



**2023**  
**COMMISSION ON ACCREDITATION**  
**SELF-STUDY GUIDE**

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## Introduction

The *Commission on Accreditation Manual (COA Manual)* details COA Standards, policies, and procedures for ABHE accreditation. The *Self-Study Guide* supplements the *COA Manual* by providing additional guidance specific to the process and preparations required for self-study and hosting an evaluation team visit. You will need both the *COA Manual* and the *Self-Study Guide* as you prepare for self-study.

The *Self-Study Guide* is designed to address the following:

1. How to conduct an effective self-study
2. How to develop self-study documents
3. How to prepare for and host an evaluation team visit
4. How to respond to the evaluation visit report

The *Self-Study Guide* is periodically updated by the COA staff. Please refer to the Commission website at [abhe.org/accreditation/accreditation-documents](http://abhe.org/accreditation/accreditation-documents) to ensure you are using the most recent *Self-Study Guide*.

To be accredited by the ABHE Commission on Accreditation, an institution must demonstrate that it is substantially achieving and can be reasonably expected to continue to achieve its mission and the *COA Standards for Accreditation*. It must also demonstrate its commitment to ongoing institutional development.

### Types of Accreditation

***Institutional Accreditation.*** Granted to an institution of biblical higher education that affirms in writing the ABHE Tenets of Faith and demonstrates that it is substantially achieving, and can be reasonably expected to continue to achieve, its mission and the Institutional Accreditation Standards. The institution must also demonstrate its commitment to ongoing institutional development.

***Programmatic Accreditation.*** Granted to programs of biblical higher education at institutions whose mission include programs outside the scope of biblical higher education. Programs must demonstrate that they are substantially achieving and can be reasonably expected to continue to achieve their missions and the Programmatic Accreditation Standards. Institutions must affirm in writing the ABHE Tenets of Faith. In Canada, the institution must present evidence of appropriate governmental approval, prior institutional accreditation with ABHE, or a formal affiliation with a recognized Canadian University. In the United States, the institution must hold institutional accreditation with a recognized accrediting body. Programs of biblical higher education lead to credentials in biblical and theological studies as well as specific ministry related careers.

The self-study process is similar for both institutional and programmatic accreditation. The following table outlines the differences.

### Differences between Programmatic and Institutional Accreditation Reviews

	Institutional Accreditation	Programmatic Accreditation
Applicant Status	Maximum of 5 years	Not Applicable
Self-Study/Team Visit for Candidate Status	Required	Not Applicable
Candidate Status	Maximum of 5 years	Not Applicable
Self-Study/Team Visit for Initial Accreditation	Required	Required
Self-Study/Team Visit for Reaffirmation	Required	Required
Self-Study Documents	<ol style="list-style-type: none"> <li>1. Statistical Abstract</li> <li>2. Compliance Document (including Regulatory Requirements Evaluation)</li> <li>3. Institutional Assessment Plan</li> <li>4. Institutional Improvement Plan</li> </ol>	<ol style="list-style-type: none"> <li>1. Statistical Abstract</li> <li>2. Compliance Document</li> <li>3. Programmatic Assessment Plan</li> <li>4. Programmatic Improvement Plan</li> </ol>
Standards to Address	Institutional Accreditation Standards	Programmatic Accreditation Standards
Evaluation Team Size	Up to 5 evaluators (administrative, academic, student services, resources, faculty/ library) + 1 staff	Up to 3 evaluators (administrative, academic, practitioner) + 1 staff
Length of Team Visit	3 days (2.5 on campus)	2 days (1.5 on campus)
Initial Accreditation	5 years	10 years
Reaffirmation of Accreditation	10 years	10 years

#### Time Limits

**Applicant Status to Candidate Status.** An institution granted applicant status must achieve candidate status within a maximum of five years. A comprehensive self-study, evaluation team visit, and Commission decision are required to move from applicant to candidate status. ABHE advises a standard four-year progression, with the fifth year held in reserve as a contingency, should the institution experience unforeseen complications.

**Candidate Status to Initial Accreditation.** An institution granted candidate status must achieve initial accreditation within a maximum of five years. A comprehensive self-study, evaluation team visit, and Commission decision are required to move from candidate status to initial accreditation. ABHE advises a standard four-year progression, with the fifth year held in reserve as a contingency, should the institution experience unforeseen complications.

**Reaffirmation of Accreditation.** An institution granted initial accreditation must achieve reaffirmation of accreditation within a maximum of five years. An institution granted reaffirmation of accreditation must achieve subsequent reaffirmation of accreditation within a maximum of ten years. A comprehensive self-study, evaluation team visit, and Commission decision are required for reaffirmation of accreditation. Should the Commission defer action on reaffirmation (i.e., continue accreditation or place the institution on sanction), the timeline for

accreditation is not extended beyond the original ten-year limit. For example, an institution appearing before the Commission in 2023 for reaffirmation, placed on probation for one year, removed from probation and granted reaffirmation in 2024, would have its next team visit in 2032 and appear before the Commission for reaffirmation of accreditation in February 2033—a maximum of ten years from the original reaffirmation cycle.

An institution that fails to meet candidate status, initial accreditation, or reaffirmation within the time limits is removed from Commission status and must wait one year before seeking reinstatement. Removal from candidate or accredited status also means loss of eligibility for Title IV Federal Financial Aid.

## Review Cycles

While ongoing, systematic self-study should be a characteristic of an accredited institution, each institution is expected to prepare formal self-study documents (statistical abstract, compliance document/regulatory requirements evaluation, institutional assessment plan, and institutional improvement plan) in preparation for a comprehensive evaluation team visit as follows:

- During the third year of applicant status for an evaluation team visit during the fourth year of applicant status (may be deferred 1 year in extenuating circumstances).
- During the third year of candidate status for an evaluation team visit during the fourth year of candidate status (may be deferred 1 year in extenuating circumstances).
- During the fourth year of initial accreditation for an evaluation team visit in the spring of the beginning of the fifth year and a Commission decision on reaffirmation the following February.
- During the ninth year of a reaffirmation cycle for an evaluation team visit in the spring of the beginning of the tenth year and a Commission decision on reaffirmation the following February.
- When the pace of substantive change requires a comprehensive review (requires a self-study, evaluation team visit, and new Commission decision on accreditation).
- When the institution seeks to accelerate its accreditation.
- When the Commission calls for a comprehensive review to verify that the institution is satisfying the *Standards for Accreditation*. Generally, such a review is predicated upon ongoing concerns and/or unsatisfactory reports to the Commission.

**Sample Review Cycles**

<b>Last Review</b>	<b>Self-Study Due</b>	<b>Team Visit</b>	<b>Commission Review</b>
Applicant status granted February 2022	November 15, 2024	Fall 2025	February 2026
Candidate status granted February 2022	November 15, 2024	Fall 2025	February 2026
Initial Accreditation granted February 2021	8 weeks before team visit in Spring 2025	Spring 2025	February 2026
Reaffirmation granted February 2018	8 weeks before team visit in Spring 2027	Spring 2027	February 2028

**The Commission on Accreditation**

All decisions regarding the accreditation of an institution are made by the Commission on Accreditation. Decisions concerning the grant or removal of candidate status, initial accreditation, reaffirmation of accreditation, or sanction are generally made at the February Commission meeting only. Institutional representatives are required to meet with the Commission when decisions concerning candidate status, initial accreditation, or sanction are made. An institution being reviewed for reaffirmation of accreditation may request to send representatives to meet with the Commission, but representatives are not required.

*The Commission on Accreditation is comprised of 14-22 members: a minimum of 12-18 elected by the ABHE Membership and a minimum of 2-4 appointed by the Commission on Accreditation as Public Representatives, one of which is a ministry practitioner.*

*A listing of current Commissioners is available at [www.abhe.org/accreditation/accreditation-leadership](http://www.abhe.org/accreditation/accreditation-leadership).*

**Institutional Accreditation Liaison**

The Accreditation Liaison is the onsite expert in COA Standards, policies, and procedures to ensure that any changes at the institution comply with COA Standards, policies and procedures (see [Appendix A](#) for responsibilities). As a result, the Liaison should be a senior administrator who is engaged in any discussion of institutional changes that could impact accreditation. The Liaison should not, however, be the President because that defeats part of the role of the liaison—to be the second person at the institution who receives information from the Commission.

# Chapter 1

## The Starting Point: Mission, Goals, Objectives, Outcomes

### **Mission**

The first step in preparing for accreditation review is to ensure that the mission, goals, objectives, and outcomes are clearly stated, well understood, and thoroughly embraced by institutional constituencies. The mission sets direction for the institution. It is the ultimate expression of the institution's intent. Accordingly, before work on the self-study can begin, it is essential to make sure the mission statement is expressed as clearly and effectively as possible. A mission statement grows out of an institution's values and commitments. As a result, it is important to explore and establish consensus among key stakeholders concerning institutional values and commitments.

### **Mission Statement**

A concise statement of the institution's purpose, scope of operation or service context, and intended impact. The good effects typically encompass what students should know (knowledge), what students should be able to do (skills, abilities), what students should value (attitudes), and how students interact with the culture around them.

### **Goals**

A goal is a desire or ambition seeking to be accomplished. A goal is general in nature and typically not measurable. It may apply to an institution, program, et cetera. These are valuable "big picture" statements which need to be refined into objectives. Ideally, there should be a goal statement to support each facet of the mission statement. Conversely, no goal statements should exist that cannot be justified on the basis of the mission.

### **Objectives**

An anticipated or intended result of an activity/set of activities that is specific and measurable. An objective communicates sought-after or desired result. Objectives may be institutional (benefits of coming to the institution), program specific (benefits of taking a specific academic program), or operational (benefits of the environment or institutional effectiveness). Student learning objectives should define what a student should expect to know or be able to do as a consequence of enrolling in a program.

### **Outcomes**

A consequence or end-result of an activity/set of activities that has been measured and can be demonstrated to be the product of those activities. An outcome communicates demonstrated result. Outcomes should be clear and well documented. There is growing public and regulatory



demand for institutions to demonstrate their outcomes, and institutions should focus on clearly defining and evidencing achievement of outcomes. COA Standards require that outcomes be disseminated to the public through the institutional website or other public access means (Std. 2 EE 8)

The relationship between mission, goals, objectives, and outcomes may be illustrated with a pyramid. Mission provides the base upon which goals and objectives are built. Outcomes serve as the shining pinnacle that the world sees—often the only part of the pyramid that the public takes into consideration, but it is the evidence of the substance that lies below.

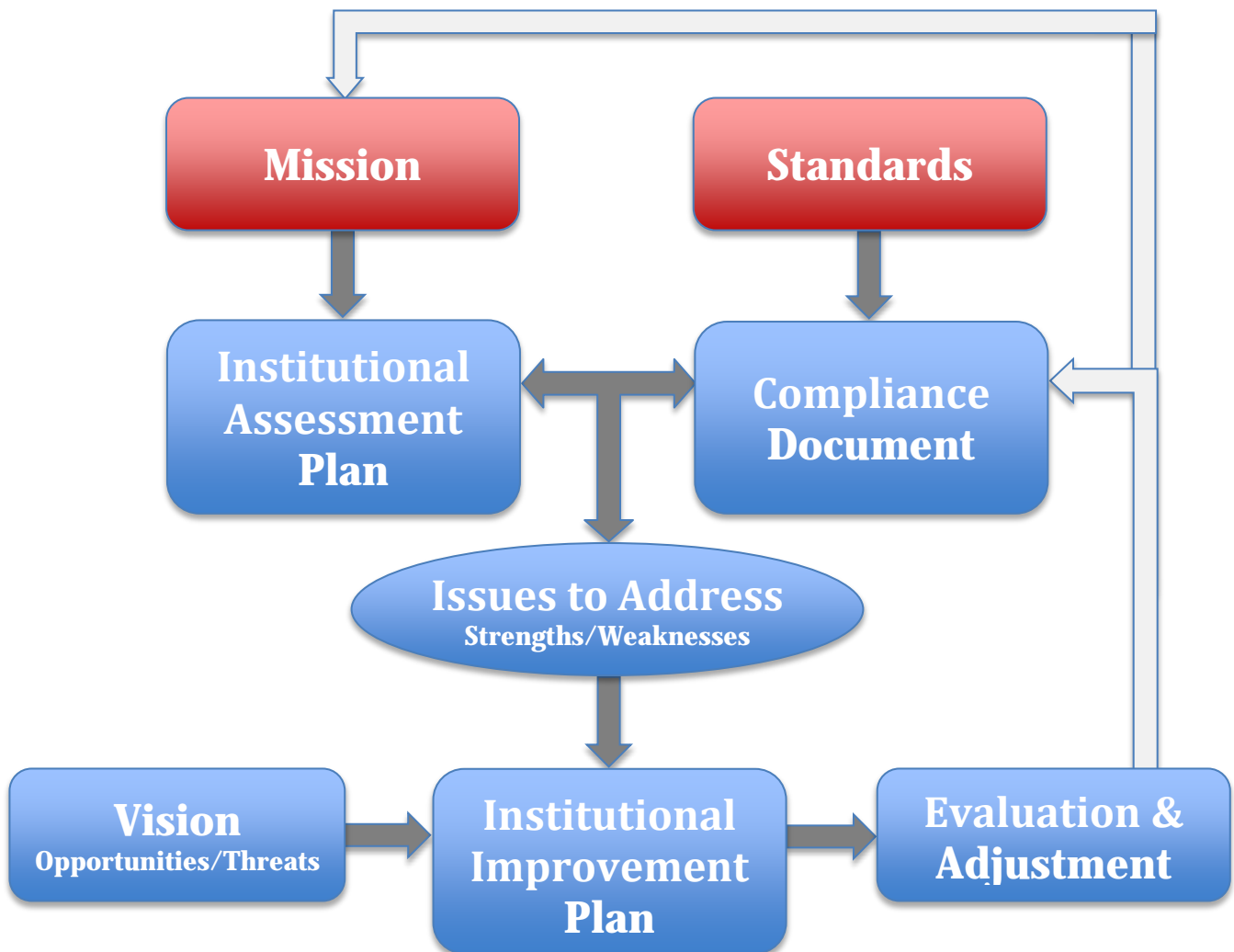


Institutions should engage in regular, periodic review of mission, goals, objectives, and outcomes. This is particularly important as the institution begins an accreditation review cycle. Ambiguity or a lack of commitment to these core elements will be magnified as the institution engages in self-study and may delay progress.

In addition to outcomes based on mission, the institution is expected to track student achievement through completion/graduation rates by cohort year and employment/placement rates for career-preparation programs, and report these via the institutional website through an easily identified link on the homepage (Standard 2: EE 8).

## Chapter 2 Preparing for Self-Study

Engaging in self-study is an intense, institution-wide activity that needs to be embraced by everyone at the institution to be effective. The purpose is for the institution to take stock of how well it is fulfilling its mission and satisfying the Institutional or Programmatic Standards for Accreditation. While self-study is an ongoing activity, the process takes on greater priority for 15-18 months before hosting an evaluation team visit. The following diagram may be helpful in understanding how the components of self-study interrelate.



