for the evidence in the list should match the numbering system used for the evidence citations within the text of the narrative to ensure easy reference for readers.

## **3.6 Requirements for the Quality Focus Essay**

As part of its self-evaluation for accreditation or through its regular planning, resource allocation, and evaluation cycles, the institution may identify areas where a change in policy, procedure, or practice might directly lead to improvement of student learning and/or achievement outcomes at the institutional level. The Quality Focus Essay (QFE) provides a framework for institutions to implement innovative ideas and projects designed to positively impact student learning and achievement over a multi-year period.

The projects described in the QFE should be realistic and workable and should culminate in a set of observable and measurable outcomes. The rationale for the projects should be grounded in data and evidence, and consistent with the findings elsewhere in the ISER - most notably, with the student achievement data presented in Section B. The description of each project should include:

- 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 that includes specific activities to be completed, responsible parties, resources needed, and a timeline for completion.

The entire QFE should not exceed 4,000 words.

The Commission does not evaluate the QFE as part of its determination of 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. Therefore, during the comprehensive review, the peer review team will review the QFE and provide constructive feedback, with the goal of supporting the institution's efforts to innovate as it enhances student learning and achievement. The institution will provide a progress update on the QFE projects in its Midterm Report.

For more information about the Quality Focus Essay, see the "Improvement Plans and the QFE" video in ACCJC's ["Preparing the ISER" Educational Series](#).

### 3.7 Submitting the ISER and Public Notification of Third-Party Comments

#### Submitting the ISER to ACCJC

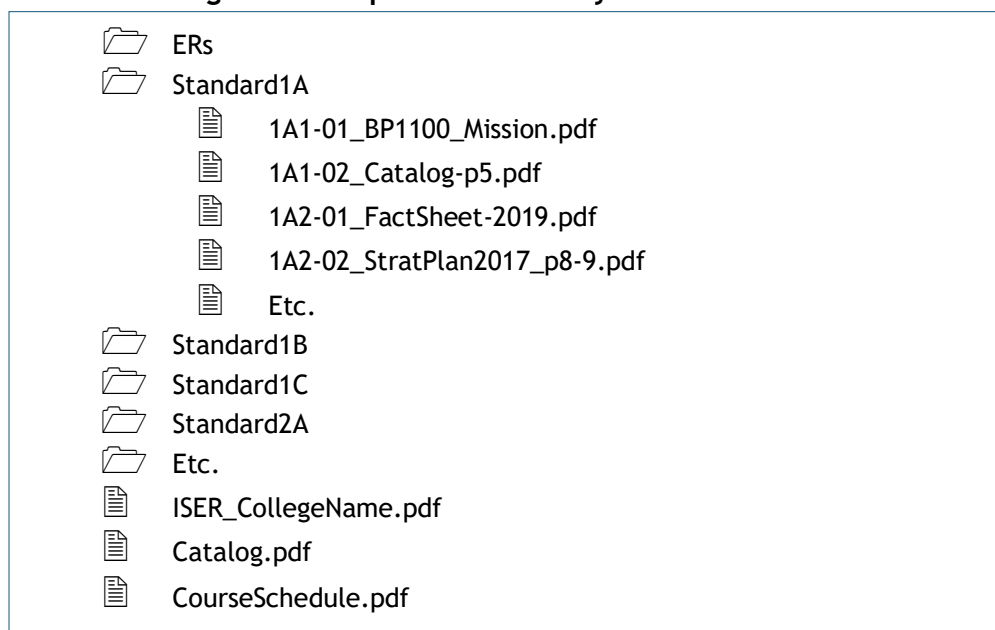
Unless otherwise instructed by ACCJC staff, institutions must submit an electronic copy of the final ISER and copies of all supporting evidence cited in the ISER to the Commission on a USB flash drive. The USB should contain the following documents:

- an electronic copy of the final certified ISER;
- a copy of the current catalog;
- a copy of the current schedule of classes; and
- a folder containing a copy of each evidence file cited in the ISER.

To ensure ease of access to the contents of the USB, please:

1. Place the ISER, college catalog, and current schedule in the root folder of the USB flash drive.
2. Use one folder to contain evidence files for each main section of the Standards and other primary sections of the ISER (see Figure 2). Avoid subfolders.
3. Spot-check the links in ISER from the USB prior to submission.

**Figure 2. Sample File Directory on a Flash Drive**



**Send the USB flash drive to:**

Accrediting Commission for Community and Junior Colleges (ACCJC)  
P.O. Box 147  
Novato, CA 94948  
Contact telephone number: 415-506-0234

**Note: Please do not require a signature for delivery. ACCJC staff liaisons will confirm receipt of materials once they have arrived.**

Allow enough lead time for the mailing to arrive on or before the submission deadline (see Table 1 on page 10). **Do not** send USB drives to peer review team members; ACCJC staff will facilitate team member access to the submitted materials.

### Public Notification of Third Party Comments

Per Commission policy,<sup>6</sup> institutions are responsible for notifying the campus community and its public of the opportunity and process for submitting third-party comments to the Commission as part of the comprehensive review process. To facilitate the opportunity for third-party comments, institutions must post the link to the Commission's [third-party comment form](#) on their website. Peer review teams will confirm institutional compliance with this policy as part of the comprehensive review (see Appendix C).

## 4 Next Steps for Institutions with Visits through Spring 2022

### 4.1 Preparing for the Peer Review Team Visit

ACCJC will provide advance notice to the institution about the timing, nature, and purpose of the peer review visit in order to allow the institution ample time as it prepares to host the team. Preparations for the visit require coordination between the institution and the team

<sup>6</sup> [Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions](#)

chair. The institution will designate a main point of contact for the team chair - usually the ALO - who will assume primary responsibility for facilitating the team's needs prior to and during the site visit.

The institution and Commission staff work together to confirm dates for the team ISER review and focused site visit. The Commission staff invites volunteers to serve as chairs of peer review teams, and develops a team roster of experienced educators from across the region, who have exhibited leadership, a commitment to peer-based accreditation, and balanced judgement. Per Commission policy, the institution has an opportunity to review the team roster to identify any potential conflicts of interest.

