MANUAL FOR INSTITUTIONAL SELF EVALUATION

Assessing Educational Quality and Institutional Effectiveness

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

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Foreword

The ACCJC Accreditation Standards serve as the foundation for the Institutional Self Evaluation of Educational Quality and Institutional Effectiveness Review. The process of institutional self evaluation provides an opportunity for an institution to conduct a thorough evaluation of its educational quality and institutional effectiveness against the Accreditation Standards, including federal requirements, Commission policies, Eligibility Requirements, and the institution's own objectives. The process of self evaluation allows the institution to consider the quality of its programs and services and its institutional effectiveness in support of student success. Although the Standards are presented in four sections, the Standards relate to the institution in its entirety. The Standards should therefore be considered as a whole and the institution should present a holistic and comprehensive analysis of its compliance with the Standards.

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

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

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

Section 1 of the Manual begins with an overview of regional accreditation and the ACCJC accreditation process. It is intended to provide the context for accreditation in the Western region of the U.S.

Section 2 describes the role of the college CEOs and the Accreditation Liaison Officer as well as the need for institutional partnership in accreditation.

Section 3 introduces the ACCJC Accreditation Standards, Policies, Themes, and the Commission Rubrics.

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

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

Section 6 describes the purpose of the site visit and how it is conducted, including the responsibilities of the institution in that regard.

Section 7 provides information on the External Evaluation Report and the Commission's decision-making process.

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

1   ACCJC and the Accreditation Process

1.1   Regional Accreditation

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

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

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

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

1.2 Accrediting Commission for Community and Junior Colleges (ACCJC)

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

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

ACCJC accredits associate degree granting institutions in California, Hawai'i, the Territories of Guam and American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands.

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

1.3 The Steps in the Accreditation Process

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

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

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

The team examines the Institutional Self Evaluation Report, visits the institution as assigned, writes an External Evaluation Report of Educational Quality and Institutional Effectiveness that determines the institution's compliance with the Accreditation Standards and other requirements, makes recommendations for improvement, and commends excellent practice, when appropriate. The team also makes a confidential recommendation to the Commission on the accredited status of the institution.

The evaluation team submits its External Evaluation Report of Educational Quality and Institutional Effectiveness (External Evaluation Report) to the Commission after the

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

The last and continuous step in the Educational Quality and Institutional Effectiveness Review is that of improvement. Each institution is expected to continuously assure the quality of its educational programs and services, supporting institutional structures as well as address the recommendations provided in the External Evaluation Report.

Other Reports/Evaluation Visits
ACCJC requires that the institution submit a Midterm Report in the third year after the external evaluation visit to report on the progress made to resolve the deficiencies expressed in the recommendations included in the External Evaluation Report.

Institutions are also required to remain in compliance with all the Accreditation Standards in the period between the Educational Quality and Institutional Effectiveness Review processes. If an institution is out of compliance with any of the Standards, the Commission may require a Follow-Up Report, and/or another visit. It may also impose a sanction and deadlines for the institution to resolve the noted deficiencies.

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

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

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[1] 34 CFR §602.16 (2)

1.4 List of Manuals

- Accreditation Reference Handbook
- Guide to Evaluating Distance Education and Correspondence Education
- Guide to Evaluating Institutions
- Manual for Institutional Self Evaluation
- Substantive Change Manual
- Team Evaluator Manual

All manuals can be found on the ACCJC website 'Publications and Policies': http://www.accjc.org/all-commission-publications-policies.

2   Institutional Commitments

2.1   The Role of the CEO

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

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

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

The CEO should be a leader in the accreditation process.
The CEO should take an active role in organizing the institution for the institutional self evaluation and in establishing and setting the responsibilities and roles of groups or committees participating in the process. The CEO should review the self evaluation report as it is drafted, and help the institution ensure that the self evaluation report is complete, candid, and honest. The CEO often can help those preparing the report to identify information that is needed for a holistic institutional self evaluation.   The CEO can play an extremely important role after the external review and the Commission action on the accredited status of the institution by encouraging the institution to accept the results of the review and to move forward to make any improvements

needed as well as to continue the excellent practices that have contributed to institutional success.

2.2   Institutional Partnership in Accreditation

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

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

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

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

Federal laws and regulations, and institutional needs, change continuously, and Accreditation Standards and policies may change in response.   An institution can find updated information about Accreditation Standards, policies, and ACCJC practices by viewing the ACCJC's website on a regular basis, reading *Accreditation News* and other communications and manuals sent to institutions by the ACCJC, or attending the many workshops and conference presentations that the ACCJC provides each year. Institutional support for its own campus members' participation on accreditation evaluation teams is an excellent means of bringing current knowledge about accreditation to a campus. An institution should establish a means of retaining and sharing updated information on accreditation with its campus community and governing board. Many institutions have established a web page on the institutional intranet to make information available to the campus community. The Accreditation Liaison Officer of a college should be charged with communicating important accreditation information to the campus community, particularly the faculty. The CEO should communicate this information as well, particularly to the governing board.

