

# TEAM VISITS

## CONDUCTING AND HOSTING AN EVALUATION VISIT



Middle States Commission on Higher Education

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CONDUCTING AND HOSTING

AN EVALUATION VISIT

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**Middle States Commission on Higher Education**

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The text of this publication also may be downloaded from the Commission's website. Bound copies may be purchased through the publications order form, also available on the website.

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# Contents

	Page
<b>How to Use This Handbook: Hints and Tips</b> . . . . .	<b>vi</b>
<b>Chapter 1: The Visiting Team</b>	
Definition of Accreditation . . . . .	1
The Evaluation Process . . . . .	1
Evaluation Team Ethics . . . . .	3
<b>Chapter 2: From the Chair’s Appointment to the Chair’s Preliminary Visit</b>	
Selecting the Chair . . . . .	5
Setting Dates for the Preliminary and Evaluation Visits . . . . .	5
Selecting and Confirming the Team. . . . .	8
Chair’s Review of the Self-Study Design and Draft Self-Study Report . . . . .	10
<b>Chapter 3: The Team Chair’s Preliminary Visit</b>	
Preliminary Visit Activities . . . . .	11
Following the Preliminary Visit . . . . .	14
<b>Chapter 4: Preparation for the Team Visit</b>	
Orientation for New Chairs and Evaluators . . . . .	17
Documents and Communications . . . . .	17
Team Member Preparation and Responsibilities . . . . .	19
<b>Chapter 5: The Team Visit and Team Findings</b>	
Pre-arrival Communications . . . . .	24
Team Members’ Roles and Responsibilities . . . . .	25
Initial Team Meetings. . . . .	29
Host’s Get-acquainted Program . . . . .	30
Evaluation Meetings and Activities . . . . .	30
Evaluation Team Conferences and Discussions . . . . .	31
Final Team Meeting and Report . . . . .	32
Oral Report to the Institution . . . . .	36
Immediately Following the Team Visit . . . . .	37
<b>Chapter 6: The Evaluation Team Report and the Institutional Response</b>	
Characteristics of the Report . . . . .	40
The Draft of the Evaluation Team Report . . . . .	49
The Final Team Report . . . . .	50
Distribution of Reports . . . . .	51
Evaluation Team Report Format and Templates. . . . .	51

The Institution’s Formal Response . . . . .	51
The Chair’s Confidential Brief . . . . .	52
<b>Chapter 7: Commission Review, Action, and Public Disclosure</b>	
Review by the Commission’s Committee on Evaluation Reports. . . . .	54
Commission Actions . . . . .	54
Public Disclosure . . . . .	54
Use and Distribution of the Evaluation Team Report . . . . .	55
Evaluation Costs Charged to the Institution . . . . .	56
Emergencies . . . . .	56
<b>Appendices</b>	
1 Assessing Student Learning and Institutional Effectiveness: Understanding Middle States Expectations. . . . .	57
2 Guidelines for Generalist Evaluators Conducting a Document Review for the Selected Topics Model. . . . .	62
3 Selected Topics Self-Study Formats for Use by Institutions and by Team Chairs and Evaluators . . . . .	66
4 Sample Cover Page of the Team Report . . . . .	72
5 Sample Second Page of the Team Report . . . . .	73
6 Certification Statement: Compliance with MSCHE Eligibility Requirement and Federal Title IV Requirements. . . . .	74
7 How to Conduct an Interview during a Team Visit. . . . .	75
8 Middle States Commission on Higher Education Mission Statement . . . . .	76
<b>Index . . . . .</b>	<b>77</b>

## List of Figures

1 Accreditation and Planning Timetable . . . . .	2
2 What Institutions Expect of Teams and Chairs . . . . .	5
3 From the Chair’s Appointment to the Team Visit. . . . .	7
4 The Roles of the Team Chair . . . . .	9
5 The Roles of an Evaluator . . . . .	19
6 Team Visit Schedule. . . . .	25
7 Team Visit Findings on Decennial Visits . . . . .	35
8 Team Report for Comprehensive or Comprehensive with Emphases Self Studies. . . . .	41
9 Example of a Team Report for a Self-Study Organized by Standard . . . . .	42
10 Example of a Team Report for a Self-Study Organized by Groups of Standards . . . . .	43
11 Example of a Team Report for a Self-Study Organized Thematically . . . . .	44
12 Team Report Template for Selected Topics Self-Studies . . . . .	45
13 Compliance with Accreditation Standards in a Selected Topics Self-Study . . . . .	47
14 Reporting Deadlines. . . . .	50
15 Template for the Chair’s Brief . . . . .	53

## List of Reminders

### For Team Chairs:

The Preliminary Visit . . . . .	15
Prior to the Evaluation Visit . . . . .	26
During the Visit and After . . . . .	39

### For Institutions:

The Preliminary Visit . . . . .	16
Prior to the Evaluation Visit . . . . .	28
After the Evaluation Visit . . . . .	52

### For Evaluators:

Prior to the Evaluation Visit . . . . .	27
During the Visit and After . . . . .	38

# How to Use This Handbook

## *Hints and Tips*

This handbook is intended for the use of evaluation teams and institutions hosting a decennial evaluation visit. However, it should be used in conjunction with other Commission publications such as *Self-Study: Creating a Useful Process and Report*, *Characteristics of Excellence*, and *Policies, Guidelines, Procedures, and Best Practices*, which are available online at [www.msche.org](http://www.msche.org).

Chapter 1 provides an overview of the decennial evaluation visit, the self-study models, team responsibilities, and team composition. Each of the subsequent chapters in the handbook represents a sequential step in the evaluation process, following the typical time line for decennial review evaluation visits. Other useful tools found in chapters 2 to 7 include:

### **Highlights of responsibilities**

A section outlining the respective responsibilities of the Chair, the institution, and evaluation team members can be found in each of the chapters where applicable. Read carefully the sections outlining your responsibility as a Chair, institution, or evaluation team member. However, you need to familiarize yourself with the responsibilities of others to understand what the Commission expects from each.

### **Reminders**

At the end of each section, when applicable, there is a list of reminders related to the activities covered in that chapter for which Chairs, institutions, and evaluation team members are responsible. These reminders are not intended to be a simple checklist. However, they are a useful tool to ensure that key actions that need to take place before,

during, and after the visit are completed. These reminders can also be used as a quick reference guide for each step of the process.

### **Appendices**

Attached at the end of the document are several appendices that include useful forms, samples, and more detailed procedures for conducting selected topics document reviews.

### **Team Findings**

Chapter 5 provides a guide for the different types of team findings regarding compliance with the accreditation standards and the related actions the team may recommend. Chairs, evaluation team members, and institutions should familiarize themselves with what each finding and related action means, such as the difference between suggestions, recommendations, and requirements. This can help evaluators as they read the self-study report and conduct the evaluation visit, as well as help the institution understand the team report.

### **Templates**

Chapter 6 provides sample templates for preparing different types of team reports, depending on the model or grouping of the standards for accreditation used by the institution in preparing the Self-Study Report.

### **Time lines**

Time lines for the process can be found in chapters 1, 2, and 7.

# Chapter 1

## The Visiting Team

The evaluation process consists of two interrelated phases: a self-study, conducted by an institution, and peer review, conducted by an evaluation team. This handbook provides detailed guidance to institutions, evaluation team members, and team Chairs engaged in these self-study and peer review processes. These evaluation team members and team Chairs are volunteers who are selected from the academic community within the Middle States region and throughout the nation to assist in assuring the quality of higher education institutions and to help them improve.

### Definition of Accreditation

At every stage, the Chair and evaluators should consider their role within the context of the following working definition of accreditation:

Middle States accreditation is an expression of confidence in an institution's mission and goals, its performance, and its resources. Based upon the results of institutional review by peers and colleagues assigned by the Commission, accreditation attests to the judgment of the Commission on Higher Education that an institution has met the following criteria:

- \* has a mission appropriate to higher education;
- \* is guided by well-defined and appropriate goals, including goals for student learning;
- \* has established conditions and procedures under which its mission and goals can be realized;
- \* assesses both institutional effectiveness and student learning outcomes, and uses the results for improvement;
- \* is accomplishing its mission and goals substantially;

- \* is organized, staffed, and supported so that it can be expected to continue to accomplish its mission and goals; and
- \* meets the eligibility requirements and standards of the Middle States Commission on Higher Education.

The Commission applies its standards in order to make responsible judgments about the institutional and educational effectiveness of each college and university, consistent with each institution's own mission and other unique characteristics. The Commission is not intended to be an agency for the enforcement of government policies, except as required by the Commission's status as a federally-recognized accrediting organization.

### The Evaluation Process

Interaction between the Commission and an institution during the evaluation process can be summarized as follows (See Figure 1):

The institution examines itself and speaks to its internal and external constituents and to the Commission through the self-study report.

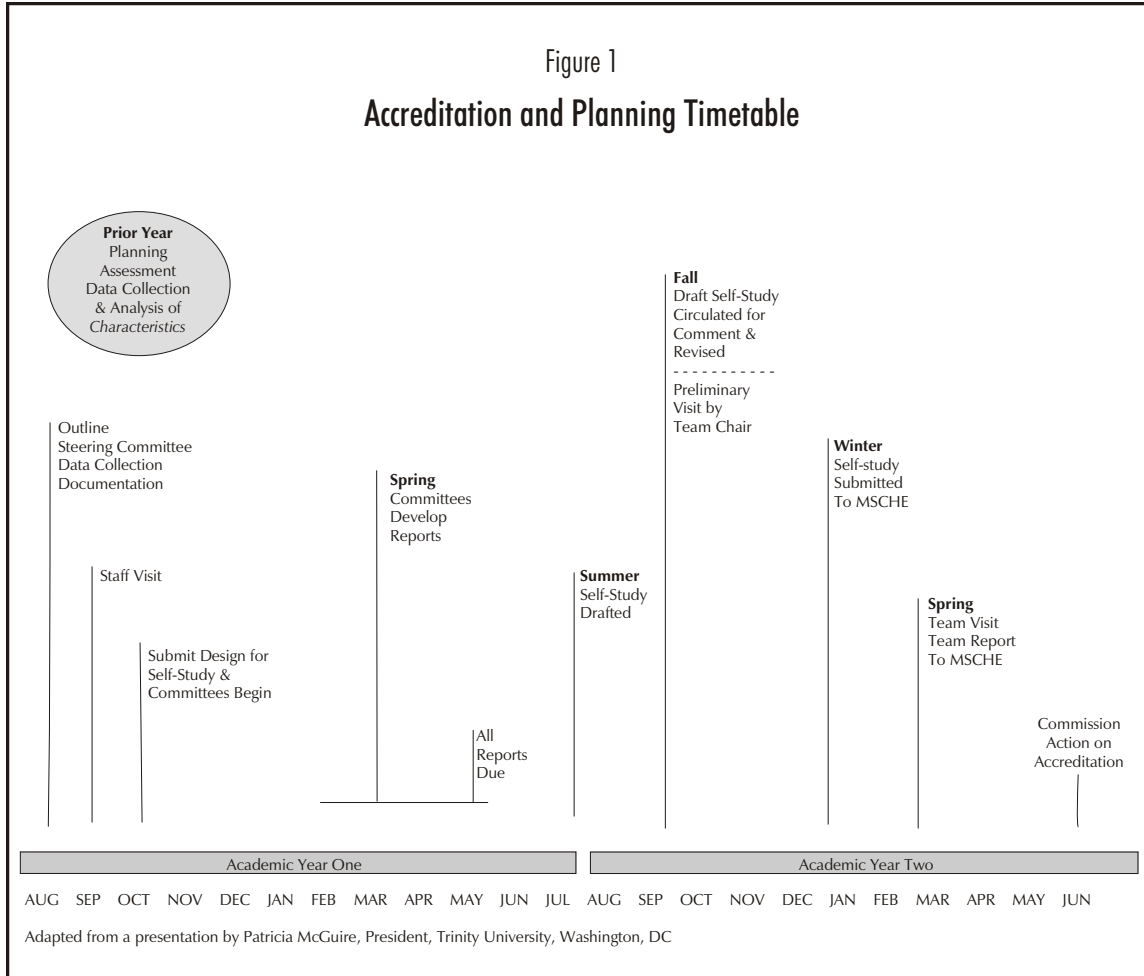
A team of academic colleagues, appointed by the Commission, evaluates and advises the institution through the evaluation team report.

The institution replies to the team report in a written response addressed to the Commission.

The team Chair submits a confidential brief to the Commission, summarizing the team report and conveying the team's recommendation for accreditation action.

The Commission staff and the Commission's Committee on Evaluation Reports carefully





review the institutional self-study document, the evaluation team report, the institution’s formal response, and the Chair’s brief to formulate a recommendation to the Commission.

The full Commission, after considering information gained in the preceding stages, takes formal accreditation action.

The institution continues to consider and act on the results of its own self-study and the advice it has received as part of its on-going self-study and planning process.

*Self-Study*

An institution spends approximately 18 to 24 months conducting an intensive self-study. The purposes of self-study are to clarify the institution’s mission and objectives, to conduct a thorough analysis of its resources and effectiveness in attaining those objectives and fulfilling its

mission, to demonstrate that the institution meets the accreditation standards, and to identify ways in which the educational effectiveness of the institution can be strengthened.

An ideal self-study involves as many faculty, administrators, trustees, and students as feasible in order to reflect on purposes, performance, and effectiveness; to examine strengths as well as weaknesses; and to begin to work on solutions to challenges for improving the institution. A well-planned and clearly focused self-study culminates in a report that constitutes a realistic planning document.

An institution, at the Commission’s discretion, may conduct different forms of self-study reviews, such as a traditional comprehensive self-study, a selected topics self-study, or a collaborative self-study review. Each of these self-study reviews has an impact on the way in which the team conducts its evaluation. For instance, a selected topics review requires a document review

conducted by one or more generalist evaluators. This review may occur during the Chair's preliminary visit or during the team's visit. Collaborative visits involving other accrediting bodies or regulatory agencies may involve working with representative of other agencies that might have different criteria and evaluation procedures. In either case, additional coordination and planning is not only necessary but essential to the success of the review. The different types of self-studies are discussed further in chapter four of this document and in the publication *Self-Study: Creating a Useful Process and Report*.

#### Peer Review

The peer review process begins when the Commission selects a team of experienced and appropriate practitioners to visit the institution and conduct an on-site evaluation, based upon the institution's self-study report and the Commission's primary document, *Characteristics of Excellence in Higher Education*. The Chair and other members of the evaluation team, who are mostly from Middle States institutions and are selected for their qualifications, are expected to contribute to a thoughtful assessment of the institution within the framework of accreditation standards, as well as the mission and goals of the institution. They will evaluate the analysis in the self-study document and draw upon the insights the team gains from on-site interviews.

## Evaluation Team Ethics

#### Conflicts of Interest

The Commission relies on the personal and professional integrity of individuals to refuse any assignment when there is even the slightest potential for a conflict of interest. Under current policy, the Commission staff will not knowingly assign, as a participant in an evaluation, a person:

- \* whose home institution is in direct competition with or in the same state or geographical proximity to the institution to be visited;
- \* whose home institution is part of the same system;

- \* who has been, within the past year, a candidate for employment in the institution to be visited;
- \* who has been, within the past five years, an appointee or employee of the institution;
- \* who has a business, consultative, or other interest in or relationship to the institution under review and consideration;
- \* who has a family member who is an employee, board member, or candidate for employment at the institution;
- \* who has expressed personal opinions bearing on the accreditability of the institution;
- \* who is a graduate of the institution;
- \* who belongs to the governing board of the institution being evaluated; or
- \* who makes his or her own judgment that there is any other circumstance that could be perceived as a conflict of interest.

Only in rare cases are exceptions made, and then only in consultation with the institution to be visited. To ensure that evaluation team Chairs and team members understand the Commission's policy on conflicts of interest, each person will receive a copy of the policy statement and be asked to sign a conflict of interest statement.

**Employment at Institutions.** The institution is expected to respect the process by not engaging any team member as a consultant or considering a team member for permanent employment for one year following the evaluation.

#### Personal Conduct

The Commission will not tolerate any instance of unprofessional or unethical conduct, including instances of substance abuse or of sexual or other forms of harassment.

#### Confidentiality

To safeguard the openness of the peer review process, the Commission is obliged to maintain the confidentiality of information it receives as part of evaluation and accreditation processes, consistent with the policy statement on collegiality

and public communication in the accreditation process.

This confidentiality extends to a wide range of items, including all evaluation materials provided by the institution, exhibit files, notes and observations from interviews, discussions of team members, discussions with state higher education representatives, team observations, recommendations to the Commission, the Chair's brief, the evaluation committee's discussion, and the Commission's action.

A copy of the current *Policies, Guidelines, Procedures, and Best Practices* can be found at the Commission's website, [www.msche.org](http://www.msche.org), under the listing for publications.

## Chapter 2

# From the Chair's Appointment To the Chair's Preliminary Visit

### Selecting the Chair

In the self-study design that the institution prepares before the self-study itself begins, institutions are asked to make suggestions about the characteristics that they believe are important for team members, including the Chair. Based on these suggestions and other factors, Commission staff attempt to find potential Chairs that best match the desired characteristics and the needs of the institutions being evaluated.

Early in the spring, Commission staff will contact the chief executive of each institution being evaluated during the next academic year to propose a potential Chair for the evaluation team. If the chief executive approves the choice, Commission staff will invite the proposed Chair to serve and will provide that individual with information on the institution. Figure 2 illustrates some of the expectations that institutions might have for the Chair of their evaluation team.

In the event that the person being proposed to serve as Chair is unable to serve, Commission staff will propose additional names to the chief executive of the institution being evaluated. After the proposed Chair accepts, the institution is notified and further information is sent to both the Chair and the institution.

### Setting Dates for the Preliminary Visit and The Evaluation Visit

Once confirmed, the team Chair should contact the institution's president to select dates for the visits, including the Chair's preliminary visit and the evaluation team visit.

The institution should notify the Commission staff of the date for the team visit as soon as it has been set so that staff can begin to invite team

Figure 2

### What Institutions Expect of Teams and Chairs

- Respect for time and effort put into a self-study
- Respect for the institution's expertise about itself
- Collegiality with appropriate professional distance
- Fairness and integrity
- "Compassionate rigor"
- Expertise in applying standards and interpreting institutional conditions
- Thorough preparation and earnest interest in the story of the institution
- Consistency with role expectations and conduct of the visit

Adapted from a presentation by Patricia McGuire, President, Trinity University, Washington, DC

members. Assembling evaluation teams is a complicated process. Early information about the dates selected helps staff to produce an early roster of prospective team members for the Chair and institution to review at the time of the preliminary visit.

### Setting Team Visit Dates

Evaluation visits normally begin on a Sunday afternoon and end on the following Wednesday afternoon. All arrangements must be explicit and should be checked to avoid conflicts with holidays or special institutional events. The visit should occur while classes are in session.

The dates for the team visit may be influenced by the institution's interest in receiving its accreditation decision by a certain time. Ordinarily, accreditation decisions are made at the November meeting for institutions visited between April 16 and September 1 of a given year, at the February or March meeting for those visited between September 2 and December 15, and at the June meeting for visits between December 16 and April 15. Figure 3 illustrates a typical timeline for a spring evaluation visit.

### Setting Dates for the Chair's Preliminary Visit

The Chair and the institution also must set a date for the Chair's preliminary visit. The preliminary visit should occur at least four months before the evaluation visit. Ordinarily, the Chair makes a single preliminary visit; however, there are rare occasions that may require two visits. The date for the preliminary visit should also be communicated at once to the Commission office.

The type of self-study selected by an institution may affect the scheduling of the preliminary visit. For example, if an institution has undertaken a selected topics approach to self-study, and it has been determined that the review of documentation relative to the accreditation standards not encompassed by the selected topics self-study will take place during the Chair's preliminary visit, the Chair may want to schedule this visit 5-7 months in advance of the full team visit. One or more generalist evaluators usually are assigned primary responsibility for this document review, and they work under the guidance of the Chair.

## Advance Planning and other Preliminary Arrangements

### Document Review for Selected Topics

**Self-Studies.** Prior to the preliminary visit, the Middle States staff member assigned as a liaison to an institution will arrange a conference call that includes the Chair, the generalist evaluator(s), representatives from the institution, and the staff liaison to discuss arrangements and logistics for the visit, as well as to answer any questions or concerns. If documents will be reviewed during the preliminary visit, it may be necessary to extend the length of the Chair's preliminary visit beyond the typical one-day visit. Even if the review of documentation occurs at the time of the scheduled full team visit, the Chair and/or the designated generalist evaluator(s) may want to consider arriving a day or two early in order to conduct the review. The Chair and the generalist evaluator(s) also may need to schedule meetings during the preliminary or team visit to discuss the review of the documents and any findings.

