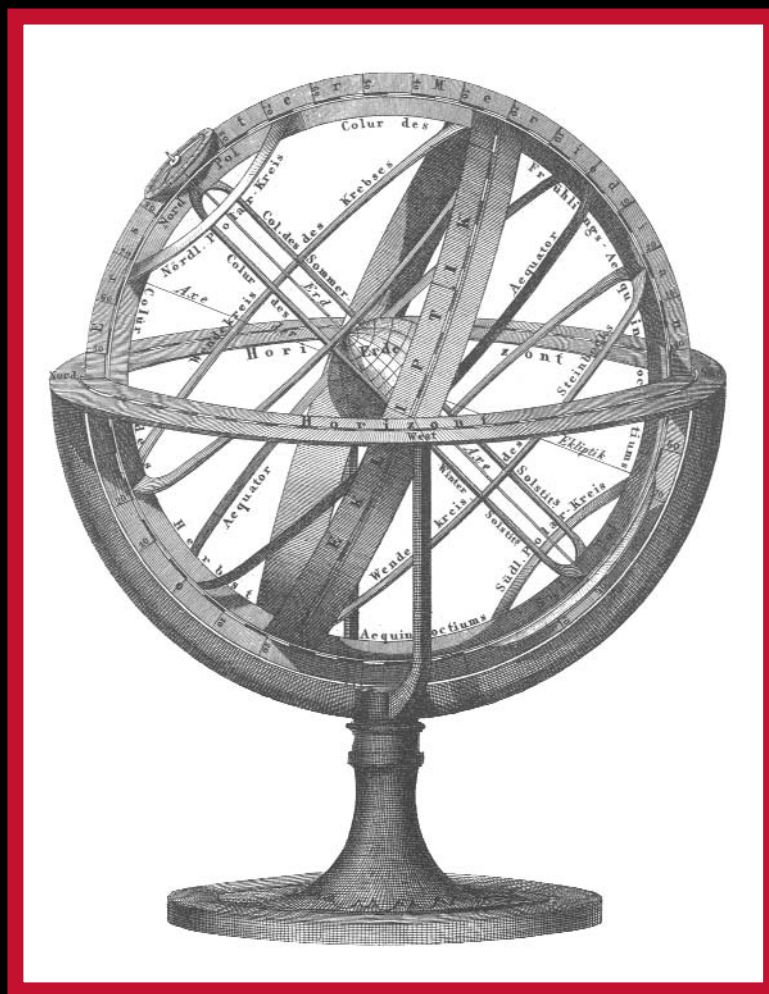


# HANDBOOK FOR REVIEW COMMITTEES



SECOND EDITION



*Southern Association of Colleges and Schools*  
**Commission on Colleges**

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# HANDBOOK FOR REVIEW COMMITTEES



*Southern Association of Colleges and Schools*

***Commission on Colleges***

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# PREFACE

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This *Handbook for Review Committees*, authorized by the Executive Council of the Commission on Colleges and partially funded by The Pew Charitable Trusts, has been developed for use by reviewers and chairs of Off-Site and On-Site Review Committees engaged in the process of evaluation for the purpose of reaffirmation of accreditation.

The Commission on Colleges' adoption of the *Principles of Accreditation: Foundations for Quality Enhancement* marked a new era in the approach used for granting and reaffirming accreditation of the Commission's member institutions. The *Principles of Accreditation* should be closely reviewed and extensively used along with this *Handbook*.

This is the second edition of this *Handbook* and as professional practice and consensus informs the process of reaffirmation under the *Principles of Accreditation*, it will continue to be revised and committee members and institutions will be made aware of any changes incorporated.

While many individuals have contributed their time and expertise to the development of this *Handbook*, we extend special appreciation to the leadership of the eight pilot institutions, the evaluators of the pilot project, and the members of the task forces for their dedication to the creation and fine tuning of this new review process and for their willingness to share their time and talent in the development of this and other support documents.



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## PART I

# AN OVERVIEW OF THE REAFFIRMATION PROCESS

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Part I of this *Handbook* presents an overview of the philosophy of accreditation and the reaffirmation of accreditation review process. Subsequent parts describe the process for off-site and on-site reviewers and chairs to follow while preparing to serve on a review committee. You should give special attention to the parts of the *Handbook* pertaining to your task. Other documents that you should review are described later in Part I and are referenced in subsequent sections of the *Handbook*.

*The Principles of Accreditation, Handbook for Reaffirmation of Accreditation, and the Resource Manual for the Principles of Accreditation*, along with Commission on Colleges policies and procedures, are the primary sources of information developed by the Commission to assist institutions in fulfilling their responsibilities in the accreditation process. When references in this *Handbook* are made to the Core Requirements and Comprehensive Standards, they are meant to include the federal regulations. The federal regulations are requirements in the 1998 *Higher Education Amendments* that the regional accrediting agencies must incorporate into their standards and enforce.

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### ***The Purpose and Process of Accreditation***

Accreditation in the United States is a voluntary and self-regulatory mechanism of the higher education community. It plays a significant role in fostering public confidence in the educational enterprise, in maintaining standards, in enhancing institutional effectiveness, and in improving higher education. It also provides the basis on which colleges and universities can be assured that institutions that have achieved accreditation have complied with a common set of requirements and standards.

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The adoption in 2001 of the *Principles of Accreditation: Foundations for Quality Enhancement* by the Commission on Colleges introduced significant changes in the approach to accreditation and reaffirmation. The institution's effectiveness and its ability to create and sustain an environment that enhances student learning is the focus of this new approach. The process is designed to determine the quality of an institution within the framework of its mission, its goals, and its analysis of and response to crucial institutional issues. See Appendix A for more information about the Southern Association of Colleges and Schools and the Commission on Colleges.

There are four paramount concepts on which the success of the accreditation process depends. One is the belief that the accreditation of institutions should be conducted by peer reviewers, a process whereby institutional effectiveness and quality are professionally judged by peers from institutions of higher education whose expertise and experience are essential to their ability to exercise professional judgment. A second concept is institutional integrity and the assumption that all information disseminated by an institution seeking accreditation is truthful, accurate, and complete and that all of its dealings with its constituencies and the public are honest and forthright. A third concept is the institution's commitment to quality enhancement. The concept of quality enhancement is at the heart of the Commission's philosophy of accreditation; this presumes each member institution to be engaged in an ongoing program of improvement and able to demonstrate how well it fulfills its stated mission. The last paramount concept is the institution's focus on student learning and its effectiveness in supporting and enhancing student learning.

The accreditation process also assumes that all participants in the process will conduct their responsibilities with integrity, objectivity, fairness, and confidentiality.

In summary, the philosophy and process presented in the *Principles* are based on the expectation that accredited institutions will have made a commitment to:

- Comply with the Core Requirements and Comprehensive Standards contained in the *Principles* and the policies and procedures of the Commission on Colleges.
- Enhance the quality of its educational programs.
- Focus on student learning.

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- Ensure a “culture of integrity” in all of its operations.
  - Recognize the centrality of peer review to the effectiveness of the accreditation process.

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### ***The Role of Review Committees***

Two review committees, the Off-Site Review Committee and the On-Site Review Committee, are charged with assessing institutional compliance. The Off-Site Committee reviews a cluster of four institutions that each have submitted a Compliance Certification. The Off-Site Committee is charged with determining whether each institution is in compliance with all Core Requirements, except Core Requirement 2.12, which deals with the Quality Enhancement Plan (QEP), with all Comprehensive Standards, and with the federal regulations. The evaluation by the Off-Site Review Committee is conducted in two phases. First, the preliminary review is completed by individual committee members prior to the full committee meeting. Second, the full committee meets in Atlanta to reach consensus about its findings and develop a report of its findings.

The On-Site Review Committee is charged with determining whether an institution is in compliance with Core Requirement 2.12 (QEP) and with all Core Requirements and Comprehensive Standards for which the Off-Site Review Committee checked “non-compliance” or “did not review.” The On-Site Review Committee will not review further the Core Requirements and Comprehensive Standards with which the Off-Site Review Committee has determined the institution to be in compliance unless concerns arise during the on-site visit that justify a review or if the Off-Site Committee has requested further review.

The combined role of the Off-Site and On-Site Committees is to evaluate the institution in light of the information presented by the institution. This effort demands diligence in carrying out your assignment and requires your best professional judgment, in concert with the judgment of your fellow committee members.

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### ***Documents Related to the Peer Review Process***

Several documents are key elements of the peer review process.

1. ***Principles of Accreditation: Foundations for Quality Enhancement.*** *The Principles of Accreditation: Foundations for Quality Enhancement* is the primary source document describing the accreditation standards and process. You should consult it throughout the reaffirmation

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review process. It contains the Core Requirements and Comprehensive Standards with which institutions must comply in order to be granted candidacy, initial accreditation, or reaffirmation. The *Principles of Accreditation* contains four sections:

- Section 1 — Principles and Philosophy of Accreditation
- Section 2 — Core Requirements
- Section 3 — Comprehensive Standards
- Section 4 — Federal Requirements

The *Principles of Accreditation* states that “compliance with the Core Requirements is essential for gaining and maintaining accreditation with the Commission on Colleges. The requirements establish a level of development required of an institution seeking initial or continued accreditation. Compliance with the Core Requirements is necessary but not sufficient to warrant accreditation or reaffirmation of accreditation.”

In addition to compliance with the Core Requirements, the *Principles* also states that the “Comprehensive Standards establish a necessary level of accomplishment expected of all member institutions.” The Comprehensive Standards are grouped into three areas: (1) institution mission, governance, and effectiveness; (2) programs; and (3) resources.

Woven throughout the Comprehensive Standards are fundamental issues and processes that apply to many of the standards but that are not explicitly stated in all of them. The reason for this method of presenting the standards is to avoid redundancies. These recurring issues and processes include such topics as assessment of institutional effectiveness, evidence of planning and continuous improvement, adequacy of resources, quality of educational programs, and qualifications of faculty and staff. For instance, references to the process of assessment, planning, and use of evidence in improving programs and services may not be explicitly stated in standards related to all aspects of an institution’s operations, but these processes apply to all institutional programs and services.

2. **Compliance Certification.** The Compliance Certification is the document used by the institution in attesting to its determination of the extent of its compliance with each of the Core Requirements and Comprehensive Standards (and Federal Requirements). (See Appendix B, p. 53, for an excerpt from the Compliance Certifica-

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tion form.) The signatures of the chief executive officer and the accreditation liaison on the Compliance Certification form are a “bond of integrity” with the Commission that represents the institution’s honest, forthright, and comprehensive analysis attesting to the accuracy and completeness of its findings.

3. ***The Quality Enhancement Plan.*** The Quality Enhancement Plan (QEP) is a document developed by the institution describing a course of action for institutional improvement that addresses an issue or issues critical to enhancing educational quality and directly related to student learning. The QEP is based upon a comprehensive analysis of the effectiveness of the environment in supporting student learning and accomplishing the mission of the institution.
4. ***Institutional Profiles.*** The Institutional Profiles contain data compiled by the institution and annually submitted to the Commission to provide updates in the areas of general institutional information, financial information, and enrollment data. This information is maintained by the Commission and is reviewed by the Off-Site Review Committee to identify financial trends and other indicators of institutional stability.
5. ***The Focused Report.*** The Focused Report is a document that an institution *may choose* to produce in response to a judgment by the Off-Site Committee regarding Core Requirements or Comprehensive Standards with which the Committee found the institution to be in non-compliance and those that it did not review. The Focused Report addresses the findings of the Off-Site Committee by providing updated or additional documentation regarding the institution’s determination of its compliance with the Core Requirements or Comprehensive Standards in question. The Focused Report is made available to the members of the On-Site Committee for their review prior to the on-site visit.

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### ***Steps in the Reaffirmation Process***

There are eight steps in the reaffirmation process that involve the institution, the Off-Site and On-Site Review Committees, and the Commission staff. Each step may include several components that will be addressed in more detail throughout this *Handbook*. They are:

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1. The Commission staff conducts an orientation for the institution's Leadership Team.
  2. The institution prepares and submits its Compliance Certification and appropriate supporting documentation (and continuing annual institutional profiles) to the Commission on Colleges.
  3. The Off-Site Review Committee reviews the Compliance Certification and supporting documentation attesting to the institution's determination of its compliance with all Core Requirements and Comprehensive Standards with the exception of Core Requirement 2.12, which relates to the QEP. The Off-Site Committee prepares a report of its findings for each institution it reviews.
  4. The Commission staff member communicates to the institution the findings of the report prepared by the Off-Site Committee. The institution *may choose* to submit a Focused Report in response to the Committee's findings. The On-Site Committee receives a written copy of the Off-Site Committee's report and the institution's Focused Report, if one is submitted.
  5. The institution submits its QEP to the Commission and to the On-Site Review Committee.
  6. The On-Site Review Committee visits the institution to review and determine the acceptability of the QEP, to review areas of non-compliance and other areas of concern noted by the Off-Site Committee, and to review any areas of concern that surface during the visit. The On-Site Committee submits its report to the Commission.
  7. The institution prepares a response to the On-Site Committee's report and submits it to the Commission.
  8. The Commission reviews the findings included in the report of the On-Site Committee and the institution's response and takes action on the institution's reaffirmation.