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

The institution is responsible for retaining its own accreditation files and making certain information available to the public.
Previous institutional self evaluation reports and evaluation team reports provide a valuable history of the institution's efforts to achieve excellence, and should be retained and preserved at the institution so that the documents can be used. After an evaluation visit, the Commission requires institutions to make the Commission's action letter, the Self Evaluation Report, and the External Evaluation Report available to the public. The availability of such documents helps the public feel confident that the accreditation process assures quality and helps institutions improve where needed.

The institution is responsible for implementing a process for continuous assessment and improvement.
Comprehensive evaluation visits occur only once every six years, but the public counts on an institution retaining its quality between these six-year visits. The institution is responsible for implementing appropriate processes for ongoing assessment and improvement so that it can retain and improve its quality. Many of the Accreditation Standards describe components of such ongoing assessment and improvement processes, so adherence to the Accreditation Standards necessarily means that self assessment, planning, and improvement need to be sustained as ongoing institutional practices.

2.3 The Role of the Accreditation Liaison Officer (ALO)

Every ACCJC member institution must have an ALO. The ALO is appointed to that function by the institution. The ALO assists the College CEO in addressing accreditation matters and serves as the second contact person for the Commission staff.

The main roles of the ALO are to:

- Promote an understanding of Accreditation Standards and keep the campus informed about accreditation and the Commission's activities and publications through the distribution of the ACCJC News, and other important information
- Stay knowledgeable about accreditation and be familiar with the ACCJC website

- Facilitate timely reports to the Commission, including Substantive Change Proposals
- Serve as the key resource person in planning the self evaluation process and maintain institutional files containing Commission information including previous external evaluation reports and action letters
- Prepare the site visit in collaboration with the team Chair and the team assistant.

3   Accreditation Standards and Rubrics

The ACCJC Accreditation Standards are the foundation for the Educational Quality and Institutional Effectiveness Review. ACCJC requires that accredited institutions meet all the Standards at all times. The Commission has developed a number of tools to support the institutions' self evaluation of their adherence to the Accreditation Standards, i.e., the Themes and Rubrics for Evaluating Institutional Effectiveness.

3.1 Standards

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

The Accreditation Standards are:

- Standard I: Institutional Mission and Effectiveness, i.e., Institutional Mission and Effectiveness and Improving Institutional Effectiveness.
- Standard II: Student Learning Programs and Services, i.e., Instructional Programs, Student Support Services and Library and Learning Support Services.
- Standard III: Resources, i.e., Human Resources, Physical Resources, Technology Resources and Financial Resources.
- Standard IV: Leadership and Governance; i.e., Decision-making Roles and Processes and Board and Administrative Organization.

The Standards measure not only the quality and effectiveness of the programs and support services, but also the effectiveness of the institution in meeting its mission, to have adequate resources in place, and that there is a process of leadership, governance, and decision-making to adapt the institution to meet a changing future.

Policies
The ACCJC continuously revises its existing policies and develops new policies. This is done on the one hand to improve the policies and on the other hand to ensure that the policies are aligned with federal requirements. ACCJC requires accredited institutions to be in compliance with Commission policies at all times. Many policy elements are embedded within the Accreditation Standards, and the institution's evidence of compliance must be embedded within the institution's responses to the Standards. Some policies are not included in the Accreditation Standards, and institutions must submit a separate response to these policies in the Institutional Self Evaluation Report (See 5.3 Content and Format for the Institutional Self Evaluation Report). A list of policies that must be addressed in the Institutional Self Evaluation Report is included in Appendix 8.

Themes
The ACCJC Accreditation Standards are integrated by six Themes. The Themes are: Institutional Commitments; Evaluation, Planning; and Improvement; Student Learning Outcomes; Organization; Dialog; and Integrity. The Themes are concepts or ideas that may help an institution to assess itself in its totality rather than conduct the Self

Evaluation through an assessment of each Standard and sub-section. The full version of the themes can be found in the Guide to Evaluating Institutions. The Guide is available on the ACCJC website 'Publications and Policies': http://www.accjc.org/all-commission-publications-policies.

3.2   Rubrics for Evaluating Institutional Effectiveness

The Commission developed a Rubric for Evaluating Institutional Effectiveness (Appendix 1) to be used by institutions as they engage in self-reflection and evaluation. It is also used by teams as they examine an institution's adherence to the Accreditation Standards and by the Commission as it evaluates institutions.

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

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

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

It is important to note the sample behaviors described in each text box of the Rubric are *not* new criteria or standards by which an institution will be evaluated, but they are rather examples of behavior that, if characteristic of an institution, would indicate its stage of implementation of the Standards. The Rubrics are expected to be helpful in assessing what additional efforts institutions should undertake to achieve full compliance with Accreditation Standards.