The process begins with two parallel elements: Institutional mission and Institutional Standards. The Institutional Assessment Plan is primarily designed to evaluate how well the institution is fulfilling its mission, while the Compliance Document is primarily designed to evaluate how well

the institution is satisfying the Institutional Standards for Accreditation. Both Institutional Assessment Plan and Compliance Document lead to conclusions about institutional performance. In some cases, data from assessment informs conclusions relating to compliance, and data from compliance informs conclusions related to assessment.

The Institutional Assessment Plan and Compliance Document inform conclusions about strengths and weaknesses. The Institutional Improvement Plan lays out actions and timelines for addressing these identified weaknesses, along with the action plans for implementing the vision of the institution over the next five years. If outcomes evidence that mission is too broad or inadequately defined, the mission may need to be revisited.

The following considerations will help make the self-study experience more meaningful.

### **Internal Commitment and Motivation**

For good or bad, institutional leaders model the attitudes personnel often have toward the accreditation process. Where the leaders are uncommitted, faculty and staff will likely allow a fear of change to dominate, resulting in little constructive activity. A genuine expectation that the process will generate significant benefits serves to motivate participants to think constructively about strengths and weaknesses, exploring steps that can be taken to strengthen the institution, improve quality and recognition, and better fulfill the institution's mission.

### **Wide Participation**

The self-study effort must involve stakeholders throughout the institution, not just one individual, a small committee, or an outside consultant. Board members, administrators, faculty, staff, students, alumni, and the supporting constituency should all be involved in some way. Although the administration and faculty will have primary responsibility for implementing the self-study processes, their effectiveness will be severely limited unless these others are also involved. If tasks are properly distributed, and if each participant is given a clear explanation of responsibilities, the self-study processes will not overburden any individual. An obvious benefit of broad involvement is the resulting general ownership of the process.

### **Adequate Resources**

The most important resource in self-study is time. It takes valuable staff time to undertake the research needed for self-study. Once data is gathered, more time is required to adequately assess strengths and weaknesses. For many institutions, this means off-loading day-to-day responsibilities or providing overload compensation for key participants. Engaging constituencies in the process often means dedicated meeting space, refreshments, and expressions of appreciation. Additional office supplies and support services will be needed during the process. An editor to review final documents is also advisable. A budget to cover additional accreditation expenses is advisable.

### **Data Collection Systems**

An effective self-study relies on data and evidence to support assertions. Often an institution will have a "hunch" that they are doing the right things, but that is insufficient to demonstrate the institution is making progress. A centralized location for cataloging those resources is essential. It may be helpful to have individual departments inventory the data, documentation, and

evidence of quality that they have, and provide that information to an office of institutional effectiveness or assessment, which in turn, makes the cumulative record available to those engaged in assessing compliance with the various Standards. Ultimately, an electronic data collection system and document repository will serve an institution well for ongoing documentation purposes. Proper decision-making relies upon accurate data and evidence.

### Alternative Deliveries

If the institution offers distance education (online instruction) or instruction at off-campus locations, the self-study must address delivery of these courses and related services when addressing the Standards. Special consideration should be given to the following for online and off-campus students:

- ü Degree outcomes—how do they compare to the main campus? (Standard 11a)
- ü Library resources and research/reference services (Standard 10)
- ü Student services availability and hours (Standard 8)
- ü Fulfillment of all admissions requirements (Standard 7)
- ü Student advisement (Standard 11c)
- ü Ministry formation requirements (Standard 11b)
- ü Substantive faculty-student interaction (Standard 11d)
- ü Verification of student identity (Standard 11d)

Best Practices for Online Distance Education in the Policy on Alternative Academic Patterns should be used to assess online and off-campus delivery processes. If you are using online courses developed by peer institutions or other providers, be sure to consult the Guidelines for Sharing Online Courses in the COA Manual and document the agreement(s) in the Compliance Document. See the Policy and Procedures for Branch Campuses and Additional Locations for information on required visits to branch campus and additional location sites.

### Glossary of Terms

Many terms in accreditation have technical meanings. Please see the glossary in the *COA Manual* for definition of terms. The *COA Manual* is available at [abhe.org/accreditation/accreditation-documents](http://abhe.org/accreditation/accreditation-documents).

### Self-Study Participants

Most institutions find distribution of labor across multiple committees to be an efficient way of approaching self-study. This affords the opportunity for wide participation, without working as a “committee of the whole.” In addition, many eyes increase the objectivity, clarity, and accuracy of the facts and judgment made regarding satisfaction of standards and institutional effectiveness. Because of key roles, some individuals may serve on multiple committees.

**President/CEO.** The President needs to be a visible and committed participant in the self-study process. Priorities of the President become the priorities of the institution, so the engagement of the President as an ad hoc member and/or key participant in steering and planning the self-study process is important. This does not mean the President serves on every committee, but rather functions as an invested supporter of the process and an informed leader when it comes to understanding the issues and concerns that have surfaced during the self-study process.

**Self-Study Coordinator.** Usually this individual is the Institutional Accreditation Liaison, and this person monitors the self-study process and interfaces with the ABHE Commission office to ensure timely preparation and submission of self-study documents. The Self-Study Coordinator is the day-to-day administrator overseeing the process.

**Steering Committee.** The Steering Committee provides leadership over the writing and approval of the Compliance Document, Institutional Assessment Plan, and Institutional Improvement Plan. The Steering Committee leads the process to ensure document consistency and accuracy. The Steering Committee should also hold workgroups, task forces, and subcommittees to the schedule to ensure that the documents are prepared in a timely fashion. Consistency addresses the tone and focus as well as the form and style of the document. Accuracy verifies that everything in the document—the descriptions, data, and judgments—represent the mind and attitude of the institution and institutional leaders. The Steering Committee might be comprised of representative administrators, subcommittee personnel, faculty, board members, and perhaps students. The size and the complexity of the committee will depend largely on the size and complexity of the institution.

**Subcommittees (Standard Committees).** Subcommittees are often organized around individual or groups of related Standards (e.g., Standard 8: Student Services, or Standard 4/5: Governance and Administration). Each sub-committee includes a chair and representatives from the area being evaluated. The sub-committee may also include constituents from alumni, students, board, or the community. Each sub-committee is responsible for researching compliance with the Standard and each Essential Element, gathering assessment data and/or evidence, and drafting an initial response to the Standard. The response should succinctly describe the evidence for compliance, make a judgment as to whether or not the institution meets all of the Essential Elements in the Standard, and identify where changes may be necessary to bring the institution into compliance with the Standard. The chair of the subcommittee also serves on the Steering Committee to represent the subcommittee and provide interface between the designated Standard Committee and the Steering Committee. The Questions for Institutional Engagement in [Appendix B](#) (institutional accreditation) or [Appendix C](#) (programmatic accreditation) may be helpful in leading discussion around the various COA Standards. Ultimately, the subcommittees will want to draft an analysis that focuses on the assigned Standards and Essential Elements, and the degree to which the institution fulfills these requirements.

**Assessment Committee.** This committee guides the analysis of assessment data and supports the Standards Committees with data and summary analysis. The Assessment Committee also assists in the development of new assessment instruments and evidence gathering techniques to evaluate changes or other planning revisions that flow out of the self-assessment process. The Assessment Committee is usually chaired by the chief assessment or institutional effectiveness officer.

**Planning Committee.** Sometimes called the Strategic Planning Committee, this committee works from the observations made by the Standards Committees and the data and analysis furnished by the Assessment Committee to determine action plans to address areas where compliance with COA Standards is weak or assessment data does not evidence strong support for fulfillment of mission, goals, and objectives. The Planning Committee is often comprised of senior administrators, board members, and representatives of the faculty, staff, alumni, and other constituencies. It is particularly important that this committee include board, administration, and constituency leadership as this committee is responsible for prioritizing

needs and establishing action plans to address deficiencies. The Planning Committee is also responsible for developing a timeline for action plans and budget impact analysis for intended changes.

**Principal Writer/Editor.** The process of writing the self-study documents requires many writers. The blessing of many writers, however, also becomes the bane of document integrity and flow. The document needs one person to serve as the senior writer/editor and bring the document to one consistent voice. The research and draft narratives completed by the Standard Committees are honored by the senior writer, but with a style that flows as a coherent whole rather than a collection of unrelated chapters.

**Document Finishers.** The final document needs to be carefully proofed to address page breaks, consistency in fonts and margins, pagination, numbering of exhibits and figures, hyperlinks, etc. The COA receives only electronic documents (Word or PDF files), so final documents should reflect the conventions outlined in the [Report Guide](#).

**Support Personnel.** Clerical and technical support are critical to the self-study process. The assistance of support staff in gathering data for analysis, formatting documents, duplicating and distributing drafts, coordinating logistics and hospitality, scheduling meetings, and preparing infrastructure to accommodate outside reviewers is critical. Self-study needs to be an “all in” team effort.

### Self-Study Timeline

The following timeline is offered as a suggested guide to conducting self-study. Many institutions find the “critical path method” helpful—starting from the end and working back to assign time for critical functions.

Months before Submission	Self-Study Activities
18	Steering Committee develops plan and timeline for self-study. Senior Administration approves plan and timeline for self-study.
13-17	Assessment Committee updates (or develops) Institutional Assessment Plan. Standards Committees gather data and research for auditing compliance with COA Standards.
10-12	Standards Committees complete first draft of Compliance Document.
9-10	Steering Committee reviews findings of Institutional Assessment Plan and Compliance Document. Further revision of documents by Standards Committees as needed. Sign-off by Standards Committees.
7-8	Senior Writer/Editor revises Institutional Assessment Plan and Compliance Document into final form. Standards Committees and Steering Committee sign off on documents and conclusions.

<b>Months before Submission</b>	<b>Self-Study Activities</b>
7-8	Senior Writer/Editor revises Institutional Assessment Plan and Compliance Document into final form. Standards Committees and Steering Committee sign off on documents and conclusions.
4-6	Planning Committee develops Institutional Improvement Plan based on assessment results and compliance audit. Senior Writer/Editor revises Institutional Assessment Plan and Compliance Document into final form.
2-3	Senior Writer/Editor revises Institutional Improvement Plan into final form. Planning Committee and Steering Committee sign off on Institutional Improvement Plan.
1	Document finishers prepare documents for submission. Senior administration reviews findings and conclusions with constituencies.
0*	Email self-study documents to <a href="mailto:coa@abhe.org">coa@abhe.org</a> Finalize document library files.

\* For institutions seeking a visit for candidate status or initial accreditation, self-study materials are due November 15 of the year prior to the intended team visit. For institutions seeking reaffirmation, self-study materials are due 8 weeks before the team visit.

## Chapter 3

# Self-Study Documents

Institutions are required to submit an electronic copy of the self-study documents in preparation for an evaluation team visit. Even if you are using online software, the COA needs a Word or PDF copy of the following five documents:

1. Statistical Abstract
2. Compliance Document (with Regulatory Requirements Evaluation\*)
3. Institutional Assessment Plan
4. Institutional Improvement Plan
5. Exhibits (numbered)

\*The Regulatory Requirements Evaluation is not required for Programmatic Accreditation.

Name the five documents using this naming convention:

Format: 2023.SS Institution Name (State/Province) description

Example: 2023.SS National Bible College (NJ) Statistical Abstract

Email self-study documents to [coa@abhe.org](mailto:coa@abhe.org) or use a [provided ABHE link](#). Please contact [coa@abhe.org](mailto:coa@abhe.org) for assistance.

For institutions seeking candidate status or initial accreditation, self-study documents are due by November 15, the year before the desired evaluation team visit. For reaffirmation visits, self-study documents are due eight weeks prior to the evaluation team visit.

### Statistical Abstract

This document is an overall summary of the institution, programs offered, enrollment, salary, library, finance, and ministry formation data. The statistical abstract provides a four-year snapshot of information evaluators need. A sample/template for the [Statistical Abstract](#) is available at [abhe.org/accreditation/accreditation-documents](http://abhe.org/accreditation/accreditation-documents).

### Compliance Document

The Compliance Document is the institution's description and evaluation of its fulfillment of the Standards for Accreditation, including fulfillment of each Essential Element within each Standard. The narrative, or analysis, **should not exceed 100 pages**, excluding exhibits.

### Introduction

The Compliance Document begins with an introduction. It should provide a brief, one- or two-page history of the institution, statement of its mission and goals. Because the Institutional Assessment Plan and Institutional Improvement Plan may on occasions be reviewed or



distributed without the Compliance document, it is appropriate to include a similar introduction at the beginning of both of those documents as well. The introduction should also include a one- or two-paragraph description of the process employed, and participants involved in preparing the document.

### **Chapters 1-11**

The body of the Compliance Document is divided into 11 chapters, 1 for each COA Standard. These chapters should be subdivided into sections (usually one to three paragraphs in length) by Essential Element. Each section should provide a brief description of how the institution satisfies the Essential Element, with reference or links to exhibits that provide evidence of compliance. [Appendix D](#) offers suggested sources for documenting compliance with COA Standards.

Chapters 1-11 should conclude with an *Evaluative Conclusion*, which is a summary evaluation of the institution's compliance with that COA Standard. The Evaluative Conclusion should briefly describe any weaknesses that have been found in satisfying the Standard and identify what the institution needs to do to address those weaknesses.

For ease of reading, it helps to state the Standard at the beginning of the chapter, then state the first Essential Element followed by the analysis for that Essential Element, then state the second Essential Element followed by analysis, repeating the process until all Essential Elements in that Standard have been addressed, then finish with the Evaluative Conclusion.

### **Chapter 12: Regulatory Requirements Evaluation**

All institutions (Canada, U.S., U.S. Territories) being reviewed for institutional accreditation must complete the Regulatory Requirements Evaluation as a self-assessment of the institution's satisfaction of the 14 external requirements. The template is available at [abhe.org/accreditation/accreditation-documents](http://abhe.org/accreditation/accreditation-documents) and should be completed and inserted into the Compliance Document as Chapter 12.

The Regulatory Requirements Evaluation provides space for a statement of rationale (Why does the institution meet this requirement?) and documentation (What documents evidence satisfaction of this requirement?). In most cases, documentation will be available in exhibits already included in the Compliance Document and may simply be referenced here by name and exhibit number. If a document excerpt is not already cited, it should be added as a numbered exhibit with the other exhibits of the Compliance Document.

The Regulatory Requirements Evaluation is not required for Programmatic Accreditation.

### **Conclusion**

The Conclusion should summarize all of the issues identified as a consequence of comparing institutional characteristics with the Standards for Accreditation. The Conclusion should also prioritize the issues and highlight those that need to be addressed in the Institutional Improvement Plan.

## Exhibits

Exhibits should be included in a separate *Exhibits* file numbered. Only excerpts or pages that directly evidence how the institution has satisfied the Standards and Essential Elements should be included in the Exhibits. Exhibits should be numbered, and referenced by that number, in the narrative for easy access. If the passage that evidences the Essential Element is not easily identified, the text may be highlighted for quick reference. In most cases, Exhibits will be single pages (excerpts) or a collection of excerpts.