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## PART II

# THE OFF-SITE REVIEW PROCESS

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### *The Role of the Off-Site Review Committee*

The Off-Site Review Committee reviews several institutions that have submitted Compliance Certifications to determine whether each institution is in compliance with all Core Requirements, except Core Requirement 2.12, which deals with the Quality Enhancement Plan (QEP), with all Comprehensive Standards, and with the federal regulations. The evaluation by the Off-Site Review Committee is conducted in two phases. First, a preliminary review of each institution is completed by individual committee members prior to the full committee meeting. Second, the committee conducts a three-day meeting in Atlanta to reach consensus about its findings and develop a report of its findings for each institution.

Each committee will be assigned a group of institutions similar in degrees offered and governance control. This group of institutions, called a cluster, normally will consist of four institutions. Committee members evaluating a cluster will also be from institutions similar to those in the cluster. You will be asked to review the institutions in the cluster in a particular order and during specific time periods at the meeting in Atlanta.

The charge to your committee is to:

- Review and analyze the Compliance Certification and supporting documents, some or all of which may be in electronic form, and data collected by the Commission from Institutional Profiles.
- Prepare a report identifying areas of compliance, areas of non-compliance, or areas the committee did not review.

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- If appropriate, make suggestions regarding adding members to the On-Site Review Committee to satisfy the need for review of particular areas.
  - Provide advice, suggestions, or direction concerning issues for consideration or review by the On-Site Committee.

The peer review process involves making both individual and collective professional judgments. Your role will be to examine and evaluate prior to the meeting in Atlanta each institution's mission, policies, procedures, programs, resources, and activities as they relate to the Core Requirements and Comprehensive Standards you are assigned to review. Then during the meeting, you will present your evaluation and findings to the full review committee.

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### *The Composition of the Off-Site Review Committee*

The Off-Site Review Committee is composed of a chair and evaluators for finance, institutional effectiveness, organization and administration, student support services, learning support services, and one to three evaluators for educational programs, depending on the size and complexity of the institutions in the group being reviewed.

You should determine whether there is any conflict of interest, as defined in the policies of the Commission, in your service on the committee. If you believe that a conflict of interest may exist, notify the staff assigned to your committee immediately. A list of circumstances that present a conflict of interest is included in information sent to those invited to serve on a committee.

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### *Committee Protocol*

You and the members of your committee will be expected to:

- Use your professional judgment and maintain integrity in your role on the committee process. These are valued characteristics of the peer review process.
- Maintain confidentiality. Except for participating in deliberations within your committee meetings or in other discussions with committee members, the chair, or the staff, do not discuss the evaluation of the institution being reviewed at any time — before, during, or after the meeting of the committee.
- Function as a team by striving to be helpful to other members.



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- Note and then share any information that may contribute to the overall evaluation of the institution from the information that pertains to your specific area of responsibility and any other observations beyond your assigned area.
  - Remember that there may be a number of acceptable ways for an institution to address compliance.
  - Rely on the collective judgment of the committee members to form the basis for any action for committee decisions.
  - Concentrate on being accurate and fair in your findings and observations.
  - Refrain from contacting any individuals at an institution being evaluated. However, if you have difficulty accessing material presented electronically, you are authorized to contact the individual at the institution who is responsible for providing technical service to users of the Web site. This individual will be identified in the materials you receive from the institutions in the cluster to which you have been assigned. During this contact you are expected to confine your questions and comments to the technical difficulty you are experiencing.

Institutions being reviewed by the Off-Site Committee will receive a roster of the committee members and will be notified that the committee might contact the institution during the committee meeting in Atlanta to discuss an interpretation or clarification of an issue. Institutions will be instructed not to contact any of the committee members.

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### *The Chair of Your Committee*

The chair is responsible for organizing and managing the work of the committee and is your primary contact person as you prepare for and participate in the off-site review. You should discuss with the chair any matters of concern or problems you may encounter as you prepare for and perform your duties as a member of the committee (See Part IV for the roles and responsibilities of committee chairs).

In communications regarding your review of each institution in your cluster, you should copy the chair and the Commission staff representative for the institution. A list of staff members assigned to each of the institutions being reviewed, as well as their e-mail addresses, will be included in the information you receive from the Commission.

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### ***The Commission Staff Assigned to Your Committee***

A Staff Coordinator, an administrative member of the Commission staff, and a recorder will be assigned to assist the committee during its meeting in Atlanta. The primary role of the Staff Coordinator is to provide consultative and administrative assistance to the committee before and during the committee's meeting. Approximately twelve weeks in advance of the off-site review in Atlanta, the Staff Coordinator will email you a schedule for pre-meeting reviews of institutional cases, your reading assignments for each case, and the committee roster. You are encouraged to talk with the Staff Coordinator regarding any questions about the *Principles* or Commission procedures.

If there are questions regarding the substance of an institution's Compliance Certification, you should present them to the staff member who has been working with the institution throughout the reaffirmation process.

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### ***Logistical Arrangements for the Off-Site Meeting***

Commission staff will arrange for lodging in Atlanta and will communicate with you concerning logistical arrangements for the committee meeting.

The Commission on Colleges will reimburse you for your travel, meals, and lodging expenses and an amount for miscellaneous business-related expenses incurred during the meeting. You should complete and submit the expense voucher you receive in your packet of materials to the Commission on Colleges as soon as possible after the conclusion of the off-site review meeting.

Although you are responsible for making your own travel arrangements, the Commission asks that you use its travel agency, unless the airfare through another agency is less expensive. Air travel will be reimbursed for coach fare. The reimbursement for travel by personal automobile will be the mileage rate determined by SACS policy.

You will receive information regarding the beginning and ending times for the activities of the off-site review. You should plan your arrival and departure times to allow you to be present for all of these activities and to complete all of your assignments. (See Appendix F for a sample schedule.)

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### ***Materials Sent to Off-Site Review Committee Members and to the Commission***

Approximately eight weeks prior to the meeting in Atlanta of the Off-Site Review Committee, each institution in the cluster to be reviewed will send *print copies* of the following documents to each member of the Off-Site Review Committee and to the respective Commission staff member:

- Signed Compliance Certification,
- A completed “Institutional Summary Form Prepared for Commission Reviews,” providing an overview of the institution (including identification of a technical support person if some of the materials are also available electronically),
- Organizational chart,
- College catalog, and
- Financial Audit and Management Letter for the most recently completed fiscal year and financial aid audit (for the chair, the designated finance reviewer, and the Commission staff member).

The above materials may also be made available to you and the Commission electronically along with other documentation. After the due date for submission of materials to the Off-Site Committee, no additional information may be submitted nor may any additional information to be used by the Off-Site Review Committee be added to the institution’s Web site designated for reaffirmation. The only exception is that of the audit and management letter for the most recently completed fiscal year. It may submit its financial statements for the most recently completed fiscal year 10 days prior to the Off-Site Review Committee’s meeting.

Commission staff will send each committee member the following materials:

- *Principles of Accreditation: Foundations for Quality Enhancement*,
- Blank form of the Report of the Reaffirmation Committee (a blank electronic copy is posted on the Commission’s Web site),
- *Handbook for Review Committees*,
- Information form that includes such details as dates and times of the meeting, lodging arrangements, suggestions regarding transportation, and the travel agency that handles flight arrangements for SACS,
- Roster of committee members,

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- Committee assignments for readers for each of the Core Requirements and Comprehensive Standards,
  - Review worksheets for each institution,
  - Expense voucher, and
  - Other pertinent materials as determined by the Commission on Colleges.

You should check these materials immediately upon receipt to determine whether you have received everything you were supposed to receive and report to the staff any materials that are missing. You should also check to determine whether you can access material that is available electronically. If you cannot, you should contact the technical staff member at the institution in question for assistance (name and contact number listed on institution's completed "Summary Form"). You should not contact any other person at the institution. You should check the committee roster, your assignments, and the assignments of other committee members, paying particular attention to those areas in which you have primary and secondary responsibility and to identifying the committee member who is the secondary reviewer for your primary areas.

The Commission will have a complete set of materials for each institution in your cluster at the Off-Site Committee meeting and electronic access to institutions. Except as it may be helpful to you, you do not need to bring materials to the Atlanta meeting.

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### ***Conducting the Off-Site Review Prior to the Atlanta Meeting***

The off-site meeting in Atlanta will be devoted primarily to reaching consensus regarding each institution's compliance with the Core Requirements, Comprehensive Standards, and Federal Requirements and to preparing a report for each institution. Therefore, the major portion of the analysis of compliance must be completed and in draft form in advance of that meeting.

To accomplish the above tasks, you will be assigned as a reader to review certain Core Requirements and/or Comprehensive Standards for each institution in your group. Before the committee meets in Atlanta, you will be expected to write a brief draft analysis for each Core Requirement (excluding Core Requirement 2.12), Comprehensive Standard, and Federal Requirement assigned to you, indicating whether the institution appears to be in compliance and your reasons for your decision.

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During this phase of the review that you conduct prior to the committee meeting in Atlanta, you should make certain that you communicate regularly with your chair, the staff member, and the other members of the committee through e-mail exchanges. Copy the chair and the staff member on e-mails sent to other committee members so that they can observe how the review process is proceeding and where there may be some problems that necessitate their attention or intervention. You should also be available to participate in any conference calls that may be arranged by the chair or the staff. If you will be away during the time of a scheduled call and thus unavailable, be sure to inform your chair, the staff member, and other committee members.

### *Compliance Review Process*

You should review each institution in the group separately in the context of its mission. Using your professional judgment, avoid engaging in “comparative compliance,” that is, determining compliance based on whether an institution is “more in compliance” or “less in compliance” than another one. It is normal to compare institutions in the group and perhaps even to “rank” them in your mind. In the final analysis, you must judge whether each individual institution is in compliance with the Core Requirements and Comprehensive Standards, not whether it is better or worse than another institution.

The following are suggestions for becoming familiar with each institution in your group and conducting your review of the Compliance Certification.

1. Read carefully all of the documents you receive from the Commission on Colleges, particularly the *Principles of Accreditation* and the Compliance Certification of each institution in the cluster to which you have been assigned. In its Compliance Certification, each institution will identify whether it judges itself to be in compliance, partial compliance, or non-compliance with each of the Core Requirements and Comprehensive Standards and will indicate the reasons it has made that assessment. It will also provide evidence to support its conclusions or describe documents that will support them.
2. Check the specified order and time period for reviewing each institution in the group.

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3. Review the materials for each institution, noting how the materials are presented, whether any materials seem to be missing, and whether some or all of the material is presented electronically, and if so, whether that material can be accessed. If you determine that you cannot access material, you are authorized to contact the technical staff member at the institution who can assist you. This is the **only contact** with individuals at the institution that is permitted. If you have any other questions about an institution or about materials submitted by an institution, remember to contact the chair and/or staff member rather than individuals at the institution.
  4. Familiarize yourself with each institution as a whole, paying particular attention to such things as mission, programs, size, type of governance, and history. For this information, you can review the institution's completed "Institutional Summary Form Prepared for Commission Reviews."
  5. Review the institution's compliance generally, noting any concern raised by the institution itself.
  6. Review your areas of responsibility as either a primary or secondary reader of assigned standards and begin to draft an analysis of compliance in those areas. You should begin with components of your assignment that can be quickly determined, and then review those components that may require discussion with other committee members and considered analysis. Make a note regarding any area in which you are unable to determine compliance and the reasons why you are unable to do so. You should also note issues that you think the On-Site Review Committee should explore. You should test your conclusions and assumptions about those areas for which you have primary responsibility by sharing them with the committee member who has secondary responsibility for these areas.
  7. Review your assigned secondary areas and form some preliminary assessments of each institution's compliance in those areas.
  8. Using the worksheet supplied by the Commission in your materials, prepare a draft report for each institution in your cluster. For each standard or requirement for which you have been assigned as a reader, mark "Compliance," "Non-Compliance," or "Did Not Review" and prepare a comment explaining specifically the reasons you made the particular determination. Refer to the Commission document "Guidelines for Writing Comments for Committee Reports" before preparing your comments. (See Appendix H.) When you have completed your assessment and worksheet for a par-

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### *Evaluating Evidence to Determine Compliance*

ticular institution, you should send a copy of your completed worksheet to the chair of your committee. This should be done in accordance with the date designated on the pre-meeting schedule sent to you by the Commission Staff Coordinator. (See Appendix F.)

As you review the Compliance Certification and supporting documentation from each institution in your group, you will need to use your judgment to determine whether the evidence presented is adequate to substantiate the case made for compliance. Your judgment will likely be based upon your experiences in higher education, your expertise in dealing with particular issues in higher education, and your familiarity with studies of “best practices” in higher education. Your professional judgment with respect to compliance should reflect your understanding and applications of the *Principles of Accreditation*, your evaluation of the soundness of the institution’s analysis relating to compliance, and your evaluation of the cogency of the evidence presented by the institution.