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

- the Sustainable Continuous Quality Improvement level in *Program Review* of instructional and non-instructional programs and services.
- the Sustainable Continuous Quality Improvement level in *Planning*.
- the Proficiency level in the identification, assessment, and use for improvements of *Student Learning Outcomes* by fall 2012.

The ultimate goal is for institutions to achieve the Sustainable Continuous Quality Improvement level in all three areas.

4   The Self Evaluation Process

4.1   Purpose of the Self Evaluation Process

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

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

1. designed and implemented an ongoing and systematic cycle of evaluation, integrated planning, re-evaluation and improvement
2. considered its programs and services while paying particular attention to program review and achievement of student learning outcomes, and
3. prepared and implemented institutional plans for improvement supported by adequate sources of data and other evidence.

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

4.2   Organization of the Self Evaluation Process

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

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

list of the stakeholders that may be relevant for the institution to involve in the self evaluation process.

- Administrative leadership
- Faculty, including adjunct faculty
- Students, typically student leaders
- Support staff, including researchers and technology staff
- District/system office representatives for colleges in multi-college districts/systems.

As governing boards are ultimately responsible for educational quality and monitoring of institutional performance, including student success, planning, implementation of plans, and participation in accreditation processes, they should be kept current of the progress of the self evaluation process. When the Institutional Self Evaluation has been completed, the Board must read and certify that they have been involved in the institutional self evaluation process by signing the Governing Board Certification page of the Institutional Self Evaluation Report (see Appendix 4).

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

The institutional intranet or the faculty/staff section on the institution's website can be an effective resource for sharing information relevant for the self evaluation process. One possible approach is to create an electronic repository on the intranet or the website for sharing information, e.g., about the timetable for the self evaluation process, minutes from committee meetings, and drafts of the various sections of the Institutional Self Evaluation Report in order for college representatives to post input to the Report. If the institution already has a permanent electronic platform for the sharing of institutional data, a separate repository for the self evaluation process may not be necessary or the repository for the self evaluation can provide links to the general information platform so that the data is easily accessible for everybody involved in the self evaluation process. If the institution has well-organized electronic data and other evidence in place, the presentation of the evidentiary information in electronic format to the evaluation team at the time of submission of the Institutional Self Evaluation Report will be facilitated (see also Section 5.2).

It is important for a successful self evaluation process that the institution gives the designated committee sufficient time to assume its responsibilities and provides it with the clerical support needed to complete its work. The Commission encourages the institution to select an editor for the Institutional Self Evaluation Report at the outset so that the editor can participate throughout the process. The editor has multiple roles. The editor must ensure that the Report reads as a coherent text, and that it is clear and succinct without excessive repetition and redundancies across the various sections of the

report. A list of suggested formatting and style sheet is in Appendix 5. The length of a quality Institutional Self Evaluation Report depends on the size and complexity of an institution. As a rule of thumb the target for the length of a good quality report would be approximately 25,000 words, excluding evidentiary information.

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

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

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

- address the Accreditation Standards and meet other Commission requirements
- provide content and evidence for the Institutional Self Evaluation Report
- provide and analyze existing evaluation, planning and improvement data
- lead to an assessment based on analysis of data of the quality of the institution's programs and services and its institutional effectiveness as well as the formulation of plans and actions for improvement
- involve those institutional stakeholders who have a role in improving institutional quality.

5 Self Evaluation Report for Educational Quality and Institutional Effectiveness

5.1 Purpose of the Self Evaluation Report of Educational Quality and Institutional Effectiveness

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

A good Institutional Self Evaluation Report is therefore analytical and forward-looking and includes robust plans of action for quality improvement. The institution must identify areas that need attention and include these in the Institutional Self Evaluation Report. This approach provides the evaluation team with the best starting point for the review of the institution's ability to assure and improve its own quality. In the preparation of the Report it is useful if the institution peruses former team reports and Commission action letters.

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

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

5.2 Evidence and Data

Using Evidence and Data
A quality institution acts on evidence and data when making judgments. Access to and use of evidence and various data sources that relate to the institution's mission, institutional objectives and educational goals as well as planning processes are necessary parameters for thorough self reflection and continuous self improvement. This information is also necessary for the institution to determine what action it should take to improve educational quality and institutional effectiveness in order to support student success.

Evidence is information that justifies the analysis and conclusions in the Institutional Self Evaluation Report. Data on the other hand refers to categories of information

that represent qualitative or quantitative attributes of a variable or a series of variables. The institution must use data as evidence in the Institutional Self Evaluation Report.

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

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

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

The evaluation team visiting the institution should have access to the evidence and data upon which the institutional analysis is based at the time of the institution's submission of the Institutional Self Evaluation Report. The evidence and data should be submitted to the evaluation team in electronic format, e.g., on a CD, a USB stick, or by giving the evaluation team access to the institution's website or other electronic platforms. If the institution includes hyperlinks in the Institutional Self Evaluation Report, it must ensure that all links are active.