Exhibits should not include general support documents. Such documents should be provided in a document library, either electronically or on campus. Where excerpts from several syllabi may serve to document compliance in the Exhibits, all syllabi, in complete form, should be available for review in the document library. The same consideration applies to other extended documents or records for which there are numerous multiples (student files, faculty files, etc.). Primary extended documents (academic catalog, student handbook, faculty handbook, etc.), may be submitted along with the self-study as stand-alone documents. These should be clearly identified in the file names.

A suggested outline for the Compliance Document is included in [Appendix E](#) (institutional accreditation) or [Appendix F](#) (programmatic accreditation).

## Compliance Documents from Other Accrediting Agencies

The COA will accept a compliance document or self-study from another recognized accrediting agency as a substitute for the COA Compliance Document, as long as a Compliance Index/Supplement is included. The Compliance Index/Supplement should list all COA Standards and Essential Elements and cross-reference where (page number or link) in the other agency's compliance document the Essential Element has been addressed. Where a COA Standard or Essential Element is not addressed by the other agency's compliance document or additional information is needed to address the COA Essential Element fully, that section of the Compliance Index/Supplement should respond to that Essential Element in detail. The Regulatory Requirements Evaluation should also be included in the Compliance Index/Supplement. If an Institutional Assessment Plan and Institutional Improvement Plan are required by the other agency, these may be substituted for the ABHE equivalents as well.

The result is that the self-study documents to be submitted when using the compliance document of another recognized accrediting agency are as follows:

1. Statistical Abstract
2. Compliance Index/Supplement (including Regulatory Requirements Evaluation)
3. Compliance Document from Another Recognized Accrediting Agency
4. Institutional Assessment Plan
5. Institutional Improvement Plan

## Institutional Assessment Plan

The Institutional Assessment Plan describes the process and timeline (cycle) for gathering assessment data and evidence of achievement of goals and objectives. It can be thought of as the directions or instruction manual for conducting assessment at the institution. It organizes the on-going collection of data, facts, and evidence of outcomes into a systematic whole. The

plan should provide for the collection, organization, storage, and analysis of data to ensure that the institution knows the extent to which it is achieving its mission, goals, and objectives.

**The Institutional Assessment Plan should not exceed 50 pages.**

As a matter of principle, an institution's mission, not the availability of assessment instruments, should drive the assessment process. The Institutional Assessment Plan should clearly define intended outcomes, including what indicators or benchmarks evidence satisfactory performance or achievement.

Data gathering should occur at specified points in time. The frequency of assessment must be sufficient to identify and correct problems in a timely fashion, but the process must be distributed in a manner that makes wise use of institutional resources and minimizes the burden of the process (assessment fatigue). The following matrix can be helpful in connecting assessment measures to specific objectives and summarizing the process for on-going data gathering.

Goal or Objective	Measurement Means	Cycle (frequency)	Next Collection Date	Person(s) Responsible

### **Introduction**

As with the Compliance Document, the Institutional Assessment Plan should begin with an introduction. The introduction provides a brief background on the institution and its mission, plus a discussion of the process used in developing the Institutional Assessment Plan, and the participants who worked to develop and implement the plan. The introduction is followed by a section on student learning and one on institutional effectiveness.

### **Assessment of Student Learning**

The section on student learning parallels Standard 2. This section may be further divided to identify (1) outcomes that apply to all graduates, and (2) outcomes that apply to graduates of specific programs. Bible knowledge, biblical worldview, spiritual formation, attitudes/values, communications skills, interpersonal skills, problem solving skills, and general education knowledge may be appropriate outcomes for all graduates, where the professional competence in a specific career or ministry (pastoral, music, business) may be distinctive to a particular program. Both are important aspects of the Institutional Assessment Plan.

### **Assessment of Institutional Effectiveness**

The section on institutional effectiveness parallels Standard 2. Institutional effectiveness looks at how well the institution functions and performs its various educational and support services. It may identify assessment processes related to key results for various administrative departments: president's office, business office, development/public relations office, maintenance and grounds—general services; library, student services/student life office, registrar's office, distance education office—educational services. Effectiveness may consider inputs as well as results: adequate resources, personnel, policies, etc. to achieve unit goals, provide essential services, and support student learning. Smaller institutions will likely have fewer administrative units.

The Institutional Assessment Plan addresses the process of assessment, but not the results. Ultimately, the purpose of the plan is to generate usable results, so it is advisable to include a summary of assessment results in an appendix to the Institutional Assessment Plan. This provides a bridge between the Institutional Assessment Plan and the Institutional Improvement Plan.

It may be helpful to understand assessment as consisting of four primary elements: (1) intentions or objectives, (2) measures or means of assessing achievement of objectives, (3) benchmarks or the defined level of acceptable performance, (4) results and evaluation (objective achieved or not achieved). Some institutions find the following matrix helpful in summarizing assessment results:

Objective	Measurement Means	Benchmark for Success	Results & Implications

A suggested outline for the Institutional Assessment Plan is included in [Appendix G](#). A suggested rotation of assessment instruments is provided in [Appendix H](#), and examples of outcomes and rubrics are found in [Appendix I](#).

### **Institutional Improvement Plan**

The Institutional Improvement Plan outlines the action steps that an institution anticipates taking to deal with issues arising from assessment findings and compliance conclusions. It serves as the roadmap for change, as well as the timeline for accountability. In some institutions, the Institutional Improvement Plan will be identified as the Strategic Plan. **A clear Institutional Improvement Plan is usually 50 pages or less.**

Many institutions elect to use a Strengths-Weaknesses-Opportunities-Threats (SWOT) approach as an initial step in developing the Institutional Improvement Plan. SWOT is a good exercise when it is data-informed. The Institutional Assessment Plan and Compliance Document inform conclusions about strengths and weaknesses. Discussion of opportunities and threats provide a basis for vision casting for a preferred future (the hopes, dreams, and aspirations of the institution's stakeholders). When combined, these elements form the issues for which the Institutional Improvement Plan articulates the solutions.

The Institutional Improvement Plan should lay out actions and timelines for achieving preferred change in the next five years. Historically, the Institutional Improvement Plan often reflected concrete intentions for up to 7 years, supplemented with a few broad goals for the next decade or two; however, in changing environments, concrete steps for 12-24 months (short-term plan) with general goals for up to five years (long-range plan) may be more realistic.

### **Introduction**

The Introduction offers a brief summary of the history and mission of the institution, accompanied by a discussion on the development of the Institutional Improvement Plan and participants involved.

**Short-Term Plan**

This chapter details action steps to be implemented over the next 12 to 24 months. The short-term plan should address all of the major concerns raised in the Institutional Assessment Plan and Compliance Document. It should detail steps, deadlines, and persons responsible. It should also detail financial and personnel resources needed for accomplishment, which should be factored into budget and workload planning.

**Long-Range Plan**

Goals for the last three or four years in the five-year planning cycle are summarized in the Long-Range Plan chapter. Except for major projects, institutions are encouraged to keep plans for these future years fairly simple.

**Conclusion**

A summary of results and an outline of the process for renewing the planning cycle should be included. At the conclusion of each planning cycle, leaders need to take stock of their success in implementing the steps that were planned and assess what items remain priorities for future planning cycles. A strategy and accountability design for re-implementing the planning cycle is essential to sustain a culture of ongoing assessment and planning.

The evaluation team and Commission will also be interested in seeing implementation of assessment and planning cycles, where data informs planning, and planning leads to action for improvement of teaching and learning or institutional effectiveness. This is often referred to as “closing the loop.” As a result, short-term plans that have been completed in the months leading up to submission of the Institutional Improvement Plan may be included, along with evidence that the institution has “closed the loop” on these items. Appropriate comments about this cycle of completion may be included in the conclusion.

The following matrix may be helpful in summarize planning strategies:

**ISSUE:** \_\_\_\_\_

Action Steps	Resources Required	Person(s) Responsible	Deadline	Anticipated Results

[Appendix J](#) offers a suggested outline for the Institutional Improvement Plan.

**Self-Study Submission**

When completed, self-study documents should be emailed to [coa@abhe.org](mailto:coa@abhe.org), in accordance with the formatting instructions in the Report Guide, available at [abhe.org/accreditation/accreditation-documents](http://abhe.org/accreditation/accreditation-documents).

## Chapter 4

### Preparing for an Evaluation Team Visit

A comprehensive evaluation team for review for candidate status or initial accreditation is normally composed of five members, although larger or smaller teams may be assigned. A comprehensive evaluation team for reaffirmation of accreditation may include fewer evaluators when the institution has not experienced significant changes since the last comprehensive visit or had notable concerns expressed by the COA since the last comprehensive visit. In some instances, a smaller on-site evaluation team may be supplemented by additional off-site evaluators with specialized expertise. Generally, evaluation teams will also have a Commission staff representative accompany the team to ensure Commission processes are followed. (See the Policy on Composition of Evaluation Teams in the *COA Manual* for more information.)

Teams are screened for conflicts of interest in accordance with the COA Policy on Conflict of Interest, located in the *COA Manual*. The institution to be evaluated has the right to review the proposed team roster and to request the replacement of any proposed member that the institution feels would have a bias or conflict of interest in evaluating the institution.

Teams may also be accompanied by an observer from the state, province, federal government, denomination, or another ABHE institution. An observer from another ABHE institution is generally a new accreditation liaison or representative of a new institution seeking to understand the accreditation process better. The institution being evaluated cannot refuse observers from regulatory agencies; however, the institution may decline the request of an observer from another ABHE institution seeking to accompany a team. Observers are expected to maintain confidentiality over materials reviewed and conversations observed. Observers are also responsible for their own travel, lodging, and meal expenses.

While the team makes collective conclusions and decisions, one team member will be assigned as the primary investigator relating to each of the Standards. The general assignments are as follows:

<b>Evaluator Assignments</b>	<b>Institutional Evaluation</b>	<b>Institutional Evaluation</b> When Academic is Team Chair	<b>Programmatic Evaluation</b>
Administrative	Standards 4, 5	Standards 4, 5, 11c	Standards 1, 2, 3, 5, 6
Academic	Standards 1, 2, 11	Standards 1, 2, 11a	Standards 7, 8, 9, 10, 11
Resources/Finances	Standards 3, 6	Standards 3, 6	
Student Services	Standards 7, 8	Standards 7, 8, 11b	
Library/Faculty	Standards 9, 10	Standards 9, 10, 11d	

For programmatic accreditation reviews, a ministry practitioner related to the fields of study covered by the programs to be examined will also serve on the evaluation team. The

practitioner evaluator does not have a formal position with an ABHE institution and brings a perspective of the field to professional program reviews. The practitioner evaluator may provide input regarding any of the areas reviewed.

### **Scheduling a Visit**

The Commission office will contact the institution approximately six-to-twelve months before the anticipated visit for a list of possible visit dates. Visits for candidate and initial accreditation review are normally conducted in the fall of the fourth year in the current status of the Institution. Visits for reaffirmation are normally conducted in the spring of the beginning of the fifth year for the first reaffirmation and the spring of the beginning of the tenth year, thereafter. Visits should be scheduled when classes are in session, but not during special events when classroom activities may be atypical. No exams should be planned during the team visit. If the institution offers distance education courses, access must be arranged for random observation of online classes as well.

Visits for institutional accreditation are 3 days in length. Visits for programmatic accreditation are 2 days in length. Visits for institutional accreditation follow one of the three schedules below:

- Early Sunday evening arrival, late Wednesday morning departure
- Early Monday evening arrival, late Thursday morning departure
- Early Tuesday evening arrival, late Friday morning departure

Programmatic visits are similar, but one day shorter. While the exact schedule for the visit is established by the team chair, a typical visit schedule would be similar to the samples in [Appendix K](#).

The Commission office will confirm the date and send a roster of team members. The institution should immediately review the roster and notify the Commission Office if there appear to be any conflicts of interest with the evaluators assigned.

### **Campus Community Orientation**

Prior to the visiting team's arrival, the institution should provide an orientation for students, staff, administrators, and board as to the nature and purpose of the evaluation. This orientation should address the following:

- Campus life, atmosphere, and activity ought to be as normal as possible during the evaluation
- Evaluators will meet separately and privately with the student council, faculty, and a representative group of the board of control
- Evaluators will interview all administrators and some full-time faculty, staff, students, and board
- Evaluators appreciate consideration to complete their intensive tasks without interruption or distraction
- Evaluators will visit a few classes and appreciate that:
  - No tests be scheduled during the visit
  - An empty chair be available near the door
  - No special reference be made to evaluators



## Public Notification

The institution is required to post a notice on its website, at least 60 days before the visit, informing the public of the accreditation review and arrangements for any members of the public who may wish to meet with representatives of the evaluation team to offer comments. See the Policy on Public Notification of Comprehensive Visit in the *COA Manual* for the required wording. A time and place should be included in the visit schedule should any public commenters request audience.

## Logistics

**Transportation and Accommodations.** The institution is responsible for arranging local transportation, meals, and hotel accommodations at a business class hotel in a safe neighborhood, preferably close to the institution. Hotel bills should be paid directly by the institution. Each team member should have his or her own nonsmoking guest room with Internet access. The team chair will assist in collecting travel information for the team, but the institution should coordinate airport pickup or shuttle service. ABHE does not authorize team members to rent vehicles except on the advice of the institution. As a courtesy to volunteer evaluators, spouses may accompany the evaluator on the trip, provided no additional hotel or meal expenses are incurred by the institution for the spouse. Spouses do not attend team meetings.

**Meeting Rooms.** A confidential meeting room for the team should be provided at the hotel and at the institution. A conference table with comfortable chairs for 6-7 people is appreciated at both locations. The hotel meeting room will be needed during the evenings only. The on-campus meeting room may double as a document library, which maximizes access for the team during the visit. Internet and printer access should be provided in the on-campus meeting room.

**Document Library.** The institution should make available for evaluators any and all official records, minutes, and documents. The document library should be electronically accessible to the team or included in, or adjacent to, the on-campus workroom. A list of materials available should be provided in the workroom for reference. Where materials have high security concerns (faculty files, student grievance records, etc.), access may be provided in the original secure file locations or in the locked workroom. See the list in [Appendix L](#) for documentation typically provided in the document library.

**Equipment and Supplies.** A printer or printer access (500 pages) should be available in or near the hotel conference room. Internet access should also be available in the conference room and guest rooms at the hotel. One computer and printer should be made available in the campus workroom for exclusive use by the Team. Paper, stapler, paperclips, legal pads, pencils, pens, sticky notes, and USB flash drives are also very helpful to the team members. The team might request other supplies during the visit. The on-campus workroom should also include a shredder.

**Meals.** Breakfast and evening meals should be available at the hotel or a nearby restaurant (team alone). If a restaurant is not available at the hotel or adjacent, the school should arrange for transportation. Mid-day meals should be on campus. The team chair will work with the accreditation liaison or visit coordinator to arrange some noon meals with designated groups. Other noon meals will be taken with random students and staff in the dining hall.



***Refreshments.*** The hotel meeting room should have a small supply of snacks and beverages during the evenings. The campus meeting room should have snacks and beverages available throughout the day. Many institutions also provide a basket of snacks and beverages in the evaluator's hotel guest room upon arrival for use throughout the visit. The institution may wish to contact the evaluators concerning any allergies or preferences (e.g., diet beverages).