**Accommodations.** The host institution should make early reservations for the team accommodations, providing an individual room for each team member. Team membership will vary, depending upon the size and complexity of the institution as well as whether branch campuses and other sites will be visited prior to or concurrent with the team visit. There may be occasions when evaluation teams will include a state education agency representative, a representative of the system office, or perhaps a representative from another accrediting body. Therefore, at least 10 rooms should be reserved until the team size has been confirmed. Somewhat different procedures may be needed for multi-campus institutions.

**Off-Campus Sites.** After the date of the team visit is set, Commission staff will send the Chair and the institution a list of branch campuses and other off-campus sites including study abroad programs in some instances, so that the Chair, in consultation with staff and the institution, can decide which off-campus sites to visit as part of the decennial review.

**Virtual Visits.** In certain circumstances, the Commission may, at its discretion, conduct an accreditation visit or a portion of a visit to foreign institutions, branches, or other sites through a "virtual visit" (i.e., using such technology as video

Figure 3

## From the Chair's Appointment to the Team Visit

### **9 - 12 months before the visit**

The Chair accepts the appointment.

### **within 2 weeks after Chair appointment**

The Commission mails confirmation, publications, and information regarding visits to off-campus sites to the Chair and the institution.

### **within 1 month after Chair appointment**

The Chair and the institution set dates for the Chair's preliminary visit, the team visit, and a document review for a selected topics self-study. The institution and the Chair develop an agenda for the Chair's preliminary visit. The institution notifies the Commission of the team visit dates.

### **within 1 month after Chair appointment**

Commission staff begin to assemble the visiting team. The institution makes preliminary arrangements for accommodations for the team. Two weeks before the Chair's preliminary visit, the institution sends the Chair a draft of the self-study report. For selected topics self-studies with document review scheduled at the time of the Chair's preliminary visit, a document roadmap is sent at the same time to document reviewers.

### **4 months before full team visit**

The Chair makes a preliminary visit to discuss campus readiness, practical arrangements, visits to off-campus sites, the team roster, contact information, agenda for team visit, arrangements for interviews, and an oral exit interview at the conclusion of the team visit. If the institution so elects, a document review for a selected topics self-study may occur simultaneously.

### **Immediately after Chair's preliminary visit**

The Chair and Commission staff discuss any concerns relating to the team roster, the self-study report, and other matters.

### **Two months before team visit**

The Chair notifies team members of practical arrangements for travel, etc., and the institution works with team members to finalize arrangements.

### **At least 6 weeks before team visit**

Staff finalizes the roster of the visiting team.

### **Fall prior to team visit**

New Chairs and evaluators attend orientation sessions sponsored by the Commission.

### **6 weeks before visit**

Team members receive publications from the Commission, self-study documents from the institution, and assignments from the Chair. For selected topics, document reviewers receive a roadmap of documents, if the document review is scheduled for the time of the team visit.

### **Before team visit**

Team members review Commission standards and the entire self-study, prepare analyses and questions, advise the Chair of requests for on-campus interviews, advise the institution of requests for additional information or documents, prepare questions for the campus visit, and may prepare a draft report.



and teleconference) rather than by on-site visit. This option is available in only very limited circumstances, as noted in *Policies, Guidelines, Procedures, and Best Practices*, a copy of which is available online at [www.msche.org](http://www.msche.org). An on-site visit is preferred. Virtual visits to domestic sites will be subject to U.S. Department of Education regulations.

## Selecting and Confirming The Team

Institutions may provide suggestions regarding evaluation team composition as part of their self-study design. Although the final decision about team membership remains with the Commission and its staff, the staff liaison will consider carefully the institution's suggested team profile. Staff then assemble a team roster appropriate to each institution's self-study model. If possible, the team roster will be sent to the host institution and to the team Chair prior to the preliminary visit for review and discussion.

Sometimes, invited evaluators are unable to confirm their participation in a timely manner or replacements are needed. This delays completion of the team roster, which will be shared with the institution and the Chair as soon as each invited person has confirmed his or her participation.

### The Chair's Responsibilities

The Chair is responsible for reviewing the team composition in order to understand the Commission's rationale for making selections, to relate the team's composition to the self-study design and the self-study document, and to decide how the various team members will be deployed.

Following consultation with the host institution, the Chair should inform Commission staff whether the composition of the team seems appropriate for the institution and the self-study. Team composition may be changed upon request from the institution's chief executive officer or designee and/or the team Chair. However, the final decision about team membership remains with the Commission and its staff.

The Chair examines the evaluation data forms and other information provided by the Commission staff, makes preliminary assignments based on the

expertise and experience of each individual, and consults with team members well in advance of the visit to ensure that they are comfortable with their assignments.

Figure 4 illustrates the roles of the team Chair as organizer, facilitator, coach, and leader.

### Institution's Responsibilities

When the institution receives the list of evaluators assigned to the team, it should review the list to determine if there are any potential concerns, or if any of the evaluators might present a conflict of interest. As noted, the institution should consult with the Chair and Commission staff if there are concerns or questions regarding the composition of the team.

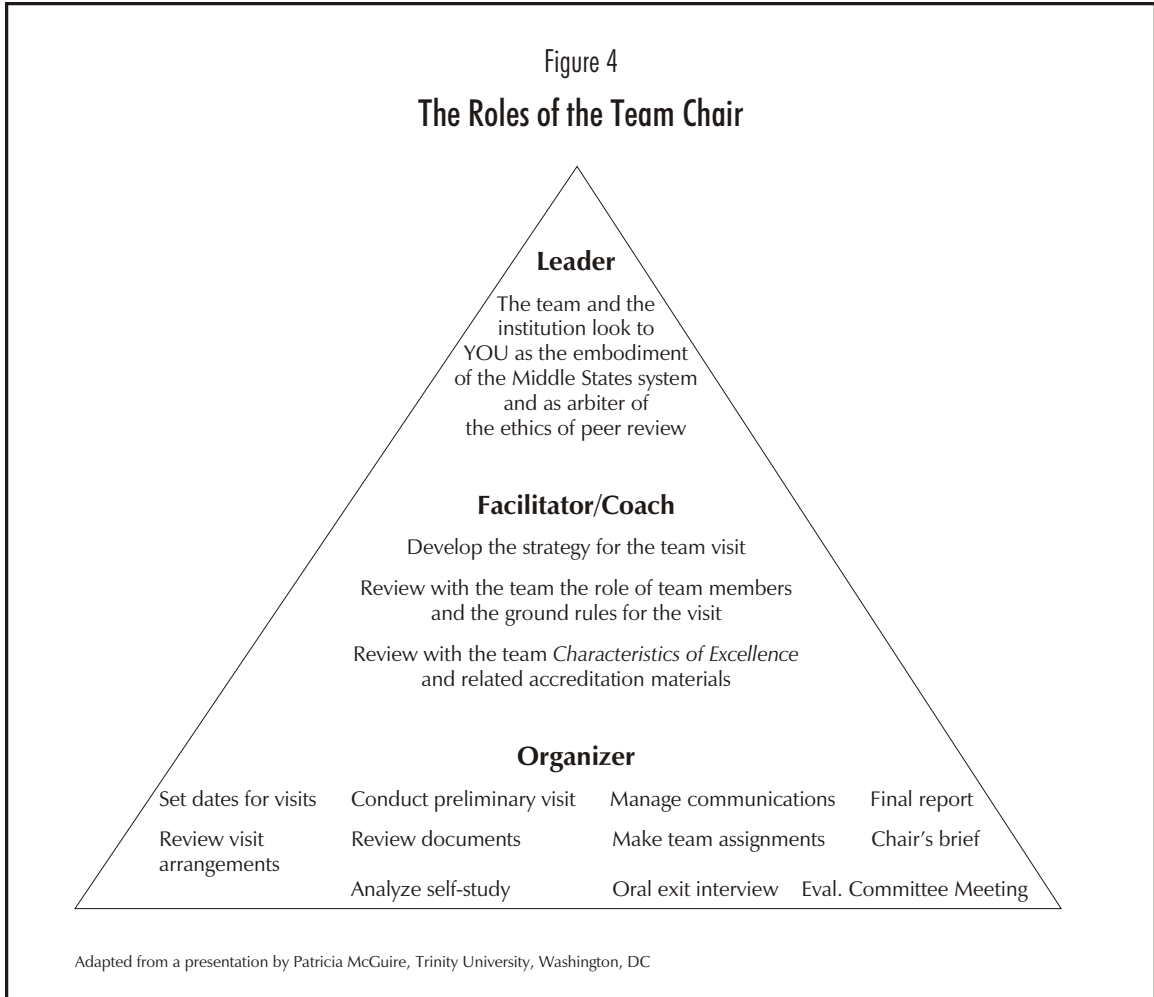
### Other Participants Accompanying Evaluation Teams

Sometimes, teams will include participants who are not Commission representatives or who have dual responsibilities. These participants accompanying teams may include representatives from state education agencies or university systems, representatives of one or more specialized accreditors, or evaluation team associates.

#### Representatives from State Education Agencies/University Systems

The Commission maintains good working relationships with the state education agencies and university systems in the Middle States region without compromising its independence as a non-governmental organization. State education agencies are notified when the dates for evaluation visits to institutions in their states are established each year. If the Commission receives names of individuals who will represent appropriate state or other agencies, these individuals will be included in the official team roster.

State representatives typically have specific responsibilities that are different from those of the MSCHE team members. They provide information about the relationship between the institution and either the state education agency or the system office. They also provide assistance in interpreting state education regulations. Although these representatives serve as a resource to the team, they may



make their own separate reports to their respective agencies or systems.

For additional information concerning the participation of representatives from state education agencies in the evaluation visit, refer to the policy statement on working relationships between state agencies and the Middle States Commission on Higher Education.

**Representatives of Specialized Accreditors**

If the institution elects to have a collaborative evaluation visit (i.e., with Middle States and one or more specialized accreditors), the team will include representatives of specialized accreditors. For a successful visit, it is essential that the team Chair, the institution, Commission staff, and other accreditors coordinate the scope,

responsibilities, and nature of the collaboration early in the process. If co-Chairs are assigned to the team, it is important to establish good communication between the Chairs early. (For more information about collaborative visits, see the MSCHE publication *Handbook for Collaborative Reviews*.)

Some institutions deliver education at one or more physical sites located in a region outside of the region where they hold accreditation. The host regional accrediting commission is notified of the planned evaluation of these extra-regional sites, and in some instance there may be a joint review of the off-campus sites. For more information, see the section on interregionally operating institutions in MSCHE's publication, *Policies, Guidelines, Procedures, and Best Practices*, located on the web at [www.msche.org](http://www.msche.org).



### **Evaluation Team Associates**

Teams also may be accompanied by an evaluation team associate, such as an educator from overseas who is interested in the peer review process or a faculty member or administrator of a candidate or member institution who recognizes service on a Middle States evaluation team as an opportunity for professional development. Both the host institution and the Chair must agree to have an associate join the evaluation team. The associate's expenses are paid by his or her own institution. The role of an associate is described in the Commission's policy statement on evaluation team associates.

Team participants who are not full team members have access to all materials relevant to the evaluation and may participate, under the general guidance of the team Chair, in all team discussions. However, they do not contribute directly to the team's report to the institution, nor do they have a voice in determining the team's recommendation to the Commission.

### **Team Roster**

After all team members have been invited and confirmed, Commission staff will send the Chair and the institution, for their review, a roster of evaluation team members and copies of their evaluator data forms. The forms provide basic information about each team member, including educational credentials, professional experience, and prior accreditation service.

## **Chair's Review of the Self-Study Design and Draft Self-Study Report**

In order to ensure the adequacy of the self-study to support the work of the team, the Chair reviews the self-study design and a draft of the self-study report.

### **The Self-Study Design**

When the Chair is appointed, the institution sends the Chair its self-study design and other documents, and Commission staff will send relevant publications. The Chair should study these documents in advance to determine whether additional materials are needed. This is the first opportunity for the Chair to begin to understand the nature of the self-study and its premises. The design indicates the form of the institution's self-study and the rationale, scope, expected outcomes, research questions, institutional participants, preferred types of evaluators, and timetable for the self-study process.

### **Draft Self-Study Report**

At least two weeks before the preliminary visit, the Chair should receive a substantive draft of the self-study document to review. The Chair reviews and analyzes the draft to determine whether the self-study document is adequate to support the work of the evaluation team. If the Chair has questions about the draft self-study or if it appears seriously flawed, the Chair will contact both the Commission staff member assigned to the institution and the institution itself.

Although the Commission relies on the Chair's judgment of adequacy and consults with the institution, the staff has responsibility for the final decision whether to proceed with or postpone the evaluation. Evaluation visits may be delayed at the Commission's discretion based on the institution's preparedness, not based on any perceived weaknesses and potential for failing to meet accreditation standards.

## Chapter 3

# The Team Chair's Preliminary Visit

The team Chair's preliminary visit assists the institution in understanding how the team will operate, and it assists the Chair in planning how best to deploy the team. It introduces the Chair to the institution, its people, and its environment so that the Chair and team can begin the evaluation visit efficiently and effectively.

The purpose of the preliminary visit is to ensure that the self-study process and document will support a useful team visit and to address practical preparations for the visit.

### Preliminary Visit Activities

The activities for the Chair and the institution described below may require adjustments if an institution has undertaken a selected topics approach to self-study, especially if the document review for the selected topics self-study will occur during the preliminary visit.

#### Site Visits

The Chair should be given a tour of those places where the team members will spend much of their time, such as the meeting facilities. The Chair also should visit the hotel or motel where the team will be housed.

#### Meetings

The institution's chief executive officer should have an opportunity to give the Chair a confidential briefing on any institutional issues. In addition, the Chair should meet with at least the following groups of people during the preliminary visit:

- \* representatives of the institution's governing board;
- \* key administrative officers;
- \* the self-study steering committee; and
- \* student and faculty representatives.

#### Topics to Discuss

Generally, institutional representatives should be asked how they are involved in the self-study and in preparation for the evaluation team visit, what they expect to achieve from the process, and what they hope the team will do. Institutional representatives should be asked to identify the key people on campus whom team members should meet. Discussions with the steering committee should focus on the draft self-study document.

#### *Specific Discussion Topics*

The Chair and appropriate institutional representatives should discuss at least the following specific topics:

- \* the clarity and adequacy of the draft self-study document
- \* whether the team suits the institution's self-study plan and is free of any known conflicts of interest (Changes may be made in the team composition or assignments upon request from the institution's chief executive officer or designee and/or the team Chair. However, as noted previously, the final decision about team membership rests with the Commission and its staff.)

- \* if applicable, when visits to branch campuses, additional locations, and study abroad programs should be scheduled; what transportation will be provided; and how these sites and programs will be included in the team’s deliberations
- \* confirmation that the institution will send the self-study materials to the team members and to the Commission at least six weeks prior to the team visit
- \* the facilities and services that the institution will provide for the team visit, including the following:
  - o team accommodations (separate rooms only, all in one place) and how the institution will arrange to be billed directly for housing costs (Note: Team members are responsible for their personal expenses.)
  - o a conference room at the hotel, available at all times for the use of team members
  - o a room on campus for team conferences and for providing documents for team members to review, and one or two smaller rooms in which to conduct interviews or to meet in small groups
  - o meals and snacks (both on campus and off campus)
  - o identification of someone on campus responsible for making appointments for team members with campus personnel during the team visit
  - o a designated telephone number on campus which team members can leave with their offices and homes
  - o computers and printers, both on campus and at the hotel, for the team to use and the designation of a technology support person
- \* developing the team visit schedule, including the following:
  - o the agenda for team meetings on campus. The team visit should include a “get acquainted” session and meetings with various groups on campus, such as the self-study steering

committee, students, the faculty council, senior administrators, the board of trustees, and other groups and individuals relevant to the self-study topics. Simultaneous meetings and interviews will be scheduled for separate team members. Daily meetings should be scheduled between the Chair and the chief executive officer, usually including a meeting on the first day of the team visit. The Chair might schedule an “open walk-in meeting” for any member of the institution who wants to meet with team members.

- o which institutional representatives will be present at the exit interview, when the Chair will make an oral report to the institution about the evaluation visit. Given the participatory nature of the process on campus, there should be broad institutional representation at the exit interview.
- o the timetable for completing the team draft report, the preliminary institutional response to the Chair regarding factual errors, the final report, and the formal institutional response.

### Special Considerations

Depending on the type of institution and the type of self-study, some of the following special considerations may be relevant.

#### *Off-campus Sites*

The Chair will verify that the number, location, and scope of the institution’s current off-campus sites (including branch campuses, additional locations, other instructional sites, and any study abroad programs) are consistent with the draft self-study report and with information provided in the institution’s official Statement of Accreditation Status document. Commission staff, in consultation with the Chair and the institution, will determine which additional locations and study abroad locations, if any, are to be visited as part of the evaluation. These visits occur either prior to or concurrent with the team visit in order to enable the Chair to complete the team report before the Commission’s required deadline.

In preparation for these off-campus visits, the Commission and/or the team Chair designates team members to visit each site. These usually include each branch campus, one-third of the additional locations, and at least one study abroad site if the institution's study abroad programs collectively enroll more than 200 students annually. The Commission may, at its discretion, determine that a different number of off-campus sites is representative and appropriate for a particular institution in special circumstances.

Team members visiting off-campus sites should receive instructions from the Chair in advance on how to conduct their visits.

#### *Candidate Institutions*

If the institution being visited is a candidate for initial accreditation, the preliminary visit offers the team Chair and the institution a final opportunity to determine whether or not the institution is ready to be evaluated.

The Chair reviews the draft report before the Chair's preliminary visit for appropriateness and thoroughness, but not to determine the accreditability of the institution. The Chair should use the visit to advise the institution of additions or improvements that should be made in the self-study document or processes before the team visit. During the preliminary visit, the Chair may discover that further preparation is advisable and a later date should be set for the evaluation. Sometimes the preliminary visit may disclose that the institution is seriously deficient in important ways which had not surfaced earlier. In that case, the institution may consider it wise to postpone the evaluation longer or to withdraw voluntarily from candidate status.

Following the preliminary visit to the candidate institution, the team Chair should send a letter to the Commission staff member assigned as liaison to the institution, commenting on the readiness of the candidate institution to host an evaluation team.

#### *Selected Topics Document Review*

At the Chair's preliminary visit for a selected topics self-study, the Chair will focus on topics selected by the institution for its self-study and will gather general information about the institution that provides useful background for the topics selected.

If the document review associated with a selected topics self-study is conducted during the Chair's preliminary visit, the team Chair and one (or in complex instances, more) designated generalist evaluator(s) will use a roadmap provided by the institution to review the documentation and to verify institutional compliance with those standards that are not substantively addressed in the self-study. Information pertaining to the conduct of the selected topics document review during the team visit can be found in Chapter 5.

Prior to the document review, Commission staff will arrange a telephone conference among representatives from the institution (e.g., the chief executive officer and the steering committee chairs), the team Chair, and designated generalist(s) to discuss the roadmap and plans for the document review.

The team Chair and/or the designated generalist evaluator prepare a brief written report, affirming and certifying that the institution meets accreditation standards not being addressed within the selected topics self-study or noting any areas for which compliance is uncertain. This summary report affirms that the documentation demonstrates that the institution meets the specified accreditation standards or identifies standards for which the institution should provide additional or updated information at the time of the team visit. This summary report notes standards for which compliance is in question, but it does not include recommendations for general institutional improvement. It is shared with the institution and with the members of the evaluation team. The person preparing the report should send at least five copies to the Commission's evaluation services coordinator. The document reviewers' report and the document roadmap provided by the institution should be attached to the team's final report.

The report of the generalist evaluator(s) must be accompanied by the institution's documentation roadmap. The report is shared with the institution soon after the visit. It is also provided to the team Chair so that its findings can be integrated into or appended to the final team report, together with the document roadmap.

(See Appendix 2, "Guidelines for Generalist Evaluators Conducting a Document Review for the Selected Topics Model," and Appendix 3, "Selected Topics Self-Study Formats for Use by Institutions and Team Chairs/Evaluators.")

### *Specialized Activities*

Accreditation covers all significant activities conducted in the institution's name or under its sponsorship. The Chair and team should explore how these will be addressed in the self-study and during the team visit. The self-study should address in some form all of those activities and all of the institution's instructional locations. The activities and locations include those identified in Standard 13 as "related educational activities": basic skills courses; certificate programs; experiential learning; non-credit offerings; branch campuses, additional locations, and other instructional sites; distance or distributed learning; and contractual relationships and affiliated providers.

## **Following the Preliminary Visit**

### **Vouchers and Questions**

Immediately after the visit, the Chair should submit to the Commission office the expense voucher that was enclosed with the earlier letter from the Commission confirming the chairing assignment.