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

5.3   Content and Format for the Institutional Self Evaluation Report

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

Cover Sheet
The cover sheet should include the name and address of the institution, and a notation that the Institutional Self Evaluation Report is in support of an application for candidacy, initial accreditation, or reaffirmation of accreditation, and date submitted (see Appendix 2).

Certification Pages
The Institutional Self Evaluation Report should include two certification pages. The first certification page includes the college Chief Executive Officer's confirmation of the purpose of the Institutional Self Evaluation Report and that the Report accurately reflects the nature and substance of the Institution.

The second certification page includes the governing board's confirmation of their review of the final Institutional Self Evaluation Report and involvement in the Institutional Self Evaluation (see Appendices 3 & 4).

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

Structure of the Institutional Self Evaluation Report

A. **Introduction**
    The introduction should include a brief history of the institution, including the year of establishment. Furthermore, the introduction should highlight the major developments that the institution has undergone since the last Educational Quality and Institutional Effectiveness Review, including student enrollment data, summary data on the service area in terms of labor market, demographic and socio-economic data.

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

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

Colleges in multi-college districts/systems must provide an account for whether primary responsibility for all or parts of specific functions that relate to the Standards are vested at the college or district level. The overview of the responsibilities of key functions in institutions in multi-college districts/systems must be presented in the form of a Functional 'Map'. (Examples of Functional Maps can be found in Appendix 7) The institution should also provide an analysis of the effectiveness of this division of responsibilities.

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

D. **Certification of continued institutional compliance with Eligibility Requirements**
The USDE, as part of the recognition process of accrediting commissions, requires that the accrediting commissions ensure that their accredited institutions provide evidence that they meet the commission's eligibility requirements at any given time. The Institutional Self Evaluation Report must include the institution's analysis and evidentiary information showing how the institution meets the Eligibility Requirements. The Eligibility Requirements as well as the list of documents needed to verify continued eligibility can be found in Appendix 6.

E. **Certification of continued institutional compliance with Commission policies**
The Accreditation Standards reference specific Commission policies. The Institutional Self Evaluation Report should address how the institution is in compliance with these policies in conjunction with their assessment of how they meet the Standards. Some Commission policies are not integrated in the Accreditation Standards. The Institutional Self Evaluation Report must include the institution's analysis and evidentiary information showing how the institution addresses these policies. A complete list of the policies that institutions must specifically address can be found in Appendix 8.

F. **Responses to Recommendations from the Most Recent Educational Quality and Institutional Effectiveness Review**
The Institutional Self Evaluation Report must include a section that presents what the institution has done to address recommendations made in the last External Evaluation Report of Educational Quality and Institutional Effectiveness. Recommendations represent the observations and analyses of an evaluation team at the time of the visit and should be considered in light of the Accreditation Standards and the institution's mission. The Commission expects that the institution has, as part of its ongoing quality assurance activities, adequately addressed the recommendations and/or resolved deficiencies noted by the external evaluation team.

G. **Structure of the institutional analysis**
The main body of the Institutional Self Evaluation Report should address each of the Accreditation Standards including the sub-sections. When preparing this part it is useful for institutions to keep the principles underlining the Accreditation Standards in mind, i.e., the Commission expects institutions to:

- design and implement an ongoing and systematic cycle of evaluation, integrated planning, re-evaluation and improvement
- analyze its programs and services while paying particular attention to program review data and achievement of student learning outcomes, and
- take action to improve based on the analysis supported by adequate sources of data and other evidence and make improvement plans when warranted.

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

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

Self Evaluation
Based on the descriptive summary, the institution should analyze and systematically evaluate its performance against the Accreditation Standards and its institutional mission. The basic questions to explore are whether or not, and to what degree, institutional evidence demonstrates that the institution meets the Standards and how the institution has reached this conclusion. This analysis should result in actionable conclusions about institutional effectiveness and educational quality, informing decisions for what needs to be accomplished to improve.

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

5.4 Requirements for Evidentiary Information

As mentioned under Section 5.2, the Commission requires the institution to provide in the Institutional Self Evaluation Report specific kinds of data and other sources of evidence to show compliance with the Accreditation Standards and USDE requirements. The federal regulations are regularly reviewed, and the Commission will update the list of federal requirements accordingly. The data required by the USDE and which must be included in the Institutional Self Evaluation Report are marked with an * in the following.