In order to facilitate peer review team evaluation of multi-college districts or systems, a "chair of chairs" will be identified to lead the district review team. Team members may be selected from amongst the members of the college teams, or a separate team (with its own chair) may be formed to focus only on the district. The size and structure of the district/system review depends on the needs and size of the district/system.

Prior to the team visit, the team chair and team assistant will visit the institution and meet with the CEO and the accreditation liaison officer (ALO) to discuss logistical arrangements. Institutions should work with the team chair to determine how to best facilitate the needs of their specific team.

The institution generally provides the team with:

- Lodging, transportation to and from campus, and clerical/technical assistance during the site visit;
- A room on campus (i.e., the Team Room) that is centrally located and private enough to ensure the team's confidential deliberation and with appropriate technology to support the team's work; and
- Refreshments (i.e., breakfast, lunch, snacks, etc.) and basic workroom supplies to support the team while they are on campus.

**\* Please note** that institutions may not give (and team members should not accept) souvenirs or gifts.

The ALO should also anticipate assisting the team with requests for additional evidence, information and materials; helping to schedule interviews with campus personnel; and in general, serving as the communication link between the institution and the peer review team both before and throughout the visit.

Institutions that have programs and/or learning support services via distance education (DE) or correspondence education (CE) should also prepare for the team's review of these offerings. See the Commission's [Policy on Distance Education and on Correspondence Education](#) for definitions and expectations for each learning modality. Appendix C outlines the specific policy elements and associated Standards that the team must consider in their review of these modalities. For the review of distance education, institutions must provide access to a sample of its offerings prior to the visit following the guidelines in Appendix E.

For more information about how peer review team members prepare for the visit, including how they will use the ISER in their review, institutions may wish to review ACCJC's [Guide for Peer Review Team Members](#). Additional information can also be found in ACCJC's ["Peer Reviewers" video series](#).

## 4.2 What to Expect During the Visit

During the site visit, the peer review team will come to the institution to validate its understanding of conditions described in the ISER, verify that the institution's practices align with the Commission's Standards, and finalize findings and observations for the Peer Review Team Report. Teams understand that the site visit represents the culmination of a great deal of work by many individuals at the institution, and are sensitive to the impact that their presence may have on the institution's internal and external stakeholder groups. Institutions should expect their peer review team members to be respectful and professional at all times.

The ACCJC staff liaison assigned to the institution accompanies the peer review team on the visit, and will be present (to the extent that the visit schedule allows) to support both the institution and peer review team during the peer review process. The staff liaison is not a member of the peer review team and does not participate in the team's deliberations or influence the team's findings, but they are present as a resource and can answer questions on the interpretation of Standards. The staff liaison abides by the Commission's [Policy on Conflict of Interest for Commissioners, Evaluation Team Members, Consultants, Administrative Staff, and Other Commission Representatives](#). ACCJC covers the staff liaison's expenses.

To kick-off the visit activities, institutions often host a "meet-and-greet activity" in order to introduce the team to key members of the campus community, especially those directly involved in the self-evaluation process. This can be a useful orientation for the team members. However, keep these introductory activities brief and simple so that the team can focus its time and energies on verifying the ISER and collecting the evidence and information needed to complete the Peer Review Team Report.

Site visits always take place when institutions are in session to facilitate dialogue between the peer review team and the institution. 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 with members of the peer review team as needed. The team's interview requests will depend on the additional information or clarification needed by the team to validate the ISER and verify institutional compliance with Standards. The team may interview administrators, department heads and program coordinators, members of the governing board, faculty, and students, as needed. Peer review team members may also attend meetings of the governing board should one be scheduled during the time of the site visit. 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. The institution's executive leadership teams are asked to refrain from attending these open forums. During these interviews and forums, the institution's attitude should be characterized by openness and candor so that the team can form an accurate understanding of institutional quality and provide helpful advice, where needed.

On the final day of the site visit, the peer review team chair will meet with the institution's CEO, and later, with the members of the college to present the team's exit report. Attendance at the exit report is at the discretion of the 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.

If the institution 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 validate district or system-focused Standards. Findings from the district/system review 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.

### 4.3 After the Visit: Peer Review Team Report and Commission Decision

After the visit, the team will finalize the Peer Review Team Report. The Peer Review Team Report 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.

When the report has been finalized, the team chair will send a confidential copy of to the institution's CEO for correction of errors of fact. After correcting any errors of fact, the team chair sends the final Peer Review Team Report to the Commission. The Commission will read the Peer Review Team Report and Institutional Self-Evaluation Report (ISER) in preparation for its deliberation and action on the institution's accredited status.

The Commission provides institutions with due process regarding decisions on their accredited status. Institutions have the opportunity to respond in writing to issues of substance in the Peer Review Team Report, including Accreditation Standard deficiencies noted in the Report. Written responses must be received by ACCJC no less than 15 days in advance of the Commission meeting. The Commission also provides an opportunity for an institution's CEO (and other representatives of the institution, as appropriate) to appear before the Commission in person.

The Commission notifies institutions of its decisions in writing within 30 days of its Commission meetings via a formal action letter. The action letter documents the institution's accredited status, as well as formal commendations, compliance requirements, and any next steps that must be taken by the institution. The Commission also provides the institution with a final, public copy of the Peer Review Team Report along with the action letter. If the Commission acts to deny initial accreditation, or withdraw or terminate accreditation, institutions may appeal the decision in accordance with Commission policy.<sup>7</sup>

Per Commission policy, institutions must make the Commission's action letter, the Peer Review Team Report, and its ISER publicly available to its internal and external communities. Generally, the easiest way to satisfy this requirement is to upload these documents to the institution's accreditation webpage. Accreditation information must be easily accessible on the institution's website, no farther than one click from the home page.<sup>8</sup>

## 5 Next Steps for Institutions with Visits in Fall 2022 and Beyond

### 5.1 Preparing for the Comprehensive Peer Review Process

ACCJC will provide advance notice about the timing, nature, and purpose for all components of the comprehensive review process in order to allow the institution and the peer review team ample time to prepare for their work. Preparations for all components of the process require some coordination between the institution and the team, with support from the institution's ACCJC staff liaison. The institution should designate a main point of contact -

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<sup>7</sup> [\*Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions\*](#)

<sup>8</sup> [\*Policy on Representation of Accredited Status\*](#)

usually the ALO - who can assume primary responsibility for facilitating the peer review team's needs throughout the comprehensive review process.