Some Core Requirements and Comprehensive Standards require only a brief description supporting the institution’s judgment of compliance or partial compliance. Such evidence can often be excerpted from policy manuals, handbooks, and other official documents. For example, compliance with the Core Requirement specifying that the institution have a president who is not simultaneously the chair of the governing board can be supported by the existence of a written policy.

For Core Requirements and Comprehensive Standards that are more complex or those with which the institution states that it is in partial compliance or non-compliance, a more extensive explanation or rationale must be provided. An example of a complex requirement is Core Requirement 2.5, which states that an institution engages “in ongoing, integrated, and institution-wide planning and evaluation processes that incorporate systematic review of programs and services.” As the evaluator of a response to this requirement, you should look for a pattern of evidence that could be demonstrated through the following:

- Strategic planning,
- Resource allocation based on planning and setting priorities,
- Public accountability reports, and
- Systematic, mission-driven, institution-wide evaluation and use of the results for continuous improvement.

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Examples of separate measures/indicators that may be combined to produce a pattern of evidence to support compliance include the following:

- Trend data,
- Survey data,
- Benchmarking,
- Student satisfaction indices,
- National norms of student learning outcomes results,
- Major field test scores,
- Licensure/certification rates,
- Program accreditation results,
- Program peer review results, and
- Focus group findings.

Evidence should reveal trends and provide a snapshot of the institution at the time of the analysis. Evidence must be:

- **Reliable.** The evidence can be consistently interpreted.
- **Current.** The information supports an assessment of the current status of the institution.
- **Verifiable.** The meaning assigned to the evidence can be corroborated, and the information can be replicated.
- **Coherent.** The evidence is orderly, logical, and consistent with other patterns of evidence presented.
- **Objective.** The evidence is based on observable data and information.
- **Relevant.** The evidence directly addresses the requirement or standard under consideration and should provide the basis for the institution's actions designed to achieve compliance.
- **Representative.** Evidence must reflect a larger body of evidence and not an isolated case. Additionally, evidence should:
  - Entail interpretation and reflection; those responsible for submitting the evidence should have thought about its meaning and be able to interpret it appropriately to support a conclusion.
  - Represent a combination of trend and "snapshot" data.
  - Draw from multiple indicators.



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The institution is instructed to present a narrative summarizing and analyzing documentation presented to support its judgement related to the extent of compliance with a requirement or standard, especially documentation that is lengthy and complex. It is in the narrative that an institution presents its rationale and evidence supporting its judgment for compliance. As a reviewer, you should determine whether these narratives constitute accurate and adequate summaries and analyses of the data to which they refer and whether the narratives and the data combined support the institution's claim of compliance. You should remember that it is the responsibility of the institution to establish compliance. It is your responsibility to determine whether the institution has established compliance.

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### ***Conducting the Off-Site Review During the Atlanta Meeting***

The three major agenda items of the Off-Site Review Committee's meeting in Atlanta include conducting an orientation session, formulating the committee's decisions regarding compliance, and writing the committee report.

#### ***Orientation Session***

Your chair, with assistance from the Commission Staff Coordinator, will plan an orientation meeting that may include some of the following agenda items as well as others:

- Introduction of committee members and the Commission staff member.
- Brief discussion of the peer review process, the *Principles of Accreditation*, and the Compliance Certification process.
- Presentation of Institutional Summary Forms of institutions in the group to be reviewed.
- Brief overview of the off-site review process.
- Discussion of the role of the review committee and of individual committee members.
- Suggestions that will facilitate the work of the committee.
- Review of the committee's schedule, including deadlines for completing various tasks.
- Review of definitions associated with each area of compliance.

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- Instructions for writing comments for each Comprehensive Standard, Core Requirement, and Federal Regulation.
  - Brief review of each of the institution’s accreditation status.
  - Directions concerning logistics for the remainder of the meeting.

As you and your committee begin deliberations, you will want to focus your attention on the identification of significant issues. It is important to stay on task and not be drawn into discussions that have no relevance to your assignment.

### *Formulating the Decisions of the Committee Regarding Compliance*

It is the responsibility of the Off-Site Review Committee to evaluate each Core Requirement and Comprehensive Standard (except Core Requirement 2.12) and make an assessment as follows:

- ***In Compliance.*** The Off-Site Review Committee determines that the institution has presented a convincing and appropriately documented case and meets the requirement.
- ***Non-Compliance.*** The Off-Site Review Committee determines that the institution has not presented a convincing and/or appropriately documented case of compliance with the requirement.
- ***Did Not Review.*** The committee may also indicate that it did not review a Core Requirement or Comprehensive Standard. The committee might choose this option if the documentation to determine compliance is not available, but is essential for a determination of compliance.

In a session led by the chair, the committee will discuss compliance of each institution in the cluster. The review of each institution will begin with a brief overview of the institution followed by discussion by committee members of their preliminary findings in the areas that were assigned to them and the recommendations and supporting narrative that they believe should be included in the committee’s report for each institution.

### *Writing the Report*

Upon reaching consensus or a majority opinion, the committee prepares “The Report of the Reaffirmation Committee,” recording

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its determination regarding compliance, non-compliance, or not applicable/did not review. For each standard or requirement, the committee must write an explanation that clearly indicates to the institution the reasons for the committee's determination. (Refer to Appendix H for guidelines.)

The Off-Site Committee may recommend in its report that the staff consider placing additional evaluators on the On-Site Committee to review certain areas in which particular expertise is needed.

A staff recorder is assigned to each Off-Site Committee and is responsible for providing support for producing the committee's report. When the report has been completed, the responsibilities of the Off-Site Review Committee will have concluded.

In summary, the Report of the Reaffirmation Committee for each institution in the cluster should include: (1) compliance determinations for every Core Requirement (except 2.12), Comprehensive Standard, and Federal Requirement, and (2) a narrative detailing the reason for each of these determinations.

The committee may also recommend that the staff consider adding individuals with expertise in certain areas to the On-Site review Committee.



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## PART III

# THE ON-SITE REVIEW PROCESS

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### *The Role of the On-Site Review Committee*

The role of the On-Site Review Committee is to determine the institution's compliance with Core Requirement 2.12, which deals with the Quality Enhancement Plan (QEP); to make final determinations of compliance with the Core Requirements, Comprehensive Standards, and Federal Requirements; and to finalize the Report of the Reaffirmation Committee to be submitted to the Commission on Colleges.

The charge to your committee is to:

- Evaluate the institution's QEP to determine compliance with Core Requirement 2.12. This activity is the primary focus of the On-Site Committee.
- Make final determinations of compliance with the Core Requirements, Comprehensive Standards, and Federal Requirements.
- Present the committee's findings and recommendations to the leadership of the institution at the conclusion of the meeting.
- Write a report to be submitted to the Commission on Colleges that includes the committee's recommendations and its observations.

To complete your assignment, you are expected to review carefully the institution's QEP, the Compliance Certification, the off-site committee's findings in the report of the Reaffirmation Committee, any Focused Report the institution may submit, and other documents that may be made available to you either prior to the on-site

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visit or during the visit. You will also need to talk with individuals and groups of faculty, staff, and students on campus to gather information that will enable you to provide a comprehensive evaluation of the institution's compliance with the *Principles of Accreditation*.

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### ***The Composition of the On-Site Review Committee***

A minimum of seven members will serve on your committee which will include the following: the chair, evaluators in the areas of faculty, educational programs, learning or student support services, institutional effectiveness, and two additional evaluators for the Quality Enhancement Plan. (Refer to the Commission's Web page for the policy, "Quality Enhancement Plan: Lead Evaluator Nomination Process.") The Commission staff may expand the size of the committee depending upon: (1) the size, scope, and complexity of the institution you are to visit and/or (2) the number of significant compliance issues with which the On-Site Committee has to deal.

You should determine whether there is any conflict of interest, as defined in the policies of the Commission, in your service on the committee. If you believe that a conflict of interest may exist, notify the staff assigned to your committee immediately. A list of circumstances that present a conflict of interest is included in information sent to those invited to serve on a committee.

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### ***Committee Protocol***

You and the members of your committee are expected to:

- Use your professional judgment and maintain integrity in your role on the committee. These are valued characteristics of the peer review process.
- Maintain confidentiality. Except for participating in deliberations within your committee meetings or in other discussions with committee members, the chair, or the staff, do not discuss the evaluation of the institution being reviewed at any time — before, during, or after the on-site visit.
- Function as a team by striving to be helpful to other members.
- Note and communicate information that may contribute to the evaluation of the institution whether or not the information pertains to your area of responsibility.

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- Remember that there will be a number of acceptable ways for an institution to address the QEP and compliance.
  - Rely on the collective judgment of the committee members to form the basis for action by committee members. The majority will rule in any action taken.
  - Concentrate on being accurate and fair in your findings and observations.

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### ***The Chair of Your Committee***

The leadership of the On-Site Review Committee is provided by the chair of the committee. The chair is responsible for organizing and managing the work of the committee and is your primary contact person as you prepare for and participate in the on-site visit. You should discuss with the chair any matters of concern or problems you may encounter as you prepare for and perform your duties as a member of the committee. You should copy the Commission staff on any e-mail communication. (See Part IV for the roles and responsibilities of committee chairs.)

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### ***The Commission Staff Assigned to Assist Your Committee***

The Commission staff member assigned to the institution will be available on site as a resource for the committee. One of the functions of the staff is to serve as the liaison between the Off-Site Committee and the On-Site Committee. The primary role of the staff member is to facilitate the work of the committee. You are encouraged to talk with the assigned staff person regarding any questions about the *Principles of Accreditation: Foundations for Quality Enhancement*, the institution's QEP, the institution's Compliance Certification, the findings of the Off-Site Review Committee, the Focused Report, the documents supporting the institution's compliance and QEP, Commission procedures, or the logistics of your visit. Because the staff is most thoroughly knowledgeable about the institution, they will be helpful in clarifying the reaffirmation process as it relates to the institution you are reviewing. The e-mail addresses of the chair, the staff member, and the committee members will be included in the roster of committee members that you receive from the Commission.

Commission staff members provide assistance and information to committees. Commission staff do not participate in the final decisions of committees regarding compliance or recommendations.

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### ***Logistical Arrangements for the On-Site Meeting***

The Commission on Colleges will reimburse you for your travel, meals, and lodging expenses and an amount for miscellaneous business-related expenses incurred during the on-site visit. You should complete and submit the expense voucher you receive in your packet of materials to the Commission on Colleges as soon as possible after the conclusion of the on-site visit.

Although you are responsible for making your own travel arrangements, the Commission asks that you use its travel agency to make flight arrangements, unless the airfare through another agency is less expensive. Air travel will be reimbursed for coach fare. The reimbursement for travel by personal automobile will be the mileage rate determined by SACS policy.

You will receive information regarding the beginning and ending times for the activities of the on-site review (See Appendix G for a typical schedule). You should plan your arrival and departure times to allow you to be present for all of these activities and to complete all of your assignments.

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### ***Materials Sent to On-Site Review Committee Members and to the Commission***

Approximately six weeks prior to the on-site visit, the institution will send you and the Commission staff member *print copies* of the following materials:

- Quality Enhancement Plan,
- Signed Compliance Certification without documentation,
- Focused Report, if one has been prepared by the institution,
- College catalog,
- Institutional Summary Form for Commission Reviews, including identification of a technical support person if some of the materials are also available electronically (updated from that prepared for the Off-Site Committee), and
- Additional material that may be requested by the Commission on Colleges staff or the chair.

The above materials may also be made available to the committee and the Commission electronically along with other documentation.



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Commission staff will send the following materials to each committee member:

- *Principles of Accreditation: Foundations for Quality Enhancement*,
- *Handbook for Review Committees*,
- The initial Report of the Reaffirmation Committee as prepared by the Off-Site Review Committee,
- Committee roster,
- Committee assignments,
- Expense voucher,
- Information form that includes such details as dates of the visit, times of the first and final meetings of the committee, lodging arrangements, suggestions regarding transportation, and the travel agency that handles flight arrangements for SACS, and
- Other pertinent materials as determined by the Commission.

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### ***Activities and Responsibilities Prior to the On-Site Visit***

Prior to the on-site visit, you will be expected to:

- Make certain that you have all of the materials that are listed above. If one or more items were missing from your packets, contact the staff member assigned to your committee immediately.
- Read this *Handbook*, the *Principles of Accreditation*, the institution's QEP, the institution's Compliance Certification, the initial Report of the Reaffirmation Committee as prepared by the Off-Site Review Committee, the Focused Report (if one is submitted), and any other materials appropriate to your assignment that are made available to you prior to the on-site visit.

When reading the sections in Part II of this *Handbook* entitled "Compliance Review Process" and "Evaluating Evidence to Determine Compliance," pay particular attention to detailed instructions concerning the assessment of compliance.

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Since many of the materials from or about the institution may be accessible through electronic means, you will be able access them prior to the on-site visit. If you determine that you cannot access electronic materials, you are authorized to contact the technical staff member at the institution who can assist you. If you have any other questions about the institution or about materials submitted by the institution, you may contact the chair, staff member, or institutional personnel who may be able to clarify information that will facilitate your understanding and help you progress in your review of the institution. However, do not directly discuss with institutional personnel whether the institution is in compliance.