All evidentiary information included in the Institutional Self Evaluation Report must be presented with the various Accreditation Standards and sub-sections,

where reference to the information is relevant. Furthermore, the information should be supported by analysis in terms of its alignment with the institutional mission and how the outcome of the data analysis will impact the future planning and development of the institution.

i. Student Achievement Data

Student Achievement Data is end-point data that provides an institution with basic information about achievement of its educational mission. Collected longitudinally, such data and analyses will inform the college about whether changes in pedagogy or services are effective in improving student completion, or about whether a decline in student completion needs to be given attention and studied, so that trends can be reversed. It will also keep institutions informed about fluctuations and serve as a warning if rates decrease and trends need to be reversed. It may also provide information about barriers to completion and transfer, the need to collect additional data and when collected in disaggregated form indicate if attention needs to be given to special groups.

Institutional Self Evaluation Reports **must** include data on key student achievement measures (as listed below) in disaggregated form by age, gender, race/ethnicity, socio-economic status, delivery mode, teaching site and cohort group as appropriate and other measures that the institution considers relevant for its population. The data must also be divided into the various categories of students enrolled in the institution, e.g., students in face-to-face delivery, distance education or non-U.S. students studying in programs offered overseas, as appropriate.

The ACCJC has developed a generic template for the presentation of disaggregated institutional student achievement data as a means of supporting institutions in implementing data-driven and informed evaluation and planning processes. The template is accompanied by a list of questions that are meant to support institutional analysis of data and should be useful for identifying areas both in need of improvement and worthy of special note (see Appendix 9). Some institutions and district/systems may have developed other means of presenting data for campus and district/system-wide discussion and decision-making. Those templates are acceptable as well.

The data should be provided separately for the following credit/non-credit programs:
- Liberal Arts or Liberal Education/Transfer Programs
- Career and Technical Education (CTE) Programs
- Basic Skills and ESL Programs

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

- Student training, needs, including local employment training needs, transfer education needs, basic skills needs, etc.
- Student educational goals

Data on enrolled students* (If an institution chooses to report rates in the following it must specify the denominator)
- FT/PT student enrollment across the institution's range of instructional programs
- Annual growth in headcount enrollment
- Course completion numbers or rates
- Persistence of students from term to term
- Student progression to the next course in a sequence of courses/next level of course
- Student program completion numbers or rates
- Student graduation numbers or rates
- Student transfer number or rates to four-year institutions

Data on Graduates* (If an institution chooses to report rates in the following it must specify the denominator)
- Student job placement number or rates
- Licensure certification/exam results

Other required evidence related to student achievement*
- Policies and procedures for award of credit, including application of the credit hour definition in the Commission Policy on Institutional Degrees and Credits
- Policies and procedures for transfer of credit, including examples of the decision-making process for transfer of credit
- Comprehensive list of agreements with other institutions on transfer of credit

ii. *Evidence of Student Learning Outcomes and Assessment of Outcomes[2].*
The institution must provide evidence of institutional student learning outcomes and samples of student learning outcomes for courses, programs, degrees, and certificates. Institutions need to identify the end point learning outcomes that students must achieve, i.e., the data that derive from summative assessments of how well students have mastered institutional and programmatic learning outcomes. Institutions should use and be able to provide aggregated data and analyses that can inform the question of "how well is the institution achieving its educational (and programmatic) mission(s)?"

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[2] See Section 3.2 and Appendix 1: Rubrics for Evaluating Institutional Effectiveness

- Catalog and other descriptions of programs and their related student learning outcomes
- Course outlines/syllabi with stated student learning outcomes
- Samples of student work/performance (Portfolios, productions, recitals, projects)
- Grading rubrics where they exist
- Examples of authentic assessment
- Summary data on assessed student learning outcomes attainment
- Examples of improvement of the teaching/learning process as a result of the above analysis

iii. *Evidence of Quality Program Review3*
- Review cycles/timelines
- Policies on curricular review
- Data analyzed and used for improvement
- Action taken (improvements) on the basis of program review

iv. *Evidence of Quality of Student Support Services*
- Student services program reviews
- Student satisfaction surveys and follow-up
- Records of student use of services
- Student loan default rates
- Student services planning documents
- Catalog, handbook, website descriptions of student services
- Policies on academic progress, integrity, codes of conduct, grievances and complaint procedures, including information provided to students about how to file a complaint with the institution's accreditor and/or its State approval/licensing entity
- Availability and accessibility of services, including off-campus and for DE/CE students

v. *Evidence of financial performance and integrity**
- External financial audit
- Federal audit
- Audit of any foundations that are not separately incorporated

vi. *Evidence of Quality of International activities*
- Lists of programs for non-U.S. nationals recruited abroad

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[3] See footnote 2

- Lists of programs for internally recruited international students organized through the college or the district/system in multi-college districts/systems
- List of study abroad programs for U.S. students

vii. *Evidence of compliance with other areas related to federal requirements**

Distance Education and Correspondence Education
An accrediting commission recognized by the USDE is not required to have separate standards for distance education and correspondence education. The accrediting commission needs, however, to ensure that distance education and/or correspondence education offered by its accredited institutions meet the Accreditation Standards. Institutions accredited by ACCJC therefore need to show that they assure the quality of its distance and/or correspondence education to the same extent as education delivered in face-to-face classes by providing disaggregated data and analysis (See appendix 9).