The institution and Commission staff work together to confirm dates for the team ISER review and focused site visit. The Commission staff invites volunteers to serve as chairs of peer review teams, and develops a team roster of experienced educators from across the region, who have exhibited leadership, a commitment to peer-based accreditation, and balanced judgement. Per Commission policy, the institution has an opportunity to review the team roster to identify any potential conflicts of interest.

In order to facilitate peer review team evaluation of multi-college districts or systems, a "chair of chairs" will be identified to lead the district review team. Team members may be selected from amongst the members of the college teams, or a separate team (with its own chair) may be formed to focus only on the district. The size and structure of the district/system review depends on the needs and size of the district/system.

### Components of the Comprehensive Peer Review Process

Beginning with the cohort of institutions undergoing comprehensive review in fall 2022, ACCJC's comprehensive peer review process has two components: a **team ISER review** and a **focused site visit**.

The **team ISER review** is a one-day, virtual meeting that occurs approximately six months prior to the institution's scheduled focused site visit. During the team ISER review, the team validates the institution's alignment with Standards using the narrative, analysis, and evidence provided in the ISER. The team also reviews its initial draft Peer Review Team Report, and develops a series of **core inquiries** that will serve as the basis of the focused site visit. The core inquiries communicate areas where more information will be needed to validate alignment with Standards or develop commendations for areas of excellence. The core inquiries are provided to the institution's leadership shortly after the team ISER review so that the institution has time to identify and compile additional information and/or make improvements prior to the focused site visit.

The **focused site visit** occurs approximately six months after the team ISER Review. During the focused site visit, peer review team members are on site at the institution to gather additional information related to the core inquiries and complete their Peer Review Team Report. The length of the focused site visit and the number of team members visiting the institution will be determined by the team chair and vice chair based on the core inquiries identified during the team ISER review.

See ACCJC's [\*Formative/Summative Guide for Peer Review Team Members\*](#) for more detailed information.

## 5.2 Preparing for the Team ISER Review

The team ISER review is a one-day, virtual meeting for the purpose of analysis of an institution's self-evaluation report (ISER). During this activity, team members validate the institution's alignment with Standards using the narrative, analysis, and evidence provided in the ISER. Any Standards that are validated by the team during the team ISER review will not need to be addressed again during the subsequent focused site visit. The team will document any questions and/or information requests related to the Standards as core inquiries. Core inquiries highlight areas in the ISER that require clarification or expansion and they are used to develop both recommendations and commendations, and are sent to the institution in advance of the focused site visit.

Prior to the team ISER review, the team chair and vice chair will meet briefly with the institution's CEO and ALO to establish a relationship and set expectations for communication. The institution should also anticipate assisting the team with requests for additional evidence, information, and materials in the weeks prior to the team ISER review. Additionally, the institution should plan to host a virtual "meet and greet" between the institution and peer review team members the day before the team ISER review. This event helps to orient the team members by providing opportunity for the team to meet key members of the campus community and vice versa.

Institutions that have programs and/or learning support services via distance education (DE) or correspondence education (CE) should also prepare for the team's review of these offerings prior to the team ISER review. See the Commission's [Policy on Distance Education and on Correspondence Education](#) for definitions and expectations for each learning modality. Appendix C outlines the specific policy elements and associated Standards that the team must consider in their review of these modalities. For the review of distance education, institutions must provide access to a sample of its online offerings prior to the team ISER review following the guidelines in Appendix E.

Approximately a week after the team ISER review, the team chair, vice chair, and ACCJC staff liaison will meet with the institution's CEO to provide a brief oral summary of the team's work and the remaining questions that will be documented in the core inquiries. The team chair will send the finalized core inquiries document to the institution's CEO approximately two weeks after the team ISER review date. This timeline provides the institution roughly six months prior to the focused site visit to identify additional supporting evidence and/or document the continued maturation of its structures or processes in any areas specified in the core inquiries.

### 5.3 Preparing for the Focused Site Visit

Institutions should review the core inquiries document carefully and use it in preparation for the focused site visit. The core inquiries will help institutions identify additional evidence, collate information, and develop processes in the continuous improvement cycle. Prior to the focused site visit, institutions should prepare a brief document summarizing institutional developments (if any) and additional evidence related to the core inquiries. This document and all additional evidence should be submitted to ACCJC no later than 2 weeks before the date of the visit. ACCJC will distribute this information to the team for review.

No later than 2 weeks in advance of the focused site visit, the team chair, vice chair, CEO, ALO, and ACCJC staff liaison will hold a pre-visit conversation to discuss updates, set expectations for the focused site visit, and confirm logistical arrangements. Institutions should work with the team chair to determine how to best facilitate the needs of their specific team.

The institution generally provides the team with:

- Lodging, transportation to and from campus, and clerical/technical assistance during the focused site visit;
- A room on campus (i.e., the team room) that is centrally located and private enough to ensure the team's confidential deliberation and with appropriate technology to support the team's work; and

- Refreshments (i.e., breakfast, lunch, snacks, etc.) and basic workroom supplies to support the team while they are on campus.

**\* Please note** that institutions may not give (and team members should not accept) souvenirs or gifts.

## 5.4 What to Expect During the Focused Site Visit

During the focused site visit, members of the peer review team will come to the institution to validate the areas identified in the core inquiries. Teams understand that the focused site visit represents the culmination of a great deal of work by many individuals at the institution, and are sensitive to the impact that their presence may have on the institution's internal and external stakeholder groups. Institutions should expect their peer review team members to be respectful and professional at all times.