### **Communication with Commission staff**

The Chair and/or the chief executive officer should contact Commission staff immediately after the preliminary visit if there are questions about the institution's preparation for the evaluation, if there are significant questions about the team roster, if there is an imbalance in the proposed team, or if there are other concerns or suggestions.

## *Reminders for Team Chairs*

### The Preliminary Visit

#### **Prior to the Preliminary Visit**

- Have you been in contact with the institution to set dates for the preliminary visit and the full evaluation team visit?
- Have you communicated the dates for the preliminary and evaluation visits to the Commission office?
- Have you received and reviewed the institution's self-study design?
- Have you reviewed the institution's draft self-study (which you should receive at least two weeks prior to the visit) and, if applicable, the preliminary list of branch campuses and other off-campus sites to be visited as a part of the decennial review?
- Have you developed, in consultation with the host institution, a schedule and an agenda for the preliminary visit?

#### *Additional Reminders for Selected Topics Model*

- Have you reviewed the guidelines for generalist evaluators conducting a document review?
- Have the dates been set for document review during or prior to the Chair's preliminary visit or the team visit? Have reviewers been assigned?
- Has a telephone conference call been scheduled prior to the documentation review that will involve the Commission staff liaison, team Chair, designated generalist(s), and institutional representatives? [Note: You should have received and reviewed the draft self-study and the documentation roadmap prior to the telephone conference call.]
- If the review will occur during the preliminary visit, have you allotted sufficient time to meet with the generalist(s) before and after their review?

#### **Following the Preliminary Visit**

- Have you submitted your expense voucher, with original receipts, to the Commission office for expenses incurred during the preliminary visit?
- If not previously communicated, have you contacted Commission staff regarding the appropriateness of the team for the institution and the type of self-study?
- If the institution is a candidate for initial accreditation, have you submitted a letter to the Commission staff regarding the readiness of the institution for the evaluation visit?

#### *Additional Reminders for Selected Topics Model*

- If the selected topics document review was conducted during the preliminary visit, did you receive the final report relative to the document review from the Commission's Evaluation Services Coordinator within three weeks following the visit? (Or, if you were a document reviewer, did you submit the document review report to the Commission within two weeks following the visit?)

## *Reminders for Institutions*

### The Preliminary Visit

#### **Prior to the Preliminary Visit**

- Has the institution sent a copy of its self-study design and institutional catalog to the team Chair?
- Has the team Chair been in contact with the institution to set dates for the preliminary visit and the full team evaluation visit?
- Has the institution sent a copy of its draft self-study to the team Chair at least two weeks prior to the team Chair's preliminary visit?
- Has the institution reviewed with the team Chair the preliminary list of branch campuses and other off-campus sites to be visited as a part of the decennial evaluation, if applicable?
- Has the institution consulted with the team Chair to develop a schedule and agenda for the preliminary visit?

#### *Additional Reminders for Selected Topics Model*

- Has the institution reviewed and used the Commission's guidelines for institutions developing a documentation roadmap and prepared a roadmap prior to the document review?
- Has a document review been scheduled before or during the Chair's preliminary visit?
- Has a telephone conference call been scheduled prior to the documentation review that will involve the Commission staff liaison, team Chair, designated generalist(s), and institutional representatives? [Note: The team Chair and generalist(s) should receive the draft self-study and documentation roadmap prior to the telephone conference call.]

#### **Following the Preliminary Visit**

- If not previously communicated, has the institution contacted Commission staff regarding the composition of the team and its appropriateness for the institution and the self-study?

#### *Additional Reminders for Selected Topics Model*

- If the selected topics document review was conducted during the preliminary visit, has the institution received the final report relative to the document review from the Commission's Evaluation Services Coordinator within three weeks after the visit? Has it discussed with the Chair how it plans to address open issues?



## Chapter 4

# Preparation for The Team Visit

### **Orientation for New Chairs And Evaluators**

First-time team members and Chairs are invited to attend a training workshop for an orientation to the evaluation process, with special emphasis on evaluating the self-study report and understanding the evaluator's roles and responsibilities in the accreditation process. Commission staff also invite team members who have not served recently to participate in the training.

### **Documents and Communications**

#### **Chair's Responsibilities**

Following the preliminary visit, the Chair writes to team members telling them where they will be housed, the time and place of the first meeting, when they can reasonably expect to complete the visit, and other practical information. The team Chair and the institution will have decided during the preliminary visit whether the institution is expected to contact team members directly about travel, hotel, interview schedules, or other matters. The Chair will consult with team members regarding the agenda for the visit, including the arrival time and place of the initial team meeting.

Most Chairs contact team members by telephone or e-mail to determine if team members have areas of expertise of which the Chair was not aware.

At least six weeks before the evaluation, the Chair will designate team assignments with special areas of responsibility for each team member.

The Chair usually discusses assignments with evaluators either before or after they are made, but each person must be flexible and prepared to cover multiple areas. Receiving a specific assignment does not diminish the need for each team member to study the entire self-study document thoroughly.

These communications also can be used to help orient the team members to the institution, to reinforce their responsibilities during the visit, and to discuss the institution's expectations for the visit.

The Chair will provide special guidance for evaluators visiting off-campus sites. This guidance might include advising the evaluator in setting meetings at these sites with on-site faculty, staff, and students as needed, in order to evaluate available resources at these sites and their compliance with the standards for accreditation.

First-time evaluators may be assigned by the Chair to work with an experienced evaluator, who will help to provide guidance throughout the process. Chairs also may elect to have a brief orientation session with first-time evaluators prior to the initial full team meeting.

#### **Institution's Responsibilities**

Six weeks prior to the team visit, the institution sends materials to each member of the evaluation team, including the following documents (and sends two sets to the Commission office):

- \* The self-study report, including the certification statement attached to the executive summary
- \* The most recent Institutional Profile submitted to the Commission



- \* Supporting documents essential to understanding the self-study, such as institutional catalogs, organizational charts, and faculty and student handbooks. For electronic catalogs and/or handbooks, please identify the URL within the letter or memorandum of transmittal and at appropriate places within the text of the self-study.)
- \* The institutional financial plan for the current and succeeding years covered by the institution's strategic plan (Plans might vary depending on the institution and might include such things as budgets, pro forma projections, and strategic plans tied to the budget.)
- \* Actual enrollment for the current year and the three previous years (if not included within the self-study report)
- \* Projected enrollment for the period covered by the institution's financial plan (if not included within the self-study report)

In addition, one set of additional financial documents should be sent to the member of the team assigned to review financial information (and two sets should be sent to the Commission):

- \* The two most recent audited financial statements and management letters
- \* The financial information submitted to IPEDS for the three previous years

At least four weeks before the visit, the institution sends each team member:

- \* a detailed campus map and directions to the campus
- \* transportation information (including specific details related to parking, meeting trains, planes, and buses)
- \* a request that team members inform the institution of travel plans and contact information

### **Team Members' Responsibilities**

Team members should review the materials that the institution sends as soon as they are received in order to develop a general idea of the nature of the institution, its organizational and governance structures, its student profile, and the scope of its programs.

It is important for team members to respond to the institution promptly, informing the host institution how and when they plan to arrive.

### **Third-party Comments**

The Commission publishes the names of institutions preparing for an evaluation and invites third-party comment on those institutions. Individuals are asked to limit their comments to an institution's ability to meet the standards for accreditation. Comments are due to the Commission no later than six weeks prior to the scheduled visit, and the Commission office will review and forward to the institution those comments that are relevant to the eligibility criteria or to the accreditation standards.

The institution is given an opportunity to respond to the comments through the self-study report or directly to the visiting team. An institution also may provide evidence to demonstrate whether it can or does meet the standards.

The team Chair may designate one or more team members to review the comments in the context of the visit and self-study materials to determine whether the comments raise concern as to whether the institution fails to meet accreditation standards or has failed to follow its own policies or procedures.

The Chair should consider the comments to be supplemental information, but it is not the responsibility of the Chair or the team as a whole to resolve the concerns outlined in the comments. If the team identifies any areas of concern, it should recommend to the Commission an appropriate course of action. However, the team should not suggest an action based solely on the comments; areas of concern must be verified through the visit process or in the self-study documents.

## Commission's Responsibilities

At least six weeks prior to the evaluation team visit, Commission staff sends materials to team members, including a copy of *Team Visits: Conducting and Hosting an Evaluation Visit*, *Characteristics of Excellence in Higher Education*, and other documents. A roster identifying the team members is sent to team members as soon as the team assignments are completed. Team members should begin studying these documents as soon as they are received.

Staff also may send team members copies of policy statements and guidelines that relate to the accreditation process in general or to the particular circumstances of the institution being evaluated. Policies may include documents such as Middle States travel policy or the range of Commission actions for accreditation decisions. All Commission policies are posted on the Commission's website, [www.msche.org](http://www.msche.org). Guidelines are not standards against which every institution must be measured. Rather, they identify principles and describe practices, drawn

from the cumulative academic experience, that have proven to be useful. They all require thoughtful study, because they affect the work of the team.

## Team Member Preparation And Responsibilities

Team members should prepare themselves for their role as evaluators by studying in advance the materials from the Commission staff, the Chair, and the institution, including *Characteristics of Excellence in Higher Education*. The Commission considers advance preparation essential; any team member who cannot prepare thoroughly should withdraw from the team.

Special attention should be devoted to understanding the institution's entire self-study document, not just the team member's assigned areas. Other suggestions for how team members should consider their role are outlined in Figure 5.

Figure 5

### The Roles of an Evaluator

- You are invited because of your expertise, but remember the "peer" in "peer review."
- Expect to be thoroughly prepared in advance of the visit:
  - **know** *Characteristics* thoroughly and other MSCHE documents
  - **analyze** the institution's self-study
  - **be ready** to engage appropriately in the interview process
- Cooperate with the team Chair in site visit arrangements, and maintain collegiality with other team members.
- Prepare each interview with care, and record notes carefully.
- **Interview, do not deliver monologues!**  
[If you hear yourself talking for more than 3 minutes, stop! Ask questions. Don't make speeches.]
- Refrain from making statements comparing this institution to yours.
- Avoid prescriptive pronouncements.
- Make every effort to understand the institution's mission, goals, and strategies.
- Make certain that evaluative comments are rooted in *Characteristics*.
- Write your portion of the team report clearly, succinctly, and with appropriate references to *Characteristics*.
- Be insightful and constructive, and avoid being harshly judgemental.

Adapted from a presentation by Patricia McGuire, Trinity University, Washington, DC

After team members have received their assignments from the Chair, they should analyze the material and begin to develop a list of questions to ask during the visit. In some instances consultation with the team Chair may be warranted. If appropriate, team members, after consulting with the Chair, can request additional material from the institution for review before the visit.

## Understanding the Self-Study

Teams are selected to complement the special nature of the self-study. To prepare for the team visit, the Chair and team members must review the institution's entire self-study document. This report is the major source of information about the institution. It defines the context in which the institution will be evaluated, and it is the focus of team discussions during the visit. It represents serious work by the institution and therefore requires an appropriately serious response.

### *Applying the Standards and Using the Fundamental Elements*

Institutions use the Fundamental Elements, along with the text of the Standards, as a guide to their self-study processes. In reviewing the self-study report, evaluators should consider how the self-study addresses the Commission's 14 accreditation standards. The Fundamental Elements are an explication of each Standard, and, as such, they specify the particular characteristics or qualities that together constitute, comprise, and encompass the Standard. Institutions and evaluators will use these elements, within the context of institutional mission, to demonstrate or to determine compliance with the Standard.

The Fundamental Elements specified for each standard have an inherent relationship to each other, and collectively these elements constitute compliance. In light of this, neither the institution nor evaluators should use the Fundamental Elements as a simple checklist. Both the institution and evaluators must consider the totality that is created by these elements and any other relevant institutional information or analysis. Where an institution does not evidence a particular Fundamental Element, the institution may demonstrate through alternative information and analysis that it meets the Standard.

Much of the optional evidence or analysis that an institution will present to demonstrate that it meets the accreditation standards is clear and inherent within the Fundamental Elements themselves. Optional Analysis and Evidence, the final section of each standard, provides additional examples of documentation and analyses that an institution might carry out, relative to the particular accreditation Standard. The information is provided for the institution to use, as it deems appropriate; it is not intended that the evaluation team will use the Optional Analysis and Evidence on their own initiative. The list is not comprehensive, and institutions are not required to provide the information that is listed.

### *Self-Study Organization*

In most instances, the organization of the self-study will not correspond directly to individual standards. For example, the self-study might follow a thematic structure or it might group several standards together into one section. A standard may be addressed in more than one section of the self-study, or it may be addressed jointly with other standards. Therefore, team members should examine the entire self-study document and coordinate their findings with other team members.

### *Types of Self-Studies*

An institution seeking initial accreditation will conduct an in-depth assessment of all aspects of the institution using a comprehensive approach to self-study, but an institution being evaluated for reaffirmation of accreditation may select another self-study model that serves its current needs. Evaluators should first note the type of self-study that the institution has prepared: comprehensive (or comprehensive with emphasis), selected topics, or collaborative self-study.

**The comprehensive self-study** enables an institution to appraise every aspect of its programs and services, governing and supporting structures, resources, and educational outcomes in relation to the institution's mission and goals.

The **comprehensive with emphasis** self-study is a variant of the basic comprehensive model. This type of self-study attends to all the standards as would any comprehensive self-study, but it adds additional focus on particular standards or

topics of particular interest to the institution. This self-study model is appropriate for an institution wishing to give special attention to selected issues that affect it.

**The selected topics self-study** allows an already-accredited institution to devote concentrated attention to selected issues, without having to provide comprehensive analysis of institutional programs and services and without having to address all accreditation standards within the self-study report. Prior to or during the actual evaluation visit, the institution will present documentation to demonstrate compliance with those accreditation standards that are not addressed substantially within the selected topics self-study.

**The collaborative self-study** enables an institution to participate in a cooperative review process, in which the accredited institution invites institutional, specialized, or professional accrediting organizations; state or federal agencies; or other organizations to join the Middle States Commission on Higher Education in a review of the institution. The purpose of a collaborative self-study and team visit is to avoid duplication of effort and resources. The institution is expected to satisfy each organization's accreditation or other standards and requirements in a manner acceptable to that organization.

Because the type of the self-study provides the specific context for the evaluation, **serious problems may arise if the team misunderstands the model that has been selected or does not respect the institution's self-study.** For example, if an institution has chosen to emphasize restructuring the curriculum by using a comprehensive with emphasis or selected topics self-study model, the team should concentrate on this area and review other standards primarily for compliance. (For a complete description of various self-study models, see the publication, *Self-Study: Creating a Useful Process and Report.*)

## Reviewing the Self-Study

Because each institution is governed by its own mission, goals, and objectives, all of the standards do not apply in equal proportion to all institutions. When reviewing the self-study report, team members should bear in mind that each institution is expected to address in its self-study, within the framework of accreditation standards, such questions as:

- \* What are the institution's mission, goals, and objectives, and what educational obligations has it assumed?
- \* Are these appropriate in its present time and place and for its present constituency?
- \* Are all the institution's activities consistent with its mission, goals, and objectives?
- \* Are its programs and activities designed to achieve its goals?
- \* Is there solid evidence that they are being achieved?
- \* Are the human, physical, and fiscal resources needed to achieve institutional aims available now? Are they likely to be available for the foreseeable future?

The effective self-study will:

1. Emphasize the role of planning and assessment (Standards 2, 7, and 14) in achieving the institution's mission and in advancing and renewing itself
2. Include research questions that link the accreditation standards to the institution's specific mission and context
3. Use existing documentation for reference and analysis as much as possible

Team members should prepare in advance the questions for use during the team visit. In reviewing the self-study, evaluators should consider questions such as these:

- \* Did the institution involve at least its internal constituents throughout the self-study process? The involvement of external constituents also may be considered appropriate.
- \* What else is there to know about the institution, and where on campus should additional information be sought?

- \* Are all operations—such as branch campuses, additional locations, distance learning, and certificate programs—addressed sufficiently?
- \* What are the institution’s strengths and weaknesses?
- \* Is the evidence on outcomes, including the assessment of student learning, adequate to support a judgment on the institution’s effectiveness in achieving its objectives?
- \* Are assessment processes, strategic planning, and the budget linked appropriately?
- \* How do the parts of the document fit together?
- \* At what point(s) does the self-study need further interpretation or elaboration? For example, does it cover off-campus activities, significant certificate or non-credit programs, and distance learning?
- \* Are there inconsistencies that need clarification?
- \* Who are the people to be interviewed? What additional information should they provide?
- \* What additional documents should be examined?

*Optional for Financial Reviewers*

- \* Are there questions concerning the institution’s finances that can be shared in advance with the institution for feedback and discussion during the evaluation visit?

*Note:* If a team member requires additional information or clarification before the visit, the team member should consult with the Chair to discuss the nature of the request and the process for making the request to the institution.

### **Role of Assessment and Planning**

Assessment of both institutional effectiveness and student learning outcomes is central to the Commission’s 14 standards and should be carefully examined. Team members should be sufficiently familiar with each standard in *Characteristics of Excellence* to determine how well the institution has met these standards.

Planning, research, and outcomes assessment are fundamental to the self-study process. The Commission’s standards emphasize the importance of ongoing planning, the establishment of measurable goals, and the evaluation of institutional and educational outcomes. The intention is to move accreditation processes away from assertion and description and towards demonstration and analysis. Further information on assessment can be found in other Commission publications on student learning and information literacy.

The Commission expects the institution’s thorough review of assessment information to lead to either confirmation of current activities or appropriate modifications to programs and services to meet the changing needs of the institution and its community.

The Commission expects planning and assessment to be major areas of focus and continuous themes in any self-study, regardless of its format or organization. It expects all institutions to have institutional plans and well-documented and organized institutional assessment processes in place that are used and reviewed as essential documentation within the self-study process. Each chapter of the self-study should include a discussion of relevant institutional goals and evidence of achievement of those goals. The Context section of Standard 7 (Institutional Assessment) notes that Standard 7 “builds upon all other accreditation standards.” Therefore, the self-study should address this standard by also including summative analyses of the institution’s overall effectiveness in achieving its mission and goals, including those for student learning. (See Standard 14.)

The Commission further expects that planning and assessment are not once-and-done activities, undertaken solely to ensure accreditation, but ongoing, systematic efforts that continually inform institutional decisions regarding programs, services, initiatives, and resource allocation. Planning and assessment documents, and the analysis of them within the self-study, should therefore give the evaluation team and the Commission confidence that planning and assessment are continual activities that are part of the fabric of life at the institution.

While the standards do not prescribe a particular format, structure, or process for the institutional strategic plans, they should be based upon institutional mission and goals that, as noted in the



Fundamental Elements of Standard 1 (Mission and Goals) “guide faculty, administration, staff and governing bodies in making decisions related to planning, resource allocation, program and curriculum development, and definition of program outcomes” and “focus on student learning, other outcomes, and institutional improvement.”

One of the key considerations in evaluating any written plan is whether the plan is useful to the institution. Appendix 1 illustrates some assessment strategies that teams might consider.

### **Developing a Preliminary Draft Report**

Preparing a preliminary draft report before the visit, noting initial impressions and assessments of the institution’s self-study report, may assist team members to focus their notes, observations, and team discussion during the visit. The initial draft, as revised during the visit, might be used as the nucleus of the written report each member makes to the Chair before leaving the campus at the end of the visit. The Chair will usually provide a format outlining how team members should write their reports. Each team member’s report should also address their answers to the questions listed above in “Reviewing the Self-Study” in order to ensure that the institution has adhered to the Commission’s standards and expectations.

### **Certification of Eligibility**

In order to help institutions to demonstrate compliance with the eligibility requirements of the Commission and specified federal requirements and to assist evaluation teams in completing their work, the Commission has developed a Certification Statement. (See Appendix 5.) An institution undergoing initial or decennial review is expected to use the statement to certify that it meets or continues to meet eligibility requirements and federal requirements relating to Title IV program participation and to provide any additional materials or information that may be relevant.

The Certification Statement is usually attached to the executive summary of the self-study report. If the institution has not completed the certification statement, the evaluation team should inquire about institutional compliance with Middle States eligibility requirements. Findings related to such compliance should be included in the evaluation team report.

## **Travel and Housing Information**

### *Travel*

Team members should make travel arrangements early. Everyone should arrive before the opening session and plan to stay through the oral report at the end of the visit. Team members should confirm the schedule of on-campus events with the Chair prior to finalizing travel arrangements.