- List of programs, courses, certificates, and degrees where 50% or more is offered in distance education or correspondence education mode
- Means of verification of identity of students registered in distance education or correspondence education classes
- Student privacy policies

Public Information
- Means of assuring clarity, accuracy and accessibility of materials regarding, recruiting practices, admission practices, academic calendar, catalogs, publications, award of credit, credit requirements for programs, certificates, and degrees, length of programs, costs, student degree/certificate completion rates, transfer rates, job placement, licensure pass rates, campus crime statistics, grading practices, advertising practices, and representation of the institution.

Campus Sites
- List of off-campus sites and centers, including international, where 50% or more of a program, certificate, or degree is offered.

5.5 Format of the Institutional Self Evaluation Report

The Institutional Self Evaluation Report and supporting evidence should be provided in PDF format on a CD or USB stick and sent to the Commission office together with four printed copies and a catalog and a class schedule (if the latter two documents only exist in printed format). Furthermore, the Institutional Self Evaluation Report and supporting evidence should be sent to each member of the evaluation team in PDF format on a CD or USB together with a printed version, a catalog and a class schedule. If the Institutional Self Evaluation Report refers to information which is available on the institution's website, a specific URL should be provided through a hyperlink.

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

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

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

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

6   The Site Visit

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

The site visit takes place while the institution is in session, generally, during the middle of a week. The institution will receive advance notice about the timing, nature, and purpose of the external evaluation team visit in order to prepare and host the visit. The Commission expects major administrative officers and key campus personnel to be on campus during the time of the site visit in order to meet, as necessary, with members of the external evaluation team. The external evaluation team will typically expect to meet with the college/district CEO, administrators, department heads/program coordinators, members of the Governing Board, students and persons with substantial responsibility for producing the Institutional Self Evaluation Report. External evaluation team members might also decide to attend meetings of the Board should one be scheduled during the time of the site visit. In addition, the external evaluation team will also conduct open meetings for members of the college community in order to provide broad access to the team during the site visit.

The institution may wish to host a simple activity to introduce the team to key members of the campus community and those directly involved in the self evaluation process. Although such an activity may be useful for purposes of orientation, the institution is nevertheless discouraged from hosting more elaborate activities in order to allow the external evaluation team to focus the major portion of its time on reviewing and verifying the information provided in the institutional self evaluation report; meeting with individuals or small groups; and, in general, collecting information needed to complete and write the External Evaluation Report. For institutions that have off-campus program sites and/or multi-campus sites in the U.S. or internationally, the team will schedule time to visit these sites.

While on site, the external evaluation team will need a team room that is located in a central place with ample privacy in order to allow the team members to meet and deliberate in private. The team room should be equipped with appropriate technology, such as computers, a printer and internet access, to support the team during the visit. The details of the team's needs will be worked between the Chair and the ALO. For institutions that offer distance education or correspondence education programs/courses/certificates, the institution must provide the team with the

necessary passwords to enable the team to sample distance education courses/programs/certificates and services for review.

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

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

7   The External Evaluation Report and Commission Decision

The team Chair is responsible for preparing a draft of the External Evaluation Report. The team Chair drafts the External Evaluation Report and will send it to the Chancellor/President for review and correction of errors of fact. The final version of the report is submitted by the team Chair to the ACCJC office, a copy of which is sent to the Chancellor/President prior to the Commission meeting when action is taken. The confidential recommendation of the external review team on the accredited status of the institution is not disclosed in the external evaluation report.

The Commission provides institutions due process concerning accrediting decisions made by the Commission. To effectuate this commitment, institutions are provided an opportunity to respond in writing to the draft External Evaluation Report in order to correct errors of fact; to respond in writing (no less than 15 days in advance of the Commission meeting) to the final External Evaluation Report on issues of substance and to any Accreditation Standard deficiencies noted in the Report; and to appear before the Commission when external evaluation reports are considered. The Commission staff notifies the institution in writing as soon as reasonably possible after Commission decisions are made in the form of an action letter.
When the institution has received the Commission's action letter, it is required to release the action letter together with the Institutional Self Evaluation Report and the External Evaluation Report to the college community and the public. If the Commission acts to place an institution on probation or show cause or to deny, withdraw, suspend, revoke or terminate accreditation or initial accreditation, the Commission makes public a brief statement (Public Disclosure Notice) summarizing the reasons for its decision. The institution can provide official comment regarding the Commission decision. The Commission makes the public disclosure notice available on its website in the Directory of Accredited Institutions together with a link to the official comment prepared by the affected institution, if any, regarding the decision.