The ACCJC staff liaison assigned to the institution accompanies the peer review team on the visit, and will be present (to the extent that the visit schedule allows) to support both the institution and the peer review team. The staff liaison is not a member of the peer review team and does not participate in the team's deliberations or influence the team's findings, but they are present as a resource and can answer questions on the interpretation of Standards. The staff liaison abides by the Commission's [Policy on Conflict of Interest for Commissioners, Evaluation Team Members, Consultants, Administrative Staff, and Other Commission Representatives](#). ACCJC covers the staff liaison's expenses.

Focused site visits always take place when institutions are in session to facilitate dialogue between the peer review team and the institution. The team's interview requests are guided by the core inquiries, and are designed to assist the team as it verifies institutional alignment with Standards and/or Commission policies. The team may interview administrators, department heads and program coordinators, members of the governing board, faculty, and students, as needed. The team will also conduct open forums to provide members of the college and other interested parties access to the team during the focused site visit. The institution's executive leadership teams are asked to refrain from attending these open forums. During these interviews and forums, the institution's attitude should be characterized by openness and candor so that the team can form an accurate understanding of institutional quality and provide helpful advice, where needed.

On the final day of the focused site visit, the team chair and vice chair will meet with the institution's CEO, and later, with the members of the college to present the team's exit report. 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.

## 5.5 After the Visit: Peer Review Team Report and Commission Decision

After the focused site visit, the team will finalize the Peer Review Team Report. The Peer Review Team Report 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. The team's report is based on conditions at the institution at the time of the focused site visit, reflecting any progress achieved in the interval following the team ISER review. The core inquiries document is attached to the report as an appendix for context, but is not used in the Commission's deliberations.

When the report has been finalized, the team chair will send a confidential copy of to the institution's CEO for correction of errors of fact. After correcting any errors of fact, the team chair sends the final Peer Review Team Report to the Commission. The Commission will read the Peer Review Team Report and Institutional Self-Evaluation Report (ISER) in preparation for its deliberation and action on the institution's accredited status.

The Commission provides institutions with due process regarding decisions on their accredited status. Institutions have the opportunity to respond in writing to issues of substance in the Peer Review Team Report, including Accreditation Standard deficiencies noted in the Report. Written responses must be received by ACCJC no less than 15 days in advance of the Commission meeting. The Commission also provides an opportunity for an institution's CEO (and other representatives of the institution, as appropriate) to appear before the Commission in person.

The Commission notifies institutions of its decisions in writing within 30 days of its Commission meetings via a formal action letter. The action letter documents the institution's accredited status, as well as formal commendations, compliance requirements, and any next steps that must be taken by the institution. The Commission also provides the institution with a final, public copy of the Peer Review Team Report along with the action letter. If the Commission acts to deny initial accreditation, or withdraw or terminate accreditation, institutions may appeal the decision in accordance with Commission policy.<sup>9</sup>

Per Commission policy, institutions must make the Commission's action letter, the Peer Review Team Report, and its ISER publicly available to its internal and external communities. Generally, the easiest way to satisfy this requirement is to upload these documents to the institution's accreditation webpage. Accreditation information must be easily accessible on the institution's website, no farther than one click from the home page.<sup>10</sup>

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<sup>9</sup> [\*Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions\*](#)

<sup>10</sup> [\*Policy on Representation of Accredited Status\*](#)

## **Part II: Review Criteria and Possible Sources of Evidence for Each Standard**

## Review Criteria and Possible Sources of Evidence for Each Standard

The majority of the Institutional Self-Evaluation Report (ISER) will provide evidence and analysis of the degree to which the institution's policies and practices align with the Standards. The following section of this *Guide* provides possible sources of evidence and evaluation criteria for each individual Standard and are intended for use by both institutions and peer review teams.

### Possible Sources of Evidence

Each individual Standard below includes a list of possible sources of evidence. The lists of possible sources of evidence are non-exhaustive lists, and are **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 the types of evidentiary documents that are often used to demonstrate alignment with the Standard in question. Sources of evidence will vary by institution, based on unique institutional missions, cultures, and practices. Institutions may not have every document listed as a possible source of evidence, or they may have documents not listed here that are more appropriate. When selecting evidence for inclusion in the ISER, institutions should select sources that best substantiate its assertions about the extent to which it aligns with Standards, regardless of whether the source is listed in this *Guide*.

Peer review teams may request additional evidence beyond what has been provided to support an ISER in order to clarify their understanding of the institution's narrative and verify compliance with Standards. Peer review team members should not expect that every institution's practices and structures mirror that of their home institution; it is appropriate for evidence sources to vary from institution to institution. Peer review teams should evaluate evidence through the lens of the mission of the institution under review, rather than through the lens of their own institution.

### Review Criteria

Ultimately, the purpose of the review criteria included with each Standard is to help the institution reflect on its strengths, to identify opportunities for improvement where needed, and to draw attention to areas where the institution excels. These review criteria can guide both institutions and peer review teams in a thoughtful examination of institutional quality and alignment with Standards. Institutions and peer review teams should use these criteria as a starting point for the analysis of compliance with the Standard.

# Accreditation Standards

## Adopted June 2014

### Standard I: Mission, Academic Quality 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 and student achievement. (ER 6)<sup>11</sup>

##### *POSSIBLE SOURCES OF EVIDENCE:*

- Board policy that states the mission;
- Web page, catalog page, CEO's message, or white paper that explicates the mission;
- Statements of institutional purpose and philosophy that describe the mission, e.g. mission statement, vision statement, institutional values statements;
- 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.
- 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:*<sup>12</sup>

- 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

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<sup>11</sup> Institutions that have achieved accreditation are expected to include information in their Institutional Self-Evaluation Report (ISER) demonstrating that they continue to meet the Eligibility Requirements (ERs). Accredited institutions will address ERs 1, 2, 3, 4, and 5 in Section E of the ISER; all other ERs will be addressed as the institution responds to the relevant, corresponding Accreditation Standards.