See the Checklist for Evaluation Team Visits in [Appendix M](#) for additional guidance and timeline.

### **Exit Interview**

At the close of the evaluation team visit, the team chair (accompanied by the Commission Staff Representative) briefs the institution's CEO on Commendations, Suggestions, and Recommendations that the institution can anticipate seeing in the final report. With the CEO's permission, the evaluation team meets with senior administration or others the CEO may invite to review Commendations, Suggestions, and Recommendations. The exit interview is not an occasion for dialogue or response (the institution will have that opportunity when the report is final), but only an opportunity for the institution to hear the observations and conclusions the team has made during its visit. These verbal observations are subject to editorial revision, and a written copy of Commendations, Suggestions, and Recommendations is not provided until the report is final.

- ***Commendations*** refer to qualities where the institution demonstrates exceptional excellence or unusual progress.
- ***Suggestions*** refer to matters of advice or counsel in areas unrelated to *Standards* compliance. Suggestions may be ignored or accepted at an institution's discretion.
- ***Recommendations*** refer to issues of *Standards* compliance. Institutions must respond in writing to each of the recommendations in the evaluation team report.

### **Financial Arrangements**

The institution will be invoiced by the COA for the visit fee prior to the visit. Travel expenses incurred by evaluators will be invoiced by the COA to the institution shortly after the visit. Payment is due within 30 days. Local transportation and hotel expenses should be paid directly by the institution.

If an institution chooses to express their appreciation to team members with small gifts or mementos, the institution is reminded that evaluation team members cannot accept gifts with a fair market value of more than \$50.

## Chapter 5

### Responding to the Evaluation Visit Report

#### The Response to the Evaluation Visit Report (RVR)

Approximately 30 days after the evaluation team visit, the institution will receive the final team report. The institution must write and submit a Response to the Evaluation Visit Report for consideration by the Commission on Accreditation. The response report should address all of the recommendations in the Evaluation Visit Report. The response, **not to exceed 25 pages excluding exhibits**, should accomplish the following:

1. Identify and correct any factual errors in the Evaluation Visit Report. These may include an erroneous title, date, statistic, or other statement of fact that has been misstated. The opinion of the visiting team is not subject to a dispute of factual accuracy.
2. Detail steps taken to date to eliminate weaknesses or deficiencies in meeting the Standards and Essential Elements as identified in the team's Recommendations. Actions should be documented through evidence in exhibits included at the end of the Response to the Evaluation Visit Report.
3. Where there has been insufficient time to fully implement steps to resolve deficiencies identified in the Recommendations, the institution must provide a detailed action plan, accompanied by implementation deadlines, to demonstrate how the institution will resolve weaknesses in a timely fashion.
4. If the institution disputes the team's Recommendation as an indication of deficiency in meeting a COA Standard for Accreditation, the institution may challenge the Recommendation and document how the institution was meeting the Standard at the time of the evaluation team visit.

Institutions do not need to respond to Suggestions or Commendations in the Response to the Evaluation Visit Report.

The completed Response to the Evaluation Visit Report should be sent by email to the Commission Office ([coa@abhe.org](mailto:coa@abhe.org)) by the following deadlines:

Team Visit	Response to the Evaluation Visit Report Due
Spring	September 15
Fall	Six (6) weeks after Evaluation Visit Report is received from the COA Office

Please be sure to name the response document as follows:

Format: Year.RVR Institution Name (ST/PR)

Example: 2023.RVR National Bible College (NJ)

## **Appearing Before the Commission on Accreditation**

Institutions being considered for Candidate Status or Initial Accreditation must appear before the Commission on Accreditation at the February meeting, at which time the Commission makes a decision concerning the institution's status. Institutions being reviewed for reaffirmation are not required to appear before the Commission but may request to do so. The Commission may also advise or require reaffirmation institutions to meet with the Commission to respond to questions. When action on status sought has been deferred, the institution must meet with the Commission the following year.

The purpose of the meeting with the Commission is to update the Commission on progress that may have been made since the Response to the Evaluation Visit Report was submitted and to answer questions the Commission may have regarding progress or action plans. The CEO and up to two additional representatives may appear before the Commission. The CEO is invited to make a brief opening statement (3-5 minutes), followed by institutional representatives responding to questions from Commission members. The additional institutional representatives should be selected to reflect areas where questions concerning the institution's progress in responding to Recommendations are most likely (e.g., CFO for financial issues, CAO for faculty or curriculum issues, Board Chair for governance issues).

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## Appendix A

### Responsibilities of the Accreditation Liaison

The President or CEO is the primary individual responsible for compliance with COA Standards, policies, and procedures; however, appointing a second person at the institution to monitor ABHE accreditation responsibilities is essential for effectiveness. As a result, ABHE requires institutions to identify an Accreditation Liaison, in addition to the President or CEO, who will receive communications from the Commission.

The Accreditation Liaison is the institution's ABHE specialist, and the primary guardian who monitors changes at the institution to ensure compliance with COA Standards, policies, and procedures. The Liaison should be a senior administrator who is engaged in any discussion of institutional changes that could impact accreditation.

Responsibilities of the Accreditation Liaison:

- Remain current on all COA Standards, policies, and procedures.
  - The current version of the COA Manual is available on our website (usually updated each March).
  - Contact the COA office or Commission staff representative with questions
  - Calls for Comment on Standards and policies
- Monitor changes at the institution to ensure compliance with COA Standards, policies, and procedures
  - Advise decision makers of changes that may impact Accreditation
- Distribute ABHE communications to key decision makers as appropriate
- Coordinate the preparation and timely submission of (according to policy)
  - Progress Reports
  - Substantive Changes
  - Notifications
  - Annual Report
  - Self-Study
  - Evaluation Team Visit
  - COA Staff Visit

## Appendix B

### Questions for Institutional Engagement: Institutional Accreditation

*The Questions for Institutional Engagement are designed as talking points to help standards committees explore strengths and weaknesses related to the Standards in general. The questions do not address specific requirements in the Standards and should not be used as a substitute for compliance analysis. The Compliance Document should address each Standard and Essential Element directly.*

#### 1. MISSION, GOALS, AND OBJECTIVES

1. Is the mission statement written and does it align with biblical higher education?
2. What review process ensures that the mission statement is current and appropriate for the institution?
3. What constituencies participate in its review and revision?
4. In what ways does the institution ensure that its mission, goals, and objectives are used as guides for decision-making, resource allocation, and program development?
5. To what extent do the institutional goals reflect the mission?
6. Are desired student learning objectives clearly stated, do they exist for each program, and is it clear how the objectives support the mission statement?
7. Can the mission statement, institutional goals, and student learning outcomes be easily located in the catalog(s) and institutional website?

#### 2. ASSESSMENT AND PLANNING

1. Is the assessment plan written down, does the plan include timelines and processes for the collection of needed data, and do the areas where data are collected cover the entire institution (inside the classroom and outside the classroom)?
2. What evidence is there that student learning outcomes are defined and able to be measured?
3. What evidence is there that those stated learning outcomes are being achieved?
4. Can the institution clearly articulate the difference between student learning outcomes at each credential level?
5. Are there distinguishable levels of learning outcomes for each credential level achieved?
6. What evidence is there that the desired outcomes reflect the attainment of spiritual maturity, biblical and general knowledge, life competencies, and professional skills appropriate to biblical higher education?
7. What evidence is there that the outcomes assessment plan includes diverse measures such as standardized tests, portfolios, pre- and post-test, capstone courses, licensure results, graduate school admission and performance data, alumni surveys, job placement records, retention and completion rates, and grad distribution reports?
8. What is the balance and integration of objective and subjective assessment measures?
9. Is there a record of assessment (current and historical) that evaluates the academic support services and institutional support services?

10. Do the records suggest that those functions support the achievement of the mission and improve the effectiveness of the institution?
11. Is there evidence that assessment data on student learning and institutional effectiveness is distributed to appropriate constituencies?
12. What evidence is there that assessment data is analyzed by multiple, appropriate constituencies (board, administration, faculty, staff, students) and that this analysis leads to planning and improvement in teaching, learning, and institutional effectiveness/functions?
13. Can the institution produce a written plan for improvement that addresses multiple areas in the entire institution?
14. What evidence is there that the assessment results are used in planning?
15. What fiscal analysis is done to ensure that the produced plan is realistic?
16. What strategies are in place for the implementation of the plan?
17. Are the results of student learning outcomes and institutional effectiveness efforts published to the institutional website?
18. Are graduation and placement (employment) rates published to the institutional website?
19. Can this information be easily located on the institution's website?

### **3. INSTITUTIONAL INTEGRITY**

1. In what ways does the institution demonstrate that it promotes and upholds sound ethical practices in its dealings with people?
2. What patterns of evidence demonstrate that the institution accurately describes its programs and practices through publications, public statements, and advertising?
3. What evidence is there that the institution fosters a climate of respect for diverse backgrounds and perspectives?
4. How does the institution assure that student and employee grievances and complaints are addressed promptly and equitably and result in appropriate change?
5. What records are maintained of student complaints?
6. Does the institution demonstrate integrity in its communication with all accrediting and government agencies on issues of compliance?
7. What evidence is there that fund-raising practices accurately present the needs of the institution and protect the interests of the donor?
8. What evidence is there that financial responsibilities toward vendors, employees, students, and creditors are handled ethically and consistently?

### **4. AUTHORITY AND GOVERNANCE**

1. If state or provincial authorization is required to offer credentials, what evidence is available to demonstrate compliance with these requirements?
2. How do the enabling documents safeguard the purposes and structures of the institution and its core values?
3. How does the board exercise its fiduciary responsibility for financial oversight and fund raising?
4. What organizational structures exist to enable the board to fulfill its responsibilities?
5. What evidence demonstrates that the board understands its role in policy formation?
6. What evidence shows that the board delegates management responsibilities to the president?
7. What evidence is there that the board and administration are operating under sound principles relative to conflicts of interest?
8. Describe the composition of the board in terms of diversity of ethnicity, gender, and professional skill competencies necessary to serve the intended constituency?
9. How does the board evaluate the performance of its members?

10. What procedures does the board have for recruitment, orientation, and retention of its members?
11. What procedures are in place to update the board members on issues relative to mission, organization, finances and programs?
12. What evidence demonstrates that the board operates autonomously without interference from affiliated organizations?

## 5. ADMINISTRATION

1. What evidence demonstrates that the board regularly evaluates the performance of the institutional CEO?
2. What evidence is available to demonstrate that the chief executive officer has adequate resources and authority to discharge his/her duties?
3. What evidence is there that administrative leaders reflect the institution's constituency and have the appropriate academic and professional backgrounds to discharge their duties?
4. What evidence demonstrates that the institution has an administrative structure appropriate for its type, size, and complexity?
5. What evidence demonstrates that the institution has effective processes in place for recording, maintaining, and securing accurate administrative records?
6. How effective is the system for evaluating the work performance of administrators?

## 6. INSTITUTIONAL RESOURCES

### 6a. HUMAN RESOURCES

1. To what extent is the institution staffed with qualified personnel who provide basic services for the various administrative functions?
2. Are enabling documents, descriptions of administrative structure and decision making, institutional policies and procedures, and current job descriptions documented in written form and distributed appropriately?
3. What processes are in place to communicate to employees their rights and responsibilities?
4. In what ways is it demonstrated that the evaluation of employees is consistent, fair, and documented?
5. What evidence is available to demonstrate that the institution's budget provides adequate financial resources for employee welfare?
6. What programs for professional growth and development are in place?
7. What evidence suggests that the institution provides a climate that fosters job satisfaction, collegiality and respect among personnel?
8. How does the diversity of the employees compare to the diversity of the institution's constituency?

### 6b. FINANCIAL RESOURCES

1. To what measure are financial resources adequate to support the institution's mission?
2. Has the institution experienced financial stability scores below 1.50 (U.S. institutions) or tripped three or more financial indicators on the Annual Institutional Update (AIU) (Canadian institutions) in recent years? See [Appendix N](#) for information on the Financial Responsibility Composite Score (FRCS) and [Appendix O](#) for information on the Financial Indicators.
3. Do the operating results of the last five fiscal years demonstrate financial stability?
4. Are annual financial reports available to satisfy accountability to the interested publics?



5. What evidence confirms that annual audit reports comply with generally accepted accounting practices?
6. What internal controls have been developed and implemented to minimize potential losses from mistakes or dishonest actions?
7. How do budgeting processes involve persons responsible for resource allocation, employ appropriate steps for approval and control, and result in the production of regular financial reports?
8. What procedures ensure institutional effectiveness in managing accounts receivable and payable?
9. Do institutional policies and procedures conform to the guidelines of organizations such as the Canadian Council for Christian Charities and the Evangelical Council for Financial Accountability?
10. How successful is the institution in cultivating new sources of revenue?
11. What reserve funds are available to the institution in the event of an unexpected emergency?
12. How does the institution effectively manage risks through the application of sound policies, the diversification of investments, the use of appropriate levels of insurance, and the maintenance of appropriate reserve funds?
13. How are the budgeting and planning processes linked?

#### **6c. PHYSICAL RESOURCES**

1. What evaluation processes are employed to ensure that facilities and equipment are sufficient and well maintained to support quality education?
2. What planning processes are employed to determine future physical resource needs?
3. Are utilities economically operated and designed to be environmentally responsible?
4. If facilities are leased, does the lease include adequate protection to allow sufficient time to make alternate arrangements?
5. What deferred maintenance needs have been identified and what plans are being made for funding them?
6. By what means are facilities adequately protected from safety and health threats, and operate in compliance with health, safety, and disability codes?

#### **6d. TECHNOLOGICAL RESOURCES**

1. How effectively do the institution's technological capacities support its mission, goals and objectives?
2. What processes are in place to keep abreast of technological advances?
3. What priorities have been established for improving and expanding the utilization of technology?
4. What training and instruction are being provided for technical personnel as well as institutional users?
5. How are policies regarding use of technology communicated to appropriate parties?
6. What evidence exists that the technical equipment operates with an appropriate degree of reliability?
7. To what extent does the institution have policies and procedures in place to protect privacy rights and confidential data?

### **7. ENROLLMENT MANAGEMENT**

#### **7a. RECRUITMENT**

1. How do recruitment strategies reflect the mission of the institution and diversity of the constituency?

2. What evidence exists that admissions personnel communicate clearly and in a timely manner with prospects and applicants?
3. What strategies are in place to evaluate and upgrade recruitment materials?

#### **7b. ADMISSIONS**

1. What measures are used to ascertain the spiritual commitments and academic ability of applicants?
2. What evidence exists to demonstrate that the admissions criteria are consistently applied?
3. How are the admissions testing results used to address student needs and to document that under-prepared students have the ability to benefit from the instruction offered?
4. What procedures are in place to identify and meet the needs of under-prepared students?
5. Are under-prepared students accepted conditionally, and if so, are these conditions clearly communicated to the student at the time of acceptance?
6. What limitation is placed on the number of admitted students without the high school diploma or GED credential?
7. Relative to graduate education, what pre-requisites or admissions requirements ensure that students are capable of pursuing advanced studies in their disciplines?
8. How are transfer of credit policies *and transfer evaluation criteria* communicated to applicants and the public?
9. Can it be demonstrated that transfer credit practices are consistent with the requirements of the Association's policy on awarding credit?