The Commission pays reasonable travel expenses, including transportation, meals, and any necessary in-transit lodging for team members, but not for others who work with teams (e.g., team associates or representatives from state agencies or university systems). Evaluators should balance the need for economy and the efficient use of time; they are urged to use public transportation or coach for air and rail travel, if practicable. In some instances, arriving on a Saturday might save the institution money on airfare, beyond the cost of an extra day’s stay in the hotel. The travel expense guidelines provided with the initial materials that the Commission distributes contain instructions relating to travel and housing, and a copy is available on the Commission’s website.

### *Housing*

The host institution normally pays for all meals and room charges directly. If the institution and the Commission have made other arrangements, the team Chair will advise team members of the alternate arrangements.

## Chapter 5

# The Team Visit and Team Findings

The team visit usually begins on a Sunday afternoon and concludes with an oral report by the Chair to the institutional community around noon time on the following Wednesday. It begins with an initial team meeting, the host's get-acquainted program, and the first working session of the team. The principal activities for the two days which follow include interviews with people on campus and scheduled daily team meetings. Finally, team members prepare their individual reports and assist in preparing the Chair's oral and written reports.

The Chair is responsible for overall coordination with the institution. The Chair reviews and analyzes the self-study document, deploys the team, coordinates team members' activities during the visit, advises the team, makes an oral report to the institution at the end of the visit, and prepares the team's written report.

### Pre-Arrival Communications

In addition to the communications described in Chapter 4, the Chair may contact team members with reminders and clarifications. These may include:

- \* clarifying questions regarding initial team assignments
- \* emphasizing the obligation of each team member to review the entire self-study document
- \* reminding team members to bring preliminary drafts and notes of their preliminary analyses
- \* ensuring that the team is familiar with *Characteristics of Excellence in Higher Education*

- \* providing guidance on the overall evaluation process, including campus interviews, team schedules, expectations, and the evaluation process
- \* making arrangements for the initial team meeting and team meetings during the visit
- \* providing additional guidance for evaluators visiting off-campus sites.

### Report format

The Chair usually prepares a format that clearly outlines how team members should write their reports. The format for draft reports is designed to elicit from individual team members drafts that will contribute to a coherent final team report. (See templates for evaluation team reports in Chapter 6.)

### Team Visit Schedule

A typical evaluation schedule for a visit of four days is illustrated in Figure 6. The Chair will develop this schedule in advance in consultation with team members, and will communicate it to the institution. If necessary, changes and adjustments can be made to the team visit schedule as the visit progresses.

Figure 6  
**Typical Team Visit Schedule**

	<b>Morning</b>	<b>Afternoon/Evening</b>
Sunday		<ul style="list-style-type: none"> <li>➤ Arrive</li> <li>➤ Initial Team Meeting &amp; Orientation</li> <li>➤ Institution’s Get-acquainted Program</li> <li>➤ First Working Session (<i>Review of self-study; visit planning</i>)</li> </ul>
Monday	<ul style="list-style-type: none"> <li>➤ Chair and President Meeting</li> <li>➤ Interviews and Visits</li> <li>➤ Brief Team Meeting (<i>Optional</i>)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Lunch with Campus People (<i>Faculty/staff/students/trustees</i>)</li> <li>➤ Interviews and Visits</li> <li>➤ Team Dinner</li> <li>➤ Team Meeting (<i>Review, discuss, plan</i>)</li> </ul>
Tuesday	<ul style="list-style-type: none"> <li>➤ Chair and President Meeting</li> <li>➤ Interviews and Visits</li> <li>➤ Brief Team Meeting</li> </ul>	<ul style="list-style-type: none"> <li>➤ Lunch with Campus People (<i>Faculty/staff/students/trustees</i>)</li> <li>➤ Interviews and Visits</li> <li>➤ Team Dinner</li> <li>➤ Team Meeting (<i>Review findings; reach consensus</i>)</li> <li>➤ Independent Report Writing</li> </ul>
Wednesday	<ul style="list-style-type: none"> <li>➤ Finish Independent Report Writing</li> <li>➤ Chair Prepares Oral Report</li> <li>➤ Chair and President Discuss Oral Report</li> </ul>	<ul style="list-style-type: none"> <li>➤ Team Lunch (<i>Optional</i>)</li> <li>➤ Oral Summary for Institutional Representatives</li> <li>➤ Leave Campus</li> </ul>

### **Team Members’ Responsibilities**

Team members should not compare the institution they are observing with their home campuses. As they talk with people on campus, evaluators should keep in mind that the Commission is not a standardizing agency. The Commission evaluates each institution based on evidence demonstrating that the institution has achieved its own stated objectives and has complied with accreditation standards.

Institutions have different goals and cultures and will demonstrate compliance in different ways. Team members should not be drawn into debates on the relative merits of specific approaches to problems. The Commission neither prescribes nor recommends specific practices for areas such as collective bargaining, teaching loads, or class size. However, the Commission is concerned with the impact of whatever arrangements the institution has adopted on the quality and effectiveness of its educational work. Therefore, the central question team members seek to answer is whether the institution meets accreditation standards and whether a given program, procedure, curriculum,



## *Reminders for Team Chairs*

### Prior to the Evaluation Visit

- Have you contacted team members regarding their individual team assignments (primary and secondary), and have you informed them of the time and place of the initial team meeting?
- Have you contacted individual team members regarding transportation logistics and other arrangements? Or, have you made certain that the institution will be in contact with individual members of the team regarding these matters?
- Have all necessary transportation arrangements been made by the institution: airport/train station to hotel; hotel to institution, etc.?
- Have meetings with specific groups (Board of Trustees, Steering Committee, etc.) been set in advance? Have you arranged for meetings and interviews requested by individual team members?
- Have you developed a suggested format for the draft reports to be submitted by team members? (See Chapter 6 for team report templates.)

#### *Additional Reminders for Selected Topics Model*

- If the document review will occur around the time of the evaluation visit, have you made appropriate arrangements?
- Have you discussed with the institution any areas identified by the document reviewers for further attention before or during the team visit?

or other activity functions effectively in light of the institution's stated mission, goals, and objectives.

Evaluators should approach their tasks as peers who are professionals, not as inspectors. They must avoid the trivial, remembering that a fair evaluation notes strengths as well as weaknesses. If the aim is only to find fault and weaknesses, or to compare everything with home campuses, more harm than good will be done.

### **Level of Effort**

The rewards of the experience usually are greater than the demands it makes. They include interaction with campus and team colleagues, the opportunity to gain a thorough knowledge of an institution other than one's own, and involvement in a significant effort to improve higher education. Team members should be prepared to work steadily and hard during the evaluation visit. There is no time for anything except the team task. However, if team discussions are continuing

too late into the night, evaluators should discuss scheduling with the Chair.

### **Off-campus Sites**

Evaluators assigned branch campuses or other off-campus sites to visit, including study abroad locations, should consult the appropriate sections of *Characteristics of Excellence in Higher Education*. If evaluators are not able or expected to join the main campus site visit, the Chair will provide them with specific guidance.

Evaluators visiting these sites should verify what the institution indicates in its self-study report regarding off-campus sites. Visits with faculty, staff, and students at the site should be arranged in advance, as appropriate to the location.

## Reminders for Evaluators

### Prior to the Evaluation Visit

- Have you reviewed carefully the institution's mission statement, vision statement, and institutional goals?
- Have you reviewed the Commission's statement of standards in *Characteristics of Excellence in Higher Education* (and other policy statements, if pertinent) with particular attention to those sections related to your primary and secondary areas of responsibility?
- Have you read the entire self-study carefully, with particular attention to those topics that the Chair assigned to you?
- Have you reviewed the supplementary materials that the institution sent to you (e.g., the catalog, handbooks, etc.)?
- Do you understand the self-study approach that the institution used and the ways in which that approach may affect the work of the team?
- Have you prepared a list of the individuals or groups you wish to interview?
- Based on your review of the self-study and MSCHE materials, have you developed:
  - preliminary questions regarding the overall self-study and institution?
  - initial written impressions in assigned areas?
  - preliminary questions for your areas of particular responsibility?
  - a list of self-study resource documents to be reviewed?
  - a list of other documents to be requested on-site?
  - if requested by the Chair, a preliminary draft of your report?
- Have you informed the institution of your travel plans and transportation arrangements?
- Do you have the necessary information regarding travel and housing arrangements, as well as the time and place of the initial team meeting?

### Financial Reviewers

- *Optional:* Have you prepared a preliminary assessment of the institution's finances, identified any issues, and shared it with the institution for feedback and discussion during the evaluation visit?

### Additional Reminders for Generalist Evaluators for Selected Topics:

- Have you reviewed the Commission's guidelines for generalist evaluators conducting a document review?
- Has a telephone conference call been scheduled prior to the documentation review that will involve the Commission staff liaison, the team Chair, the designated generalist(s), and institutional representatives? [Note: You should receive the institution's draft self-study and documentation roadmap prior to the telephone conference call.]
- Have you provided a copy of the final report to the Commission's Evaluation Services Coordinator within two weeks of the document review? [The Commission staff will forward the report to the institution, the team Chair, and the evaluation team members within three weeks of the visit.]

## *Reminders for Institutions*

### Prior to the Evaluation Visit

- Has the institution handled all logistical arrangements (overnight accommodations, team meeting room, resource room, equipment, transportation arrangements, etc.)?
- Has the institution been in contact with each team member regarding travel plans and transportation arrangements?
- Has the institution completed the Certification Statement to certify that it meets or continues to meet the designated requirements?
- Has the institution mailed, at least six weeks before the team visit, the following material to the team:
  - The self-study report, including the Certification Statement attached to the Executive Summary
  - The most recent Institutional Profile submitted to the Commission
  - Supporting documents essential to understanding the self-study, such as institutional catalogs, organizational charts, and faculty and student handbooks (For electronic catalogs and/or handbooks, please identify the URL within the letter or memorandum of transmittal and at appropriate places within the self-study text.)
  - The institutional financial plan for the current year and the succeeding years covered by the institution's strategic plan (Plans might vary depending on the institution and might include such things as budgets, *pro forma* projections, and strategic plans tied to the budget.)
  - Actual enrollment for the current year and the three previous years (if not included in the self-study report)
  - Projected enrollment for the period covered by the institution's financial plan (if not included in the self-study report)
- In addition, has the institution sent one set of these additional financial documents to the member of the team assigned to review financial information and two sets to the Commission:
  - The two most recent audited financial statements and management letters
  - The financial information submitted to IPEDS for the three previous years
- Has the institution mailed two complete sets of the final self-study materials mentioned above to the Middle States Commission on Higher Education?
- At least four weeks prior to the evaluation visit, has the institution sent each member of the team a detailed campus map, directions to the campus, along with any other logistical information?

#### *Additional Reminders for Selected Topics Model*

- Has the institution reviewed and used the Commission's guidelines for institutions developing a documentation roadmap and prepared a roadmap prior to the document review?
- Has a document review been scheduled?
- Has a telephone conference call been scheduled prior to the documentation review that will involve the Commission staff liaison, team Chair, designated generalist(s), and institutional representatives?

## Initial impressions and draft report

Team members are encouraged to bring their notes on initial analyses of the institution's self-study to discuss during the initial team meeting. They can also bring a draft of the report in their assigned area of the standards. If it is used, it will be revised and supplemented during the visit.

## Initial Team Meetings

The Chair is responsible for the initial team meetings, which should start at least two hours prior to the get-acquainted program with institutional representatives and can continue after that program. These initial meetings, usually held on Sunday, enable the Chair to introduce team members to their colleagues, discuss the institution's self-study approach and model, gather first impressions about the institution's self-study, confirm the team assignments that were previously sent to team members, and establish or refine the visit schedule.

The following should be covered during the initial team meetings:

### Review of Pre-visit Preparations

Prior to the visit, team members should review together the questions in "Reviewing the Self-Study" (Chapter 4). In addition, they may wish to revisit the assignment of team members, the schedule of interviews, and the documents they wish the institution to provide in the document room.

### Context for Team Discussions

Team discussions must be held in the context of the institution's mission, goals, and objectives, looking for solid evidence of the degree to which the institution is complying with the Commission's standards for accreditation, achieving its stated goals, and fulfilling its mission.

### Confidentiality

All evaluation materials, conferences, and conclusions, including the team's final recommendation, are confidential. The Chair may share with the team any last minute or confidential information that is pertinent.

## Strengths and Weaknesses

A fair team evaluation of an institution assesses its strengths and weaknesses within the context of the Commission's accreditation standards, the institutional mission, and the emphases of the institution's self-study. Noteworthy achievements and/or special potential should receive praise. Institutions expect and deserve the assistance of honest, constructive criticism; but neglecting the positive side of an evaluation can diminish the usefulness of negative observations.

### Discussion of Preliminary Analyses

The Chair leads a discussion of preliminary impressions of the self-study materials, encouraging colleagues to express their views, identifying any blind spots and biases, discussing the questions and observations each team member has compiled from an analysis of the institution's materials, and guarding against *a priori* conclusions while establishing working hypotheses as points of departure for the team's work on Monday.

### Outcomes Assessment

Institutions of higher education are increasingly being challenged by their various internal and external stakeholders to demonstrate that they are accomplishing their goals and objectives, especially in teaching, learning, and overall institutional effectiveness. The Commission believes that evaluation can be done best by focusing on curriculum planning; on evidence of how plans for teaching and learning are implemented to achieve course, program or institutional goals and/or objectives; and on the institution's progress using outcomes assessment findings to improve.

The Commission has identified certain basic characteristics of outcomes assessment. Although it does not prescribe specific methods or approaches for assessment, it offers general guidelines on outcomes assessment in *Characteristics of Excellence in Higher Education*, the Commission's primary statement of standards, and in handbooks on assessment and on information literacy. The use of assessment in the evaluation process is also discussed in Chapter 4 and in Appendix 1.

## Activities during the Visit

The Chair coordinates team members' activities, settles the timetable for each day, assigns individual responsibilities for interviews, and provides guidance to team members on the types of interviews they should conduct:

- \* Team members should use both formal and informal contacts for their discussions.
- \* Group interviews in some cases are productive and time-saving.
- \* Classroom visits are not a useful means of assessing overall institutional teaching and learning outcomes. Reliable judgments on the quality of instruction that is characteristic of the institution as a whole cannot be made through visits to only a few classes. Analysis of outcomes data presented in the institutional self-study or available on campus will provide more trustworthy evidence.

## Other Participants

Those participants accompanying teams who are not full team members are described in Chapter 2. They have access to all materials relevant to the evaluation and may participate in all team discussions. However, they do not contribute directly to the team's report to the institution, nor do they have a voice in determining its recommendation to the Commission regarding accreditation.

## Host's Get-acquainted Program

The host institution sponsors a get-acquainted program, which may be a reception, a dinner, or both. It usually occurs on the first evening of the team visit. Team members are guests and colleagues, invited by the institution to discuss the self-study and to offer the kind of rigorous constructive criticism that comes from informed, objective colleagues. During an evaluation visit, team members and campus personnel engage in a professional dialogue that may include technical, discipline-specific, and management discussions. The informal setting of the get-acquainted program is the team's first contact with the institution and sets the tone for the evaluation. The program should be simple and brief, not

elaborate or expensive. Because the team visit is not a social occasion, it is important to guard the team's time and the institution's financial resources.

## Evaluation Meetings And Activities

Whatever the type and organization of the self-study, compliance with each standard and with the standards as a whole will require analysis and interpretation by evaluators. For example:

### Mission

Each standard should be interpreted and applied in the context of the institution's mission and circumstances.

### Integrated Whole vs. Checklist

Evaluators must consider the totality that is created by the fundamental elements that follow each standard in *Characteristics of Excellence* and any other relevant institutional information or analysis. Fundamental elements and contextual statements should not be applied separately as checklists.

### "Context" Sections

Not all parts of every statement in the context sections that follow each standard in *Characteristics of Excellence* will apply to every institution.

### All Evidence

Information gathered during team visits may be used to supplement information included in the self-study.

### Common Sense

Are the team's conclusions consistent with each other, with the self-study, and with information gathered during the visit? Does the team report reflect understanding of this particular institution and its goals?

## Chair's Responsibilities

The Chair should meet with diverse groups and individuals in order to gain a better understanding of the institution. The Chair should take careful notes during these campus interviews, because it is the Chair who must write the final team report. These meetings include:

**President.** The first conference, whether alone or in the presence of others, should be a working session with the president as the chief executive officer. The Chair should maintain contact with the president throughout the visit, checking to see if he or she perceives any problems with the evaluation as it is progressing.

**Board of Trustees.** Either alone or with other team members, the Chair must confer with the board of trustees; the institution's president ordinarily should not be present at this meeting.

**Other Institutional Representatives.** To get a multi-dimensional view of the institution, rather than limiting contacts and interviews to high-level officers, the Chair should also interview other institutional representatives.

### **Special Considerations for Selected Topics Document Review During the Team Visit.**

If the document review associated with a selected topics self-study is conducted during or immediately prior to the evaluation team visit, the team Chair and one (or in complex instances, more) designated generalist evaluator(s) will review the documentation and verify institutional compliance with those standards that are not substantively reflected in the self-study, pursuant to the instructions in Appendix 1. The generalist reviewers arrive in sufficient time to complete document review before the team arrives if the generalists also will be involved in the review of the self-study and the campus visits.

## Team Members' Responsibilities

**Types of Campus Interviews.** Members of the evaluation team should interview the institution's officers, division and/or department heads, staff members, faculty, and students, paying careful attention to balance and representation among those interviewed. The variety of approaches, backgrounds, and experiences of team members should be used to diversify the types of interviews and interviewees.

**Conducting Campus Interviews.** The Commission expects the team to conduct campus interviews as inquiries in the spirit of peers who are professionals, rather than as inspectors, and to ascertain how well the institution's educational goals and objectives are realized in actual practice. The substance and form of interviews should be related directly to *Characteristics of Excellence in Higher Education* and to the self-study, and the interviews should be based on questions and concerns identified in preparing for the visit. (See Appendix 7, "How to Conduct an Interview During a Team Visit," for suggested approaches to campus interviews.)

**Scheduling Interviews.** In scheduling interviews, allow sufficient time to follow leads, to collect impressions widely, to check information adequately, and to compare perceptions. Team members should circulate around the campus, meeting people and gathering information. Every team member should talk with as many students as time permits. Group interviews are often both productive and time-saving. The interview schedule can be supplemented and modified as necessary during the visit.

**Taking Notes.** Careful notes are important. They should build on or modify those made during the first analysis of the self-study document and initial draft.

## Evaluation Team Conferences and Discussions

The major strength of an evaluation is the interactive work of the team; it pays to spend considerable time in team conferences. This is one reason why the entire team should be lodged at the same location. Rather than reach decisions individually or by vote, team members should pool resources, stimulate and question each other, and perhaps even debate until they reach a consensus. These discussions are also key to preparing team members for their role in developing the final report.



## Chair's Responsibilities

### *Conducting Team Conferences*

The team Chair carefully organizes team conferences, determining in advance what will be accomplished at each working session.

**Leading discussions.** The Chair should not monopolize the discussions but must give firm leadership.

**Team member reports.** The Chair should call upon each team member for a brief report, encourage discussion, and ensure that all comments are germane to the issue under consideration.

**Length of meeting.** Team meetings are held in the evenings. Therefore, the Chair should establish in advance, and adhere to, a reasonable closing hour.

### *Oversight of Team Progress*

As the visit proceeds, the Chair should ensure that the team is making progress toward completing its assigned campus interviews in order to make certain that the range of people to be interviewed is as complete as possible and that no one who must be seen is omitted.

### *Providing Guidance to Team Members*

Through the team conferences and throughout the visit, the Chair will offer guidance to the team members. For example, the Chair may:

- \* point out that the team must apply the standards in *Characteristics of Excellence in Higher Education* in light of the stated mission and goals of each institution
- \* indicate to team members that they will be expected to offer their critiques as specialists and to incorporate their notes into the team's report, but their focus as representatives of the Middle States Commission on Higher Education is always institutional
- \* set a deadline for team members to submit their reports to the Chair
- \* remind evaluators to cite specific documents or other evidence as justification for all observations,

conclusions, and recommendations and to list all individuals interviewed

- \* prepare the team for what is expected during the final team meeting

## Team Members' Responsibilities

**Meeting Attendance.** Members should attend team meetings punctually and be mindful of the other team members' time when offering comments.

**Report Preparation.** Members should record reactions, judgments, and questions and work on reports throughout the visit. During the team meetings, team members should be prepared to report briefly their observations, reactions and judgments. They should be prepared to give written reports to the Chair in their assigned areas in the agreed-upon format by the designated deadline (usually Tuesday night or early Wednesday morning).

## Final Team Meeting And Team Report

The final team meeting focuses on the development of the team report. The team is expected to reach a consensus, if possible, on the action that the team will recommend to the Commission. It is important to remember that the Commission action applies to all activities of the institution. The Chair should use the language outlined in the Commission's policy statement and guidelines for Commission actions and standardized action language.