<sup>12</sup> Baccalaureate Protocol - This notation is included for Standards where an institution should include specific narrative and evidence pertaining to its baccalaureate degree, if it offers one. Please note that institutions should also include information describing its state/governmental authorization to offer baccalaureate degrees in its narrative and evidence for Eligibility Requirement 1, in Section E of the ISER.

statements. When evaluating alignment with Standard I.A.1, 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.
- 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 from 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)**

*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 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;
- 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.

**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 standards to institutional constituencies. Teams will also review ways in which the institution regularly compares its data to the standards it has established, 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).

*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.
- Institutions must demonstrate they are aware of, and use the key metrics used in the ED 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.

**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;
- 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 on 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:*

- The institution disaggregates learning outcome data for student subpopulations, as identified by the institution.\*
- The institution disaggregates student achievement data for student subpopulations, as identified by the institution.\*
- The institution analyzes its disaggregated data and reports on its learning and/or achievement gaps, if any.
- 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).

*\* Institutions may define student subpopulations differently when disaggregating student learning data and student achievement data.*

**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;
- 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:
  - happen on a regular basis
  - include wide participation across the college-wide community
  - use valid data sources
  - follow consistent processes
- 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. 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
  - The mission
  - Information on educational programs
  - Information on student support services
  - Learning outcomes
  - 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.
- 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”<sup>13</sup>. (ER 20)**

*POSSIBLE SOURCES OF EVIDENCE:*

- Print catalog;
- Online catalog;
- 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.

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<sup>13</sup> **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

**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 containing 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<sup>14</sup>.**

*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.**

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<sup>14</sup> 34 CFR § 668.6

*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 college-level policies (Board policies are addressed in Standard IV), 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;
- 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:
  - o Personnel policy
  - o Faculty handbook
  - o 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.**

*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 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.

**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 ED'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;
- Curriculum policies or processes that demonstrate consideration of consistency with the institution's mission;
- 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.

#### *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<sup>15</sup>.**

*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;

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<sup>15</sup> 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.

- 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.
- 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 curriculum, it distinguishes that curriculum from college level 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.

**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.

**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. (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 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.

*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.**

*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. The identification of specialized courses in an 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 include 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.
- 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;
- 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.
- 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.**

*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 regular 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.
- 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 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.

*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, and 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.

## 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.

**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<sup>16</sup>, 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.
- 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 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.

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<sup>16</sup> 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.”

~~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.)~~

**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;
- 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.

*REVIEW CRITERIA:*

- 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.

*REVIEW CRITERIA:*

- 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 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.**

*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;
- 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.**

*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.

**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.**

*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;
- ED 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**

**16. Contractual agreements with external entities are consistent with the mission and goals of the institution, governed by institutional policies, and contain appropriate 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.**

#### *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.

*REVIEW CRITERIA:*

- 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.**

**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;
  - 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.

- 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;
- 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.

*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.

*REVIEW CRITERIA:*

- 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.
- 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 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.**

*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.

# Appendices

## Appendix A: Suggested Formatting and Style Sheet

(Revised July 2014)

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

In Document	Formatting and Style
Hyphens	<p>No spacing before or after hyphens.</p> <p>Hyphenate two-word adjectives used with a compound modifier (e.g., high-unit program).</p> <p>Do not hyphenate words beginning with “non,” except those containing a proper noun (e.g., nonresident; non-German; non-degree-seeking) or when the second element consists of more than one word (e.g., a full-time student; attending school full time).</p> <p>Do not hyphenate words with the suffix “wide” (e.g., District wide; College wide).</p>
Capitalization	<p>Capitalize the following words or phrases when referencing the Commission and/or the ACCJC Accreditation Standards:</p> <ul style="list-style-type: none"> <li>• “Commission”</li> <li>• “Accreditation Standards”</li> <li>• “Standards” (e.g., “In order to meet Accreditation Standards...”)</li> </ul> <p>Capitalize “College” and “District” when referencing a specific college or district (i.e., capitalize when you can replace “College” with a college name and when you can replace “District” with a district name).</p> <p>Capitalize the first word following a colon when the word begins a complete sentence.</p> <p>Capitalize titles preceding names (e.g., Bay College President Chris Smith).</p> <p><i>Do not</i> capitalize the following:</p> <ul style="list-style-type: none"> <li>• “federal” or “state,” unless it is capitalized in an official name.</li> <li>• “fall” or “spring” (e.g., fall semester enrollment).</li> <li>• Titles following names or standing alone (e.g., Chris Smith, president of Bay College; Marcia S. Jones became president in 2001).</li> </ul>

## WRITING STYLE

- Be accurate. Nothing else matters if facts are not correct.
- 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 to Address in the ISER

Institutions applying for Candidacy, Initial Accreditation, or Reaffirmation of Accreditation must include information and evidence in their Institutional Self-Evaluation Report (ISER) that demonstrates compliance with Eligibility Requirements (ERs). Although the majority of the ERs will be addressed as the institution responds to related sections of the Standards, but ERs 1, 2, 3, 4, and 5 must be addressed individually in a separate section of the ISER. Each of these five ERs has been listed below along with the supporting documentation that can be used to demonstrate ongoing compliance. A full list of all ERs with their supporting evidence can be found in ACCJC's [\*Eligibility, Candidacy, and Initial Accreditation Manual\*](#).

### 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.

*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 U.S. Department of Education reports if the institution is a participant

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

In Section F of the ISER, institutions demonstrate compliance with several specific Commission policies and federal regulations. The peer review team will use the checklist below to evaluate compliance with federal regulations and related Commission policies. The results will be included in the Peer Review Team Report. To assist institutions as they prepare for review, the checklist below has been annotated (in italic font) to show potential sources of evidence.