- Become familiar with the institution’s history, mission, programs, and services. This information will provide the context for your assessment of the institution’s compliance with the Core Requirements and Comprehensive Standards.
- Participate in conference calls and e-mail exchanges with your chair, staff member, and other committee members. You should exchange information with other committee members regarding your pre-visit activities. You should copy the chair and the staff member on all e-mails so that they can check the progress everyone is making in preparing for the on-site visit and determine whether their intervention is needed.
- Become familiar with your role and assignment as well as the roles and assignments of other committee members. All committee members will be responsible for gathering information concerning the QEP, evaluating it, and contributing to the decision regarding its acceptability. In addition, although you may be assigned to review compliance with certain Core Requirements and Comprehensive Standards according to your area of expertise, committee members are expected to work collaboratively on-site to resolve compliance issues as expeditiously as possible.
- Read carefully the explanations given by the Off-Site Committee for its judgment of “Non-Compliance” or “Did Not Review” for all Core Requirements or Comprehensive Standards that you may have been assigned to review.
- Read those sections of the Focused Report that pertain to your assignment to determine whether the documentation is sufficiently substantial and convincing to warrant finding the

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institution in compliance with those requirements and standards you are assigned to review.

- Determine the additional documentation you will need to review on campus or the groups or individuals you will need to interview if you are unable to determine compliance based on the information in the Focused Report or if no Focused Report was submitted.
- Prepare notes about your reasons for your judgment regarding compliance or non-compliance if you are able to make a decision after reviewing the Focused Report and be prepared to share with your committee.
- Read the QEP carefully and compose a list of questions you will want to pose to various small groups during the on-site visit with regard to the QEP. Some questions may be prompted by the indicators suggested for reviewing the QEP described later in this *Handbook* in the section entitled “Assessing the Quality Enhancement Plan.”
- Prepare a selective list of groups and individuals you wish to interview on-site regarding the institution’s QEP and any remaining issues of compliance. Work with your chair to coordinate your final request for interviews.
- Request assistance from the chair in setting up an interview schedule in advance of the on-site visit of those groups and/or individuals you wish to interview regarding compliance issues and/or the QEP.
- Make notes concerning advice you might wish to give the institution regarding ways in which you believe the QEP can be strengthened and thus more beneficial to the institution in enhancing the quality of its programs and environment for student learning.

Throughout your work, keep in mind the importance of making final determinations about the institution’s compliance with Core Requirements 2.1-2.11 and the Comprehensive Standards as quickly as possible. The final assessment of Core Requirement 2.12, the QEP, may depend on establishing the institution’s compliance with requirements and standards related to financial, physical, and staff resources; institutional mission and effectiveness; or other standards concerning the institution’s capability to complete the QEP.

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## ***Activities and Responsibilities During the On-Site Visit***

### ***The Organizational Meeting***

The organizational meeting will provide your first opportunity to meet formally with your chair and the other committee members. This meeting serves as a general orientation for the committee. It provides pertinent information, training, and consultation that you will need for your assigned responsibilities. The agenda of the meeting may cover some or all of the following items in addition to those the chair or the staff member may suggest:

- Introduction of committee members and a discussion of assignments and responsibilities.
- Review of the responsibilities of the chair and the staff member.
- Review of the responsibilities of the On-Site Review Committee.
- Review of the *Principles of Accreditation*, the institution's Compliance Certification, the initial Report of the Reaffirmation Committee as prepared by the Off-Site Review Committee, the institution's Focused Report (if applicable), and the institution's Quality Enhancement Plan.
- Discussion of the compliance issues that need to be addressed by the On-Site Committee.
- Analysis of the QEP and strategies for its review.
- Review of the committee's schedule, including the times for completing certain tasks.
- Instructions for writing the final report, including using terminology for writing recommendations and other advisory comments regarding compliance and for reporting the committee's assessment of the acceptability of the QEP.
- Suggestions for facilitating the work of the committee.
- Discussion of the institution's accreditation status.
- Information regarding housing, transportation, conference facilities, computer support, organization of the institution's resource room, and other topics related to the logistics of the on-site visit.
- Review of format and times for the exit conferences.

### ***Tips on Interviewing, Time Management, and Writing Your Part of the Committee Report***

You should use particular approaches in interviewing, managing time, and writing your part of the report. Your chair and staff member may modify or amplify the tips suggested below.

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## Interviewing

In planning and conducting individual or group interviews, you should:

- Determine in advance the specific information you wish to obtain in the interview. The information should pertain to the specific requirements and standards assigned to you.
- Identify key individuals/groups that are likely to be able to give you the information you need. Keep in mind that there is a time limit on the number of individuals/groups you will be able to interview.
- Submit to the chair requests for interviews prior to the beginning of the on-site visit. The list of individuals or groups you submit may need to be altered as the visit proceeds, and the chair may adjust interview schedules for a more efficient use of time.
- Write out questions designed to elicit the information you need. For example, if you are attempting to ascertain whether the results of assessment are used to improve programs and services, you might ask an individual or group to give you three or four examples of the use of assessment to improve the programs or services for which the individual or individuals have responsibility.
- Take notes on the responses you get during the interview for possible later use in composing the committee report.
- Be collegial and professional in asking questions so as not invite defensiveness.
- Keep the discussion focused on the issues related to the visit.
- Do not discuss the business of the committee or the progress of the review of the institution with those whom you are interviewing or with anyone else outside of the committee.
- Do not share your impressions or assessment of the QEP outside the committee. Remember that the evaluation of the QEP is a committee decision based on the collective professional judgment of all committee members.
- Some “small talk” might be appropriate at the beginning of the interview to establish a tone of informality, but it should be limited.
- Avoid dominating the discussion or allowing one or more of those whom you are interviewing to dominate it.

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- After a question has been adequately answered, you will need to be courteous but firm in moving on to your next question.
  - Keep track of the time so that you can bring closure to the interview and get to other scheduled interviews or committee meetings on time.

## Managing Your Time

In order to manage your time so that you can complete your assigned tasks, you should:

- Complete as much of your review as possible prior to beginning of the on-site visit.
- Allocate your time for reviewing documentation and conducting interviews based on the schedule for the on-site visit developed by your committee chair. Make certain that you do not schedule anything to conflict with a scheduled committee function.
- Review documents related to your assignment before you begin interviewing individuals at the institution. Make a decision concerning those requirements and standards with which you can determine compliance based on the documentation alone and those that will require further investigation through interviews.
- Be highly selective in establishing your list of institutional personnel to be interviewed. Arrange only the number of interviews you need to corroborate, clarify, or interpret the documented information submitted by the institution.
- When you have all the information you need to make an assessment of the institution's compliance with a requirement or standard or an assessment of the adequacy of the QEP, you should cancel any remaining interviews you have scheduled bearing on this issue.
- Consider scheduling interviews during breakfast or lunch if it is possible for those whom you wish to interview to be available at these times.
- Compose a draft of any recommendation resulting from your assessment of non-compliance as soon as possible after making your determination of non-compliance. Likewise, compose a draft statement regarding any aspect of the QEP that you judge to be deficient as soon as possible after making this decision.

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## Writing Your Part of the Report

In composing the formal recommendation you make to the committee and the narrative supporting the recommendation, you should:

- Be sure to reference the requirement or standard to which your recommendation pertains or the specific aspect of the QEP you have found to be inadequate.
- Make certain that your narrative supporting these judgments is sufficiently clear and specific as to inform the institution of the issues it will need to address in its response.
- Word your recommendation and supporting narrative using the least possible negative words and statements. For example, rather than writing, “The institution does not use the results of assessment to improve its programs and services,” you should write something like, “The committee could find no evidence that the institution uses the results of assessment to improve its programs and services.”
- Avoid using judgmental language, such as “*Unfortunately* or *regrettably* the institution does not use the results of assessments to improve its programs or services.” (See Appendix I for additional guidelines.)

## Assessment of Compliance

### Overview

The On-Site Committee’s responsibility is to make final determinations regarding an institution’s compliance with the Core Requirements, Comprehensive Standards, and Federal Requirements, with particular follow up on standards and requirements for which the Off-Site Review Committee indicated “Non-Compliance” or “Did not Review.”

It is assumed that the Off-Site Committee will be able to determine the institution’s compliance with the majority of the requirements and standards from the documentation available to them. Since the primary tasks of the On-Site Committee are to conduct an assessment of the institution’s QEP and to write the reaffirmation report to be submitted to the Commission on Colleges, it is important for the On-Site Review Committee to address and resolve compliance issues as expeditiously as possible early in the on-site review. However, if there are a significant number of compliance issues that need to be resolved by the On-Site Review Committee, the length of the on-site visit may need to be extended, and/or the number of members of the On-Site Committee may need to be increased.

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## Conducting the Assessment of Compliance

If you have been assigned to make a preliminary judgment about the institution's compliance with one or more of the Core Requirements or Comprehensive Standards, you should:

- Check your notes made during your pre-visit review. If you were able to make a judgment about the institution's compliance based on your review of the Compliance Certification, the Off-Site Committee's report, and the Focused Report, and if you do not believe that additional investigation is necessary, you may be ready to move on to your activities regarding the assessment of the QEP. You should draft a narrative statement to present to the full committee explaining in detail your reasons for your judgment regarding any requirement or standard with which you determine the institution to be in non-compliance.
- If you need to investigate further or if the institution did not submit a Focused Report, you should:
  - Review the documentation presented by the institution to support its claim of compliance with each Core Requirement or Comprehensive Standard that you were assigned to investigate. Remember that it is the institution's responsibility to establish compliance. It is your responsibility to determine whether the institution has established compliance.
  - Review the section entitled "Evaluating Evidence to Determine Compliance" in Part II of this *Handbook*, if necessary.
  - Conduct interviews as necessary to corroborate, clarify, or interpret the documentation presented by the institution to support its determination of compliance with the Core Requirements and Comprehensive Standards.
  - Check your perceptions with those of other committee members, the chair, and the staff to determine whether your conclusions appear to reflect generally what others are finding.
  - Compose a draft of any recommendation and supporting narrative to present to the full committee.



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## *Assessing the Quality Enhancement Plan*

The QEP describes a carefully designed and focused course of action that addresses one or more critical issues related to enhancing student learning. The QEP should complement the institution's ongoing integrated institution-wide planning and evaluation process and is not intended to supplant or replace the processes described in Core Requirement 2.5 and Comprehensive Standard 3.3.1. On the contrary, the topic or issue identified for the QEP may very well evolve from these existing processes, as well as from other issues stemming from the institution's internal reaffirmation review.

While many aspects of the accreditation process focus on the past and the present, the QEP is “forward-looking” and thus transforms the process into an ongoing activity rather than an episodic event. Core Requirement 2.12 requires an institution to have a plan for increasing the effectiveness of some aspect of its educational program relating to student learning. The plan launches a process that can move the institution into a future characterized by creative, engaging, and meaningful learning experiences for students.

Student learning is defined broadly in the context of the QEP and may address a wide range of topics or issues. Student learning may include changes in students' knowledge, skills, behaviors, and/or values that may be attributable to the collegiate experience. Examples of topics or issues include, but are not limited to, enhancing the academic climate for student learning, strengthening the general studies curriculum, developing creative approaches to experiential learning, enhancing critical thinking skills, introducing innovative teaching and learning strategies, increasing student engagement in learning, and exploring imaginative ways to use technology in the curriculum. In all cases, the goals and evaluation strategies must be clearly linked to improving the quality of student learning.

The QEP is a significant component of the reaffirmation process, and members of the on-site committee should therefore seek validation of the institution's commitment to the QEP through the evidence presented by the institution concerning:

- A consensus among key constituency groups that the QEP, rather than being merely a requirement for reaffirmation of accreditation, can result in significant, even transforming, improvements in the quality of student learning.

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**Conducting the  
Assessment of the  
Quality Enhancement Plan**

- Broad-based institutional participation in the identification of the topic or issue to be addressed by the QEP.
- Careful review of best practices related to the topic or issue.
- Allocation of adequate human and financial resources to develop, implement, and sustain the QEP.
- Implementation strategies that include a clear timeline and assignment of responsibilities.
- A structure established for evaluating the extent to which the goals set for the plan are attained.

In assessing the QEP, you should consider that it will include but is not limited to the following components:

- A brief descriptive title.
- A topic that is creative and vital to the long-term improvement of student learning.
- A definition of student learning appropriate to the focus of the QEP.
- Evidence that developing the QEP has engaged all appropriate campus constituencies.
- A description of the importance of the QEP that will help you and others understand its value and appropriateness to the institution.
- Specific, well-defined goals related to an issue of substance and depth, expected to lead to observable results.
- Evidence of careful analysis of the institutional context in which the goals will be implemented and of consideration of best practices related to the QEP's topic or issues.
- A viable implementation plan that includes necessary resources and a framework that details matters such as:
  - timelines,
  - leadership,
  - resource allocation, and
  - assessment schedule.