A summary of the "Range of Commission Actions on Accreditation" policy statement appears in Figure 7. The full range of actions and standardized language can be found in the publication *Policies, Guidelines, Procedures, and Best Practices*, available on the Commission's website at [www.msche.org](http://www.msche.org).

The recommended action should be written out as complete text, not merely referred to by its number. The team's recommendation, reflecting the team's consensus, does not appear in the final evaluation report; it appears in the Chair's brief. (See Chapter 6 for additional information.)

The team should review the proposed content of the entire team report—including team findings, suggestions for improvement, recommendations, and requirements—to ensure that the team’s recommended Commission action is consistent with team findings and that a consensus has been reached. No team member should leave before this summary conference. The Chair will convey to the Commission the team’s recommendation on accreditation without modification.

The challenge for the team is to recommend actions necessary to ensure continuing compliance with accreditation standards and to promote institutional growth and improvement without unduly burdening an institution by requiring reports and/or visits which appear to be an imposition rather than a means for assisting the institution. The Chair’s judgment and experience must serve as guides. The Commission, of course, will exercise its own discretion in every case.

The team should address the institution’s performance with respect to student achievement, teaching, and overall institutional effectiveness, as framed by the standards for accreditation found in *Characteristics of Excellence*. (See Chapter 4 for more information.)

The report should also address special activities such as certificate programs and distance learning. In making its determination, the team should consider its findings in their entirety, in light of the standards for accreditation and the institution’s mission. The self-study report, the campus interviews, and the evidence provided by the institution all should be taken into account when making the recommendation for Commission action.

### **Types of Findings**

In deciding what to include in the final report, team members and the Chair should distinguish clearly among the different types of findings described below. (See also Figure 7.)

Specific documents or other evidence must be cited as justification for all observations and conclusions, and all individuals interviewed should be listed, using the format that the Chair selects.

### **Significant Accomplishments**

Team members should make general observations about the institution and about the quality and substance of the self-study report. With regard to specific standards, if appropriate, teams also should identify an institution’s significant accomplishments, significant progress, or exemplary/innovative practices.

### **Suggestions**

Team members may make suggestions for institutional improvement, based on accreditation standards, the collective professional experiences of the team members, or the Commission’s non-binding recommendations in its various published guidelines which have been developed with peer input.

### **Findings Leading to Recommendations**

The team findings should identify those areas of the institution where improvement is advised in order for the institution to continue to meet the standards in *Characteristics of Excellence in Higher Education*. The team report should explain specifically how the institution is at risk of failing to meet the standards and, when appropriate, it should offer recommendations for improvement.

The team report that is made available to the institution does not, however, include the actions that the team recommends to the Commission. The team’s recommendations appear only in the Chair’s confidential brief to the Commission. Therefore, it is important that in their discussions of the findings, team members and the Chair should distinguish among the different levels of actions related to the recommendations that flow from the team’s findings, including:

#### **\* Recommendations to be addressed within the Periodic Review Report**

All of the team’s recommendations must be addressed in the institution’s next Periodic Review Report (PRR), which occurs in five years. However, the team can choose to highlight a specific issue that might need to be given additional attention or emphasis in the PRR.



Team members should identify those aspects of the institution where the team urges attention in order to promote institutional improvement, but those aspects do not warrant Commission follow-up before the institution addresses them in its PRR.

**\* Recommendations Requiring Follow-Up Action**

If a team finds that an issue is sufficiently urgent to require that the institution address it prior to the PRR, the team may recommend that the issue be addressed in a follow-up action, such as a progress letter or monitoring report, in order to assure continuing compliance.

**A progress letter** is appropriate if the Commission should be assured that the institution is carrying out activities that were planned or were being implemented at the time of the team visit. [Time limit: 6–24 months from the date of the Commission action.]

**A monitoring report** is appropriate if there is a potential for the institution to be in future non-compliance with one or more accreditation standards; when issues are more complex or more numerous; or when the issues require a substantive, detailed report. [Time limit: 6–24 months from the date of the Commission action.]

Requests for follow-up, such as a progress letter or a monitoring report, should not be included as a *pro forma* or routine part of a team’s recommendation.

**Requirements**

Requirements indicate that the institution does not comply with one or more standards in *Characteristics of Excellence in Higher Education*. Therefore, the team report should state specifically in what ways the institution fails to meet a standard and, when appropriate, it should specify particular steps that should be taken in order to meet the Commission’s standards.

If an institution does not meet one or more accreditation standards, the team must recommend an action other than reaffirmation of accreditation. These actions include warning, probation, and show cause.

**Warning.** The institution appears not to be in compliance. Warning is paired with a monitoring report, and a special visit may follow if verification of institutional status and progress requires an on-site review.

**Probation.** The institution is not in compliance, especially for failing to respond adequately to a prior action of “postponement” or “warning.” A probation action is accompanied by a monitoring report, and a special visit may follow. It may or may not precede a “show cause” action.

**Show Cause.** The institution, judged not to be in compliance with eligibility requirements or accreditation standards, is required to show cause in a substantive report why its accreditation should not be removed. Show cause may be, but need not be, preceded by warning or probation.

[Subsequent to a show cause procedure, or in a case where an institution no longer meets eligibility requirements, the Commission will remove accreditation.]

**Supplements to Team Findings When Further Information is Needed**

**Postpone Action, Pending Receipt of a Supplemental Information Report**

If a team determines that there is insufficient information to substantiate institutional compliance with one or more accreditation standards (i.e., incomplete content or insufficient quality), the team should recommend that the Commission postpone action, pending receipt of a supplemental information report.

A supplemental information report is appropriate only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions.

**Visits**

A team may include in its recommendation the need for an on-site review in addition to a paper review in order to verify an institution’s status or progress. The team may distinguish between a required visit (“a visit will follow...”) and an optional visit (“a visit may follow...”). However, a visit is always required for a Show Cause action.

Figure 7

## Team Findings on Decennial Team Visits

Team findings of significant accomplishments or its suggestions for improvement do not result in Commission actions. However, as a result of other findings that lead to recommendations, requirements, or requests for further information from institutions, teams may recommend that the Commission take the following actions:

### Recommendations

If a team report includes “Recommendations,” the team may propose that the Commission take the following actions requiring institutions to:

- Address specific issues in the next periodic review report or self-study
- Submit a progress letter
- Submit a monitoring report

### Requirements

If a team report includes “Requirements,” the team may propose that the Commission take the following actions:

- Warn institutions that their accreditation may be in jeopardy
- Place institutions on probation
- Require institutions to show cause why their accreditation should not be removed

### Supplements to Team Findings When Further Information is Needed

#### Postpone Action, Pending Receipt of a Supplemental Information Report

If a team determines that there is insufficient information to substantiate compliance with one or more accreditation standards (i.e., incomplete content or insufficient quality), the team should recommend that the Commission postpone action, pending receipt of a supplemental information report.

#### Visits

To verify an institution’s status or progress, a team may recommend a required or optional on-site review in addition to a paper review.

Visits may be conducted by a member of the Commission staff, by an individual evaluator, or by a small team or a full team, depending on the nature and number of the Commission’s concerns.

## Oral Report to the Institution And Conclusion of the Visit

In a final session with the president and other representatives of the host institution, the Chair orally presents a candid preview of the written evaluation report. All team members should be present at this briefing.

Prior to the oral report, the team Chair should meet privately with the institution's president to review the team's primary findings. This session also can be used to review the calendar of events that will follow the visit, including dates on which the institution will receive and respond to the draft and final team reports.

The oral report session is often open to all members of the internal campus community. However, because this exit report is an internal institutional event, external parties such as the press should not be present, nor should the session be videotaped or otherwise recorded. During this oral presentation, the Chair makes no reference to the team's recommendation regarding accreditation.

### Chair's Responsibility

Presenting the oral report is one of the most important and challenging aspects of chairing a team. Candor, clarity, and conviction should characterize the presentation. The presentation should:

#### *Summarize Written Report*

A careful and complete summary of the written report must be presented, except for the team's accreditation recommendation to the Commission. The content and tone of the oral report must be consistent with the written report, and both should make appropriate reference to the *Characteristics of Excellence in Higher Education*.

#### *Present Institution's Strengths and Weaknesses*

The oral report should leave no doubt about institutional strengths and weaknesses as perceived by the team. If the team finds the institution deficient in meeting one or more of the standards for accreditation, those deficiencies should be cited in both the oral and the written

reports. A candid report will not endanger the confidentiality of the team's recommended accreditation action, because the specific recommendation to the Commission is not revealed. The institution will have a full opportunity later to respond to the team report before it is considered by the Commission.

#### *Reflect the Team's Findings*

The content and tone of the oral report should be discussed with the entire team before the presentation. This avoids possible miscommunications and ensures consistency of findings, suggestions, recommendations, and requirements.

### Team Members' Final On-Site Responsibilities

#### *Written Individual Reports*

Before leaving the campus, team members must complete and give to the Chair their written reports for their assigned areas of responsibility and any other areas in which they have been asked to contribute. The Chair's final report is only as good as the information that team members provide.

Chairs' preferences for the format of individual team member reports vary, but teams may use the Commission's team report templates as a guide. Each separate area of responsibility assigned to the team members should be presented within a format that is clear and compatible with the institution's self-study format.

#### *Final Meeting*

Team members should attend the Chair's oral report to the institution.

#### *Completion of Team Members' Responsibilities*

After team members have submitted their final reports to the team Chair and have attended the presentation of the Chair's oral report to the institution and submitted their expenses voucher, their responsibility to both the institution and the Commission ends. Each team member assigned by the Commission will receive a copy of the team report and will be informed of the action taken by the Commission. Questions after the visit

about any part of the evaluation process should be directed to the Commission office.

#### *Confidentiality and Press Inquiries*

All evaluation materials, conferences, and conclusions are confidential, and the recommendation regarding accreditation must not be communicated to anyone outside the team. The team's conclusions are merely recommendations that are subject to possible modification by the Commission.

Confusion and embarrassment could be created by communicating the team's recommendation to the institution. Furthermore, the team's recommendation for Commission action must not appear in the report itself; it belongs only in the brief that the Chair prepares as a confidential document for the Commission.

Any inquiries from the press or other agencies or persons should be directed to the executive director of the Commission.

## **Immediately Following The Team Visit**

### **Chair's Responsibilities**

#### *Letters of Appreciation*

Chairs may wish to send a courtesy letter to each team member's president, or to the board Chair if the team member is a president. If the team member's contribution was outstanding, a commendation is always welcome.

### **Chair and Team Members' Responsibilities**

Please take into account the following when submitting expense reports:

- \* **An expenses voucher** for the evaluation visit will be included in the final mailing to the team. It is important that the Chair and team members report their expenses immediately following the visit. Receipts must accompany all vouchers.

Evaluators are expected to pay for all personal items, such as newspapers, bar bills, dry cleaning and laundry, and movies in hotel rooms. If charges for these items appear on expense vouchers, they will be deducted from claims for reimbursement. Telephone calls and certain other items are subject to the current guidelines published in "Travel Expense Guidelines," which is available from the Commission office and is a publication on the Commission's website.

- \* **Payments from the institution.**

No payments should be made by or accepted from the host institution.

- \* **Other Participants.** The Commission will not provide expense vouchers to those who are working with the team, such as state education agency representatives, other agency representatives, or team associates. They must report their expenses to their own organization or institution.

- \* **Honorarium.** In addition to reimbursement for expenses, evaluators assigned by the Middle States Commission on Higher Education will receive a modest honorarium to defray personal expenses. The current amounts are listed in the "Schedule of Dues and Fees," available on the website.

- \* **Timely Submission of Vouchers.**

The travel expense guidelines provided with the initial materials that the Commission distributes contain instructions relating to travel and housing, and a copy is available on the Commission's website.

The Commission invoices institutions for expenses related to the team visits. As a courtesy to the institution, timely billing is imperative. Therefore, if team members do not submit expense vouchers and receipts within one month after the last day of the campus visit, the honorarium will be paid, but the team member may forfeit travel expense reimbursement.

The Commission reserves the right to disallow all or part of a traveler's expenses if, in its opinion, the traveler did not fulfill his or her obligations associated with the assignment or event.

- \* **Evaluation of Team Chair.** Team members assigned by the Commission will receive, in their initial packet of materials, a form requesting a brief and candid evaluation of the team Chair. This form, to be completed after the evaluation, will be held in confidence.
- \* **Evaluation of Team Members.** The Chair's evaluation of team members should be completed and submitted along with the completed expense voucher, immediately following the visit. This form, to be submitted after the evaluation, will be held in confidence.
- \* **Workshop Evaluations.** First-time evaluators who attended an evaluator training workshop sponsored by the Commission will receive a second form, requesting an evaluation of the team training workshop, such as whether the

session helped in preparation for the team work, what suggestions team members have for improving the sessions, and whether the handbook was useful for team members.

### **Institution's Responsibilities**

#### *Housing and Meals*

The host institution normally pays all room and meal charges directly, unless the Commission has made special arrangements. If the latter applies, the Chair will be notified of the arrangements

## *Reminders for Evaluators*

### **During the Visit and After**

#### **During the Visit**

- Have your interviews exposed you to a variety of perspectives on key issues?
- Have team discussions allowed you to check and verify your findings with other team members?
- Do you understand the format guidelines for your written report, as set by the Chair? (See Chapter 6)
- Does your written report reflect and make reference to *Characteristics of Excellence in Higher Education* where appropriate?
- Are all areas where the institution does not meet one or more accreditation standards clearly supported by findings and documentation?
- Does your individual written report make a clear distinction between suggestions and recommendations for institutional improvement, and requirements regarding institutional compliance with MSCHE standards?
- Does your individual report list all of the individuals interviewed during the visit?

#### **After the Evaluation Visit**

- Have you submitted your expense voucher, with original receipts, to the Commission office for expenses incurred during the evaluation visit?

## *Reminders for Chairs*

### During the Visit and After

#### **During the Visit**

- Have you met regularly with the institution's president?
- Have you discussed with the team the type of self-study that the institution conducted and its implications for the team's evaluative work?
- Has there been an early opportunity during the visit to get feedback from the institution regarding any area of the institution that appears not to have been adequately covered in the self-study?
- Have the time, place, and invited audience for the exit interview been set?
- Do the team members understand the proposed report format?

#### **The Oral Report**

- Have you met privately with the institution's president, prior to the presentation of the oral report, to review the team's primary findings?
- Have you prepared an oral report which is consistent, in content and tone, with the findings, suggestions, recommendations, and requirements that will be cited in the team's written report?
- Have you checked your prepared remarks to ensure that no reference will be made to the team's recommendation to the Commission for accreditation action?

#### **Following the Evaluation Visit**

- Have you submitted an expense voucher, with original receipts, to the Commission office for expenses incurred during the evaluation visit?
- Have you sent letters of appreciation to the chief executive officers of each evaluator's home campus?
- Have you sent the evaluation report to the institution to correct factual errors?
- Have you submitted the team report and confidential brief to the Commission office?
- Have you sent evaluations of team members to the Commission office?



## Chapter 6

# The Evaluation Team Report And the Institutional Response

The written team report initiates a process that includes opportunities for the institution to review and comment. It culminates in review by the Commission's Committee on Evaluation Team Reports and final action by the Commission.

After the conclusion of the team visit, the Commission staff will notify the Chair and the institution of the date the final report is due in the Commission's office and the due date for the institution's response to the team report. The Commission staff will have previously notified the Chair of the date and location for the Chair's presentation of the confidential brief to the Commission's Committee on Evaluation Team Reports.

The Chair is responsible for writing the report and should do so immediately following the visit, before recollection of the details begins to fade. Both the Chair and the institution share responsibilities for distributing the team report in its draft and final stages.

### Characteristics of the Report

The Chair relies on comments from team colleagues, and the report should reflect the team's conclusions. However, the report should be neither a personal editorial nor a scissors-and-paste composition of verbatim excerpts from team members' reports. Instead, it should be a well-organized and cogent document. There should be ample attention to significant achievements and critical problems; nitpicking should be avoided. All major points in the oral report must be included, and the report must reflect honestly the views of the team. Differences of opinion should not be indicated, and individual team members should not be identified. The Chair may choose to share a copy

of the draft report with team members before it is finalized.

### Report Format and Style

In order to make the team report most useful to the institution, the team report will ordinarily follow the organization of the self-study rather than the organization of *Characteristics of Excellence in Higher Education*. If a self-study is a comprehensive or comprehensive with emphases, Figure 8 provides a template for Chairs to use in preparing the team report.

These self-studies may be organized in different ways. Therefore, it is important that the report notes within each subject area covered by the institution which accreditation standards the section addresses in whole or in part, and what suggestions, recommendations, and/or other requirements relate to each accreditation standard.

Figure 9 illustrates how a team report should discuss compliance with accreditation standards when the self-study is organized by the standards in *Characteristics of Excellence*.

Figure 10 provides an example of a team report when the self-study combines or groups together. In other words, if one or more standards are covered by one chapter of the self-study, the standards covered and the suggestions, recommendations, and/or requirements regarding those standards should be made clear in the report.

Figure 11 contains a template for a self-study organized thematically. In this instance, a standard may be relevant to different topics or themes in the self-study, and the report should cross-reference the other chapters where that standard is also addressed.



Figure 8

## Team Report Template for Comprehensive or Comprehensive with Emphases Self-Studies

### I. Context and Nature of the Visit

- institutional overview
- scope of institution at the time of the evaluation (information drawn from the most recent “Statement of Accreditation Status” that the Commission sends to the Chair prior to the visit), including:
  - degree level(s) (Note: include certificate/diploma programs)
  - branch campuses (Note: all must be visited)
  - additional locations (Mark with “\*” those that were visited)
  - distance learning (List programs for which 50% or more is offered via DL)
  - other (e.g., contractual arrangements, consortia, etc.)
- self-study process and report (self-study design/model, level of participation)

### II. Affirmation of Continued Compliance with Eligibility Requirements

- Based on a review of the self-study, interviews, the certification statement supplied by the institution and/or other institutional documents, the team affirms that the institution continues to meet the eligibility requirements in *Characteristics of Excellence*. (The certification statement should have been included with the executive summary of the self-study.) If the institution continues to meet eligibility requirements, no further details are necessary. If the team cannot affirm continued compliance with eligibility requirements, specific details must be provided.

### III. Compliance with Federal Requirements; Issues Relative to State Regulatory or Other Accrediting Agency Requirements

- Based on review of the self-study, certification by the institution, other institutional documents, and/or interviews, the team affirms that the institution’s Title IV cohort default rate is within federal limits or that the institution has an acceptable plan in place to address federal compliance issues. Please note if the team relied on institutional certification and/or other written documentation to make its determination. If the team cannot affirm compliance with these federal requirements, specific details must be provided.
- If the team is aware of any issues relative to state regulatory requirements or the institution’s status with other (e.g., programmatic) accrediting agencies, those issues should be noted here.

### IV. Evaluation Overview

- Within this narrative section, the team should provide an overview of its evaluation and analysis, including noteworthy areas of progress or improvement, as well as institutional aspects worthy of commendation. This Evaluation Overview should reflect and be consistent with the details provided in section V of the report.

### V. Compliance with Accreditation Standards

- This section of the team report will usually follow the organizational structure of the institution’s self-study (e.g., related standards often are grouped together rather than being addressed as separate standards). However, there must be clear designation of how the 14 standards align with the team report format (See examples in Figures 9, 10, and 11.)

### VI. Summary of Recommendations for Continuing Compliance and Requirements

- Frame each follow-up recommendation or requirement by first quoting in full the related accreditation standard, and then present the specific team recommendation or requirement.  
This summary forms the basis for the accreditation action the team is recommending to the Commission. It does not include the team’s suggestions or recommendations for the Periodic Review Report.

Figure 9

## Example of a Team Report for a Self-Study Organized by Standard

*(The template for Standard 1 is provided as an example here, and this format should be replicated for the other sections of the team report.)*

### Standards 1: Mission, Goals, and Objectives

The institution meets this standard.

OR

If the team cannot affirm compliance, state: "The institution does not meet this standard," and provide details under "Summary of evidence and findings" and "Requirements" below.