### **Checklist for Evaluating Compliance with Federal Regulations and Related Commission Policies<sup>17</sup>**

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

#### **Public Notification of a Peer Review Team Visit and Third Party Comment**

##### **Evaluation Items:**

<input type="checkbox"/>	The institution has made an appropriate and timely effort to solicit third party comment in advance of a comprehensive review visit.
<input type="checkbox"/>	The institution cooperates with the review team in any necessary follow-up related to the third party comment.
<input type="checkbox"/>	The institution demonstrates compliance with the <i>Commission Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions</i> as to third party comment.

[Regulation citation: 602.23(b).]

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

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

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<sup>17</sup> Updated June 2021

#### ***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 I.C.12)
- 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 I.C.12)

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

#### **Evaluation Items:**

<input type="checkbox"/>	The institution has defined elements of student achievement performance across the institution, and has identified the expected measure of performance within each defined element. Course completion is included as one of these elements of student achievement. Other elements of student achievement performance for measurement have been determined as appropriate to the institution's mission. (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards)
<input type="checkbox"/>	The institution has defined elements of student achievement performance within each instructional program, and has identified the expected measure of performance within each defined element. The defined elements include, but are not limited to, job placement rates for program completers, and for programs in fields where licensure is required, the licensure examination passage rates for program completers. (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards)
<input type="checkbox"/>	The institution-set standards for programs and across the institution are relevant to guide self-evaluation and institutional improvement; the defined elements and expected performance levels are appropriate within higher education; the results are reported regularly across the campus; and the definition of elements and results are used in program-level and institution-wide planning to evaluate how well the institution fulfills its mission, to determine needed changes, to allocating resources, and to make improvements. (Standard I.B.3, Standard I.B.9)
<input type="checkbox"/>	The institution analyzes its performance as to the institution-set standards and as to student achievement, and takes appropriate measures in areas where its performance is not at the expected level. (Standard I.B.4)

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

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

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

#### ***POSSIBLE EVIDENCE DOCUMENTS***

- Information about the college's institution-set standards (Standard I.B.3)

- 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 I.B.3, I.B.4, and I.B.9.

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

#### **Evaluation Items:**

<input type="checkbox"/>	Credit hour assignments and degree program lengths are within the range of good practice in higher education (in policy and procedure). (Standard II.A.9)
<input type="checkbox"/>	The assignment of credit hours and degree program lengths is verified by the institution, and is reliable and accurate across classroom based courses, laboratory classes, distance education classes, and for courses that involve clinical practice (if applicable to the institution). (Standard II.A.9)
<input type="checkbox"/>	Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition). (Standard I.C.2)
<input type="checkbox"/>	Any clock hour conversions to credit hours adhere to the Department of Education's conversion formula, both in policy and procedure, and in practice. (Standard II.A.9)
<input type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Institutional Degrees and Credits</i> .

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

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

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

#### ***POSSIBLE EVIDENCE DOCUMENTS***

- Policy on the minimum number of credits required for a degree or certificate (Standard II.A.5)
- Policy or procedure for clock-to-credit-hour conversions (Standard II.A.9)
- Catalog pages that describe the number of credits required for degrees and certificates (Standard II.A.5)
- Policy on tuition (Standard I.C.6)
- Catalog pages that describe tuition for courses or programs (Standard I.C.6)
  - Other document that informs students of tuition charges for courses or programs (Standard I.C.6)

## **Transfer Policies**

### **Evaluation Items:**

<input type="checkbox"/>	Transfer policies are appropriately disclosed to students and to the public. (Standard II.A.10)
<input type="checkbox"/>	Policies contain information about the criteria the institution uses to accept credits for transfer. (Standard II.A.10)
<input type="checkbox"/>	The institution complies with the Commission <i>Policy on Transfer of Credit</i> .

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

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

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

### ***POSSIBLE EVIDENCE DOCUMENTS***

- Policy on transfer of credit (Standard II.A.10)
- Catalog pages that describe transfer of credit (Standard II.A.10)
- Other documents, such as a Student Handbook, that describe transfer of credit (Standard II.A.10)

## **Distance Education and Correspondence Education**

### **Evaluation Items:**

<b>For Distance Education:</b>	
<input type="checkbox"/>	The institution demonstrates regular and substantive interaction between students and the instructor.
<input type="checkbox"/>	The institution demonstrates comparable learning support services and student support services for distance education students. (Standards II.B.1, II.C.1)
<input type="checkbox"/>	The institution verifies that the student who registers in a distance education program is the same person who participates every time and completes the course or program and receives the academic credit.
<b>For Correspondence Education:</b>	
<input type="checkbox"/>	The institution demonstrates comparable learning support services and student support services for correspondence education students. (Standards II.B.1, II.C.1)
<input type="checkbox"/>	The institution verifies that the student who registers in a correspondence education program is the same person who participates every time and completes the course or program and receives the academic credit.

<b>Overall:</b>	
<input type="checkbox"/>	The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings. (Standard III.C.1)
<input type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Distance Education and Correspondence Education</i> .

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

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

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the Institution does not meet the Commission's requirements.
<input type="checkbox"/>	The college does not offer Distance Education or Correspondence Education.

### POSSIBLE EVIDENCE DOCUMENTS

- Policy or procedure for approval of distance education or correspondence education (Standards II.A.2 and II.A.7)
- Pages from curriculum development handbook or other document that describe criteria for approval of distance education or correspondence education courses or programs (Standards II.A.2 and II.A.7)
- Policy or procedure for student authentication in distance education or correspondence education courses (Standard I.C.8)
- Brief description of technology infrastructure or inventory for sustaining distance education (Standard III.C.1)

### Student Complaints

#### Evaluation Items:

<input type="checkbox"/>	The institution has clear policies and procedures for handling student complaints, and the current policies and procedures are accessible to students in the college catalog and online.
<input type="checkbox"/>	The student complaint files for the previous seven years (since the last comprehensive review) are available; the files demonstrate accurate implementation of the complaint policies and procedures.
<input type="checkbox"/>	The team analysis of the student complaint files identifies any issues that may be indicative of the institution's noncompliance with any Accreditation Standards.
<input type="checkbox"/>	The institution posts on its website the names of associations, agencies and governmental bodies that accredit, approve, or license the institution and any of its programs, and provides contact information for filing complaints with such entities. (Standard I.C.1)

<input type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Representation of Accredited Status</i> and the <i>Policy on Student and Public Complaints Against Institutions</i> .
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[Regulation citations: 602.16(a)(1)(ix); 668.43.]