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- A comprehensive evaluation plan clearly related to the QEP goals, with the latitude and flexibility to make adjustments to achieve the desired student learning outcomes.
  - Appendices, if applicable.

The On-Site Review Committee will evaluate the acceptability of the QEP based primarily on the following indicators:

1. **Focus.** The institution identifies a significant issue(s) related to student learning and justifies its use for the Quality Enhancement Plan.
2. **Institutional Capability for the Initiation and Continuation of the Plan.** The institution provides evidence that it has sufficient resources to implement, sustain, and complete the Quality Enhancement Plan.
3. **Assessment of the Plan.** The institution demonstrates that it has the means for determining the success of its Quality Enhancement Plan.
4. **Broad-Based Involvement of the Community.** The institution demonstrates that all aspects of its community were involved in the development of the Plan.

Listed below are some questions that a committee member might use when evaluating an institution's QEP against the indicators above. The questions are *guidelines only—not a check list—and only are meant to be of assistance.*

1. **Focus of the Plan.** (1) *Has the institution provided a clear and concise description of the critical issue(s) to be addressed?* (2) *Has the institution described the relationship between the focus of the plan and student learning?* (3) *Has the institution provided relevant and appropriate goals and objectives to improve student learning?* (4) *Has the institution provided a comprehensive and clear analysis of the crucial importance of the Plan for improving the learning environment?* (5) *Has the institution identified the benefits to be derived from the QEP?*
2. **Institutional Capability for the Initiation and Continuation of the Plan.** (1) *Has the institution provided a time line for implementing and completing the QEP?* (2) *Has the institution assigned qualified*

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*individuals to administer and oversee its implementation? (3) Has the institution provided evidence of sufficient financial and physical resources to implement, sustain, and complete the QEP? (4) Has the institution allocated sufficient academic resources and systems to implement and sustain the outcomes of the Plan? (5) Has the institution established appropriate administrative processes for maintaining the progress of its quality improvements?*

3. **Assessment of the Plan.** *(1) Has the institution developed means for assessing the success of its QEP? (2) Has the institution identified relevant internal and external measures to evaluate the Plan? (3) Has the institution identified an internal system for evaluating the QEP and monitoring its progress? (4) Has the institution described how the results of the evaluation of the QEP will be used to improve student learning?*
4. **Broad Based Involvement of the Community.** *(1) Has the institution described the methods used for the development of the QEP? (2) Has the institution demonstrated that all aspects of its community—faculty, staff, students, board members, and administrators—were involved in the development of the QEP?*

### **Writing the Reaffirmation Report**

At the conclusion of the on-site review, the committee will write a report to submit to the Commission on Colleges. This report will indicate the Core Requirements, Comprehensive Standards, and Federal Requirements with which it finds the institution to be in compliance and those with which it judges the institution to be in non-compliance.

For each Core Requirement and Comprehensive Standard with which it concludes that the institution is not in compliance, the committee will compose a recommendation(s) with supporting narrative that will guide the institution in developing its response to the recommendation. The institution will be required to respond to all recommendations in a report.

If the committee judges the QEP to be unacceptable and therefore not in compliance, it will write a recommendation as applies to Core Requirement 2.12. (See Appendix I for guidelines.)

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## *Exit Conferences*

There are two scheduled exit conferences at the conclusion of the on-site visit:

- A discussion among the president, the chair, and the Commission staff dealing with a summary of the committee's report.
- A discussion of the committee's report among the Commission staff, the chair, the institution's leadership team, and members of the On-Site Committee. (This is the concluding exit conference conducted for the purpose of providing consultation to the institution regarding improvements that might be made in the QEP.)

There may be an optional session relaying the committee's report that includes the committee chair, the Commission staff, the institution's leadership team, other institution staff the president wishes to invite, and any On-Site Committee members who can be available. Attendance of committee members is optional. The president is expected to inform Commission staff in advance if such a session is planned.

## *Following the On-Site Visit*

You should receive a copy of the draft report from the chair with an opportunity to provide timely feedback. Within three to five weeks following the On-Site Review Committee visit, the chair will send the institution a draft of the committee report. The institution is instructed not to respond to the committee's judgments at this time. The chair will determine whether changes should be made in the report based on the institution's report of factual errors and will make any revisions that are justified. The chair will send the revised report to the Commission on Colleges. The Commission will send the final report to the institution along with instructions regarding its response to the committee's findings.

The institution is required to respond to all recommendations cited in the Report of the Reaffirmation Committee. The institution's response to these recommendations should be detailed and comprehensive and should explain thoroughly the actions taken by the institution to ensure compliance with all appropriate Core Requirements and Comprehensive Standards. The institution's response and copies of its Quality Enhancement Plan are due in the Commission office no later than the date specified by the Commission staff member assigned to the institution.

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### *The Review by the Commission on Colleges*

The Commission's Compliance and Reports (C&R) Committee will receive and review the Report of the Reaffirmation Committee, the response of the institution to the committee's report, the institution's Compliance Certification, and its Quality Enhancement Plan. The Executive Council and the full Commission will receive the C&R Committee report and will make a decision regarding the reaffirmation of the institution's accreditation and any follow-up activities that it requires of the institution. The Commission makes decisions regarding accreditation status twice each year — in June and in December.

# THE ROLES AND RESPONSIBILITIES OF COMMITTEE CHAIRS

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This section of the *Handbook* is intended to serve as your guide as you chair a review committee, either as an Off-Site or On-Site Committee chair. Elements of responsibilities that are common to both committees will be addressed first. Those elements that are particular to the Off-Site Committee and the On-Site Committee will be addressed separately.

The *Handbook* is periodically revised to reflect changes in policies and procedures. Therefore, the Commission asks that you review this *Handbook* each time you accept a committee assignment and that you review it and other materials sent by the Commission or the institution well in advance of a committee meeting. A key document is the *Principles of Accreditation: Foundations for Quality Enhancement*. You should become familiar with the *Principles of Accreditation* as part of your preparation. Information pertinent to your responsibilities is included in other sections of this *Handbook*, and references to this information are included in this section.

Although many chairs have considerable past experience with the Commission on Colleges as a member or chair of peer review committees, the accreditation process adopted by the Commission membership in 2001 requires a fresh approach to all facets of the peer review process. Your role is critical to the integrity of this process. To be successful, you must understand both the philosophy and the implementation of the accreditation process as embodied in the *Principles of Accreditation*.

An overview of the reaffirmation of accreditation process is found in Part I of this *Handbook*, including the essential eight steps involved in the reaffirmation process on page 6.

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## *The Off-Site Review Committee Chair*

You should read all of Part II of this *Handbook*, entitled “The Off-Site Review Process.” Overall, you are responsible for the following:

- Contacting committee members prior to the meeting to review assignments and to respond to any questions committee members might have. You may contact them individually, or you may conduct a conference call involving all of the committee members during which they can hear at one time your instructions and your responses to the questions of other committee members. You should also discuss the tasks the committee members are to complete prior to the meeting of the committee in Atlanta. You should include the Commission staff in all communications, including e-mails.
- Monitoring the progress of committee members in completing their analysis of compliance with the Core Requirements and Comprehensive Standards for the group of institutions that they have been assigned to review prior to the committee meeting. You should make sure that they are working steadily on their assignments and are communicating with one another.
- Conducting and managing the business of the Off-Site Review Committee meeting in Atlanta. In this capacity, you will provide an orientation, facilitate the discussion, monitor the time allotted to complete your tasks, and manage the process of completing the report for each institution concerning the Compliance Certification.



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## *Specific Tasks*

The following outlines specific tasks you are responsible for prior to the off-site meeting and during the meeting.

### **Prior to the Off-Site Committee Meeting**

As soon as you receive the packet of information from the Commission staff you should:

- Read this *Handbook* and review the other materials in the packet.
- Make sure you have all documents that are listed as having been sent to you and other committee members. A form will indicate the documents that have been sent to you and those that will be sent to members of your committee.
- Review each institution's Compliance Certification and familiarize yourself with any documentation that the institutions in the cluster have forwarded or referenced as being available through electronic means.
- Review the writing assignments prepared by the Commission staff for each committee member.
- Consult with the assigned Commission Staff Coordinator to discuss any special considerations that need to be taken into account before or during the off-site meeting.

After you have completed the tasks listed above, you should:

- Contact all committee members to introduce yourself and to reiterate the importance of:
  - Beginning work as soon as they receive materials from institutions.
  - Communicating regularly through e-mail messages with other committee members, the chair, and the staff.
  - Copying you, staff, and other committee members on e-mails sent to other committee members about a particular institution in the group.
  - Contacting the Staff Coordinator immediately if materials are missing.
  - Forwarding to you a completed worksheet for each institution in the cluster.

- 
- Contacting the institution only if they are having technical trouble in accessing electronic materials. Committee members should not discuss issues of compliance with the institution.
  - Consulting with your Commission Staff Coordinator to resolve any preliminary questions or concerns about the adequacy of information you have received.
  - Monitoring the progress of the off-site review prior to the committee meeting.
  - Compiling a preliminary report from the worksheets collected from each committee member for each institution.

### **During the Off-Site Committee Meeting**

During the Off-Site Committee meeting, you are responsible for accomplishing the following tasks:

- Conducting, with assistance from the Staff Coordinator, an orientation session for the committee.
- Leading the committee through the Compliance Certification, gaining agreement on “Compliance,” “Non-Compliance,” or “Did Not Review.”
- Ensuring that a report with appropriate and sufficient analysis is generated for each institution in the group.

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## *The On-Site Review Committee Chair*

You should read all of Part III of the *Handbook*, entitled “The On-Site Review Process.” Overall, you are responsible for:

- Establishing a relationship with the president and Leadership Team prior to the on-site visit. Normally, you will not conduct a preliminary visit to the institution. Rather, you may use telephone calls, conference calls, and e-mail messages to establish a relationship with the campus Leadership Team and make arrangements for the visit. This interaction will be an important beginning of your understanding of the institution. You will need to explain precisely your expectations for logistical arrangements and confirm that they have been followed. You will likely have multiple interactions with the institution prior to your visit.

You will be expected to arrive at the institution for the on-site visit at least a half-day in advance of the organizational meeting of the committee in order to make sure that the appropriate arrangements have been made. (See Appendices G and J for a typical schedule and activities on campus prior to the first committee meeting, pp. 71-72; 81.)

- Contacting committee members prior to the meeting to respond to any questions they may have. You should conduct a conference call between all of the members of your committee so that they can hear at one time your instructions and/or preliminary discussion about the institution under review.
- Interacting with the Commission staff assigned to you. This is an important link. The Commission staff will have valuable insight into the institution and its approach to this process as well as an understanding of the findings of the Off-Site Review Committee.
- Managing the business of the On-Site Review Committee visit. In this capacity, you will provide an orientation, facilitate meetings and discussions with institutional representatives and the committee, monitor the time allotted to complete your tasks, manage the process of completing the committee’s Report on Reaffirmation, and conduct the exit conferences concerning the report of the committee.

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## *Specific Tasks*

The following outlines specific tasks you are responsible for prior to the on-site committee meeting, during the meeting, and following the visit.

### **Prior to the On-Site Committee Visit**

As soon as you receive the packets of information from the Commission staff and from the institution you should:

- Read all appropriate sections of this *Handbook* and review the materials in the packet.
- Make sure you have all documents that are listed as having been sent to the committee members by the institution and by the Commission on Colleges. A form will indicate what documents have been sent to you and what will be sent to members of your committee.
- Examine institutional information that is provided with your materials. Become familiar with the institution's history, mission, programs, and services.
- Consult with your Commission staff member to discuss logistical arrangements, institutional issues about which you should be aware, and other topics related to preparing for the on-site visit.
- Review carefully the findings of the Off-Site Review Committee and the Focused Report, if one is submitted by the institution. Take careful note of the compliance issues that the On-Site Committee must resolve and the implications of this responsibility for your committee's schedule. If you feel that your committee may need more time than is generally planned in order to deal effectively with the compliance issues and the assessment of the QEP, or if you feel your committee might need additional members in order to complete its assignment, you should contact the staff member immediately and discuss your concerns.
- Thoroughly review the institution's QEP and make a preliminary assessment of its acceptability.
- Conduct a conference call with all committee members to review assignments, logistics, and preliminary impressions after everyone has had an opportunity to review the materials sent by the institution and the Commission.

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- Based on the information in the Focused Report, if available, make an assessment of the institution's determination of its compliance with the Core Requirements and Comprehensive Standards with which the Off-Site Committee judged it to be in non-compliance and those that it did not review.
  - Monitor the progress that committee members are making in completing the tasks they are assigned to pursue prior to the on-site visit.