#### **7c. STUDENT FINANCIAL SERVICES**

1. How are applicants informed of financial aid eligibility requirements, conditions, and available funds?
2. When and how are financial aid decisions communicated to applicants?
3. Do financial aid practices meet legal and regulatory requirements of government agencies?
4. To what extent are institutional funds used for scholarship purposes?

#### **7d. RETENTION**

1. What evidence documents that assessment results are used to improve enrollment management?
2. What measures are taken to determine the effectiveness of the academic programs for both at risk and gifted students?

#### **8. STUDENT SERVICES**

1. What evidence is there that student service programs are appropriate to the institutional mission, objectives and student population?
2. To what extent are services provided for every student regardless of location or educational delivery system?
3. Are the standards for community life clearly communicated to applicants and students?
4. How effectively have student services been used to integrate the academic and personal development of students?
5. What evidence is there that professionally competent student services personnel are empowered to implement an effective student life program?
6. What evidence demonstrates that co-curricular programs facilitate leadership development?

7. What systems are in place to assess student utilization of and satisfaction with services provided?
8. What is the evidence that the institution's athletic programs are consistent with its educational objectives?
9. What is the evidence that an effective program of student government has been implemented?
10. What evidence is there that residential services meet student needs and contribute to the development of community life?
11. What evidence is there that procedures to handle student complaints and discipline are fair and reasonable and in compliance with governmental regulations?
12. Where and how are records of student complaints housed?
13. Is there any pattern of complaints that suggests systemic weaknesses?
14. To what extent do students participate in institutional decision-making processes and influence institutional policy changes?
15. To what extent can it be demonstrated that counseling and health services adequately support and promote student physical and emotional well-being?
16. In what ways does the institution address the physical disabilities of students in compliance with applicable laws?

## **9. FACULTY**

### **9a. FACULTY QUALIFICATIONS, DEVELOPMENT, AND WELFARE**

1. What evidence suggests a spiritually mature faculty who are providing a Christ-like role model for students?
2. What evidence indicates that the number and expertise of faculty is adequate to ensure the continuity, coherence, and quality of academic programs?
3. What percentage of undergraduate faculty hold at least a master's degree from accredited institutions and documented expertise in any area in which they are teaching (e.g., 15 graduate credits in the discipline)? Are exceptions limited and documented by professional vitae?
4. What percentage of graduate faculty hold terminal degrees from accredited institutions and documented expertise in any area in which they are teaching (e.g., doctoral concentration in the discipline)? Are exceptions limited and documented by professional vitae?
5. Can it be demonstrated that the institution has up-to-date documentation of faculty credentials (e.g., official transcripts)?
6. What is the evidence that the institution has developed and implemented policies and procedures for the recruitment, appointment, promotion, tenure, grievances, discipline, and dismissal of faculty based on principles of fairness and regard for the rights of individuals?
7. Does the institution maintain a current faculty handbook that delineates all related policies and procedures?
8. What evidence indicates that the institution follows a process of faculty appointment that includes appropriate involvement of related academic personnel and administration?
9. What evidence indicates that faculty are contributing to student learning, scholarship, institutional and program development, ministry, and community service?

### **9b. FACULTY DECISION-MAKING**

1. In what ways are the patterns of faculty organization appropriate to the size and complexity of the institution?

2. What evidence is available to demonstrate that the faculty provides academic leadership in the development of educational programs?
3. How does the diversity of the faculty compare to the diversity of the constituency?
4. What evidence is there that adequate institutional funds are expended for the professional advancement and development of faculty?
5. What evidence is available to demonstrate that the institution has adequately documented and implemented a statement of academic freedom within the context of the institutional mission?
6. What evidence is there that the faculty participates in determining requirements for graduation?

## **10. LEARNING RESOURCES AND SERVICES**

1. Are there written descriptions of the structure, policies and procedures that facilitate the management of learning resources?
2. Is there a credentialed director with faculty status and who is adequately supported by qualified personnel?
3. Has the library staff developed a written statement that details the mission and objectives of the library and articulates a philosophy of librarianship consistent with the character of the institution?
4. To what extent do representatives from the library staff participate in curricular planning?
5. What evidence is there that a committee composed of library and faculty personnel functions effectively to develop learning resource policy and guide the allocation of resources?
6. What patterns of evidence are available to illustrate that the faculty is engaged in the analysis of resource adequacy and the selection/de-selection of resources?
7. What evidence is available to demonstrate that adequate funding is provided to procure essential learning resources, to sustain the use of current technology, and to provide adequate reference and information assistance?
8. How involved is the library staff in the teaching of information literacy skills?
9. How can it be demonstrated that records are sufficiently complete to facilitate effective management and demonstrate use of learning resources?
10. What regular communications are available to provide up-to-date information on learning resources and services?
11. How do written agreements document cooperative arrangements with external institutions and protect student interests?

## **11. ACADEMICS**

### **11a. CURRICULUM**

1. What is the relationship of the curriculum to the institutional mission?
2. What research has been undertaken to compare curriculum content with norms in the higher education community?
3. In what ways does the curriculum require students to engage in higher level cognitive activities such as research and critical analysis?
4. To what extent is curricular content consistent with program objectives?
5. To what extent is there evidence that direct study of the Bible is required and that this study results in the mastery of skills necessary for lifetime study of the Scriptures?
6. What evidence is there that students graduate with a comprehensive knowledge of the Bible and a biblical world-view?
7. What evidence is there that curriculum content addresses the students' cultural setting?

8. What evidence is there that the curriculum of each program reflects a coherent pattern that requires students to progress from foundational to advanced studies?
9. What evidence is there that the curriculum is reviewed regularly by the total faculty and that this review process results in improved curricular offerings?

### **Undergraduate**

1. What evidence is there of effective integration of biblical, professional, and general studies?
2. Do all academic programs meet the minimum hours required in Bible/Theology? If not, has the institution demonstrated a satisfactory alternative?
3. Does the general education core meet the credit requirements and include courses in the humanities, the social, behavioral and natural sciences, and mathematics?
4. What evidence is there that the curriculum of professional programs includes supervised experience and leads to competency in the area of specialization?

### **Graduate**

1. How do graduate programs offered fit within the mission and purposes of the institution?
2. How are graduate programs more focused in content and more academically advanced than undergraduate programs?
3. How do the graduate programs foster effective ministry competencies?
4. What evidence is there that the curricula challenge students to engage in research and to think independently?
5. Do all academic programs have a pre-requisite and/or curricular requirement in biblical/theological studies? If not, has the institution demonstrated a satisfactory alternative?
6. What evidence is there that the academic community cultivates critical thinking, theological reflection, effective leadership, and ministry practice?
7. What type of practicum or internship experience is required for each academic program?
8. What evidence is there that graduate education is not negatively impacting the quality of the undergraduate programs?

### **11b. MINISTRY FORMATION**

1. What evidence is there that ministry has priority in the institution?
2. What percentage of students have a supervised ministry experience in a church context and what percentage, in the community at large?
3. Does the institution have a written philosophy that describes how it views ministry formation and states the objectives that its program is designed to achieve?
4. How does the Ministry Formation program measure student progress in ministry and determine satisfactory participation for graduation?
5. To what extent do Ministry Formation assignments reflect genuine ministry experiences in which the student has opportunity to impact lives spiritually?
6. What percentage of ministry assignments provide a cross-cultural experience for the student?
7. To what extent is the faculty integrally involved in the design and evaluation of the Ministry Formation program?
8. Is there a qualified director with faculty status who is empowered with the authority and resources to develop and implement the Ministry Formation program?
9. If academic credit is granted, is there evidence that the student's work is supervised by competent professionals, coordinated with classroom instruction, and sufficient in quantity and quality to warrant credit?

**11c. ACADEMIC PATTERNS AND PROCEDURES**

1. Does the institution use degree nomenclature that is appropriate to the different degrees and levels being offered?
2. What evidence is there that the faculty participates in determining requirements for graduation?
3. What evidence is there that the academic advising system is meeting student needs?
4. What procedures are in place to regularly inform students of their progress towards meeting graduation requirements?
5. What policies and procedures are in place to ensure accurate, secure and safe maintenance of student records?
6. What policies and procedures are in place for the release of student information in compliance with governmental regulations?
7. Does the institution's credit hour definition and application across all programs comply with the COA's credit hour definition?

**11d. ALTERNATIVE ACADEMIC PATTERNS**

1. What programs utilize off-campus instruction, distance/online education, hybrid courses, correspondence education, competency-based education, or other alternative deliveries? How are alternative academic patterns used in the institution? [We want to know how they are used, not just what programs use them]
2. What evidence demonstrates general faculty and administrative support for these programs?
3. Are these programs consistent with the institutional mission?
4. What evidence shows that these programs were developed to meet the special academic needs of a specific constituency?
5. How are best practice benchmarks employed in alternative academic patterns (see Policy on Alternative Academic Patterns in the *COA Manual*)?
6. What formal processes of faculty oversight, curriculum review, and outcomes assessment demonstrate effectiveness?
7. Are the uses of alternative academic patterns fully supported?
8. How does appropriate interaction between faculty and students take place in the programs using alternative academic pattern?
9. How are students evaluated prior to participation in order to determine their likelihood of success?
10. How is student identity verified to ensure that the student registered for the course is actually the one doing the work?

## Appendix C

### Questions for Institutional Engagement: Programmatic Accreditation

*The Questions for Institutional Engagement are designed as talking points to help standards committees explore strengths and weaknesses related to the Standards in general. The questions do not address specific requirements in the Standards and should not be used as a substitute for compliance analysis. The Compliance Document should address each Standard and Essential Element directly.*

#### 1. PROGRAM OBJECTIVES

1. To what extent do program objectives reflect the institutional mission and goals?
2. In what ways does the institution ensure that program objectives are used as guides for decision-making, resource allocation, and program development?

#### 2. ASSESSMENT AND PLANNING

1. Is there a written plan that describes assessment of academic programs, academic support services, and institutional support services?
2. How do institutional goals, programs and course objectives exhibit coherence and congruence?
3. Are desired program outcomes clearly stated?
4. What evidence is there that program outcomes are being achieved?
5. What evidence is there that the desired program outcomes reflect the attainment of spiritual maturity, biblical and general knowledge, life competencies, and professional skills appropriate to biblical higher education?
6. What evidence is there that the student learning assessment results are used in program planning?
7. Are results of student learning outcomes published to the institutional website or similar public venue (e.g., academic catalog)?
8. Are graduation and placement (employment) rates published to the institutional website or similar public venue?

#### 3. INTEGRITY

1. In what ways does the program demonstrate that it promotes and upholds sound ethical practices in its dealings with people?
2. What patterns of evidence demonstrate that the institution accurately describes its programs and practices through publications, public statements, and advertising?
3. What evidence is there that the institution fosters a climate of respect for diverse backgrounds and perspectives?
4. Does the institution demonstrate integrity in its communication with all accrediting and government agencies on issues of compliance?
5. What evidence is there that fund raising and financial practices are conducted ethically and consistently?

**4. AUTHORITY AND GOVERNANCE** (not applicable to Programmatic Accreditation)**5. ADMINISTRATION**

1. What evidence demonstrates that the program has an administrative structure appropriate for its type, size, and complexity?
2. What evidence demonstrates that program directors have adequate resources and authority to discharge their duties?
3. What evidence is there that the program directors reflect the constituency and have the academic and professional backgrounds to discharge their duties?
4. What evidence demonstrates that the program has effective processes in place for recording, maintaining, and securing accurate administrative records?
5. How effective is the system for evaluating the work performance of administrators?

**6. PROGRAM RESOURCES**

1. To what extent is the program is staffed with qualified personnel who provide basic services for the various administrative functions?
2. What evidence suggests that the institution provides a climate that fosters job satisfaction, collegiality and respect among program personnel?
3. Are financial resources adequate to support the program?
4. What evaluation processes are employed to ensure that facilities and equipment are sufficient and well-maintained to support quality education?
5. How effectively do the institution's technological capacities support the program?
6. What processes are in place to keep abreast of technological advances?

**7. ENROLLMENT MANAGEMENT**

1. How do recruitment strategies reflect program objectives?
2. What evidence exists that admissions personnel communicate clearly and in a timely manner with prospects and applicants?
3. To what extent is recruitment information accurate and sufficient for prospective students to make informed decisions about the program?
4. What measures are used to ascertain the spiritual commitments and academic ability of applicants?
5. How are transfer credit policies and criteria for the award of transfer credit communicated to applicants and the general public?
6. What evidence documents that assessment results are used to improve the retention?

**8. STUDENT SERVICES**

1. What evidence is there that student service programs are appropriate to program objectives and student population?
2. How effectively are student services used to integrate the academic and personal development of students?
3. To what extent are services provided for every student regardless of location or educational delivery system?
4. What evidence demonstrates that co-curricular programs facilitate leadership development?
5. What systems are in place to assess student utilization of and satisfaction with services provided?
6. Are procedures for student grievances published and record of complaints maintained?
7. Is there any pattern of student complaints that suggests systemic weaknesses relative to the program?
8. To what extent do students have input into program or institutional decisions?



## 9. FACULTY

### 9a. FACULTY QUALIFICATIONS, DEVELOPMENT, AND WELFARE

1. What evidence suggests a spiritually mature faculty who are providing a Christ-like role model for students?
2. What percentage of undergraduate faculty hold at least a master's degree from accredited institutions and documented expertise in any area in which they are teaching (e.g., 15 graduate credits in the discipline)? Are exceptions limited and documented by professional vitae?
3. What percentage of graduate faculty hold terminal degrees from accredited institutions and documented expertise in any area in which they are teaching (e.g., doctoral concentration in the discipline)?
4. Can it be demonstrated that the institution has up-to-date documentation of faculty credentials (e.g., official transcripts)?
5. To what extent are systems in place for evaluating and improving program faculty, and providing ongoing professional development?
6. What evidence indicates that faculty contribute to student learning, scholarship, program development, ministry, and community service?
7. To what extent has the institution adequately documented and implemented a statement of academic freedom within the context of the institutional mission?

### 9b. FACULTY DECISION-MAKING

1. What evidence indicates that the number and expertise of faculty is adequate to ensure the continuity, coherence, and quality of academic programs?
2. What evidence demonstrates that program faculty are involved in academic-related decision-making processes related to program admissions criteria, curriculum, and student development?
3. What evidence is there that adequate institutional funds are expended for the professional advancement and development of program faculty?

## 10. LIBRARY AND OTHER LEARNING RESOURCES

1. To what extent do representatives from the library staff participate in program curricular planning?
2. What evidence illustrates that program faculty is engaged in the analysis of resource adequacy and the selection/de-selection of resources for the program?
3. What evidence is available to demonstrate that adequate funding is provided to procure essential learning resources for the program, to sustain the use of current technology, and to provide adequate reference and information assistance to program students and faculty?