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

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

### POSSIBLE EVIDENCE DOCUMENTS

- Policy or procedure for complaint process
- Catalog pages where complaint policy and procedure are located (Standard I.C.2)
- 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.

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

### Evaluation Items:

<input type="checkbox"/>	The institution provides accurate, timely (current), and appropriately detailed information to students and the public about its programs, locations, and policies. (Standard I.C.2)
<input type="checkbox"/>	The institution complies with the Commission <i>Policy on Institutional Advertising, Student Recruitment, and Representation of Accredited Status</i> , and <i>Policy on Representation of Accredited Status</i> .
<input type="checkbox"/>	The institution provides required information concerning its accredited status. (Standard I.C.12)

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

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

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**POSSIBLE EVIDENCE DOCUMENTS**

- College Catalog (Standard I.C.2)
- College homepage that includes the link to the statement of accredited status (Standard I.C.1)
- Web page where statement of accredited status resides, including accreditation information from other accrediting agencies (Standard I.C.1)

**Title IV Compliance****Evaluation Items:**

<input type="checkbox"/>	The institution has presented evidence on the required components of the Title IV Program, including findings from any audits and program or other review activities by the U.S. Department of Education (ED). (Standard III.D.15)
<input type="checkbox"/>	If applicable, the institution has addressed any issues raised by ED as to financial responsibility requirements, program record-keeping, etc. If issues were not timely addressed, the institution demonstrates it has the fiscal and administrative capacity to timely address issues in the future and to retain compliance with Title IV program requirements. (Standard III.D.15)
<input type="checkbox"/>	If applicable, the institution's student loan default rates are within the acceptable range defined by ED. Remedial efforts have been undertaken when default rates near or meet a level outside the acceptable range. (Standard III.D.15)
<input type="checkbox"/>	If applicable, contractual relationships of the institution to offer or receive educational, library, and support services meet the Accreditation Standards and have been approved by the Commission through substantive change if required. (Standard III.D.16)
<input type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Contractual Relationships with Non-Accredited Organizations</i> and the <i>Policy on Institutional Compliance with Title IV</i> .

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

**Conclusion Check-Off:**

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

***POSSIBLE EVIDENCE DOCUMENTS***

- ED Federal Student Aid (FSA) audits (Standard III.D.15)
- 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 III.D.16)

## Appendix D: Sample Functional Maps

Functional maps clarify how a multi-college district/system delineates operational roles and responsibilities between the colleges and district/system office, in accordance with Standard IV.D. Colleges and district/system personnel should work together to regularly review (and when needed, revise) functional maps to ensure clarity and effectiveness. Delineation of functions should be consistently understood and implemented across the district/system. Each college in a multi-college district/system should include a copy of the functional map as evidence in relevant sections of its Institutional Self-Evaluation Report (ISER).

### Example 1: Functions Arranged Alphabetically

*(Excerpted from West Hills Community College District Function Map, May 2019)*

Function	District Role	College Role
Accreditation (BP/AP 3200)	<ul style="list-style-type: none"> <li>Act as a liaison between colleges and district for accreditation functions and issues.</li> <li>Responsible for addressing accreditation standards related to centralized district functions.</li> </ul> <p>Director of Accreditation, Research, Institutional Effectiveness, and Planning</p>	<ul style="list-style-type: none"> <li>Coordinate and facilitate ongoing accreditation functions.</li> <li>College ALOs and Presidents are primary points of contact for ACCJC.</li> </ul> <p>President (WHCC &amp; WHCL) Vice President of Educational Services (ALO) (WHCC) Vice President of Educational Services (ALO) (WHCL)</p>
Admissions, Records, and Registration (Chapters 4 & 5 of BP/AP)	<ul style="list-style-type: none"> <li>Maintain online application (CCCApply) and automated process.</li> <li>Set registration schedule.</li> <li>Print transcripts.</li> </ul> <p>Vice Chancellor of Educational Services and Workforce Development Academic Services Manager</p>	<ul style="list-style-type: none"> <li>Evaluates applications to determine eligibility for admission, review for complements and accuracy, code and process applications according to established policies and procedures.</li> <li>Maintain registration processes and services.</li> <li>Maintains student records.</li> <li>Maintain and monitor storage of student records (i.e. grades, attendance records etc.)</li> <li>Coding priority registration for categorical programs and special populations</li> <li>Review external reporting (MIS, NSC, IPEDS) for accuracy related to student data/records</li> </ul> <p>Director of Admissions &amp; Records/Registrar (WHCC &amp; WHCL)</p>
Articulation (BP/AP 4050)		<ul style="list-style-type: none"> <li>Assist in development of faculty-approved articulation agreements</li> <li>Maintain various articulation web sites and databases (ASSIST, Oscar, C-ID, etc.)</li> <li>Review and confirm accuracy of curriculum pertaining to transferability.</li> <li>Faculty make recommendations on course equivalencies.</li> <li>Access articulation websites and databases for transfer advising, etc.</li> </ul> <p>Vice President of Student Services (WHCC) Dean of Student Services (WHCC)</p>

## Example 2: Functions Arranged by Structural Area

(Excerpted from Rancho Santiago Community College District Functions/Mapping of Responsibilities, Aug 2019)