➤ Summary of evidence and findings

Based on a review of the self-study, other institutional documents, and interviews with faculty, staff, students, and others, the team developed the following conclusions relative to this standard:  
*(Include narrative or bulleted points that reflect, collectively, the elements of the Standards)*

➤ Significant accomplishments, significant progress, or exemplary/innovative practices  
*(optional)*

➤ Suggestions  
*(optional)*

➤ Recommendations

*(institutional action needed for the institution to continue to meet the standards in Characteristics of Excellence in Higher Education)*

○ Recommendations to be addressed in Periodic Review Report

*(institutional actions urged in order to promote institutional improvement, these recommendations do not warrant Commission follow-up but are addressed in the Periodic Review Report)*

○ Recommendations Requiring Follow-Up Action

*(institutional actions needed to assure continuing compliance which may warrant Commission follow-up through either a progress letter or monitoring report)*

➤ Requirements

*(institutional actions needed to achieve compliance with the standard; "requirements" necessitate Commission action of postponement, warning, probation, or show cause)*

Figure 10

## Example of a Team Report for a Self-Study Organized by Groups of Standards

*(This sample template illustrates the report for a self-study that groups Standards 4 and Standard 5 into one chapter. The same format can be followed for other groupings of standards in the report.)*

### Chapter Two: Institutional Oversight

*(Cite the institution's self-study report chapter number and title)*

This Section Covers the Following Standards:

Standard 4: Leadership and Governance  
Standard 5: Administration

The institution meets these standards.

OR

If the team cannot affirm compliance, state: "The institution does not meet this/these standard(s)," and provide details under "Summary of evidence and findings" and "Requirements" below. The details should indicate which standards are at issue.

➤ Summary of evidence and findings

Based on a review of the self-study, other institutional documents, and interviews with faculty, staff, students, and others, the team developed the following conclusions relative to this standard: *(Include narrative or bulleted points that reflect, collectively, the elements of the Standards). The Standards can be taken together in this section)*

➤ Significant accomplishments, significant progress, or exemplary/innovative practices *(optional)*

➤ Suggestions *(optional)*

➤ Recommendations

*(institutional action needed for the institution to continue to meet the standards in Characteristics of Excellence in Higher Education)*

○ Recommendations to be addressed in Periodic Review Report

*(institutional actions urged in order to promote institutional improvement, these recommendations do not warrant Commission follow-up but are addressed in the Periodic Review Report)*

○ Recommendations Requiring Follow-Up Action

*(institutional actions needed to assure continuing compliance which may warrant Commission follow-up through either a progress letter or monitoring report)*

➤ Requirements

*(institutional actions needed to achieve compliance with the standard; "requirements" necessitate Commission action of postponement, warning, probation, or show cause)*

Figure 11

## Example of a Team Report for a Self-Study Organized Thematically

*(This sample template illustrates the report for a self-study that groups various standards under one theme and covers one of the standards, Standard 9, under more than one heading. The same format can be followed for other groupings of standards in the report as above, but compliance or non-compliance with Standard 9 must be cross-referenced to the other chapter)*

### Chapter 5: Academic Excellence

*(Cite the institution's self-study report chapter number and title)*

This section covers the following standards:

Standard 9: Student Support Services (also covered in Chapter 4: Exemplary Service)

Standard 10: Faculty

Standard 11: Educational Offerings

Standard 12: General Education

The institution meets these standards (based on the evidence presented in this chapter and Chapter 4).

OR

If the team cannot affirm compliance, state: "The institution does not meet this/these standard(s)," and provide details under "Summary of evidence and findings" and "Requirements" below. The details indicating failure to comply should indicate which standards are at issue. If the standard in question is the one covered in more than one chapter, such as Standard 9 in this example, the cross-reference should be noted.

➤ Summary of evidence and findings

Based on a review of the self-study, other institutional documents, and interviews with faculty, staff, students, and others, the team developed the following conclusions relative to this standard:

*(Include narrative or bulleted points that reflect, collectively, the elements of the standards. The standards can be taken together in this section)*

➤ Significant accomplishments, significant progress, or exemplary/innovative practices

*(optional)*

➤ Suggestions

*(optional)*

➤ Recommendations

*(institutional action needed for the institution to continue to meet the standards in Characteristics of Excellence in Higher Education)*

○ Recommendations to be addressed in Periodic Review Report

*(institutional actions urged in order to promote institutional improvement, these recommendations do not warrant Commission follow-up but are addressed in the Periodic Review Report)*

○ Recommendations Requiring Follow-Up Action

*(institutional actions needed to assure continuing compliance which may warrant Commission follow-up through either a progress letter or monitoring report)*

➤ Requirements

*(institutional actions needed to achieve compliance with the standard; "requirements" necessitate Commission action of postponement, warning, probation, or show cause. Note the standard to which it applies, and cross-reference to another chapter, if warranted.)*

The next two templates are intended for team reports that address selected topics self-studies. Figure 12 provides the basic template for such a report, and Figure 13 further illustrates how to address compliance with accreditation standards as required in section V of Figure 12.

Figure 12

## Team Report Template for Selected Topics Self-Studies

### I. Context and Nature of the Visit

- institutional overview
- scope of institution at the time of the evaluation (information drawn from the “Statement of Accreditation Status”), including:
  - degree level(s) (Note: include certificate/diploma programs)
  - branch campuses (Note: all must be visited)
  - additional locations (Mark with “\*” those that were visited)
  - distance learning (List programs for which 50% or more is offered via DL)
  - other (e.g., contractual arrangements, consortia, etc.)
  - self-study process and report (self-study design/model, level of participation)

### II. Affirmation of Continued Compliance with Eligibility Requirements

- Based on a review of the self-study, interviews, the certification statement supplied by the institution and/or other institutional documents, the team affirms that the institution continues to meet eligibility requirements in *Characteristics of Excellence in Higher Education*. (The certification statement should have been included with the executive summary of the self-study.)

If the institution continues to meet eligibility requirements, no further details are necessary. If the team cannot affirm continued compliance with eligibility requirements, specific details must be provided.

### III. Compliance with Federal Requirements; Issues Relative to State Regulatory or Other Accrediting Agency Requirements

- Based on a review of the self-study, certification by the institution and other institutional documents, and interviews, the team affirms that the institution’s Title IV cohort default rate is within federal limits or that the institution has an acceptable plan in place to address federal compliance issues.

If the team cannot affirm compliance with these federal requirements, specific details must be provided.
- If the team is aware of any issues relative to state regulatory requirements or the institution’s status with other (e.g., programmatic) accrediting organizations, those issues should be noted here.

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Figure 12 cont'd

## Team Report Template for Selected Topics Self-Studies

### IV. Evaluation Overview

- Within this narrative section, the team should provide an overview of its evaluation and analysis, including noteworthy areas of progress or improvement, as well as institutional aspects worthy of commendation. This evaluation overview should reflect and be consistent with the details provided in section V of the report.

### V. Compliance with Accreditation Standards

The format in this section (including subparts A, B, and C, as shown in Figure 13) should follow the structure of the self-study, but it takes into account the “documentation roadmap” developed by the institution for its selected topics self-study, noting what is covered in the document review and what is addressed by the self-study in part or fully.

This section of the team report usually will follow the organizational structure of the institution’s self-study (e.g., related standards often are grouped together rather than being addressed as separate standards). However, there must be clear designation of how the standards align with the team report format. (See the examples shown in Figures 9, 10, and 11.)

### VI. Summary Recommendations Requiring Follow-Up Action and Requirements

Frame each recommendation for follow-up or requirement by first quoting in full the related accreditation standard. Then present the specific team recommendation or requirement.

*This summary forms the basis for the accreditation action that the team is recommending to the Commission. It does not include the team’s suggestions or recommendations that will be routinely addressed in the Periodic Review Report.*

## Content of the Report

The team report should be checked to ensure that it:

- \* speaks directly to accreditation standards.
- \* responds to the approach used by the institution in its self-study.
- \* concentrates on fundamentals.
- \* covers all activities of the institution, including off-site and certificate programs.
- \* carefully distinguishes among the team’s:
  - suggestions for improvements
  - recommendations, if the institution is at risk of failing to comply with the Commission’s standards
  - requirements that an institution must act on in order to comply with the Commission’s standards.
- \* provides a rationale and evidence for the team’s recommendations and requirements.
- \* includes everything necessary to support recommended actions. The Chair cannot raise new issues for consideration by the Commission unless the institution has had an opportunity to respond to them, either in the institutional response to the team

Figure 13

## Compliance with Accreditation Standards in a Selected Topics Self-Study [Subparts A, B, and C]

This section of a team report for a selected topics self-study (as noted in Figure 13, Section V) consists of three subparts:

### A. Standards Addressed Substantively within the Selected Topics

*(The template for Standard 7 is provided as an example here, and this format should be replicated for the other sections of the team report accordingly.)*

#### Standard 7: Institutional Assessment

The institution meets this standard.

OR

If the team cannot affirm compliance, state: "The institution does not meet this standard" and provide details under "Summary of evidence and findings" and "Requirements" below.

- Summary of evidence and findings  
Based on review of the self-study, other institutional documents, and interviews with faculty, staff, students, and others, the team developed the following conclusions relative to this standard:  
*(Include narrative or bulleted points that reflect, collectively, the fundamental elements)*
- Significant accomplishments, significant progress, or exemplary/innovative practices  
*(optional)*
- Suggestions  
*(optional)*
- Recommendations  
*(institutional action needed for the institution to continue to meet the standards in Characteristics of Excellence in Higher Education)*
  - Recommendations to be addressed in Periodic Review Report  
*(institutional actions urged in order to promote institutional improvement, these recommendations do not warrant Commission follow-up but are addressed in the Periodic Review Report)*
  - Recommendations Requiring Follow-Up Action  
*(institutional actions needed to assure continuing compliance which may warrant Commission follow-up through either a progress letter or monitoring report)*
- Requirements  
*(institutional actions needed to achieve compliance with the standard; "requirements" necessitate Commission action of postponement, warning, probation, or show cause)*

*Continued on next page ➤*



Figure 13 cont'd

**Compliance with Accreditation Standards in a Selected Topics Self-Study**

**B. Standards Addressed Partially within the Selected Topics**

Follow the same format as in part A, above.

**C. Standards Reviewed via Documentation  
(Not within the Selected Topics)**

Based on the review of documentation, the team has determined:

The institution meets the following standards:

*(List by number and name)*

The institution does not meet the following standards:

*(List by number and name)*

(Note: List the standards only, and either integrate the generalist evaluators' report here or attach a copy to this team report. A copy of the documentation roadmap used for the document review should also be attached. During its visit, the team itself will not evaluate compliance with standards not addressed within the Selected Topics, unless the document reviewers requested additional information in specified areas; the team will rely on the generalist evaluators' report.)

report or in later communications to the Commission.

- \* emphasizes the importance of outcomes and the assessment of both overall institutional effectiveness and student learning. Outcomes are the chief indicators of an institution's achievement of its objectives, and they should receive particular attention. Any discussion of outcomes should highlight the institution's performance with respect to student achievement but also include teaching and overall institutional effectiveness.
- \* is cautious about departmental evaluation. Observations should be made on academic programs in general. However, if it is necessary to discuss particular departments and their impact on programs within and outside those departments, reports should include the compelling reasons for such observations.

- \* does not contain long descriptions of what the institution already knows.
- \* is consistent with the content and tone of the oral report presented during the evaluation visit. The written report should not raise issues, such as deficiencies in meeting the Commission's standards, that were not cited during the oral report.
- \* recognizes, when appropriate, the relevance of special exhibits or other sources of additional information supplied by the institution during the visit.

In addition, the Chair should ensure that the report has not:

- \* been written in a highly prescriptive tone.
- \* named individuals, either in praise or blame.
- \* advocated or advised against unionization or any other mode of collective bargaining, nor appeared to question the particular

political or ecclesiastical sponsorship of the institution. The team's observations should be concerned with these subjects only if they affect the institution's freedom to pursue its objectives without limitations that diminish academic effectiveness.

- \* advocated or advised against specialized accreditation or cited the formulas or requirements of any other agencies. The criteria of other accrediting organizations are often useful to an institution, but the Commission does not specifically endorse the standards of these other organizations.
- \* advanced the personal educational theories of the Chair or the team members as solutions to problems that have been identified.
- \* revealed what the team's specific accreditation recommendation to the Commission for accreditation action will be. Although the Commission relies heavily on the team's recommendations, it may modify them. The institution could be confused and embarrassed by communicating a recommendation which is later modified by the Commission.

## The Draft of the Evaluation Team Report

A summary of the reporting deadlines associated with the team report, the Chair's brief, the Committee on Evaluation Reports, the Commission action, and the Statement of Accreditation Status appears in Figure 14.

### Chair's Responsibilities

- \* Within two weeks after the visit, the first draft of the team report should be completed and a copy sent to the president of the institution. (Chairs may wish to send earlier drafts to team members for feedback.)
- \* It must be marked clearly as "DRAFT" and bear the date on which the report was sent.
- \* A copy of the draft need not be sent to the Commission office.

### Institution's Responsibilities

- \* The institution must send to the Chair, within 10 days after receipt of the draft team report, its suggested corrections to errors of fact, ambiguity, or tone.

If the institution has not provided a written response to the Chair within the 10-day period, the Chair may use the draft without changes.

*[Note: This response to the team's draft report is distinct from the formal substantive institutional response to the final team report that the institution will submit prior to Commission consideration.]*

Figure 14

### Reporting Deadlines

Following is a summary of the various deadlines for reporting within the evaluation process:

Event	Deadlines
Commission notifies the Chair and the institution of due dates for submission of final team report, confidential brief and institutional response and sends mailing labels to institution	Within one week of visit conclusion
Chair sends draft report to institution for correction of factual errors	Within two weeks of visit conclusion
Institution returns corrected draft to the Chair	Within 10 days of receipt of the draft report
Chair sends final report to institution to be reproduced and to the Commission	Within seven days of receipt of (corrected) draft, no less than one month from the date of the meeting of the Committee on Evaluation Reports
Chair sends a confidential brief to the Commission	Immediately after the final report is completed
Formal institutional response to the team evaluation report	The Commission office will have notified the institution of the date for the response.

**[If the proceeding schedule is not met, the Commission may postpone consideration of the institution's status until its next regular meeting.]**

Chair attends the meeting of the Committee on Evaluation Reports	Commission will have notified the Chair of the meeting date
Commission Action	Next regularly scheduled meeting
Institution's corrections to the revised "Statement of Accreditation Status"	Immediately upon receipt
Institution distributes the team evaluation report and the Commission action widely on campus	Immediately upon notification of the Commission action

## The Final Team Report

### Chair's Responsibilities

- \* The Chair must seriously consider all proposed revisions by the institution, but the final determination of the content of the team report rests with the Chair.
- \* The Chair addresses the final team report to the faculty, administration, board of trustees, staff, and students of the institution.

The Chair sends the final report to the institution, with a copy to the Commission office.

Occasionally, the institution will ask the Chair to reproduce and mail the final report. If this happens, the Commission will send mailing labels to the Chair. The institution reimburses the Chair for the costs of reproduction and delivery of the report.

## Institution's Responsibilities

Within two weeks following the conclusion of the evaluation, the Commission staff will send the institution a set of mailing labels for individuals who should receive a copy of the final report. The labels are addressed to the members of the Commission, members of the evaluation team (but not Associates designated by the Commission), and the Commission office.

Normally, the institution acknowledges prior to the team visit that it will reproduce and mail the final team report to individuals listed by the Commission.

The final report is distributed as follows:

- \* One copy, by first class mail, to each person for whom a mailing label has been supplied, with the envelope clearly stamped "CONFIDENTIAL"; and
- \* Four copies to the Commission office at 3624 Market Street, Philadelphia, Pennsylvania 19104-2680.

## Distribution of Reports

If the institution wishes to send copies to state education agency representatives, heads of multi-unit and regional systems, the chief executive officer of any other accrediting agency involved in joint evaluations, evaluation team associates, or any person who is not a member of the MSCHE team, the decision and the costs are those of the institution. The Commission itself does not share evaluation team reports with government or other public or private agencies or individuals, unless explicitly permitted in writing by the institution to do so. (See the Commission's policy on public communication in the accreditation process, found in *Policies, Guidelines, Procedures, and Best Practices*, available online at [www.msche.org](http://www.msche.org).)

## Evaluation Team Report Format and Templates

### Cover Page

A sample cover page for the final evaluation report appears in Appendix 4; the cover page must include the paragraph shown at the bottom of the sample page.

### Second Page

The second page of the report provides information relevant to the time of the evaluation visit and should include the names of the president, chief academic officer, and Chair of the Board of Trustees (Appendix 5).

### Report Format

The report should be printed single-spaced, on 8-1/2" x 11" paper, using at least a 12-point font. It should be no more than 20 pages in length, and it should be brief, clear, and substantive. The sheets should be reproduced with text on both sides of the paper (two-sided copies), and the reports should be stapled in the upper left-hand corner but NOT bound.

## The Institution's Formal Response

The institution is given an opportunity to submit a thoughtful written response to the team report before the Commission will act on an evaluation team's report. Within two weeks following the evaluation, the Commission staff will send the institution a memorandum, requesting the response and giving the due date. The team Chair will receive a copy of the memorandum.

The institution's response to the team report should be brief and forthright. It should address specific issues, such as a disagreement with perceptions and/or interpretations, but it should avoid nitpicking over minutiae. Additional information, or analyses that differ from those of the team, may be helpful to the Commission.

The institutional response is considered to be a further extension of the self-study and evaluation process. Therefore, it should involve the

## *Reminders for Institutions*

### After the Evaluation Visit

- Has the institution sent its suggested corrections (errors of fact, ambiguity, or tone) to the Chair in writing within 10 days after receipt of the draft report?
- Has the institution submitted its formal substantive institutional response to the Commission after the team report is finalized?
  - One copy, by 1st class mail, to each person for whom a mailing label has been supplied, with the envelope clearly stamped "CONFIDENTIAL"; and
  - Fifty copies to the Commission office at 3624 Market Street, Philadelphia, PA 19104-2680

institution's constituencies that are appropriate to the areas being discussed.

If the institution has no major disagreement with the overall report, the response can state that the institution accepts the report as written.

The response should be in the form of a letter addressed to the Commission on Higher Education, in care of the executive director. The original and 50 copies of the response should be mailed to the evaluation services coordinator, Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, Pennsylvania 19104-2680.

If the institutional response is not received when due, the Commission may choose not to act on the evaluation team report, or it may act without the response.

### **The Chair's Confidential Brief**

Immediately following completion of the final draft of the evaluation report, the Chair should prepare a confidential brief that summarizes and interprets the evaluation report, the team's recommendations, and the action proposed to the Commission. (See Figure 15.) The brief is sent only to the Commission. Both the team report and the institution's response will be available to Commissioners, so repetition is not needed.

### **Chair's Responsibilities**

The Chair's brief should be no more than two pages. It is a condensation of the evaluation report. Therefore, it cannot substantively alter the content or tone of the team report.

The brief cannot introduce new information that is not included in the team report to which the institution has responded unless there is evidence that the institution has been offered the opportunity to respond to any changes since the team report.

The team recommendation for action must be explicit and should comply with the Commission's policies on range of accreditation actions and standardized language.

If a request for follow-up is included, the reasons must be given. The request for a progress letter, monitoring report, and/or visit, should specify the date by which it is due, in keeping with the Commission's calendar (usually either September 1, November 1, or April 1).

The brief is needed well in advance of the subsequent committee and Commission meetings. It should be sent to the Commission even if the institutional response has not been received. The Commission's Committee on Evaluation Reports may change the recommendation to the Commission in light of issues raised in the institutional response.

Fifty copies of the brief should be sent to the Commission office, immediately following completion of the final team report.

Figure 15

## Template for the Chair's Brief

The following is a sample heading for the front page:

**CONFIDENTIAL**  
**Chair's Brief to the  
Commission on Higher Education**  
**Institution Evaluated:**  
**Dates of Evaluation:**  
**Team Chair:**

---

The following template for the Chair's brief can be used for any self-study model. It draws heavily from corresponding sections of the full team report.

### **I. Context and Nature of the Visit**

*(same as Section I of the team report, in narrative or bulleted format)*

### **II. Affirmation of Continued Compliance with Eligibility Requirements**

*(same as Section II of the team report)*

### **III. Summary of Compliance with Accreditation Standards**

Based on review of the self-study, other institutional documents, and interviews with faculty, staff, students, and others, the team affirms that the institution meets all accreditation standards.

Alternatively, identify any standards for which the team has concluded that the institution is not in compliance.

### **IV. Summary of Significant Accomplishments, Significant Progress, or Exemplary/Innovative Practices**

*(drawn from Sections IV and V of the team report)*

### **V. Summary of Recommendations for Follow-Up Action and Requirements**

*(drawn from Section VI of the team report)*

### **VI. Team Recommendation for Commission Action**

The recommended action should follow the Commission's policy on range of actions, and its wording should follow the Commission's policy on standardized language.

If a request for a progress letter, monitoring report, and/or visit is included, the specific issues must be identified. When the team report contains multiple recommendations requiring follow-up action, teams should consider grouping related recommendations together when identifying the specific items to be addressed within progress letters or monitoring reports. The standard due dates for such reports are September 1, November 1, or April 1.