### **During the On-Site Visit**

During the on-site visit, you should:

- Conduct, with the assistance from the staff, an organizational session for the committee.
- Lead the committee through an assessment of the institution's compliance with the Core Requirements and Comprehensive Standards that it is responsible for reviewing, gaining agreement on whether the institution is in compliance or in non-compliance with these requirements and standards.
- Lead the committee through an assessment of the institution's QEP, gaining agreement on its acceptability or unacceptability.
- Lead the committee in preparing a report that includes recommendations and supporting narratives for all areas, including the QEP, with which the institution is judged to be in non-compliance. The narrative should be sufficiently specific and comprehensive to provide guidance to the institution in preparing its response.
- Preside over the exit conferences (see Part III, p. 37).
- Preside over an optional meeting if the chief executive officer of the institution chooses to meet with the Commission staff member and you at a separate time. The president must arrange for this optional meeting well in advance of the on-site visit. This concluding conference may include the president, the institution's Leadership Team, other institutional staff the president wishes to invite, and the Commission staff member. Attendance of committee members is optional on their part.

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## Following the On-Site Visit

Following the on-site visit, you are responsible for processing the Committee Report and for reviewing the institution's response. You should complete the following tasks:

### *Processing the Committee Report*

1. ***Circulate the Draft Report.*** When you have assembled and edited the draft report, you must then provide opportunities for review and comment from two sources:
  - You should send a copy of the draft report to each member of the review committee to give them the opportunity to react to the total draft report. Set a deadline by which you must receive any observations from them, usually within a week or two. The Commission staff should also receive a copy of the draft report.
  - After hearing from your committee members, the draft report should be sent to the chief executive officer (CEO) of the institution, who should be asked to correct factual errors only. When sending the draft copy to the CEO, you should be especially careful not to include any of the official forms or check sheets or the list of persons interviewed. The CEO should be reminded that this is not the time to respond to the judgments/recommendations of the review committee. This opportunity comes after the institution receives the final report. Set a deadline for the CEO to submit his/her corrections, usually approximately two to three weeks after the conclusion of the visit. You must then determine whether any corrections proposed by the CEO need to be referred to committee members for validation.
2. ***Submit the Final Report.*** The final committee report incorporating, as appropriate, the corrections of the CEO and committee members should be reviewed very carefully before being sent to the Commission on Colleges office. Be sure that:
  - The proper format has been followed and typographical, spelling, and grammatical errors have been eliminated.
  - Recommendations are firmly grounded in the Core Requirements and Comprehensive Standards.
  - Recommendations have adequate narrative support.
  - Recommendations are not prescriptive (i.e., they identify lack of compliance but do not specify solutions).

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Within five weeks of the conclusion of the committee visit, send the final report and all related forms to the Commission on Colleges office in care of the staff person assigned. Timely submission is critically important in order to provide sufficient time for the institution to respond to recommendations in time for consideration at the appropriate meeting of the Commission. For Reaffirmation Committees, the following must be submitted:

- “Confidential Evaluation of Committee Member” form for each committee member.
- The *original* and *four copies* (five copies for public institutions) of the committee report, all unbound.
- An electronic version of the final report.
- All lists of persons interviewed by the committee. These do not have to be alphabetized or consolidated in any manner. Simply staple the forms together.
- If necessary, a cover letter explaining any unusual problems or circumstances encountered by the committee.
- *Original copies* of all forms.
- Your expense voucher for the visit. If secretarial charges are incurred in the preparation of the committee report, a separate expense voucher for those charges should be sent with the final report. If a voucher for secretarial charges is to be sent later than your personal voucher, you should inform the Commission staff. (See Commission Web page for these forms.)

### *Review of Institutional Responses*

When the institution’s response to the recommendations of the committee report are received in the Commission office (no later than October 1 for action at the December Commission meeting or May 1 for action at the June Commission meeting), a copy of the responses will be sent to you for review. You will also be given instructions and a form to complete.

It is critical that your review be completed and returned to the Commission Office within two weeks of receipt of the materials. *Be sure to confer by phone with the Commission staff before completing the form.*

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Your assistance in completing this review of responses is important. You are in the best position to provide a preliminary assessment as to whether the institutional responses are, indeed, responsive in terms of the intentions of the committee. Your judgments in that regard are very helpful to the Compliance and Reports Committee in formulating its recommendation on the institution's accredited status and in asking for follow-up reports.



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APPENDIX A:

# SACS AND THE COMMISSION ON COLLEGES

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*The Southern Association  
of Colleges and Schools  
(SACS)*

The Southern Association of Colleges and Schools is a private, non-profit, voluntary organization founded in 1895 in Atlanta, Georgia, for the purpose of setting standards and improving education in the colleges and schools of the South. Five other private regional accrediting associations have been established to do similar work in other regions of the United States. All of these regional accrediting associations have commissions that develop standards for and accredit degree-granting institutions of higher education.

The Southern Association of Colleges and Schools comprises the Commission on Colleges, accrediting institutions of higher education, and the Council on Accreditation and School Improvement accrediting elementary, middle, and secondary schools. The Commission and Council assume the following responsibilities for fulfilling the purpose of the Association: (1) accredit institutions of acceptable quality, (2) facilitate cooperation among and improve quality of institutions, and (3) preserve the integrity and autonomy of member institutions.

Each carries out its own mission with considerable autonomy, develop its own standards and procedures, and operate under an Association board of trustees, all members which are nominated by the Commission and Council. The presidency of the Association rotates each year between the Commission and the Council.

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### ***The College Delegate Assembly (CDA)***

The College Delegate Assembly of the Commission on Colleges (CDA) consists of one voting representative from each of the approximately 800 accredited member institutions. Member institutions are classified according to the highest level of degrees offered as follows:

- Level I — Associate’s degrees,
- Level II — Bachelor’s degrees,
- Level III — Master’s degrees,
- Level IV — Master’s and Specialist degrees,
- Level V — Doctor’s degrees in three or fewer major academic or professional disciplines, and
- Level VI — Doctor’s degrees in four or more major academic or professional disciplines.

The CDA meets annually to conduct business and elect, by majority vote, the 77-member Commission on Colleges. Nominations for the Commission come from the nominating committee of the Commission after submission from the states in the region.

In addition to electing the Commission on Colleges, the primary responsibilities of the CDA are:

- To approve all revisions in accrediting standards (*Principles of Accreditation*) on recommendation of the Commission.
- To approve the dues formula of candidate and member institutions on recommendation of the Commission.
- To elect an appeals committee composed of CEOs of member institutions to hear appeals of certain accreditation decisions.

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### ***The Commission on Colleges***

The Commission on Colleges of the Southern Association is the recognized regional accrediting body in the 11 Southern states of Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia for institutions awarding the associate, baccalaureate, master, specialist, or doctorate degrees. The Commission also accredits institutions in Latin America.

The basic principle motivating the Commission on Colleges and the other regional commissions of higher education is the belief

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that the setting of standards in higher education can best be accomplished in a free society by voluntary, self-regulating associations of educational institutions. Accreditation plays a significant role in fostering public confidence in the educational enterprise and in the enhancement of institutional effectiveness. It serves as a means by which institutions recognize and accept one another. Institutions have chosen to organize on a regional basis, believing that this avoids the parochialism that might result from organizing on a state-by-state basis. At the same time, it allows institutions to preserve a level of flexibility and responsiveness that a single national organization might find difficult to sustain. This approach to organization does not in any way limit cooperation and the exchange of ideas with other regional and specialized accrediting bodies or with those institutional accrediting bodies that have chosen to organize nationally.

The combined regional commissions form an effective national system for the assurance and improvement of quality in higher education. In addition to frequent consultation among themselves, the regionals are members of the Council for Higher Education Accreditation, a national, voluntary organization whose membership also includes specialized and national accrediting bodies. The United States Department of Education recognizes the Commission on Colleges and other accrediting bodies as reliable vehicles for assuring quality, making it easier for accredited institutions to receive federal funding.

The Commission is constituted according to the following formula:

- Twenty-two persons — at least one from each state — from member institutions at Level I,
- Thirty-three persons — at least two from each state — from member institutions at Levels II-VI,
- Eleven persons at-large from member institutions, and
- Eleven representatives of the public.

Those elected to the Commission are primarily experienced educators. Commissioners can serve two consecutive three-year terms, except public representatives who are eligible to serve only one term.

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The Commission meets twice a year and is responsible for taking final action on the granting or reaffirmation of institutional accreditation. The Commission's standing committees — the Compliance and Reports Committees — analyze institutional reports and responses. Committees make recommendations on accreditation actions to the Executive Council; the Executive Council makes recommendations to the full Commission. Each member of the Commission is assigned to one of the Committees or to the Executive Council.

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## APPENDIX B

# COMPLIANCE CERTIFICATION FORM (EXCERPT)

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An excerpt of the Compliance Certification form to be completed by institutions is included as a general reference for evaluators. For a complete copy of the Compliance Certification, refer to the Commission's Web site at <http://www.sacscoc.org> and then click onto Institutional Resources.



**Commission on Colleges**  
**Southern Association of Colleges and Schools**

## COMPLIANCE CERTIFICATION

### **Name of Institution**

### **Date of Submission**

In order to be accredited by the Commission on Colleges, an institution is required to conduct a comprehensive compliance audit prior to the filing of the Compliance Certification. The comprehensive compliance audit includes an assessment of all programs and courses offered by the institution on-campus and off-campus, and those offered through distance learning. The Compliance Certification, signed by the institution's chief executive officer and accreditation liaison, attests to the institution's honest assessment of compliance with the accreditation requirements of the Commission on Colleges (including Core Requirements, Comprehensive Standards, and Federal Requirements) as applied to all aspects of the institution.

### **Completion of the Compliance Certification**

The Compliance Certification consists of four parts:

- Part 1 Signature Page for the institution's chief executive officer and the accreditation liaison;
- Part 2 List of all substantive changes that have been reported and approved by the Commission since the institution's last reaffirmation as well as the date of approval; and
- Part 3 The institution's assessment of compliance.
- Part 4 An attached and updated "Institutional Summary Form Prepared for Commission Reviews" that (a) lists all locations where coursework toward a degree, certificate, or diploma can be obtained primarily through traditional classroom instruction, and (b) describes distance education credit offerings that can be obtained primarily through electronic means.

For each Part, please follow the directions provided. For Part 2 above, if there have been no institutional changes that required reporting or approval since the institution's last comprehensive review, please indicate it as well.

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## **Part 1. SIGNATURES ATTESTING TO COMPLIANCE**

By signing below, we attest to the following:

1. That \_\_\_\_\_ (name of institution) has conducted an honest assessment of compliance and has provided complete and accurate disclosure of timely information regarding compliance with the Core Requirements, Comprehensive Standards, and Federal Requirements of the Commission on Colleges.
2. That \_\_\_\_\_ (name of institution) has attached a complete and accurate listing of all programs offered by the institution, the locations where they are offered, and the means by which they are offered as indicated on the updated "Institutional Summary Form Prepared for Commission Reviews," and that the comprehensive assessment of compliance reported on the Compliance Certification includes the review of all such programs.
3. That \_\_\_\_\_ (name of institution) has provided a complete and accurate listing of all substantive changes that have been reported and approved by the Commission since the institution's last reaffirmation as well as the date of Commission approval.

### **Accreditation Liaison**

**Name of Accreditation Liaison**

**Signature**

**Date**

### **Chief Executive Officer**

**Name of Chief Executive Officer**

**Signature**

**Date**

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## **Part 2. LIST OF SUBSTANTIVE CHANGES APPROVED SINCE THE LAST REAFFIRMATION**

**Directions:** For each substantive change approved since the institution's initial accreditation or last reaffirmation review, briefly describe the change and provide the date of Commission approval. If no substantive changes requiring approval have been submitted since the last comprehensive review, write "none" in the first column. If, in the review of substantive change, the institution discovers substantive changes that have not been reported according to Commission policy, the changes should be reported immediately to Commission staff.

Substantive changes requiring approval:

- Initiating certificate or degree programs at a more advanced degree level
- Initiating an off-campus site at which students can earn at least 50 percent of credits toward a degree
- Initiating a branch campus
- Initiating any change in legal status, governance, form of control, or ownership of the institution
- Expanding the institution's programs at the current degree level through the addition of significantly different programs
- Initiating programs at a lower degree level
- Initiating a consolidation or merger

See <http://www.sacscoc.org.commpub1.asp> for additional information on reporting substantive change, including examples of the changes listed above.

<b>Approval Date</b>	<b>Description of Substantive Change</b>
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## **Part 3. INSTITUTIONAL ASSESSMENT OF COMPLIANCE**

**Directions:** For each of the Core Requirements and Comprehensive Standards listed below, the institution should place an "X" before the judgment of compliance and then add narrative for the judgment of compliance in accordance with directions requested in the category description.

- \_\_\_ Compliance. The institution meets the requirement and provides a convincing argument in support of its determination, and a list of documents (or electronic access to the documents) demonstrating compliance.
- \_\_\_ Partial Compliance. The institution meets some, but not all, aspects of the requirement. For those aspects meeting the requirement, the institution provides a convincing argument in support of its determination, and a list of documents (or electronic access to the documents) demonstrating compliance. For those aspects not meeting the requirement, the institution provides the reason for checking partial compliance, a description of plans to comply, and a list of documents that will be used to demonstrate future compliance.
- \_\_\_ Non-Compliance. The institution does not meet the requirement and provides the reason for checking non-compliance, a description of plans to comply, and a list of documents that will be used to demonstrate future compliance.