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

8   Timeline for the Accreditation Process

Key Events in the Accreditation Process	Fall Visits	Spring Visits
Institutional Self Evaluation Report Submitted to ACCJC	August	December
Evaluation Team Visit	October	March
Draft Team Report sent to College CEO for Correction of Errors of Fact	November	April
Commission Meeting and Decision on Accreditation	January	June
Commission Action Letter Received by College, Posted to the Web Page	February 1	July 1

Key institutional deadlines in the accreditation process

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

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

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

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

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

APPENDIX 1: ACCJC RUBRIC FOR EVALUATING INSTITUTIONAL EFFECTIVENESS

Appendix 1, Part I: Program Review

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

Appendix 1, Part II: Planning

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

Appendix 1: The ACCJC Rubric for Evaluating Institutional Effectiveness

Appendix 1, Part III: Student Learning Outcomes

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

APPENDIX 2: INSTITUTIONAL SELF EVALUATION REPORT – COVER SHEET

Name of Institution

Self Evaluation Report of Educational Quality and Institutional Effectiveness

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

Submitted by:

_____
(Name of Institution)

_____
(Address of Institution)

_____
(Address of Institution)

To:

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

Date Submitted

APPENDIX 3: INSTITUTIONAL SELF EVALUATION REPORT – CEO CERTIFICATION PAGE

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

Date: _____

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

From:

_____

(Name of Chief Executive Officer)

_____

(Name of Institution)

_____

(Address)

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

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

Signature: _____

(Chief Executive Officer)

APPENDIX 4: INSTITUTIONAL SELF EVALUATION REPORT – GOVERNING BOARD CERTIFICATION PAGE

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

Date: _____

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

From:

_____

(Name of Chief Executive Officer)

_____

(Name of Institution)

_____

(Address)

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

We certify that we read the final Institutional Self Evaluation Report and that we were involved in the self evaluation process.

Signed

_____

(Chairperson, Governing Board)

_____

(Name: Title, Representing)

_____

(Name: Title, Representing)

_____

(Name: Title, Representing)

APPENDIX 5: ACCJC Suggested Formatting and Style Sheet

ACCREDITING COMMISSION FOR COMMUNITY AND JUNIOR COLLEGES
Suggested Formatting and Style Sheet for Self Evaluation Reports
(Revised February 2011)

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

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

WRITING STYLE

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

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

Use the active voice. The active voice is more direct and vigorous than the passive voice.
    Passive example: Commencement was attended by hundreds of people.
    Active example: Hundreds of people attended commencement.

Be concise. Avoid jargon in text. Keep it as simple as possible.

Be specific, definite, clear and concrete. Explicit writing holds the attention of readers.

APPENDIX 6: ACCJC ELIGIBILITY REQUIREMENTS

Eligibility Requirements for Accreditation

(Adopted June 1995; Revised January 1996, January 2004; Edited June 2011)

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

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

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

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

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

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

Documentation
- Copy of the mission statement as it appears in a published catalog or other public document.
- Minutes of governing board meeting where mission statement was adopted.
- Include any recent revisions.

3. Governing Board
The institution has a functioning governing board responsible for the quality, integrity, and financial stability of the institution and for ensuring that the institution's mission is being carried out. This board is ultimately responsible for ensuring that the financial

resources of the institution are used to provide a sound educational program. Its membership is sufficient in size and composition to fulfill all board responsibilities.

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

Documentation
- Biographical information on governing board members.
- Copy of governing board bylaws.
- Copy of conflict of interest policy.
- Certification of no board majority of persons with employment, family, ownership or personal interest in the institution signed by chief executive officer and governing board chair (private institutions).

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 office 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 a change in the institutional chief executive officer.

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

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

Documentation
- Table of organization, including names of those in the positions.
- Names and biographical information about administrative staff.

6. 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.

7. Degrees

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

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.

8. Educational Programs

The institution's principal degree programs are congruent with its mission, are based on recognized higher education field(s) of study, are of sufficient content and length, are conducted at levels of quality and rigor appropriate to the degrees offered, and culminate in identified student outcomes. At least one degree program must be of two academic years in length.

Documentation
- Names of programs which reflect the mission of institution, including documentation of at least one degree program of two academic years in length.
- Documentation from catalog or other public document which describes courses and curricular sequence of educational programs.
- Documentation of location(s) of educational programs, including a list of those offered electronically.

9. Academic Credit

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

Documentation
- Institutional policies on transfer and award of credit (See Commission Policy on Transfer Credit).
- Catalog documentation of credits awarded.
- Formula used by the institution to calculate values of units of academic credit, especially for laboratory, clinical, or other learning configurations.

10. Student Learning and Achievement

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

Documentation
- Catalog statements which establish student learning outcomes for programs.
- Student learning outcome data from educational program reviews.
- Graduation, transfer, job placement, licensure examination pass rate history, as appropriate to the institutional mission.