When the Chair discusses the confidential brief with the Committee on Evaluation Reports, the team's recommendation for Commission action may be modified, based on consideration of the institution's response.

## Chapter 7

# Commission Review, Action, and Public Disclosure

After the Chair submits the confidential brief to the Commission suggesting specific Commission actions, he or she attends the meeting of the Commission's Committee on Evaluation Reports at which the institution is considered. That Committee reads pertinent documents, discusses the institution, and submits recommendations to the full Commission. The Commission takes final action at its next meeting and distributes a formal statement of the action.

### **Review by the Commission's Committee on Evaluation Reports**

Members of the Commission and team Chairs comprise an *ad hoc* Committee on Evaluation Reports. Commission staff members also are present at these meetings to serve as a resource and to assist in promoting consistency of decisions. Chairs may be asked on occasion to serve as readers for other reports at these meetings.

The Committee considers several reports at each meeting and makes recommendations for Commission action at its next meeting. If there is no major difference between the recommendation of the evaluation team and the recommendation of the Committee on Evaluation Reports, the Committee will propose that the institution be considered on the Commission's consent agenda. If there are major differences, the matter is placed on the Commission's discussion agenda.

### **Chair's Responsibilities**

The Chair attends the meeting of the Committee on Evaluation Reports at which the institution the Chair visited is discussed.

The responsibilities of the Chair are fully discharged after the Chair has presented the Chair's brief to the Committee on Evaluation Reports. Thereafter, questions about any part of the evaluation process should be directed to the Commission office. Inquiries from the press or others should be directed to the executive director of the Commission.

### **Commission Actions**

The Commission will consider an institution's accreditation status at its next regular meeting, after all of the required documentation has been received at the Commission office. When the Commission meets to make formal accreditation decisions, it reviews the relevant material and recommendations from both the team and the Evaluation Committee before taking final action, consistent with its policy statements on the range of Commission actions on accreditation and related matters. An institution may elect to appeal certain negative actions under the Commission's published guidelines.

### **Public Disclosure**

Within 30 days after the Commission meets, staff notifies the institution, the team, the U.S. Department of Education, appropriate state agencies, other regional and national accrediting organizations, the American Council on Education



(ACE), and The Council for Higher Education Accreditation (CHEA) of the Commission's action.

Staff also prepares an updated "Statement of Accreditation Status" (SAS), which serves as the Commission's official public statement of an institution's current status and recent accreditation history. Any required follow-up activities, including specific issues or topics, are noted. When the letter conveying the Commission's accreditation actions is sent, a copy of the SAS also is provided to the institution for approval or proposed modifications due immediately upon receipt. If no response is received, the Commission assumes that the SAS meets the approval of the institution. The SAS will be posted on the Commission's website seven days after transmittal to the institution.

If the Commission takes an action of warning, probation, or show cause, it also will issue a "public disclosure statement," pursuant to its policy on public communication in the accreditation process.

As soon as the institution receives notification of the Commission's action, the institution should distribute the evaluation team report and related Commission action widely on campus.

## Use and Distribution of the Evaluation Team Report

Every Middle States evaluation report is produced by an *ad hoc* team. The purpose of the team is to validate the institution's self-study, to assess compliance with accreditation standards, and to make recommendations to the institution regarding ways in which it can improve its effectiveness. Team members rely upon their own knowledge and observation of academic excellence, derived from their direct experience, and the Commission relies on the judgment of team members as part of the peer review process. An evaluation team report is intended to stimulate further thought within the institution.

## How to Use a Middle States Evaluation Team Report

An institution should be governed by two principles in using an evaluation report:

- (1) The report should be studied open-mindedly and seriously by appropriate constituencies, because it is the thoughtful product of sensitive and disinterested professionals;
- (2) Except as required by final, formal Commission action, the institution may accept or reject the team's findings and suggestions, based on its own careful review and clear rationale for whatever course it follows.

## Distribution of Evaluation Team Reports

The Commission's policy on public communication in the accreditation process requires the institution to make the report readily available or to distribute it as widely as possible on campus, because the report is addressed to an institution's entire constituency—the administration, trustees, faculty, students, and staff.

When distributing the report, the institution should indicate that the report does not constitute a summary of the entire evaluation process; it is only the report of the team that visited the institution. Because the Commission's review processes sometimes result in an accrediting action other than the one recommended by the team, misunderstandings may occur if it is not clear that the report is only one piece of a much larger whole that includes the institutional self-study, the site visit, the Commission's committee review, and deliberations of the full Commission.

The institution also may distribute copies of the report to others at its discretion. However, if an institution uses the report in a manner that creates a misleading impression (such as using selected excerpts), the Commission reserves the right to release the full report and to make appropriate statements to the public. Excerpts, when used, should be verbatim or reasonable paraphrases and must accurately reflect the entire report in its balance of strengths and team concerns.

As part of the accrediting process, confidential copies of the evaluation team report are distributed to the members of the evaluation team (but not to evaluation team associates) and to Commissioners. The Commission does not share evaluation team reports with government or public or private agencies or individuals unless explicitly permitted by the institution in writing to do so.

## Evaluation Costs Charged To the Institution

In addition to the standard evaluation fee, the Commission will send an invoice to the institution for the following specific evaluation costs:

- \* Chair's honorarium
- \* Honorarium to each team member appointed by the Commission, payable when notification is received that each has completed the assignment (via team evaluations)
- \* Reimbursement for actual travel costs for the Chair and MSCHE team members, payable upon receipt of expense vouchers and receipts.

The Commission invoices each institution for a deposit against evaluation costs at least six weeks prior to the team visit. Additional information concerning specific fees and costs associated with evaluation visits can be found in the Commission's schedule of dues and fees, which is available on the Commission's website.

The institution also pays for meals and lodging. The Chair and the host institution must make every effort to keep costs within reason. The institution normally pays for all meals and room charges directly unless it has made other arrangements with the Commission. As noted, expenses should not be reported directly to the institution, nor should team members accept any form of direct reimbursement from the institution.

## Emergencies

If emergencies arise at any time during the process, the Chair and/or the president (or the president's designee) should telephone a Commission staff member at once.

**Commission office phone:** (267) 284-5000

**Fax number:** (215) 662-5501

**Commission Website:** Selected publications and other resources for institutions, evaluators, and Chairs can be found at the Commission's website, [www.msche.org](http://www.msche.org).

## Appendix 1

# Assessing Student Learning and Institutional Effectiveness

## *Understanding Middle States Expectations*

In 2002, the Middle States Commission on Higher Education introduced updated accreditation standards that simplified requirements for resources and processes and concentrated instead on *assessment*: evidence that the institution is achieving its goals. Every accreditation standard now includes an assessment component; the assessment of student learning is addressed in Standard 14 (Assessment of Student Learning); and the assessment of *all* key institutional goals, including those assessed in the other thirteen standards, is addressed holistically in Standard 7 (Institutional Assessment).

Because Standards 7 and 14 are a significant change from prior standards, and because the Commission gives institutions great latitude in choosing approaches to comply with them, these two standards have engendered many questions. This statement is intended to address these questions and to clarify the Commission's expectations regarding these standards and their relationship to other standards such as Standard 2 (Planning, Resource Allocation, and Institutional Renewal).

### **What is the Assessment of Institutional Effectiveness (Standard 7)?**

Assessment may be characterized as the third element of a four-step planning-assessment cycle:

1. Defining clearly articulated institutional and unit-level *goals*;
2. Implementing *strategies to achieve those goals*;
3. *Assessing achievement* of those goals; and

4. *Using the results* of those assessments to improve programs and services and inform planning and resource allocation decisions.

The effectiveness of an institution rests upon the contribution that each of the institution's programs and services makes toward achieving the goals of the institution as a whole. **Standard 7 (Institutional Assessment) thus builds upon all other accreditation standards, each of which includes periodic assessment of effectiveness as one of its fundamental elements.** This standard ties together those assessments into an integrated whole to answer the question, "As an institutional community, how well are we collectively doing what we say we are doing?" and, in particular, "How do we support student learning, a fundamental aspect of institutional effectiveness?" (Standard 14). Self-studies can thus document compliance with Standard 7 by summarizing the assessments within each accreditation standard into conclusions about the institution's overall achievement of its key goals.

### **What is the Assessment of Student Learning (Standard 14)?**

Assessment of student learning may be characterized as the third element of a four-step teaching-learning-assessment cycle that parallels the planning-assessment cycle described above:

1. Developing clearly articulated *learning outcomes*: the knowledge, skills, and competencies that students are expected to exhibit upon successful completion of a course, academic program, co-curricular program, general

education requirement, or other specific set of experiences;

2. Offering courses, programs, and experiences that provide purposeful *opportunities for students to achieve those learning outcomes*;
3. *Assessing student achievement* of those learning outcomes; and
4. *Using the results* of those assessments to improve teaching and learning and inform planning and resource allocation decisions.

***Because student learning is a fundamental component of the mission of most institutions of higher education, the assessment of student learning is an essential component of the assessment of institutional effectiveness (Standard 7) and is the focus of Standard 14 (Assessment of Student Learning).***

## Why Does the Commission Expect Student Learning and Institutional Effectiveness to be Assessed?

The fundamental question asked in the accreditation process is, “Is the institution fulfilling its mission and achieving its goals?” This is precisely the question that assessment is designed to answer, making assessment essential to the accreditation process. Assessment processes help to ensure that:

- Institutional and program-level *goals are clear* to the public, students, faculty, and staff.
- Institutional *programs and resources are organized and coordinated* to achieve institutional and program-level goals.
- The institution is indeed *achieving its mission and goals*.
- The institution is *using assessment results* to improve student learning and otherwise advance the institution.

## What Are the Characteristics of Assessment Processes that Meet Middle States Expectations?

Effective assessment processes are useful, cost-effective, reasonably accurate and truthful, carefully planned, and organized, systematic, and sustained.

1. ***Useful*** assessment processes help faculty and staff make appropriate decisions about improving programs and services, developing goals and plans, and making resource allocations. Because institutions, their students, and their environments are continually evolving, effective assessments cannot be static; they must be reviewed periodically and adapted in order to remain useful.
2. ***Cost-effective*** assessment processes yield dividends that justify the institution’s investment in them, particularly in terms of faculty and staff time. To this end, institutions may begin by considering assessment measures, indicators, “flags,” and “scorecards” already in place, such as retention, graduation, transfer, and placement rates, financial ratios, and surveys. New or refined measures may then be added for those goals for which evidence of achievement is not already available, concentrating on the institution’s most important goals. Effective assessments are simple rather than elaborate, and they may focus on just a few key goals in each program, unit, and curriculum.
3. ***Reasonably accurate and truthful*** assessment processes yield results that can be used with confidence to make appropriate decisions. Because there is no one perfectly accurate assessment tool or strategy, institutions should use *multiple kinds* of measures to assess goal achievement. Assessments may be quantitative or qualitative and developed locally or by an external organization. All assessment tools and strategies should clearly relate to the goals they are assessing and should be developed with care; they should not be not merely anecdotal information nor collections of information that happen to be on hand. Strategies to assess student learning should include *direct*—clear, visible, and convincing—evidence, rather than solely indirect evidence of student learning such as surveys and focus groups.

4. **Planned** assessment processes that are purposefully linked to institutional goals promote attention to those goals and plans and ensure that disappointing outcomes are appropriately addressed. Institutions often have a variety of plans, such as a strategic plan, academic plan, financial plan, enrollment plan, capital facilities master plan, and technology plan. Just as such plans should be interrelated to ensure that they work synergistically to advance the institution, assessments should also be interrelated. At many institutions, effective institutional planning begins with academic planning, which in turn drives the other plans. If the academic plan calls for a new academic program, for example, the technology plan should ensure faculty and students in the new program will be able to use appropriate instructional technologies. Assessments of the technology plan should evaluate not just whether instructional technologies have been put in place but also how effectively those technologies have helped students to achieve the program's key learning outcomes.

5. **Organized, systematized, and sustained** assessment processes are ongoing, not once-and-done. There should be clear interrelationships among institutional goals, program- and unit-level goals, and course-level goals.

## What Should Institutions Document Regarding Assessment?

When submitting information on their assessment efforts to the Commission, institutions are expected to document:

- \* clear statements of key goals, including expected student learning outcomes;
- \* an organized and sustained assessment process (referred to in some Commission documents as an "assessment plan") including:
  - o institutional guidelines, resources, coordination, and support for assessment;
  - o assessment activities and initiatives that are presently underway;

- o plans to develop and implement future assessment activities and initiatives;
- \* assessment results demonstrating that the institution and its students are achieving key institutional and program goals; and
- \* uses of assessment results to improve student learning and advance the institution.

## How Should This Information Be Organized and Formatted for Review by the Commission and its Representatives?

Assessment documentation that is organized into a coherent presentation of what the institution is doing regarding assessment provides a roadmap that facilitates the work of evaluation teams, reviewers, and the Commission. Assessment documentation is typically a living, fluid, organized collection of documents and/or online resources, often with references and/or links to further documents and online resources, that are routinely updated as the institution's assessment processes evolve. There is not, however, any prescribed format or organization for these materials; institutions have maximum flexibility in designing and assembling assessment documentation that fits best with the institution's mission, organization, and needs. *A single, formal, polished document is not required* and, for many institutions, may not be the most suitable format, because it may discourage the continual modifications that are made in effective assessment processes. The existence of an effective process, clearly described to the community and the Commission, is more important than a formal plan.

Institutions may choose to include an appropriate combination of the following in their assessment documentation:

- \* **An overview in a self-study, periodic review report, or follow-up report** gives the Commission and its representatives a useful introductory synopsis of the institution's assessment processes.



- \* **A chart or “roadmap” outlining assessment documentation**, provided within a self-study or periodic review report or as an appendix, can be especially useful for large or complex institutions with a broad array of goals and assessment processes.
- \* **A written or online assessment plan** that documents an organized, sustained assessment process (including institutional guidelines, resources, coordination, and support for assessment, assessment activities and initiatives that are presently underway, and plans to develop and implement future assessment activities and initiatives) can be an excellent way to initiate, structure, and demonstrate compliance with Standards 7 and 14, although it is not required. Assessment plans can guide and support the institutional community in its efforts to assess its mission and goals by:
  - o helping to ensure that assessment is efficient, effective, and purposeful, rather than just a collection of available information,
  - o providing information needed to carry out assessment practices, and
  - o helping to ensure that assessment is supported with appropriate resources and that results are used appropriately.
- \* **Assessment documentation incorporated within the institutional (strategic) plan** or in separate documentation clearly linked to the institutional plan.
- \* **Separate assessment documentation for each institutional division** that is linked together may be a feasible approach, especially for large, complex institutions.
- \* **More thorough information in an on-site resource room and/or online** enables evaluation team members to review a cross-section of program- and unit-level assessment processes.

## How Are the Documentation of Institutional Assessment and Student Learning Assessment Related?

As noted earlier, because student learning is a fundamental component of the mission of most institutions of higher education, the assessment of student learning is an essential component of the assessment of institutional effectiveness. An institution may therefore create institutional effectiveness documentation that includes a component on assessing student learning, or it may create a bridge between two separate sets of documentation, one for the assessment of student learning and one for other aspects of institutional effectiveness.

## What Might the Commission and Its Representatives Look For in Assessment Documentation?

Evaluation team members, reviewers, and Commissioners might look for information on the following questions in an institution’s assessment documentation:

1. **Do institutional leaders support and value a culture of assessment?** Is there adequate, ongoing guidance, resources, coordination, and support for assessment? (This may include administrative support, technical support, financial support, professional development, policies and procedures, and governance structures that ensure appropriate collaboration and ownership.) Are assessment efforts recognized and valued? Are efforts to *improve teaching* recognized and valued?
2. **Are goals, including learning outcomes, clearly articulated at every level:** institutional, unit-level, program-level, and course-level? Do they have appropriate interrelationships? Do the undergraduate curriculum and requirements address institutional learning outcomes and the competencies listed in Middle States’ Standard 12 (General Education)? Are all learning outcomes of sufficient rigor for a higher education institution? Are learning outcomes for, say, master’s programs more advanced than those for undergraduate programs?

3. ***Have appropriate assessment processes been implemented*** for an appropriate proportion of goals? (Expectations for an “appropriate proportion” are increasing as time elapses since the adoption of the new *Characteristics of Excellence* in 2002.) Do they meet Middle States expectations, as characterized above?
4. Where assessment processes have not yet been implemented, ***have appropriate assessment processes been planned?*** Are the plans feasible? Are they simple, practical, and sufficiently detailed to engender confidence that they will be implemented as planned? Do they have clear ownership? Are timelines appropriate, or are they either overly ambitious or stretched out too far?
5. ***Do assessment results provide convincing evidence*** that the institution is achieving its mission and goals, including key learning outcomes?
6. ***Have assessment results been shared*** in useful forms and discussed widely with appropriate constituents?
7. ***Have results led to appropriate decisions*** and improvements about curricula and pedagogy, programs and services, resource allocation, and institutional goals and plans?
8. ***Have assessment processes been reviewed*** regularly? Have the reviews led to appropriate decisions and improvements in assessment processes and support for them?
9. ***Where does the institution appear to be going with assessment?*** Does it have sufficient engagement and momentum to sustain its assessment processes? Or does it appear that momentum may slow? Are there any significant gaps in assessment processes, such as key areas where no assessment plans have been developed?



## Appendix 2

# Guidelines for Generalist Evaluators Conducting a Document Review for The Selected Topics Model

The selected topics model allows an already accredited institution to devote concentrated attention to selected issues, without the need to provide comprehensive analysis of institutional programs and services and without the need to address all accreditation standards within the self-study report. The defining characteristic of this self-study model is that the review of compliance with those accreditation standards not addressed within the selected topics occurs in a manner that distinguishes and separates it from the evaluation team visit focused on the selected topics. This part of the review is based on existing documentation and does not require significant additional analysis or explanation.

### Options for When to Conduct the Review

The institution, in consultation with Commission staff and the team Chair, selects one of two timing options for the review of documentation relative to standards not encompassed by the selected topics self-study. In Option 1, which most institutions prefer, the review occurs concurrent with the team Chair's preliminary visit. In Option 2, the review occurs concurrent with the full team visit. For both options, the institution assembles, or otherwise makes accessible on site, existing documentation relative to those accreditation standards that the selected topics self-study either does not address at all or addresses only partially. In addition, the institution provides to the

Commission and to those conducting the review a brief "roadmap" that connects specific documents to particular accreditation standards.

#### **Option 1: Review during the Chair's Preliminary Visit**

The standard preliminary visit of the team Chair includes meetings with institutional representatives to discuss the draft self-study and plans for the team visit. In selected topics Option 1, the team Chair and one (or in complex instances, two) designated generalist evaluator(s), using the roadmap provided by the institution, also review the assembled documentation to verify institutional compliance with those standards that are not substantively reflected in the self-study. This option may necessitate extending the length of the Chair's preliminary visit.

The team Chair and the designated generalist evaluator prepare a brief written report, affirming and certifying that the institution meets accreditation standards not being addressed within the selected topics model or noting any areas where compliance is in question. This summary report identifies any standards for which the institution will need to provide further or updated information at the time of the team visit. Otherwise, the report simply affirms that the documentation demonstrates that the institution meets the specified accreditation standards. This summary report, which notes any standards for which compliance is in question but does not

include recommendations for improvement, is shared with the institution and with members of the evaluation team. If the summary report includes a request for additional information, the institution provides this information at the time of the full team visit. Any written response to the summary report is incorporated into the institution's formal response to the final evaluation team report.

The team Chair (and the designated generalist evaluator, if the Chair and Commission staff determine it to be appropriate) participates in the full evaluation team visit. If deemed necessary, the Chair or generalist evaluator verifies that the institution continues to meet standards covered in the summary report and reviews any further or updated information the institution has been requested to provide in response to the preliminary summary report.

The size and profile of the evaluation team is tailored to the selected topics; the team visit focuses exclusively on the selected topics of the institution's self-study and the related accreditation standards. The findings and conclusions of the early certification report (prepared by the team Chair and generalist evaluator) are provided to the team, incorporated into the final team report, and appended to the final team report.

## **Option 2: Review Concurrent with The Full Team Visit**

The preliminary visit of the team Chair is conducted in the usual manner, with a focus on acquiring familiarity with the institution through meetings with institutional representatives and discussions of the draft self-study and plans for the team visit.

Concurrent with the full team visit, the team Chair and one (or in complex instances, two) designated generalist evaluator(s), using the roadmap provided by the institution, review the assembled documentation to verify institutional compliance with those standards that are not substantively reflected in the self-study. If needed to verify compliance, additional information may be requested during the visit.