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## Section 2 CORE REQUIREMENTS

- 2.1 The institution has degree-granting authority from the appropriate government agency or agencies.

**(Degree-granting Authority)**

Compliance       Partial Compliance       Non-Compliance

**Narrative:**

- 2.2 The institution has a governing board of at least five members that is the legal body with specific authority over the institution. The board is an active policy-making body for the institution and is ultimately responsible for ensuring that the financial resources of the institution are adequate to provide a sound educational program. The board is not controlled by a minority of board members or by organizations or interests separate from it. Neither the presiding officer of the board nor the majority of other voting members of the board have contractual, employment, or personal or familial financial interest in the institution. A military institution authorized and operated by the federal government to award degrees has a public board in which neither the presiding officer nor a majority of the other members are civilian employees of the military or active/retired military. The board has broad and significant influence upon the institution's programs and operations, plays an active role in policy-making, and ensures that the financial resources of the institution are used to provide a sound educational program. The board is not controlled by a minority of board members or by organizations or interests separate from the board except as specified by the authorizing legislation. Neither the presiding officer of the board nor the majority of other voting board members have contractual, employment, or personal or familial financial interest in the institution. **(Governing Board)**

Compliance       Partial Compliance       Non-Compliance

**Narrative:**



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APPENDIX C:

# REPORT OF THE REAFFIRMATION COMMITTEE (EXCERPT)

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An excerpt of the Report of the Reaffirmation Committee to be completed by the Off-Site and On-Site Review Committees is included as a general reference for evaluators. For a complete copy of the form, refer to the Commission's Web site at <http://www.sacscoc.org> and then click onto Committee Resources.



**Commission on Colleges**  
**Southern Association of Colleges and Schools**

## **REPORT OF THE REAFFIRMATION COMMITTEE**

### **Statement Regarding the Report**

This report represents the professional judgment of the peer review committees that conducted a comprehensive review of the institution's compliance with the accreditation requirements of the Commission on Colleges contained in the Principles of Accreditation. The Commission on Colleges will make the final determination on reaffirmation of accreditation based on the findings contained in this committee report, the institution's response to issues contained in the report, other assessments relevant to the review, and application of the Commission's policies and procedures. Final interpretation of the Principles of Accreditation and final action on the report and on the accreditation status of the institution rest with the Commission on Colleges.

**Name of the Institution:**

**Date of the Review:**

**COC Staff Member:**

**Chair of the Committee (*name, title, institution, city and state*):**

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## Part I. Overview and Introduction to the Institution

**Directions for Part I:** Briefly describe the nature of the institution and its history, e.g., control, enrollment, and student characteristics. Describe the purpose of the committee visit and acknowledge the arrangements and hospitality extended by the institution. (Personal references may be included here). Delete these directions prior to printing the final report.

## Part II. Assessment of Compliance

**Directions for Part A:** Indicate the committee's findings relative to the need for a recommendation on each of these issues. Because a recommendation requires that the institution take corrective action, specific evidence of non-compliance must be included in the narrative for any recommendation written. Number recommendations consecutively throughout the report and provide a summary list in Appendix C. Delete these directions prior to printing the final report.

### A. Assessment of Compliance with Section 1

#### **Institutional Integrity**

\_\_\_ The Committee finds no basis for making recommendations.

\_\_\_ The Committee makes the following recommendations due to non-compliance:

#### **Adherence to Commission Policy**

\_\_\_ The Committee finds no basis for making recommendations.

\_\_\_ The Committee makes the following recommendations due to non-compliance:

#### **Substantive Change**

\_\_\_ The Committee finds no basis for making recommendations.

\_\_\_ The Committee makes the following recommendations due to non-compliance:

#### **Representation of Accredited Status**

\_\_\_ The Committee finds no basis for making recommendations.

\_\_\_ The Committee makes the following recommendations due to non-compliance:

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**Directions for Parts B thru D:** Indicate the institution's compliance or non-compliance, and develop a comment in accordance with "Guidelines for Writing Comments for Committee Reports," available at [www.sacscoc.org](http://www.sacscoc.org). Write a recommendation for any finding of "non-compliance." Because a recommendation requires that the institution take corrective action, specific evidence of non-compliance must be included in the narrative. Number recommendations consecutively throughout the report and provide a summary list in Appendix C. Delete these directions prior to printing the final report.

## **B. Assessment of Compliance with the Core Requirements**

2.1 The institution has degree-granting authority from the appropriate government agency or agencies. (Degree-granting Authority)

Compliance

Non-Compliance

Comment

*(Note: Refer to the Commission's Web site for full text to include all Core Requirements)*

## **C. Assessment of Compliance with the Comprehensive Standards**

3.1.1 The institution has a clear and comprehensive mission statement that guides it; is approved by the governing board; is periodically reviewed by the board; and is communicated to the institution's constituencies.

Compliance

Non-Compliance

Comment

*(Note: Refer to the Commission's Web site for full text to include all Comprehensive Standards)*

## **D. Assessment of Compliance with Federal Requirements**

4.1 When evaluating success with respect to student achievement in relation to the institution's mission, the institution includes, as appropriate, consideration of course completion, state licensing examinations, and job placement rates.

Compliance

Non-Compliance

Comment

*(Note: Refer to the Commission's Web site for full text to include all Federal Requirements)*

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## Part III. Assessment of the Quality Enhancement Plan

**Directions for Part III:** The On-Site Review Committee is responsible for evaluating the acceptability of the QEP and confirming that it is part of an ongoing planning and evaluation process. Items A-C below provide a framework (1) for analyzing the extent to which the institution has provided evidence that it is committed to a course of action that addresses a topic or issue to improve the quality of student learning and (2) for providing advice and consultation to assist the institution in strengthening its QEP. Delete these directions prior to printing the final report.

### A. Brief description of the institution's Quality Enhancement Plan

### B. Analysis of the Acceptability of the Quality Enhancement Plan

Using the following indicators, evaluate the acceptability of the QEP.

1. **Focus of the Plan.** The institution identifies a significant issue(s) related to student learning and justifies its use for the QEP.
2. **Institutional Capability for the Initiation and Continuation of the Plan.** The institution provides evidence that it has sufficient resources to implement, sustain, and complete the QEP.
3. **Assessment of the Plan.** The institution demonstrates that it has the means for determining the success of its QEP.
4. **Broad Based Involvement of the Community.** The institution demonstrates that all aspects of its community were involved in the development of the Plan.

### C. Analysis and Comments for Strengthening the QEP

Use this section to highlight strengths that have not been addressed above and to provide advice to assist the institution in strengthening its QEP.

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## APPENDIX A

### Roster of the On-Site Review Committee

Directions: Include the name, title, institution, city and state of each member. Delete these directions prior to printing the final report.

## APPENDIX B

### Off-Campus Sites or Distance Learning Programs Evaluated as Part of the On-Site Review

#### Examples:

New Orleans, LA: B.S. in Accounting offered at 322 St. Charles Street, Charleston, SC: General education courses, BBA, BS in Accounting offered at 611 Calhoun Ave. BS in Accounting and BBA offered to approximately 125 students on the Web

## APPENDIX C

### List of Recommendations Cited in the Report of the Reaffirmation Committee

*List recommendations consecutively. Include the Core Requirement or Comprehensive Standard number, the recommendation number, the recommendation.*

#### Examples:

**CR 2.11, Recommendation 1:**

The Committee recommends that the institution provide an audit for the most recent fiscal year.

**CS 3.2.10, Recommendation 2:**

The Committee recommends that the institution provide evidence that the president and senior staff are evaluated on a periodic basis.



# GENERAL EXPECTATIONS FOR CHAIRING AN OFF-SITE REVIEW COMMITTEE

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In addition to the specific tasks outlined in Part IV, The Roles and Responsibilities of Committee Chairs, other general expectations for those chairing Off-Site Review Committees include the following:

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## *For all Committees*

- Establish a productive working relationship with Commission staff and committee members.
- Ensure that the logistical details for the review have been addressed.
- Assume a position of authority and responsibility throughout the review.
- Demonstrate knowledge of the *Principles of Accreditation*, Commission policies and procedures, and the institutions being reviewed.
- Develop a schedule that provides sufficient time for the committee to complete its tasks.
- Manage the committee so that it accomplishes its tasks in a timely manner.
- With assistance from Commission staff, guide the committee in the application of concepts of best practices and professional judgment in discussions, reaching consensus, and phrasing recommendations.
- Remind committee members that sometimes they must make difficult decisions and that the review is intended to be helpful to the institutions.
- Ensure that the report of the committee communicates clearly and decisively the committee's findings at the time of the review and that the report is completed in a timely manner.

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## *For the Off-Site Review Committee*

- Review the composition of the committee and each committee member's respective assignments.
- Contact and establish a productive working relationship with committee members.
- Become familiar generally with the institutions scheduled for review.
- Ensure that each committee member reviews and completes a worksheet for each institution during the designated pre-meeting time period.
- Collect worksheets electronically from each committee member, incorporate comments into one draft Report of the Reaffirmation Committee, and send the draft report to committee members and the staff coordinator in advance of the meeting in Atlanta.
- Conduct a conference call or calls with committee members prior to the meeting in Atlanta.
- Prepare an orientation for committee members scheduled as the first agenda item when meeting in Atlanta.
- Establish a procedure for the reviews in Atlanta: (1) stress that the completed report will be that of the committee and not of individuals; (2) ask each committee member to indicate during discussion the rationale for a determination of compliance or noncompliance; and (3) ask appropriate questions throughout the review.
- For each institution, complete Part II of the Report of the Reaffirmation Committee. Consider the audiences for which the report is written and ensure that comments are clear and concise.
- Work with the Commission staff coordinator and committee recorder to complete each institution's report before departing Atlanta.

# GENERAL EXPECTATIONS FOR CHAIRING AN ON-SITE REVIEW COMMITTEE

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In addition to the specific tasks outlined in Part IV, The Roles and Responsibilities of Committee Chairs, other general expectations for those chairing On-Site Review Committees include the following:

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## *For all Committees*

- Establish a productive working relationship with Commission staff and committee members.
- Ensure that the logistical details for the review have been addressed.
- Assume a position of authority and responsibility throughout the review.
- Demonstrate knowledge of the *Principles of Accreditation*, Commission policies and procedures, and the institutions being reviewed.
- Develop a schedule that provides sufficient time for the committee to complete its tasks.
- Manage the committee so that it accomplishes its tasks in a timely manner.
- With assistance from Commission staff, guide the committee in the application of concepts of best practices and professional judgment in discussions, reaching consensus, and phrasing recommendations.
- Remind committee members that sometimes they must make difficult decisions and that the review is intended to be helpful to the institutions.
- Ensure that the report of the committee communicates clearly and decisively the committee's findings at the time of the review and that the report is completed in a timely manner.

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## *For the On-Site Review Committee*

- Establish contact with the institution to arrange the logistics for the visit (hotel accommodations, travel, computer support, etc.) and assist the Commission staff member as needed in completing the Information Outline Form.
- Review the composition of the committee and each committee member's respective assignment as provided by Commission staff.
- Review Part II of the Report of the Reaffirmation Committee as completed by the Off-Site Review Committee.
- Read the institution's Quality Enhancement Plan and its Focused Report (if submitted).
- Establish contact with all members of the committee.
- Develop a schedule for the visit and send it to committee members.
- Schedule a conference call with committee members after they have had an opportunity to review materials so that you can discuss interviews on campus, compliance issues, and the Quality Enhancement Plan.
- Prepare an orientation for committee members to be conducted during the first executive session on site.
- Work with the lead QEP evaluators to ensure that they are familiar with the process and are clear in their assignments and responsibilities.
- Work with the committee to ensure a timely review of compliance concerns and of the Quality Enhancement Plan.
- During the executive sessions on site, keep committee members focused on the issues and manage the committee to ensure completion of tasks and the report.
- Work with the committee to complete the Report of the Reaffirmation Committee: (1) consider the audiences for which the report is written, (2) ensure that recommendations are carefully phrased and are preceded with narrative that explains clearly why the committee determined noncompliance, (3) determine compliance with Core Requirement 2.12, be explicit in the narrative, and include strengths and weaknesses, and (4) ensure that the final report is clear and that there is no "mixed message" that may confuse the institution and the Commission.
- After the on-site visit, edit and process the report to ensure that the Commission office receives the final report no later than four weeks after the visit.

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APPENDIX F:

# SCHEDULE FOR THE OFF-SITE REVIEW COMMITTEE (SAMPLE TIME FRAMES)

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The Off-Site Review Committee follows two schedules: (1) pre-meeting reading and review schedule and (2) a meeting schedule for reviews in Atlanta. Samples of each follow.

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***Pre-Meeting Schedule:***  
***A sample schedule for Track A institution reviews***

The pre-meeting review schedule extends over an approximately seven-week period as illustrated in the table below.

<i>Designated Case Review Period *</i>	<i>Institution</i>	<i>COC Staff Member</i>
March 16 – March 30		
March 31 – April 12		
April 13 – April 25		
April 26 – May 9		

\* Time period designated for pre-meeting discussions of listed institutions' cases. On the last day of each time period, committee members should send their findings to the Chair of the Off-Site Review Committee.