Area 4: Educational Services			
Function	District	Santa Ana College	Santiago Canyon College
<b>Program/Course Development</b>	<ul style="list-style-type: none"> <li>Board of Trustees has final approval of all new courses/programs. The District provides supporting research necessary to develop new programs such as labor market analysis and demographics of the community. Contract education may be developed and offered by the District if the colleges decline the opportunity.</li> </ul>	<ul style="list-style-type: none"> <li>Program/Course development is the primary focus and responsibility of the colleges and their faculty. All new, revised, and deleted programs/courses must follow college curriculum approval process via the College Curriculum and Instruction Council, which reports to the Academic Senate. The Academic Senate submits an annual letter for Board of Trustees approval. New vocational programs also go through a regional approval process.</li> </ul>	<ul style="list-style-type: none"> <li>Program/Course development is the primary focus and responsibility of the colleges and their faculty. All new, revised, and deleted programs/courses must follow college curriculum approval process via the College Curriculum and Instruction Council, which reports to the Academic Senate. The Academic Senate submits an annual letter for Board of Trustees approval. New vocational programs also go through a regional approval process.</li> </ul>
<b>Course Scheduling</b>	<ul style="list-style-type: none"> <li>The District, in consultation with the colleges, negotiates the instructional calendar with the faculty association.</li> </ul>	<ul style="list-style-type: none"> <li>The college is responsible for developing a schedule of classes that reflect the needs of most students. It is the responsibility of the college CIO, vice presidents, division deans, department chairs, with guidance from the Enrollment Management Committee, to develop a schedule of classes that meets the FTES goals of the college/district in a productive and efficient manner.</li> </ul>	<ul style="list-style-type: none"> <li>The college is responsible for developing a schedule of classes that reflect the needs of most students. It is the responsibility of the college CIO, vice presidents, division deans, department chairs, with guidance from the Enrollment Management Committee, to develop a schedule of classes that meets the FTES goals of the college/district in a productive and efficient manner.</li> </ul>
<b>Program Review</b>	<ul style="list-style-type: none"> <li>Conduct districtwide campus survey for district services unit to include in program review portfolio</li> </ul>	<ul style="list-style-type: none"> <li>The college, primarily through the Institutional Effectiveness Committee and Academic Senate, develops the program review model. The program review model and the review model process are reviewed on a cyclical basis for effectiveness. Each program is reviewed annually with capstone review quadrennially. The results of program review lead to appropriate changes within the program to improve student learning outcomes and achievement. These results inform resource allocation requests.</li> </ul>	<ul style="list-style-type: none"> <li>The college, primarily through the Educational Master Planning Committee, with guidance from the Office of Institutional Effectiveness and Research and oversight by Academic Senate, develops the program review model and facilitates the program review process. The program review model and process 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 achievement. These results inform resource allocation.</li> </ul>
<b>Board Policies and Administrative Regulations</b>	<ul style="list-style-type: none"> <li>Manage the revision and development of new board policies and administrative regulations with appropriate staff</li> <li>Provide liaison with CCLC policy subscription services</li> </ul>	<ul style="list-style-type: none"> <li>Provide advice and input relative to new and revised Board Policies and Administrative Regulations.</li> <li>Identify needed revisions, as appropriate.</li> <li>Ensure faculty and staff awareness of Board Policies and Administrative Regulations.</li> <li>Ensure compliance with Board Policies and Administrative Regulations.</li> </ul>	<ul style="list-style-type: none"> <li>Provide advice and input relative to new and revised Board Policies and Administrative Regulations.</li> <li>Identify needed revisions, as appropriate.</li> <li>Ensure faculty and staff awareness of Board Policies and Administrative Regulations.</li> <li>Ensure compliance with Board Policies and Administrative Regulations.</li> </ul>

## Appendix E: Distance Education Review Guidelines

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.

In an effort to provide direction to colleges and peer review teams concerning the review of distance education courses as part of a comprehensive review, ACCJC has developed the following guidelines for the review of distance education courses. 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.

### Guidelines for Institutions

- The college should inform distance education faculty that the peer review team will “observe” a randomly selected cadre of distance education classes from the semester prior to the comprehensive review.
- The college should work with the team chair to provide a random sample of fully online distance education courses to observe. This sample should constitute 5% (not to exceed a maximum of 50) of the total number of distance education sections that were offered during the semester immediately preceding the semester of the comprehensive review.
- The college will provide peer reviewers with access to archived distance education classes from the semester immediately preceding the semester of the comprehensive review, affording them the opportunity to observe “regular and substantive” interaction through a full semester, quarter, or shortened term. Review of archived classes also ensures that the reviewers’ presence in the online class will not interfere with instruction or course design.
- The college should inform the peer review team of instructions for access to the randomly selected classes.
- In accordance with the Commission [\*Policy on Public Disclosure and Confidentiality in the Accreditation Process\*](#), the college should expect that the peer review team will maintain confidentiality of student and instructor information.

### Guidelines for Peer Reviewers

- The team chair will appoint one or two team members to observe distance education classes.
- Peer reviewers should conduct their review of the random selection of courses provided by the college as part of their review of the ISER and evidence prior to the comprehensive review.
- Peer reviewers should evaluate the courses using the institution’s own definitions and expectations for regular and substantive interaction.

- 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 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 services, the college has written policies that students will be notified of such charges at the time of registration or enrollment.

### Considerations for Recommendations

Determining if a recommendation is necessary, and the type of recommendation, compliance or improvement, should be based on the careful consideration of several factors. For example, if less than half of the distance education classes observed demonstrated evidence of regular and substantive interaction, the team should explore through its interviews with members of the college community, including faculty, students, and administrators, and review of all evidence, the issues pertaining to the low percentage, before deciding if a recommendation is necessary and the type of recommendation.

Understanding the broader context of the college's planning efforts and current situation regarding distance education courses will help the team carefully and thoughtfully document any challenges or issues in its findings, as well as write recommendations appropriate to the severity of the deficiencies.

In considering recommendations, the team will want to clearly identify the Standards in which the institution is deficient or needs to improve. Moreover, the team should ensure that in the discussion of the findings for those Standards, the deficiency in distance education is specifically identified in the team report.

In the final Team Report, the team must also 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.