The team Chair and the generalist evaluator prepare a brief written report, affirming and certifying that the institution meets accreditation standards not being addressed within the selected topics model or noting any areas where

compliance is in question. Otherwise, the report simply affirms that there is sufficient documentation to conclude that the institution meets the specified accreditation standards. This summary report, which does not include recommendations for improvement, is shared with the institution and with members of the evaluation team.

## **The Generalist Evaluator Review Process**

The size and profile of the evaluation team is tailored to the selected topics; the full team visit focuses exclusively on the selected topics of the institution's self-study and the related accreditation standards. The findings and conclusions of the report prepared by the team Chair and generalist evaluator are incorporated into the team report, and the summary report is appended to the final team report.

Working under the general guidance of the team Chair and/or the Commission staff liaison, one or two generalist evaluators, using the roadmap provided by the institution, review the assembled documentation to verify institutional compliance with those standards that are not substantively reflected in the self-study. In some instances, the work of the generalist evaluators under timing option 1 may begin before or continue beyond the chair's preliminary visit.

The designated generalist evaluator(s) and/or the team Chair prepare a brief written report, affirming and certifying that the institution meets accreditation standards not being addressed within the selected topics model or noting any areas where compliance is in question. This summary report identifies any standards for which the institution will need to provide further or updated information at the time of the team visit. Otherwise, the report simply affirms that the documentation demonstrates that the institution meets the specified accreditation standards.

This summary report, which notes any standards for which compliance is in question but does not include recommendations for improvement, is shared with the institution and with members of the evaluation team. If the summary report includes a request for additional information, the institution provides this information at the time of the full team visit. Any written response to the summary report is incorporated into the

institution's formal response to the final evaluation team report.

## The Documentation Roadmap

A documentation roadmap begins by identifying, for each of the 14 accreditation standards, whether the standard is:

- (1) substantively addressed within the self-study,
- (2) partially addressed within the self-study, or
- (3) not addressed within the self-study.

The remainder of the roadmap lists particular documents for those standards partially addressed or not addressed within the self-study and guides the reviewers through brief annotations for each cited document.

The roadmap prepared by the institution should facilitate the designated generalist evaluator's review of documentation by:

- \* identifying the alignment between individual accreditation standards and specific documents, including the highlighting of particularly relevant sections of those documents if they are lengthy; and
- \* identifying (through a brief annotation) what the institution believes each document demonstrates relative to that accreditation standard and its fundamental elements (why the institution has selected that document).

### When is the Documentation Roadmap Provided?

Although Commission staff members review draft versions of the documentation roadmap early in the self-study process, the institution sends the final version to the designated generalist evaluator(s), the team Chair, and the Commission staff liaison at least three weeks prior to the scheduled document review.

## Suggested Strategy for the Document Review

The purpose of a document review by the designated generalist evaluator(s) and/or team chair is to determine, based on existing documents selected by the institution, whether the institution meets those accreditation standards that are not addressed or that are only partially addressed within the self-study.

Prior to the document review, the team Chair and the generalist evaluator(s) should agree on which accreditation standards the generalist evaluation will attempt to assess fully enough to be able to affirm that the institution meets those particular standards. The team will not be required to address those accreditation standards in its report. In some instances, this list of standards covered fully in the document review may go beyond those standards initially identified in the institution's documentation roadmap.

In conducting the document review, the generalist evaluator(s), under the general guidance of the team Chair and the Commission staff liaison, are expected to:

- \* be thoroughly familiar with the self-study approach utilized by the institution and with the roadmap (both overview and detail sections) provided by the institution;
- \* agree on how responsibility for the document review will be shared, including determination of whether there will be separate or joint responsibility for individual standards;
- \* be thoroughly familiar with those accreditation standards and fundamental elements pertinent to the documents under review;
- \* review the documents themselves, being guided by the brief annotations provided in the roadmap detail; and
- \* make brief notes during the review of documents to facilitate preparation of a Summary Certification Report, following the format provided below in Form D.

Reviewers might proceed as follows:

1. Review the roadmap in order to answer these questions:

- \* What is or are the selected topic(s)?
- \* Which accreditation standards are not addressed within the self-study and are therefore the primary focus of the roadmap and this documentation review?
- \* Which accreditation standards, if any, are partially addressed within the self-study and partially addressed by the documentation review? How does the selected topic determine the aspects or elements of those standards that are covered in the self-study versus those addressed by the assembled documentation? (For example, a comprehensive university that focused on undergraduate education in its self-study would most likely provide some roadmap documentation on graduate education relative to such standards as student admissions, student support services, and the assessment of student learning.)

2. Following the roadmap, proceed standard by standard through the documents noted therein. Review and have at hand the relevant accreditation standard, including fundamental elements. Use the standard and fundamental elements as a frame of reference and inquiry in reviewing the documents the institution has identified as relevant to that standard. Be guided by the direction provided in the annotation for each document.

3. Consult with institutional representatives if there are substantive questions about the documents or if critically important documents seem not to be included.

4. Keep notes relative to the review of each standard and the institution's related documentation.

5. Make a preliminary determination as to whether the institution meets the standard, in light of the documentation provided. Remember that there need not be specific, separate evidence for each fundamental element. However, the assembled documentation should support your affirming that overall the fundamental elements—which, taken together, comprise the

standard—are evident and that the institution meets the standard.

6. After completing the document review, revisit all preliminary determinations and make any changes that are warranted based on further reflection and consideration.

7. Draft the summary certification report, using notes as a source for brief summary comments or details.

8. Complete the report with input from the second generalist evaluator (if present) and the team Chair (if participating in the document review).

9. If the report identifies standards for which compliance cannot be affirmed OR if the report suggests additional documentation that should be provided at the time of the full team visit, inform the team Chair as soon as possible, prior to finalizing the summary certification report. In such instances, the team chair should discuss the certification report with the institution's president at the earliest opportunity.

10. Within three weeks of the document review, provide a copy of the final report to the Commission's Evaluation Services Coordinator. (The Commission's staff liaison will forward the report to the institution, the team Chair, and evaluation team members.)

## Appendix 3

# Selected Topics Self-Study Formats For Use by Institutions and by Team Chairs and Evaluators

The attached forms provide a uniform format to be used by institutions engaged in a selected topics self-study.

**Form A: Documentation Roadmap & Self-Study Overview**

**Form B: Documentation Roadmap for Standards Partially Addressed within the Self-Study**

(Note: This form may or may not be applicable to your self-study.)

**Form C: Documentation Roadmap for Standards Not Addressed within the Self-Study**

**Form D: Selected Topics Self-Study Format for Generalist Evaluators or Team Chairs Summary Certification Report**

Appendix 3 cont'd

Selected Topics Self-Study: Form A Template

## Documentation Roadmap and Self-Study Overview

The Standards	Check one column for each accreditation standard.		
	Substantively Addressed Within the Self-study	Partially Addressed* Within the Self-Study	Not Addressed**
1. Mission, Goals, And Objectives			
2. Planning, Resource Allocation, and Institutional Renewal			
3. Institutional Resources			
4. Leadership and Governance			
5. Administration			
6. Integrity			
7. Institutional Assessment			
8. Student Admissions			
9. Student Support Services			
10. Faculty			
11. Educational Offerings			
12. General Education			
13. Related Educational Activities			
14. Assessment of Student Learning			
* Complete Form B for these standards ** Complete Form C for these standards			

Appendix 3 cont'd

Selected Topics Self-Study: Form B Template

## Documentation Roadmap for Standards Partially Addressed within the Self-Study

<b>Institution Name:</b>			
<b>The selected topic(s) of our self-study:</b>			
Standard	Documents Provided	Brief Annotation	Self-Study Chapters
Number & Name	Identify documents and relevant sections and/or pages	Describe what each document demonstrates, relative to the standard and its fundamental elements	Identify the related chapters in the self-study report

### Example

<b>Institution Name:</b> XYZ University (A Comprehensive Institution)			
<b>The selected topic(s) of our self-study:</b> Undergraduate Education			
Standard	Documents Provided	Brief Annotation	Self-Study Chapters
11. Educational Offerings	Student Learning Assessment Plan (pp. 24-27: Licensure Exam Results, Placement Program Results)	Demonstrates program outcomes for graduate education	Chapter 2



Appendix 3 cont'd

Selected Topics Self-Study: Form C Template

## Documentation Roadmap for Standards Not Addressed within the Self-Study

<b>Institution Name:</b>		
<b>The selected topic(s) of our self-study:</b>		
Standard	Documents Provided	Brief Annotation
Number and Name	Identify documents and relevant sections and/or pages.	Describe what each document demonstrates, relative to the standard and its fundamental elements.

### Example

<b>Institution Name:</b>		
<b>KLM Institution</b>		
<b>The selected topic(s) of our self-study:</b>		
Standard	Documents Provided	Brief Annotation
3. Institutional Resources	Budget Instructions;  2002 Facilities Master Plan, especially pp. 30-35	Demonstrates annual budget process.  The institution has a facilities plan, and the update section shows how the plan has been implemented.

Appendix 3 cont'd

**Selected Topics Self-Study: Form D Template**

**Summary Certification Report  
For Generalist Evaluators or Team Chairs**

Institution Name: \_\_\_\_\_

Team Chair: \_\_\_\_\_

Generalist Evaluator(s): \_\_\_\_\_

Date of Documentation Review: \_\_\_\_\_

*(Please append to this report a list of any additional documents not cited in the roadmap that were included as part of this review.)*

**Summary Overview**

*(Provide brief summary statements on the documentation review, including adequacy of documents, clarity and usefulness of the roadmap, and overall conclusions.)*

**For Standards Not Addressed within the Selected Topics Self-Study**

Standard (# and name):

YES, the documentation demonstrates compliance with this standard.

or

NO, the documentation does not demonstrate compliance or is incomplete.

Brief Summary Analysis, Comments, Details, or Explanation:

*[may include suggestions or recommendations to be addressed in the PRR]*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If any additional documentation should be provided at the time of the full team visit, please specify:

\_\_\_\_\_  
\_\_\_\_\_

**For Standards Partially Addressed within the Selected Topics Self-Study**

Standard (# and name):

The documentation demonstrates compliance with this standard relative to these program/service/functional areas:

*(e.g., graduate programs; off-campus operations; the entire institution)*

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During the evaluation visit, the team will need to verify, through the self-study, other institutional documents, and interviews that the institution complies with this standard relative to these program/service/functional areas:

*(e.g., undergraduate programs; the entire institution)*

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Brief Summary Analysis, Comments, Details, or Explanation:

*[may include suggestions or recommendations to be addressed in the PRR]*

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## Appendix 4

# Sample Cover Page Of the Team Report

<p style="text-align: center;"><b>Report to the</b> <b>Faculty, Administration, Trustees, Students</b></p> <p style="text-align: center;"><b>of</b></p> <p style="text-align: center;"><b>HILLTOP COLLEGE</b> <b>Punxsutawney, PA 12345</b></p> <p style="text-align: center;"><b>by</b></p> <p style="text-align: center;"><b>An Evaluation Team representing the</b> <b>Middle States Commission on Higher Education</b></p> <p style="text-align: center;"><b>Prepared after study of the institution's self-study report</b> <b>and a visit to the campus on (dates)</b></p> <p style="text-align: center;"><b>The Members of the Team:</b></p> <p style="text-align: center;">(Name all team members and the Chair, their titles, and full addresses)</p> <p style="text-align: center;"><b>Working with the Team:</b></p> <p style="text-align: center;">(Name the state education department representatives, any specialized agency representatives, and others specifically identified as not members of the team)</p>
---

This report represents the views of the evaluation team as interpreted by the Chair, and it goes directly to the institution before being considered by the Commission.

It is a confidential document prepared as an educational service for the benefit of the institution. All comments in the report are made in good faith, in an effort to assist (name of the institution). This report is based solely on an educational evaluation of the institution and of the manner in which it appears to be carrying out its educational objectives.

Appendix 5

# Sample Second Page Of the Team Report

**AT THE TIME OF THE VISIT**

**President/CEO:**

(Name)

**Chief Academic Officer:**

(Name and Title)

**Chair of the Board of Trustees:**

(Name, Title, and Full Address)

## Appendix 6

# Certification Statement: Compliance with MSCHE Eligibility Requirements and Federal Title IV Requirements

An institution seeking initial accreditation or reaffirmation of accreditation must affirm that it meets or continues to meet established MSCHE eligibility requirements and federal requirements relating to Title IV program participation by completing this certification statement. The signed statement should be attached to the executive summary of the institution's self-study report.

If it is not possible to certify compliance with all eligibility requirements and federal Title IV requirements, the institution must attach specific details in a separate memorandum.

\_\_\_\_\_ is seeking  
(Name of Institution)

(Check one)     Initial Accreditation     Reaffirmation of Accreditation

The undersigned hereby certify that the institution meets all established eligibility requirements of the Middle States Commission on Higher Education and federal requirements relating to Title IV program participation.

Exceptions are noted in the attached memorandum (*check if applicable*)

\_\_\_\_\_  
(Chief Executive Officer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Chair, Board of Trustees or Directors)

\_\_\_\_\_  
(Date)

## Appendix 7

# How to Conduct an Interview During a Team Visit

### **Preparation**

Interviews test and illuminate the self-study. Good interviews start with thorough knowledge of the self-study and institutional materials. The Chair makes interview assignments according to the expertise of the team, but team members also identify potential interviews, and the final schedule reflects dialogue between team Chair and members about assignments.

### **Develop Interview Objectives And Questions**

For each interview, the team member should know the objectives of the interview, develop clear questions, and be sure those questions relate to the self-study and accreditation criteria.

### **Seek Dialogue, NOT Cross-Examination**

Questions should be designed to evoke analysis and dialogue. This is not cross-examination or interrogation, and questions that make the interviewee feel put on the spot are generally not helpful.

### **Set the Context and Explain the Objectives**

At the outset of the interview, be sure to get the names and positions of everyone in the room. Greet the individual or group in a friendly way, and remind all of the purpose of accreditation. Frame the objectives of the interview and general

topics under review in this session. Set the time limit as well.

### **Avoid Monologue And Prescription**

Team members must not use interview times to lecture the interviewee, engage in a monologue about your opinions, or offer prescriptions about what the institution should do. You are there to learn, test assertions constructively, and encourage analysis by institutional participants.

### **Take Careful Notes**

Interviews form an important part of the background for the team report, and a statement in an interview often can shape the team's understanding of some dimension of the self-study. Notes taken during the interview facilitate accuracy and completeness.

*Source: Presentation by Ms. Patricia A. McGuire, President, Trinity College, at the Middle States Training for New Chairs and Evaluators on September 18, 2003, "Commission's Expectations for Chairs and Evaluators." Reprinted with permission.*



## Appendix 8

# Middle States Commission on Higher Education Mission Statement

The Middle States Commission on Higher Education is a voluntary, non-governmental, peer-based membership association dedicated to educational excellence and improvement through peer evaluation and accreditation. As a recognized leader in promoting and ensuring quality assurance and improvement in higher education, the Commission defines, maintains, and promotes educational excellence and responds creatively to a diverse, dynamic, global higher education community that is continually evolving.

The Commission supports its members in their quest for excellence and provides assurance to the general public that accredited member institutions meet its standards. The Commission achieves its purposes through assessment, peer evaluation, consultation, information gathering and sharing, cooperation, and appropriate educational activities. The Commission is committed to the principles of cooperation, flexibility, openness, and responsiveness to the needs of society and the higher education community.

# Index

## A

Assessment	
institutional effectiveness	22
Middle States Expectations	57
outcomes assessment	29
planning	22
student learning	22

## C

Candidate Institutions	13
preliminary visit	13
Certification of Eligibility	23
Chair	5
campus interviews	31
How to Conduct an Interview	75
Chair's brief	52
Template for the Chair's Brief	53
Chair's preliminary visit	5
Preliminary Visit Activities	11
Commission Actions	54
coordinates team members' activities	24
designate team assignments	17
Emergencies	56
evaluation of team member	38
evaluation of the team Chair	38
evaluation of the team training workshop	38
evaluation schedule for a visit	24
expenses voucher	37
final team report	31
Compliance with Accreditation Standards	47
Content of the Report	46
copy sent to the president of the institution	49
institution to review and comment	40
institution's response to the team report	51
sample cover page	51
Generalist Evaluators	62
honorarium	37

Letters of Appreciation	37
oral report	36
orientation session with first-time evaluators	17
Oversight of Team Progress	32
guidance to the team	32
Pre-Arrival Communications	24
Public Disclosure	54
Reporting Deadlines	50
reviewing the team composition	8
reviews the self-study design	10
roles of the team Chair	8
Selected Topics Self-Study Formats	66
Certification Report	70
Selecting the Chair	5
team conferences	31
Team discussions	29
analysis and interpretation	30
Periodic Review Report	33
preliminary impressions	29
team member reports	36

## E

eligibility requirements	23
Evaluation Team	3
Commission staff sends materials	19
Confidentiality	3
conflict of interest	3
Emergencies	56
evaluation team associate	10
institution sends materials	17
orientation to the evaluation process	17
participants accompanying teams	8
Personal Conduct	3
peers who are professionals	26, 31
representatives of specialized accreditors	9
Roles of an Evaluator	19
purpose of the team	55
State representatives	8
team composition	8

selected to complement the special nature of the self-study	20	team members' activities	30
Team Member Preparation	19	team visit schedule	12
draft report before the visit	23	Virtual Visits	6
notes on initial analyses	29		
reviewing the self-study report	20	<b>F</b>	
Team Members' Responsibilities	18	Financial Reviewers	27
travel arrangements	23		
travel expenses	23	<b>G</b>	
Evaluation Visit	5	generalist evaluators	6
campus interviews	31	Certification Report	70
How to Conduct an Interview	75	Documentation Roadmap	67
Chair's oral report to the institution	36	Guidelines for Generalist Evaluators	62
Commission Actions	54	Reminders for Generalist Evaluators	27
evaluation of team members	38	summary report	13
evaluation of the team Chair	38		
expenses voucher	36	<b>I</b>	
travel expense guidelines	37	Institutions	3
final team report		Candidate Institutions	13
Compliance with Accreditation Standards	47	Commission Actions	54
Content of the Report	46	Commission's Committee on Evaluation Reports	52
Report Format and Style	40	Compliance with MSCHE Eligibility Requirements	74
team member reports	36	elect dates for the visits	5
written reports to the Chair	32	Evaluation Costs	56
first-time evaluators	17	Evaluation Team Associates	10
format for draft reports	24	follow-up action	34
written reports to the Chair	32	Generalist Evaluators	62
Generalist Evaluators	62	primary responsibility	6
timing options for the review of documentation	62	get-acquainted program	30
off-campus sites to visit	6	Institution's Responsibilities	8
Pre-Arrival Communications	24	Payments from the institution	37
principal activities	24	potential Chair for the evaluation team	5
Public Disclosure	54	Preliminary Visit Activities	11
Selected Topics Self-Studies	45	prior to the team visit	17
Certification Report	70	room and meal charges	38
Documentation Roadmap	67	Selected Topics Self-Study Formats	66
Guidelines for Generalist Evaluators	62	Certification Report	70
Self-Study Formats	66	Documentation Roadmap	67
team accommodations	6	sends the Chair its self-study design	10
team conferences	31	suggested team profile	8
Team discussions	29	team member as a consultant	3
Applying the Standards	20	Team Visit Schedule	25
attend team meetings punctually	32	third-party comment	18
final team meeting	32		
initial team meetings	29		
team's recommendation	37		
types of findings	33		

Types of Self-Studies	20	documentation roadmap	13
What Institutions Expect of Teams and Chairs	5	generalist evaluators	6
purpose of the team	55	review of documentation	6
written team report	40	Selected Topics Self-Study Formats	66
distributing the report	55	Self-Study	2
final team report	51	purposes of self-study	2
first draft of the team report	49	Self-Study Design	10
response to the team report	51	Chair reviews the self-study design	10
using an evaluation report	55	Self-Study Report	10
		Chair reviews and analyzes the draft	10
		Reviewing the Self-Study	21
<b>O</b>		<b>T</b>	
off-campus sites	9	Third-party Comments	18
extra-regional sites	9		
off-campus sites to visit	6		
special guidance for evaluators	17		
<b>P</b>			
Peer Review			
peer review process	3		
Preliminary Visit	5		
activities for the Chair and the institution	11		
select dates	5		
<b>R</b>			
Reminders for Evaluators	27		
During the Visit and After	38		
Prior to the Evaluation Visit	27		
Reminders for Institutions	16		
After the Evaluation Visit	52		
Prior to the Evaluation Visit	28		
The Preliminary Visit	16		
Reminders for Team Chairs	15		
During the Visit and After	39		
Prior to the Evaluation Visit	26		
The Preliminary Visit	15		
<b>S</b>			
Selected Topics Self-Studies	6		
Advance Planning	6		
Certification Report	70		
Chair's preliminary visit	13		
document review	13		



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