## 11. ACADEMICS

### 11a. CURRICULUM

1. What is the relationship of the curriculum to institutional mission?
2. What research has been undertaken to compare curriculum content with norms in the higher education community?
3. In what ways does the curriculum require program students to engage in higher level cognitive activities such as research and critical analysis?
4. To what extent is curricular content consistent with program objectives?
5. To what extent is there evidence that direct study of the Bible is required and that this study results in the mastery of skills necessary for lifetime study of the Scriptures?

6. What evidence is there that students graduate with a comprehensive knowledge of the Bible and a biblical worldview?
7. What evidence is there that curriculum content addresses the students' cultural setting?
8. What evidence is there that the curriculum reflects a coherent pattern that requires students to progress from foundational to advanced studies?
9. What evidence is there that programs are reviewed regularly by the faculty and that this review process results in improved curricular offerings?

### **Undergraduate**

1. What evidence demonstrates effective integration of biblical, professional, and general studies?
2. Do all academic programs to be accredited meet the minimum hours required in Bible/Theology? If not, has the institution demonstrated a satisfactory alternative?
3. Does the general studies component meet the credit requirements and include a distribution of courses across the social, behavioral, and natural sciences, humanities, and mathematics?
4. Does the total number of hours for the degree meet the minimum required?
5. What evidence is there that the curriculum of professional programs includes supervised experience and leads to competency in the area of specialization?

### **Graduate**

1. How do graduate programs offered fit within the mission and purposes of the institution?
2. How are graduate programs more focused in content and more academically advanced than undergraduate programs?
3. How do the graduate programs foster effective ministry competencies?
4. What evidence is there that the curricula challenge students to engage in research and to think independently?
5. Do all academic programs have a prerequisite and/or curricular requirement in biblical/theological studies? If not, has the institution demonstrated a satisfactory alternative?
6. What evidence is there that the academic community cultivates critical thinking, theological reflection, effective leadership, and ministry practice?
7. What type of practicum or internship experience is required for each ministry-oriented or professional-oriented program?
8. What evidence is there that graduate education is not negatively impacting the quality of the undergraduate programs?

### **11b. MINISTRY FORMATION**

1. What evidence is there that ministry has priority in the program?
2. What percentage of students in the program have a supervised ministry experience in a church or community context?
3. Does the program have a written philosophy that describes how it views ministry formation and states the objectives that its ministry formation program is designed to achieve?
4. How does the ministry formation program measure student progress in ministry and determine satisfactory participation for graduation?
5. To what extent do ministry formation assignments reflect genuine ministry experiences in which the student has opportunity to impact lives spiritually?
6. What percentage of ministry assignments provide a cross-cultural experience for the student?

7. To what extent is the faculty integrally involved in the design and evaluation of the ministry formation program?
8. Is there a qualified director with faculty status who is empowered with the authority and resources to develop and implement the ministry formation program?
9. If academic credit is granted, is there evidence that the student's work is supervised by competent professionals, coordinated with classroom instruction, and sufficient in quantity and quality to warrant credit?

**11c. ACADEMIC PATTERNS AND PROCEDURES**

1. Is degree nomenclature appropriate to the degrees and levels being offered?
2. What evidence is there that the faculty participates in determining requirements for graduation?
3. What evidence is there that the academic advising system is meeting student needs?
4. What procedures are in place to regularly inform students of their progress towards meeting graduation requirements?
5. Does the program's credit hour definition comply with the COA's credit hour definition?

**11d. ALTERNATIVE ACADEMIC PATTERNS**

1. What programs utilize off-campus instruction, distance/online education, hybrid courses, correspondence education, competency-based education, or other alternative deliveries? How are alternative academic patterns used in the institution? [We want to know how they are used, not just what programs use them]
2. How are best practice benchmarks employed in alternative academic patterns (see Policy on Alternative Academic Patterns in the *COA Manual*)?
3. What formal processes of faculty oversight, curriculum review, and outcomes assessment demonstrate effectiveness?
4. How does appropriate interaction between faculty and students take place in the programs using alternative academic pattern?
5. How are students evaluated prior to participation in order to determine their likelihood of success?
6. How is student identity verified to ensure that the student registered for the course is actually the one doing the work?

## Appendix D

### Suggested Sources for Documenting Compliance with COA Standards

*Sources typically used as evidence for documenting compliance with the COA Standards for Accreditation are offered below. In general, institutions that meet the Standards for Accreditation will meet the Conditions of Eligibility, since the Conditions are presumed as a foundation for the Standards.*

#### Conditions of Eligibility

- 1. Tenets of Faith**  
Board Notes, Copy of signed Tenets of Faith
- 2. Nonprofit Status**  
Status Letter confirming 501(c)3 status
- 3. Authorized**  
Charter, Articles of Incorporation, governmental certificate or letter (authorization to grant degrees, certificates)
- 4. Institutional mission.**  
Constitution, academic catalog, website, board minutes (adoption)
- 5. Governance**  
Bylaws, roster of board members (minimum 5), denominational authorization (if applicable)
- 6. Chief executive officer**  
Bylaws, board policy, contract, job description, evidence of limited non-institutional commitments, budget
- 7. Catalog**  
Academic catalog (cite pages for each required element)
- 8. Assessment and public accountability**  
Website (outcomes page—graduation and placement rates)
- 9. Learning resources**  
Library collection analysis by subject, comparison to syllabus bibliographies or ABHE Library Guidelines, database listings, agreements with other libraries
- 10. Faculty qualifications**  
Faculty roster by program (1 qualified faculty overseeing every program/major offered)
- 11. Academic programs**  
Academic catalog, program outlines
- 12. Biblical/theological studies**

Academic catalog, program outlines (must show hours in Bible/theology for each undergraduate program)

**13. General studies**

Academic catalog, program outlines (must show hours in general studies for each undergraduate program)

**14. Ministry formation program**

Academic catalog, ministry formation handbook, records (what percentage of students participated in last 3 years)

**15. Student body**

Registrar's report (enrollment for last 3 years)

**16. Program completion**

Registrar's reports (number of graduates in recent years), graduation records

**17. Admissions policy**

Academic catalog (admissions section)

**18. Institutional stability and capacity**

Registrar's reports, board tenure, administrative tenure, faculty tenure, financial statements (documents demonstrating limited fluctuations)

**19. Financial base**

Financial statements, opinioned financial audits (last 3 years)

**20. Income allocation**

Budget (showing distribution between educational operations, public service, auxiliary businesses)

**21. Annual audit**

Complete annual, independent, opinioned financial audit reports with management letters (last 3 years)

**22. Agency disclosure**

**23. Compliance**

**24. Public disclosure**

Letter signed by the CEO affirming each of these three statements and confirming board resolution to support

**25. Arbitration**

**Standard 1: MISSION, GOALS, AND OBJECTIVES**

Charter, Constitution, 501(c)(3) notice, opinioned audits, state/provincial authorization certificate, academic catalog, institutional website

**Standard 2: ASSESSMENT AND PLANNING**

Chief Executive's Office

Reports to the Board from all areas of the institution

Reports to a Board of Advisors

Reports to the State in which the institution is located

Publications distributed to donors regarding institutional finances

**Business Office**

- Annual financial audits
- Quarterly reports to the Board
- Budget reports to administrators throughout the year

**Academic Office**

- Dean's reports to the President
- Faculty rosters with qualifications for course assignments

**Student Life Office**

- Dean's reports to the President
- Minutes from Student Government Association

**Development Office**

- Analysis of Donors in the institution's donor development program
- Reports of major institutional development events

**Registrar's Office**

- Enrollment information from each year (FTE, Headcount, total credits)
- Number of hours taught by faculty each semester
- Class schedules and course enrollment statistics for recent semesters

**Institutional Effectiveness Office**

- Department goals and assessment reports
- Assessment survey data
  - ABHE Bible Content Examination results
  - National Survey of Student Engagement results
  - Student Satisfaction Inventory results (Noel-Levitz)
  - Collegiate Assessment of Academic Proficiency results (ACT)
  - Best Christian Workplaces Engagement Survey results
  - Alumni survey results

**Website/Outcomes results**

- Mission specific outcome results, graduation rates, placement/employment rates

**Standard 3: INSTITUTIONAL INTEGRITY**

- Academic catalog, employee handbook, faculty handbook, student handbook, library handbook, website (grievance & discipline policies, hiring/dismissal policies, conflict of interest policies, copyright/intellectual property policies)
- Recruitment and promotional materials
- Representation of accreditation status
- Financial audit reports
- Grievance/complaint records

**Standard 4: AUTHORITY AND GOVERNANCE**

- Constitution and Bylaws, board manual, board conflict of interest policy, board minutes, board roster, board committee rosters, board diversity/professional experience analysis, organizational chart

**Standard 5: ADMINISTRATION**

- Administrative Council/Administrative Officers
  - (Senior administration, e.g., President, Executive VP, Chief Academic Officer, Chief Student Development Officer, Chief Financial Officer, Chief Development Officer)
  - Bylaws, organizational chart, administrative roster, position descriptions, vitae, administrative/faculty/staff handbooks, council minutes (frequency, purview)
- Administrative records

Records policy, location & security of board minutes, faculty minutes, personnel files, student files, audited financial statements, academic catalogs, student directories, annual reports of various departments

## **Standard 6: INSTITUTIONAL RESOURCES**

### **6a. HUMAN RESOURCES**

Personnel files, administrative/staff handbook, faculty handbook, organizational chart, position descriptions, salary schedule, work schedule, meeting agendas/minutes, record of development activities, insurance policies, personnel satisfaction surveys

### **6b. FINANCIAL RESOURCES**

Financial management: Bylaws, organizational chart (purchasing, collections, budgetary control, payments, bookkeeping, student financial accounts, financial reports under CFO), board manual (investment policy), board minutes (investment controls), operations satisfaction surveys

Board oversight: Bylaws, legal documents, board manual (business management policies, budget authorization, development authorization, board policies on bonds, annuities, investments, debt, property controls), board minutes (implementation of policies)

Internal controls: Administrative manual, procedures manual, reporting structure, cash disbursement protection, mail/receipt procedures

Accounting: Audited financial statements, chart of accounts, restricted funds, transfer policies, general ledger entries

Budgeting: Administrative manual, procedures manual, participants roster, budget development calendar, administrative council & board minutes (approval)

Business records: Administrative manual, records policies, records retention & security, schedule of insurance policies, schedule of student financial aid disbursements, budget reports, audited financial statements, collection policies, history of write-offs

### **6c. PHYSICAL RESOURCES**

Master plan, facilities analysis (size, function, furnishings), facilities usage analysis, maintenance schedules, department staffing rosters, position descriptions, property appraisals, insurance policies with adequate coverage, fire inspections, fire-resistant records storage, emergency preparedness plan, equipment inventory, facilities satisfaction surveys, ADA compliance reports

### **6d. TECHNOLOGICAL RESOURCES**

Equipment inventory, technology needs analysis, technology use logs, network statistics, maintenance schedules, department staffing rosters, position descriptions, cybersecurity policies, budget allocation, student/staff orientation schedules, training resources

## **Standard 7: ENROLLMENT MANAGEMENT**

### **7a. RECRUITMENT**

Enrollment management plan, website, promotional materials, form letters, events schedule, tracking records, results analyses

### **7b. ADMISSIONS**

Academic catalog (admission section), Enrollment management plan, website, admissions criteria (academic & spiritual), admissions policies, sample admissions checklist, ability to benefit policy, special student classification, student files,

admissions testing requirements, admissions testing results, transfer policy, transfer evaluation criteria, sample transfer evaluations, ability to benefit policy (students who are provisionally admitted), ability to benefit testing requirements & results, articulation agreements, sample validation of transfer work from unaccredited institutions

#### **7c. STUDENT FINANCIAL SERVICES**

Academic catalog, student handbook, refund policies, financial aid handbook/policies, scholarship award records, scholarship committee minutes, federal financial aid audits, federal financial aid notification letters, financial counseling information, financial assistance policies, write-off records

#### **7d. RETENTION**

Academic catalog (graduation requirements, admissions & placement testing, services for at-risk students), student handbook, academic advising manual, placement tests & results, degree audits, at-risk tracking forms, retention reports, assessment data regarding retention services effectiveness

### **Standard 8: STUDENT SERVICES**

#### Student development

Academic catalog, student handbook (philosophy, objectives), department organizational chart, spiritual formation expectations (chapel, personal devotions, spiritual growth), lifestyle standards, schedule of activities, student satisfaction surveys

#### Personal counseling

Student handbook, counseling handbook, resident director/assistant handbook, department organizational chart, services inventory, referral list, counselor credentials, referral statistics, emergency protocols

#### Discipline and formal grievance

Academic catalog (grievance policy), student handbook (spiritual/relational expectations), discipline and restoration protocols, grievance committee organization, record of formal grievances & results, security of records

#### Student orientation

Student handbook, orientation schedule (college life, campus orientation, academic procedures & regulations, placement testing, community life & residence hall living, registration procedures, advising, faculty interaction, chapel, social/recreational activities, health services, financial services, local community, student employment), results of student orientation evaluations

#### Student organizations

Student handbook, student government charter, student organizations policies, record of student organizations, record of input from student organizations into institutional planning, communications regarding student organizations, faculty handbook (faculty advisors)

#### Housing

Student handbook (options & policies), department organizational chart, responsibility roster, availability postings, health and safety reports

#### Food services

Student handbook, employee handbook, food services contract, department organizational chart, sample menus, record of inspections, nutritional information, student satisfaction surveys

#### Health Services



- Student handbook, description of available services (on-campus, nearby), medical examination policy, referral protocols, emergency response protocols, records of health service use, transportation options
- Intercollegiate Athletics
  - Student handbook, athletic handbook, participation requirement, administrative oversight, budget information, form letters, promotion, record of awards
- Placement services
  - Academic catalog, student handbook, website, placement rates, placement guides, career information, skills inventories and testing, postings for opportunities, resume and interview services, placement rates

### **Standard 9: FACULTY**

- Faculty qualifications
  - Faculty roster listing all courses assigned and qualifications (graduate degrees, concentration or credits in discipline), statement of faith policy/signed statements, faculty evaluations, official transcripts, professional vitae, professional development record, publication record
- Faculty appointment and workload
  - Faculty handbook, board manual, appointment policy, designations for faculty status (appropriate persons), tenure policy, record of search procedures with engagement of appropriate administrative and academic personnel in interviews, faculty files (signed faculty contracts), academic freedom policy, recent schedules, workload studies, adjustments for administrative duties, overload policy, student to faculty ratio, percentage of instruction by fulltime faculty, faculty satisfaction surveys, student/advising satisfaction surveys
- Faculty welfare
  - Salary scale, faculty contracts, personnel budget, benefits schedule, professional development budget, record of professional development activities, grievance policy, grievance records
- Faculty organization
  - Bylaws, faculty handbook (provisions for faculty governance), chief academic officer position description, faculty position descriptions, standing committee assignments, faculty minutes, committee minutes

### **Standard 10: LEARNING RESOURCES AND SERVICES**

- Library organization, objectives, and budget
  - Library handbook, goals/objectives, librarian's annual reports, organizational chart, library personnel position descriptions, library personnel vitae, assessment data, library strategic plan, faculty minutes (librarian involvement), budget policy (control by library director), itemized budget, itemized expenditures, library as a percentage of total unrestricted operations expenditures (3-5 years)
- Library collection
  - Acquisition policy, collection analysis reports, collection development plan, library committee minutes, weeding policy and records, circulation statistics, shelf list, card catalog/software, subscription records, database records, agreements with other libraries, collection analysis reports, breakdown per discipline and major, analysis of resources secured by agreements with other libraries
- Library services