11. General Education

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

Documentation
- List of general education courses currently offered, including catalog descriptions.
- Course outlines for language and quantitative reasoning courses.
- Evidence that general education courses are of higher education rigor and quality.

12. Academic Freedom

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

Documentation
- Board approved policy on academic freedom.

13. Faculty

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

Documentation
- Full-time and part-time faculty roster, including degrees and experience (note that faculty degrees must be from US accredited institutions or the equivalent).
- Faculty responsibilities statement or contract outlining faculty responsibilities.
- Current schedule of classes identifying faculty responsible for each class.

14. Student Services

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

Documentation
- Demographic characteristics of students.
- Evidence that the institution assesses student needs for services and provides for them.
- List of student services provided which reflects the mission of the institution.
- Description of programs for special student populations.

15. Admissions

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

Documentation
- Copy of admissions policy from the college catalog or other published statement.
- Copy of enrollment application.
- Statement of student qualifications for admission.
- Statement of roles and expectations of admissions personnel.

16. Information and Learning Resources

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

Documentation
- Profile of holdings and resources, including electronic resources.
- Copies of agreements for access to external resources.

17. Financial Resources

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

Documentation
- Past, current, and proposed budgets and financial statements.
- Documentation of any external foundation or other funding support.
- Documentation of funding base.

18. Financial Accountability

The institution annually undergoes and makes available an external financial audit by a certified public accountant or an audit by an appropriate public agency. The institution shall submit with its eligibility application a copy of the budget and institutional financial audits and management letters prepared by an outside certified public accountant or by an appropriate public agency, who has no other relationship to the institution, for its two most recent fiscal years, including the fiscal year ending immediately prior to the date of the submission of the application. The audit*s* must be certified and any exceptions explained. It is recommended that the auditor employ as a guide Audits of Colleges and Universities, published by the American Institute of

Certified Public Accountants. An applicant institution must not show an annual or cumulative operating deficit at any time during the eligibility application process.

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 USDOE reports, if the institution is a participant.

19. Institutional Planning and Evaluation

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

Documentation
- Written, current institutional plans that describe ways in which the institution will achieve its educational goals.
- Evidence of how the results of institutional plans are used to guide resource planning and allocation, facilities plans, and other significant institutional planning efforts and decision making processes.
- Evidence that the institution engages in regular, self-reflective evaluation of its operations and of student learning outcomes, and uses the results of this evaluation to identify strengths and areas in need of improvement for purposes of developing institutional plans.
- Evidence that well-defined decision-making processes and authority serve to facilitate planning and institutional effectiveness.

20. Public Information

The institution provides a catalog for its constituencies with precise, accurate, and current information concerning the following:

General Information

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

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

Requirements

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

Major Policies Affecting Students

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

Locations or Publications where other Policies may be Found

Documentation
- Catalog or other public document which serves that purpose.
- Recent print or other media advertisements.
- Policies regarding public disclosure.

21. Relations with the Accrediting Commission

The institution provides assurance that it adheres to the eligibility requirements and accreditation standards and policies of the Commission, describes itself in identical terms to all its accrediting agencies, communicates any changes in its accredited status, and agrees to disclose information required by the Commission to carry out its accrediting responsibilities. The institution will comply with Commission requests, directives, decisions and policies, and will make complete, accurate, and honest disclosure. Failure to do so is sufficient reason, in and of itself, for the Commission to impose a sanction, or to deny or revoke candidacy or accreditation.

Documentation
- Copy of the policy adopted and published by governing board assuring compliance with this criterion.
- List of other accreditations held by institution and information regarding standing with those organizations.
- Copy of directory pages or website which describe the institution's representation by those accrediting bodies.

APPENDIX 7: EXAMPES OF FUNCTIONAL MAPS

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

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

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

Example 1:

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

Note: Adapted from Rancho Santiago Community College District 2008

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

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

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

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

Example 2:

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

Note: Adapted from Sacramento City College 2009

APPENDIX 8: COMMISSION POLICIES TO BE ADDRESSED IN THE INSTITUTIONAL SELF EVALUATION REPORT

- Policy on Distance and on Correspondence Education
- Policy on Institutional Compliance with Title IV
- Policy on Institutional Advertising, Student Recruitment, and Representation of Accredited Status
- Policy on Institutional Degrees and Credits
- Policy on Integrity and Ethics
- Contractual Relationships with Non-Regionally Accredited Organizations

APPENDIX 9: SAMPLE TEMPLATE FOR STUDENT ACHIEVEMENT DATA
(See also section 5.4, Student Achievement Data)

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

*Institutions who choose to report rates should indicate what they are using as a denominator.

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

- Age
- Race/Ethnicity
- Gender
- Socio-Economic Status
- Online courses vs. Face-to-Face courses
- College centers vs. main campus performance
- Cohort group performance
- Other categories as appropriate

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

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