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***A Sample Meeting Schedule for Reviews in Atlanta:***

The Off-Site Review Committee meetings extend over a two-day period as illustrated in the table below.

	<b>Morning</b>	<b>Afternoon</b>
<b>Day One</b>	<p>Joint meeting/breakfast of COC Staff Coordinators and committee chairs</p> <p>Joint meeting of all COC staff, committee members, and chairs</p> <p>Review of institutional case #1</p>	<p>Lunch for committee members/ luncheon meeting for COC Staff Coordinators and committee chairs</p> <p>Review of institutional case #2</p> <p>Reception</p>
<b>Day Two</b>	<p>Continental breakfast in break out committee rooms</p> <p>Review of institutional case #3</p>	<p>Lunch for committee members/ luncheon meeting for COC Staff Coordinators and committee chairs</p> <p>Review of institutional case #4</p> <p>Adjournment</p>

APPENDIX G:

# OUTLINE OF ACTIVITIES FOR THE ON-SITE REVIEW COMMITTEE (SAMPLE)

The On-Site Review Committee visit typically extends over a three-day period as illustrated in the table below. Although all committees may not follow precisely the schedule below, the sample schedule does outline the general activities that take place during the on-site visit.

	<b>Morning</b>	<b>Afternoon/Evening</b>
<b>Day One</b>	Chair conducts preliminary activities Committee arrives [May opt to conduct Committee Organizational Meeting]	Committee Organizational Meeting Review of documentation for compliance issues Finalize interviews for Day Two Meeting with institution’s leadership for an overview of QEP and any other issues Committee Executive Session Dinner Independent report writing
<b>Day Two</b>	Depart for campus Working breakfast with campus leadership ( <i>optional</i> ) Group interviews Review of documents as needed	Working lunch for On-Site Review Committee Interviews and review of documentation, as needed Committee Executive Session Dinner Finish independent report writing

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	<b>Morning</b>	<b>Afternoon/Evening</b>
<b>Day Three</b>	<p>Committee Executive Session to complete report and discuss exit conference</p> <p>Depart for campus</p> <p>COC staff/chair meeting with the chief executive officer</p> <p>Exit conference</p>	<p>Optional session for chair/COC staff to report to the larger academic community (<i>if requested in advance by the institution's chief executive officer</i>)</p>



# GUIDELINES FOR WRITING COMMENTS FOR COMMITTEE REPORTS

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## *Introduction*

Since the implementation of the new standards and modified reaffirmation process in January 2004, the Commission's procedure for developing committee reports has been expanded to require comments for all of the standards reviewed by the committee. Consequently, Off-Site Review Committees, On-Site Review Committees, and Accreditation Committees are expected to develop comments for each Core Requirement, Comprehensive Standard, and Federal Requirement. Comments for the standards found in compliance by the Off-Site Review Committee are entered verbatim on the *Report of the Reaffirmation Committee*, which is completed by the On-Site Review Committee. Substantive Change, Special, and Candidacy Committees are expected to develop comments for each standard identified for review by the committee.

Investing time in the development of comments for all of the standards reviewed serves two important purposes for the Commission on Colleges. First, the addition of comments for those standards found in compliance provides a richer report with greater historic value. Second, the added depth provided by these comments assists the Commission in demonstrating fulfillment of its responsibilities as a regional accrediting entity recognized by the U.S. Department of Education.

In an effort to ensure that these comments are cogent, coherent, and informative, this set of guidelines offers four strategies for developing substantive comments that succinctly reflect the institution's status of compliance at the time of the peer review.

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## Strategy One

### ***Do not simply repeat the standard.***

Why not? Because a simple repetition of the standard provides no specific details relative to the institution under review. This lack of detail significantly reduces the report's historic value.

Example One: 2.5 *The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that incorporate a systematic review of programs and services that (a) results in continuing improvement and (b) demonstrates that the institution is effectively accomplishing its mission. (Institutional Effectiveness)*

#### **Compliance**

Comment: The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation that lead to improvement of its programs and services and the fulfillment of its mission.

Notice how this comment lacks any reference to the institution reviewed. A comment should contain some specific details that not only tie it to the institution under review but also make that particular comment inappropriate for other institutions. In other words, comments need to be customized. This comment, however, could be applied to virtually any member institution.

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## Strategy Two

### ***Include details specific to the institution.***

Why? Because specific details not only confirm that the reviewer has digested the narrative and documentation presented in the Compliance Certification, but they also provide a thumbnail sketch of the institution's compliance at the time of the review.

Example Two: 2.5 *The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that incorporate a systematic review of programs and services that (a) results in continuing improvement and (b) demonstrates that the institu-*

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*tion is effectively accomplishing its mission. (Institutional Effectiveness)*

### **Compliance**

Comment: The college uses a multifaceted approach to planning and evaluation that includes a systematic strategic planning process, an annual planning and evaluation process, and a program review process. The institution's Advisory Committee on the Planning Process and the Planning Committee coordinated the development of the institution's current strategic plan (2003-2010) ensuring that all campus constituencies were involved. The institution's annual evaluation and planning process involves 2-3 day planning and assessment retreats held each spring or summer for the purposes of reviewing progress on current goals and for developing goals, expected outcomes, and methods for achieving outcomes for the upcoming year. A review of the results from these retreats revealed evidence that the institution uses the evaluation and assessment results to improve its programs and services. The institution also conducts annual assessments as well as periodic program reviews of all academic departments.

Notice how details such as the “Advisory Committee on the Planning Process,” the dates of the current strategic plan, and “2-3 day planning and assessment retreats held each spring or summer” tie this comment to a particular institution. That the language of this comment would apply verbatim to any other member institution is unlikely.

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## **Strategy Three**

### ***Reference the documentation reviewed.***

Why? Because references to the documentation that has been examined tie the comment even more tightly to the specific institution under review and establish an important historical note should further review of the same issue become necessary in the future.

***Example Three:*** 2.5 *The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that incorporate a systematic review of programs and services that (a) results in continuing improvement and (b) demonstrates that the institution is effectively accomplishing its mission. (Institutional Effectiveness)*

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## Compliance

Comment: The Committee's review of the last five annual Planning Initiatives and Assessment Results reports confirms that the institution engages in ongoing and systematic planning and evaluation that leads to improvement of its programs and services and the fulfillment of its mission. The college uses a multifaceted approach to planning and evaluation that includes a systematic strategic planning process, an annual planning and evaluation process, and a program review process. The institution's Advisory Committee on the Planning Process and the Planning Committee coordinated the development of the institution's current strategic plan (2003-2010) ensuring that all campus constituencies were involved. The institution's annual evaluation and planning process involves 2-3 day planning and assessment retreats held each spring or summer for the purposes of reviewing progress on current goals and for developing goals, expected outcomes, and methods for achieving outcomes for the upcoming year. A review of the results from these retreats revealed evidence that the institution uses the evaluation and assessment results to improve its programs and services. The institution also conducts annual assessments as well as periodic program reviews of all academic departments.

Note how easily a reference to key documentation was slipped into the first sentence.

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## Strategy Four

Address all parts of the standard.

Why? Because the Commission needs to document a comprehensive review. The historic value of a report is severely compromised when the comment does not clearly indicate compliance with all aspects of the standard.

Example Four: 3.4.1 *The institution demonstrates that each educational program for which academic credit is awarded (a) is approved by the faculty and the administration and (b) establishes and evaluates program and learning outcomes.*

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### **Non-Compliance**

The Committee's review of section 5.3.1 of the *VCCS Policy Manual* and the minutes of the Curriculum and Instruction Committee confirm that credit programs are approved by the faculty and the administration. Faculty initiate course changes within a program using the required change form. All changes require approval from the Curriculum and Instruction Committee, which includes the Vice President for Instruction and faculty representation from each instructional unit.

The Student Outcomes Assessment Committee oversees the development and assessment of learning outcomes for each instructional program. The Committee's review of the minutes of this group confirms that review remains unequally sustained over all departments and that the criteria for assessment remain incomplete. In particular, outcomes and assessment measures could not be found for the following departments: ...

Note how the comment clearly establishes compliance with 3.4.1 (a) and non-compliance with 3.4.1 (b).

Many standards, however, do not flag the multiple requirements as clearly as 3.4.1 does. Consider, for example, Core Requirement 2.10:

*The institution provides student support programs, services, and activities consistent with its mission that promote student learning and enhance the development of its students.*

The dual requirements embedded in this Core Requirement are not enumerated, yet the comment needs to establish the extent to which (a) the institution provides student support programs, services, and activities consistent with its mission and (b) those programs, services, and activities promote student learning and/or enhance the development of students.

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## *Length*

How long should these comments be? Just long enough to make a clear, unambiguous statement of the institution's degree of compliance with all parts of the standard and to provide details specific to the institution and the documentation reviewed.

Some standards, such as Core Requirements 2.1 and 2.6, may generate comments as short as a single sentence.

*2.1 The institution has degree-granting authority from the appropriate government agency or agencies.*

**Comment:** The Committee's review of the South Carolina *Code of Laws* confirms that the college has authority to grant the baccalaureate degree.

*2.6 The institution is in operation and has students enrolled in degree programs.*

**Comment:** The Committee's review of the *University Enrollment Management Report, Fall 2004*, and the *Fall 2004 Class Schedule* confirms that the college is in operation and has students enrolled in degree programs.

Other standards, as illustrated above, require greater length. Instances of non-compliance may demand the greatest length because the text needs to establish the foundation for a recommendation or for an Off-Site Review Committee referral to the On-Site Review Committee.

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# GUIDELINES FOR WRITING RECOMMENDATIONS FOR COMMITTEE REPORTS

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## APPENDIX I:

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### ***Definition***

A recommendation is a statement written by a visiting committee when, in its professional judgment, it determines that an institution is not in compliance with a Core Requirement, Comprehensive Standard, or Federal Requirement found in the *Principles of Accreditation*. A recommendation specifies that the institution must demonstrate compliance with a requirement or standard but does not prescribe how. Therefore, it is important that the committee provides evidence that precedes the recommendation and clearly explicates the reasons for that recommendation.

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### ***Developing the Narrative Support for the Recommendation***

(Also refer to “Guidelines for Writing Comments for Committee Reports.”)

A visiting committee provides in its report clear and specific narrative supporting its judgment that the institution is not in compliance and that a recommendation is warranted. The institution responds to the recommendation by providing evidence of compliance that is reviewed and, if appropriate, monitored by the Commission through its Committees on Compliance and Reports until the institution has demonstrated compliance.

### ***Discovering and Providing Evidence***

Evidence used to support a recommendation can be quantitative or qualitative, consisting of facts discovered or verified by the committee. The committee evaluates evidence drawn from interviews, documents, or observations and may consider both lack of evidence and validity of evidence in reaching conclusions about compliance and in writing recommendations. The evidence written into the narrative preceding the recommendation should be objective, current, authoritative, specific, and sufficiently supportive of the recommendation.

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*Evaluating Compliance and  
Providing Narrative to Support  
the Recommendation*

Committee members are responsible for applying their professional judgment in determining the adequacy, appropriateness, and sufficiency of information provided by the institution as it seeks to make its case for compliance. In many cases the committee will not be able to make use of quantitative criteria, but will be called upon to judge “adequacy,” or what is “appropriate” or “sufficient.” These judgments are unavoidable and are absolutely necessary in carrying out the accreditation process. In any case, the narrative developed by the committee should clearly and specifically describe the reasons for the committee’s judgment of non-compliance and should lead to a recommendation that logically results from the evidence detailed in the narrative.

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*Writing the Recommendation*

The committee should ensure that the recommendation

1. is linked to a standard or requirement.
2. is clearly stated and identifies the issue of non-compliance.
3. follows logically the narrative leading to it.
4. contains no prescriptive language.
5. contains language requiring the institution to provide evidence of compliance rather than asking the institution merely to study the issue of non-compliance or to consider how it might come into compliance.



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## APPENDIX J:

# ON-SITE ACTIVITIES FOR THE CHAIR

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### *On-Site Activities of Chair Prior to Arrival of the On-Site Review Committee*

In lieu of the chair's preliminary visit, the chair will arrive on-site a half day in advance of the On-Site Review Committee. The purpose is to meet the institution's Leadership Team and to ensure that the logistics of the visit are in order.

The following are some of the activities of the chair during this time:

1. Meet with the president to establish a relationship and gain a perspective regarding the institution's readiness.
2. Meet with the entire Leadership Team to:
  - Establish a relationship
  - Confirm the schedule and modify as appropriate
  - Review any additional logistics of the visit
  - Review the availability of documents/electronic access to additional information
  - Discuss questions about follow up to the findings of the Report of the Reaffirmation Committee
  - Review matters dealing with any substantive change reviews taking place or prior to the meeting, and
  - Review exit conference procedures.
3. Meet with the leaders of the Compliance Certification and the Quality Enhancement Plan to discuss additional materials prepared and related to the Compliance Certification and the current status of the Quality Enhancement Plan.
4. Spend a brief time orienting self to campus.