Library handbook, orientation outlines/handouts, descriptions of services, computer tutorials, interlibrary loan contracts and use analysis, information literacy program, assessment of information literacy program

## **Standard 11: ACADEMIC PROGRAMS**

### **11a. CURRICULUM**

Academic catalog, program goals/objectives, outcomes assessment data, curriculum analysis (biblical/theological studies, general studies, professional studies), faculty minutes (curriculum review), complete syllabi, course paper/project samples, evaluation rubrics, integration analysis, course sequencing, breadth of disciplines for general studies, internship assessments (analysis of rigor), employment/placement statistics, graduate admission statistics

### **11b. MINISTRY FORMATION PROGRAM**

Academic catalog, student ministries handbook, ministry formation philosophy statement and objectives, ministry formation committee minutes and roster, graduation requirements, organizational chart, director position description, director vita, student records, ministry formation syllabi, assessment rubrics, assessment instruments, assessment results and analysis, strategic plan

### **11c. ACADEMIC PATTERNS AND PROCEDURES**

Academic catalog, organizational chart (faculty organization), credit hour definition, course syllabi (calculation of academic engagement time), academic calendar, course schedules, student records, security protocols/policies

### **11d. ALTERNATIVE ACADEMIC PATTERNS**

List of all off-campus sites and course offerings and enrollments, distance education/online course offerings and enrollments, correspondence education course offerings and enrollments, organizational chart, director/staff position descriptions, director/staff vitae, description of support services for off-campus, online, correspondence courses, faculty credentials, course syllabi, admissions requirements, off-campus facility/technology inventories, learning management system features, evidence of faculty-student interaction, assessment comparisons between alternative course outcomes and traditional course outcomes

## Appendix E

### Suggested Outline for the Compliance Document: Institutional Accreditation

Title Page

Table of Contents

Introduction

Background and History of the Institution

Institutional Mission and Goals

Process and Participants Involved in Developing the Compliance Document

Standard 1 – Mission, Goals, and Objectives

Analysis\*

Evaluative Conclusion\*\*

Standard 2 – Assessment and Planning

Analysis

Evaluative Conclusion

Standard 3 – Institutional Integrity

Analysis

Evaluative Conclusion

Standard 4 – Authority and Governance

Analysis

Evaluative Conclusion

Standard 5 – Administration

Analysis

Evaluative Conclusion

Standard 6 – Institutional Resources

6a – Human Resources

Analysis

6b – Financial Resources

Analysis

6c – Physical Resources

Analysis

6d – Technological Resources

Analysis

Evaluative Conclusion

Standard 7 – Enrollment Management

7a – Recruitment

Analysis

- 7b – Admissions  
Analysis
- 7c – Student Financial Services  
Analysis
- 7d – Retention  
Analysis  
Evaluative Conclusion
- Standard 8 – Student Services  
Analysis  
Evaluative Conclusion
- Standard 9 – Faculty
  - 9a – Faculty Qualifications, Development, and Welfare  
Analysis
  - 9b – Faculty Decision Making  
Analysis  
Evaluative Conclusion
- Standard 10 – Learning Resources and Services  
Analysis  
Evaluative Conclusion
- Standard 11 – Academic Programs
  - 11a – Curriculum  
Analysis
  - 11b – Ministry Formation  
Analysis
  - 11c – Academic Patterns and Procedures  
Analysis
  - 11d – Alternative Academic Patterns  
Analysis  
Evaluative Conclusion
- Regulatory Requirements Evaluation
- Conclusion
- Exhibits (numbered in a separate file)

---

*\*State the Standard/Essential Element provide an analysis of the institution’s satisfaction of each Essential Element and refer to specific Exhibits for evidence of satisfaction.*

*\*\*Summarize: To what extent does the institution meet the Standard? What is still needed to meet the Standard?*

## Appendix F

### Suggested Outline for the Compliance Document: Programmatic Accreditation

Title Page

Table of Contents

Introduction

Background and History of the Institution and Program

Program Mission and Goals

Process and Participants Involved in Developing the Compliance Document

Standard 1 – Program Objectives

Analysis\*

Evaluative Conclusion\*\*

Standard 2 – Assessment and Planning

Analysis

Evaluative Conclusion

Standard 3 – Integrity

Analysis

Evaluative Conclusion

Standard 5 – Administration

Analysis

Evaluative Conclusion

Standard 6 – Program Resources

Analysis

Evaluative Conclusion

Standard 7 – Enrollment Management

Analysis

Evaluative Conclusion

Standard 8 – Student Services

Analysis

Evaluative Conclusion

Standard 9 – Faculty

9a – Faculty Qualifications, Development, and Welfare

Analysis

9b – Faculty Decision Making

Analysis

Evaluative Conclusion

## Standard 10 – Learning Resources and Services

Analysis

Evaluative Conclusion

## Standard 11 – Academics

11a – Curriculum

Analysis

11b – Ministry Formation

Analysis

11c – Academic Patterns and Procedures

Analysis

11d – Alternative Academic Patterns

Analysis

Evaluative Conclusion

Conclusion

Exhibits (separate file)

---

*\*State the Standard/Essential Element, provide an analysis of the institution's satisfaction of each Essential Element, and refer to specific Exhibits for evidence of satisfaction.*

*\*\*Summarize: To what extent does the institution meet the Standard? What is still needed to meet the Standard?*

## Appendix G

### Suggested Outline for the Institutional Assessment Plan

Title Page

Table of Contents

Introduction

Background and History of the Institution

Institutional Mission and Goals

Process and Participants Involved in Developing the Institutional Assessment Plan

Assessment of Student Learning

Institutional Objectives

Objective 1 . . .

Objective 2 . . .

Objective 3 . . .

Program Objectives

Program 1 *[name]*

Objective 1 . . .

Objective 2 . . .

Program 2 *[name]*

Objective 1 . . .

Objective 2 . . .

*[Expand as needed. Describe instrument used or evidence gathering method employed, cycle or frequency of data gathering, office/person responsible for each element, benchmarks or defined results for success for each outcome.]*

Assessment of Institutional Effectiveness

Administrative Unit 1 *[name]*

Objective 1 . . .

Objective 2 . . .

Administrative Unit 2 *[name]*

Objective 1 . . .

Objective 2 . . .

*[Expand as needed. Describe instrument used or evidence gathering method employed, cycle or frequency of data gathering, office/person responsible for each element, benchmarks or defined results for success for each outcome.]*

#### Appendices

Instruments, Rubrics, Data Summary Tools

Assessment Results

Institutional Effectiveness Report(s)



## Appendix H

### Suggested Rotation of Assessment Instruments

The following assessment model grew out of a project led by Dr. Dale Mort of Lancaster Bible College. The model is intended to serve as a general assessment of student achievement relating to *typical* outcomes among ABHE member institutions. The model does not deal with program or institution specific assessments. It does not, for example, deal with retention rates, completion/graduation rates, or placement rates. The Commission recommends it as an illustration of responding to Standard 2.<sup>1</sup>

Category	Year 1	Year 2	Year 3
	<b>1<sup>st</sup> Sem. Freshmen</b>	<b>1<sup>st</sup> Sem. Freshmen</b>	<b>1<sup>st</sup> Sem. Freshmen</b>
<b>Bible Knowledge</b>	ABHE Bible Knowledge Exam	ABHE Bible Knowledge Exam	ABHE Bible Knowledge Exam
<b>Spiritual Formation</b>	Furnishing the Soul Inventory <sup>2</sup>	Furnishing the Soul Inventory	Furnishing the Soul Inventory
<b>Student Engagement, Learning Outcomes</b>		National Survey of Student Engagement	ETS Proficiency Profile <b>OR</b> <sup>3</sup> Collegiate Assessment of Academic Proficiency (CAAP)
	<b>2<sup>nd</sup>/3<sup>rd</sup> Yr. Students</b>	<b>Faculty/Staff</b>	<b>Faculty/Staff</b>
<b>Student / Employee Satisfaction</b>	Student Satisfaction Inventory Noel-Levitz	Institutional Priorities Survey Noel-Levitz	Best Christian Workplaces
	<b>2<sup>nd</sup> Sem. Seniors</b>	<b>2<sup>nd</sup> Sem. Seniors</b>	<b>2<sup>nd</sup> Sem. Seniors</b>
<b>Bible Knowledge</b>	ABHE Bible Knowledge Exam	ABHE Bible Knowledge Exam	ABHE Bible Knowledge Exam
<b>Spiritual Formation</b>	Furnishing the Soul Inventory <sup>2</sup>	Furnishing the Soul Inventory	Furnishing the Soul Inventory
<b>Student Satisfaction, Engagement, Learning Outcomes</b>	Student Satisfaction Inventory Noel-Levitz	National Survey of Student Engagement	ETS Proficiency Profile <b>OR</b> <sup>3</sup> Collegiate Assessment of Academic Proficiency (CAAP)
	<b>Other</b>		
<b>Alumni</b>	Alumni survey administered every five years <sup>4</sup>		

<sup>1</sup> Note: (1) This schedule is meant to identify some means of assessing the major institutional-wide outcomes. Not all areas of interest, most notably course-level accomplishment of learning outcomes, are included. (2) This rotation provides institutions with just one means of assessing each of these critical areas. Additional means should be incorporated to provide “triangulation” of assessment findings.

<sup>2</sup> Since some CCCU institutions administer the Furnishing the Soul Inventory, ABHE institutions may find it advantageous to administer this inventory occasionally for comparative data.

<sup>3</sup> ABHE institutions participating in the survey project were evenly split between those which use the ETS Profile and those which use the CAAP.

<sup>4</sup> One of the main goals of an alumni survey is to track employment, service, and graduate school placement rates for graduates.

# Appendix I

## ABHE Outcomes and Suggested Rubrics

**OUTCOME 1: Exhibit knowledge of the Bible and essential Christian doctrine by interpreting Scripture through proper exegetical techniques.**

EXEMPLARY	PROFICIENT	DEVELOPING
1 Able to verbalize the backgrounds and major themes of the books of the Bible and to trace the flow of redemptive history from creation to consummation, identifying key historical events	1 Able to verbalize some of the backgrounds and major themes of the books of the Bible and to trace most of redemptive history from creation to consummation, identifying most key historical events	1 Has only a vague awareness of the general content in each book of the Bible and a vague understanding of the flow of redemptive history from creation to consummation; able to identify a few key historical events
2 Able to compare and contrast the key aspects of the major topics in Christian doctrine with biblical support and can explain the support for differing viewpoints.	2 Able to define major topics in Christian doctrine with some biblical support but does not understand the cause of differing viewpoints.	2 Has a familiarization with major topics in Christian doctrine but lacks the knowledge of biblical support for the doctrine or the causes for differing viewpoints.
3 Demonstrates proficiency in analyzing and interpreting the original meaning of scripture through the use of appropriate tools and exegetical skills and the ability to defend the interpretation against differing viewpoints.	3 Demonstrates adequate proficiency in analyzing and interpreting the original meaning of scripture through the use of appropriate tools and exegetical skills but lacks the ability to defend the interpretation against differing viewpoints.	3 Demonstrates a lack of proficiency in using exegetical tools and skills or the ability to defend interpretation of Scripture.

MEANS OF ASSESSMENT
ABHE Bible Knowledge Exam / course embedded assessments / capstone projects / internship, practicum, field education evaluations / supervisor or peer surveys of those sitting under graduate's ministry

**OUTCOME 2: Practice spiritual disciplines necessary for a lifelong and maturing personal relationship with Jesus Christ.**

EXEMPLARY	PROFICIENT	DEVELOPING
1 Demonstrates the knowledge of specific spiritual disciplines for Christian growth and reasons for practicing them. Can discuss personal integration of a variety of spiritual disciplines and identify evidences of growth in a personal relationship with Jesus Christ.	1 Demonstrates the knowledge of specific spiritual disciplines for Christian growth and can identify specific instances when spiritual disciplines are practiced but one or more key disciplines are not being practiced. Can identify evidences in life of having a relationship with Jesus Christ.	1 Demonstrated the knowledge of some spiritual disciplines for Christian growth and the beginning of a personal relationship with Jesus Christ. Can relate a few instances of having practiced a few specific spiritual disciplines.
2 Evidences the outworking of Christian maturity through consistent speech and action as evaluated by others and through self-assessment.	2 Evidences the outworking of Christian maturity through generally consistent speech and action as evaluated by others and through self-assessment.	2 Evidences the need for significant growth in Christian maturity in speech and action as evaluated by others and through self-assessment.

<p><b>MEANS OF ASSESSMENT</b></p> <p>Spiritual formation assessment instruments / Journals and Portfolio assignments / Internship, Practicum, Field Education Evaluations / Supervisor or Peer Surveys of those sitting under graduate's ministry</p>
---

**OUTCOME 3: Use analytical and research skills in locating, evaluating, and applying information for life and ministry.**

EXEMPLARY	PROFICIENT	DEVELOPING
1 Demonstrates the ability to locate, evaluate, and organize data into a cohesive argument. Applies excellent critical thinking to evaluate all information sources. Recognizes the utility of different information sources and uses appropriate sources in each context. Understands the counterarguments of a topic and can respond to one's own decision for which is best.	1 Can find sufficient information in various areas. Attempts to evaluate information sources through critical thinking. Gathers data and organizes it in a cohesive argument. May fail to recognize the utility of different sources and/or respond to conflicting ideas.	1 Gathers data but not from the best sources and arguments are lacking the necessary data to make them strong. Seeks information from a limited range of sources. May not evaluate information sources, or may do so without a coherent critical framework.

<p><b>MEANS OF ASSESSMENT</b></p> <p>Course embedded assignments / Capstone Projects / Portfolio pieces / scores on SAILS, iSkills, or other information literacy instruments / evidence of success in graduate work (theses, dissertations, records of study)</p>
--

**OUTCOME 4: Articulate a broad range of knowledge in the natural and social sciences, humanities, and the arts as part of a well-rounded Christian life based upon a biblical worldview.**

EXEMPLARY	PROFICIENT	DEVELOPING
<p>1 Can articulate how Christian faith intersects with natural and social sciences, humanities, and the arts. Provides a thoughtful response to the issues in these fields that seem contrary to biblical revelation.</p>	<p>1 Has an understanding of the natural and social sciences, the humanities and the arts. Is able to explain how Christian faith intersects with these.</p>	<p>1 Has a basic understanding of the natural and social sciences, the humanities and the arts. Still has trouble reconciling data that conflicts with biblical revelation.</p>
<p>2 Given a contemporary problem from a randomly selected field of the arts and sciences, the student demonstrates an expert ability to bring both current research and biblical insight to bear upon that problem in suggesting a potential solution.</p>	<p>2 Given a contemporary problem from a randomly selected field of the arts and sciences, the student demonstrates a basic ability to bring both current research and biblical insight to bear upon that problem in suggesting a potential solution.</p>	<p>2 Given a contemporary problem from a randomly selected field from the arts and sciences, the student demonstrates only a scant ability to bring both current research and biblical insight to bear upon that problem in suggesting a potential solution.</p>
<p>3 Able to demonstrate a broad understanding of human knowledge. Able to talk cogently about contemporary events/customs/culture and their impact on Christian living.</p>	<p>3 Able to demonstrate a basic understanding of human knowledge. Able to share about contemporary events/customs/culture and their impact on Christian living.</p>	<p>3 Able to grapple with the "life issues" of human existence and in a minimal way talk about their impact on Christian living.</p>
<p>4 Actively engages a world view on the basis of its own presuppositions, expressing it in the best possible light. Proposes realistic ways to extend a world view to life and ministry. Draws conclusions, formulates a mature response and makes applications consistent with articulated worldview.</p>	<p>4 Demonstrates sympathy to the issues that lead a world view to function as it does. Insights are helpful and generally consistent with their world view, but not fully developed.</p>	<p>4 Identifies issues connected with a world view, although does not always present them carefully or charitably. Proposed applications are unrealistic; too broad or too general.</p>

<p><b>MEANS OF ASSESSMENT</b></p> <p>Course embedded assignments / Capstone Projects / Portfolio pieces / scores on CAAP or ETS Proficiency Profile or other the arts and sciences assessment instruments / Biblical World View Assessment instruments / Supervisor or Peer Surveys of those sitting under graduate's ministry</p>
--

**OUTCOME 5: Exercise a variety of effective communication skills useful for life and ministry.**

EXEMPLARY	PROFICIENT	DEVELOPING
<p>1 Communicates information clearly through a variety of media. Message shows consideration of audience, purpose and context. Incorporates affective as well as cognitive elements in communication.</p>	<p>1 Clearly communicates information through various media. Can use multiple media based on the communication task given.</p>	<p>1 Communicates basic information through at least some media. Can make some use of at least oral and written communication.</p>
<p>2 Written Communication follows standard conventions and is virtually free from grammatical, spelling, and punctuation errors. Uses a variety of sentence structure. Vocabulary reflects mastery in writing and speaking. Incorporates commendable organization of thought evidenced by clearly identifiable introduction, main points, supporting evidence, and conclusion.</p>	<p>2 Written Communication follows standard conventions and has a few grammatical, spelling, punctuation and sentence structure errors. Vocabulary above elementary level. Includes greater variety in sentence structure. Incorporates clear organization of thought evidenced by apparent introduction, main points, and conclusion. Main points may or may not be sufficiently supported.</p>	<p>2 Written communication does not meet a satisfactory level of grammatical, spelling, punctuation, and sentence structure. Vocabulary is limited. Lacks variety in sentence structure. Has poor organization of thought with weaknesses in identifying introduction, main points, supporting evidence, and conclusion.</p>
<p>3 Demonstrates oral communication skills that follow standards for good public speaking and creates the desired response.</p>	<p>3 Demonstrates oral communication skills that follow standards for good public speaking with a few flaws.</p>	<p>3 Demonstrates poor oral communication skills.</p>
<p>4 If appropriate, demonstrates electronic communication skills that follow appropriate standards for conventions, aesthetics, variety, consistency, engagement, accessibility, and layering.</p>	<p>4 If appropriate, demonstrates electronic communication skills that follow appropriate standards for most of the following: conventions, aesthetics, variety, consistency, engagement, accessibility, and layering.</p>	<p>4 Unable to demonstrate electronic communication skills that follow appropriate standards.</p>

**MEANS OF ASSESSMENT**

Course embedded assignments / Capstone Projects / Portfolio pieces / scores on SAILS, iSkills, or other information literacy instruments / evidence of success in graduate work (theses, dissertations, records of study) / supervisor or peer surveys of those sitting under graduate's ministry

**OUTCOME 6: Articulate the value of human beings as created in God's image and support that belief through Christ-like acts of service.**

EXEMPLARY	PROFICIENT	DEVELOPING
1 Can articulate Scriptural reasons for valuing all human beings. Able to address issues of injustice from Scriptural principles. Can identify actions in his/her life that demonstrate valuing of all human beings. Can explain the importance of creation by a Creator to a theology of human value.	1 Can explain a belief in the individual value of all human beings. Can identify Scriptural support for this belief. Can discuss how this belief should motivate action in a Christian's life.	1 Can express a belief in the individual value of all human beings. Can explain the need for Scriptural support for this belief.
2 Articulates the importance of service for biblical Christianity. Can identify Scriptural bases for the service in the Christian life. Can point to specific, regular practices in his/her life that demonstrate lived commitment to Christian service.	2 Able to articulate the importance of service for Christians. Can identify Scriptural calls for service in the Christian life. Can point to instances in his/her life that demonstrate a lived commitment to Christian service.	2 Able to express a belief in the importance of service for Christians. Can express a belief that Scripture supports this belief. Can identify specific behaviors that would exemplify Christian service.

<p><b>MEANS OF ASSESSMENT</b></p> <p>Course embedded assignments / journal and portfolio assignments / Christian service and student ministry evaluations / internship, practicum, field education evaluations / spiritual formation assessment instruments / alumni surveys / supervisor or peer surveys of those sitting under graduate's ministry</p>
--

**OUTCOME 7: Articulate the essential elements of the Gospel and the Christian faith in a variety of cultural settings.**

EXEMPLARY	PROFICIENT	DEVELOPING
1 Clearly articulates the essentials of the Gospel with Scriptural support. Demonstrates the ability to contextualize the Gospel message in different cultural traditions.	1 Can articulate the essential elements of the Gospel. Can respond to cultural differences in articulating the Gospel.	1 Knows the essential elements of the Gospel. Demonstrates awareness of cultural differences.
2 Will have successfully participated in a range of encounters demonstrating the acquisition of necessary skills and attitudes for cross-cultural communication of the Gospel.	2 Will have participated in a range of encounters demonstrating the acquisition of basic skills and attitudes for cross-cultural communication of the Gospel.	2 Will be able to articulate the need for communicating the Gospel cross-culturally.

<p><b>MEANS OF ASSESSMENT</b></p> <p>Evaluation of cross-cultural Internship / capstone or other cross-cultural project / journal or portfolio assignments</p>
--

**OUTCOME 8: Employ leadership and other relational skills that reflect a biblical worldview in a chosen field of service or vocation.**

EXEMPLARY	PROFICIENT	DEVELOPING
<p>1 Exhibits servant-leadership when given responsibility for leading. Exhibits interpersonal skills such as awareness of cultural differences, listening, perceptiveness, conflict resolution ability, etc. Consistently behaves in accordance with Christian principles of decorum and ethics.</p>	<p>1 Demonstrates ability to lead somewhat effectively but is lacking in some leadership and/or interpersonal skills. Behaves with Christian decorum and ethics.</p>	<p>1 Exhibits potential for leadership, though may lack practical skills. Seeks God's direction for vocation.</p>
<p>2 Demonstrates an extensive set of knowledge and skills for chosen vocation and conceives of the vocation as ministry. Adapts general principles to specific vocational contexts. Able to articulate a biblical world view of chosen vocation.</p>	<p>2 Demonstrates a core set of knowledge and skills necessary for chosen vocation and views the vocation through a Christian framework.</p>	<p>2 Exhibits a desire to serve God in chosen vocation and exhibits potential for leadership, though may lack practical skills and/or the ability to articulate a biblical world view of chosen profession.</p>

<p><b>MEANS OF ASSESSMENT</b></p> <p>Journals and portfolio assignments / Christian service, student ministry evaluations / internship, practicum, field education evaluations / alumni surveys / supervisor or peer surveys of those sitting under graduate's ministry</p>
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## Appendix J

# Suggested Outline for the Institutional Improvement Plan

Title Page

Table of Contents

Introduction

- Background and History of the Institution

- History of Planning at the Institution

- Institutional Mission, Goals, and Values

- Process and Participants Involved in Developing the Institutional Improvement Plan

Strategic Plan

- Conclusions from Compliance Review

- Results from Assessment Activities

- Key Initiatives

- Indicators of Success

- Resources Required for Implementation

- Timeline for Implementation

- Offices/Persons Responsible for Implementation

Conclusion

Appendices (if needed)



## Appendix K

### Sample Team Schedules

#### Institutional Accreditation Visit Three Days

Travel Day	Afternoon	Team arrives
	6:00 pm	Team dinner with senior administrators of the institution
	7:30 pm	Team orientation meeting at hotel meeting room (team only)
Day 1	7:30 am	Breakfast at hotel (team only)
	8:30 am	Team travels to campus
	9:00 am	Team gets settled into the workroom/document library, connections to Wi-Fi and printers are set up
	9:30 am	Campus tour including dorm room as needed (30 minutes maximum)
	10:00 am	Interviews begin—schedule determined by Team Chair in consultation with Team members and institution
	Noon	Lunch with representatives of the governing board or student government
	1:30 pm	Interviews, document review, draft writing
	4:30 pm	Team returns to hotel, dinner at hotel or nearby (team only)
	6:30 pm	Executive session at hotel meeting room (team only)
	8:00 pm	Individual writing in guest rooms
	Day 2	7:30 am
8:30 am		Team travels to campus
9:00 am		Follow-up interviews, inspection of documents, drafting of report
Noon		Lunch in dining hall (with students, staff at random)
TBD		Meeting with any members of the public who wish to comment
1:30 pm		Follow-up interviews, inspection of documents, drafting of report
4:30 pm		Team returns to hotel, dinner at hotel or nearby (team only)
6:30 pm		Executive session at hotel meeting room (team only)
8:00 pm		Individual writing in guest rooms
Day 3	7:30 am	Breakfast at hotel (team only)
	8:30 am	Team travels to campus
	9:00 am	Follow-up interviews as needed
	9:30 am	Final executive session in campus workroom (team only)
	10:15 am	Team Chair and CSR meet with President for briefing
	10:30 am	Team Exit Interview with institutional leadership (by invitation of the President): Commendations, Suggestions, Recommendations
	11:00 am	Team leaves campus for airport

**Programmatic Accreditation Visit  
Two Days**

Travel Day	Afternoon	Team arrives
	6:00 pm	Team dinner with senior administrators of the institution
	7:30 pm	Team orientation meeting at hotel meeting room (team only)
Day 1	7:30 am	Breakfast at hotel (team only)
	8:30 am	Team travels to campus
	9:00 am	Team gets settled into the workroom/document library, connections to Wi-Fi and printers are set up
	9:30 am	Campus tour
	10:00 am	Interviews begin—schedule determined by Team Chair in consultation with Team members
	Noon	Lunch with student government or random students/staff
	TBD	Meeting with any members of the public who wish to comment
	1:30 pm	Interviews, document review, draft writing
	4:30 pm	Team returns to hotel, dinner at hotel or nearby (team only)
	6:30 pm	Executive session at hotel meeting room (team only)
	8:00 pm	Individual writing in guest rooms
Day 2	7:30 am	Breakfast at hotel (team only)
	8:30 am	Team travels to campus
	9:00 am	Follow-up interviews
	9:30 am	Final executive session in campus workroom (team only)
	10:15 am	Team Chair and CSR meet with President for briefing
	10:30 am	Team Exit Interview with institutional leadership (by invitation of the President): Commendations, Suggestions, Recommendations
	11:00 am	Team leaves campus for airport

## Appendix L

### Typical Materials Included in the Document Library

Hard copies in the workroom (even if available electronically):

1. Class schedules for the current year and previous two years
2. Current academic catalog and policy manuals
3. Campus phone directory for all offices
4. Campus map with primary offices identified
5. Statistical Abstract, Compliance Document, Institutional Assessment Plan, Institutional Improvement Plan

Electronic copies in an electronic document library or hard copies in the workroom:

1. Class schedules for the current year and previous two years
2. Program outlines for all programs offered
3. Faculty rosters for the past three years with course assignments for each faculty member
4. Course syllabi (including course title, description, objectives, content, materials, learning experiences, requirements, bibliography)
5. Current academic catalog and policy manuals (student handbook, employee handbook, faculty handbook, board handbook, library handbook, operations manual, etc.)
6. Enrollment management plan, sample publicity materials and brochures, the three most recent financial aid audits (if participating in Title IV)
7. Financial documents, such as the three most recent annual audited financial statements, the three most recent completed annual budgets, the current budget
8. Registrar and admissions reports for the previous three years (enrollment & recruitment tracking reports)
9. Institutional assessment reports

Access to the following should be made available to the team, either in the original secure file locations or in the workroom:

1. Minutes of governing board meetings (3 years)
2. Minutes of administrative council meetings (3 years)
3. Minutes of faculty meetings (3 years)
4. Minutes of student government meetings (3 years)
5. Minutes of alumni association meetings (3 years)
6. Faculty files (transcripts, professional development, awards, evaluation results)
7. Student grievance files

## Appendix M

### Checklist for Evaluation Team Visits

#### **Team Roster is Received**

##### **Review the Team Roster**

- Confirm that all information is correct and that to the best of your knowledge the evaluators do not have a conflict of interest in evaluating your institution.
- Please notify the ABHE office immediately if a conflict of interest is identified.

##### **Appoint a Visit Coordinator**

- In charge of team visit arrangements, keeps the President and Team Chair informed and serves as a logistics coordinator for the team.
- The Coordinator will need to be “on call” throughout the visit and should be accessible to team members by cell phone and email.

##### **Provide airport information**

- Preferred airport and code

#### **Eight to Twelve Weeks Before the Visit**

##### **Book hotel rooms and a hotel meeting room**

- Separate rooms at a business-class hotel near the college.
- The hotel should offer food service or be adjacent to a restaurant for meals.
- A private meeting room for confidential discussions, with a conference table and chairs for 6-7 people.
- A printer or printer access (500+ pages) should also be available in or near the conference room.
- Internet access should be available in the conference room and guest rooms.
- The Visit Coordinator should consult with the Team Chair concerning evaluator arrival and departure times, transportation needs.
- *All hotel bills should be directly assumed by the institution—evaluators should not be expected to pay for their own lodging and seek reimbursement.*
- If an observer accompanies your team, the observer is responsible for all of his or her expenses. As a courtesy, it would be helpful to coordinate hotel arrangements on behalf of the observer at the same hotel.

##### **Reserve a meeting/work room for the team at the institution**

- Evaluators’ exclusive use throughout the visit (preferably in the administration building).
- The room should be secure (locked), sound resistant, and supplied as follows:

- Internet access with password
- Computer and printer
- Projector access, if available
- Shredder
- Campus phone and directory
- Calculator
- Supply of paper (500+ sheets), pens, pencils, highlighters
- Sufficient table or desk space to spread out material and prepare reports
- Variety of snacks and beverages in or near the work room are appreciated.

### **Arrange for technical support for the team**

- A tech support person should be available to assist team members who may have difficulty connecting to the network or printer.

### **Submit an electronic copy of your five (5) Self-Study documents to [coa@abhe.org](mailto:coa@abhe.org):**

In Word or PDF format, plus Exhibits (Appendices) if necessary.

If the file size exceeds 25 MB, please split the file into 25 MB segments.

1. Statistical Abstract
  2. Institutional Assessment Plan
  3. Compliance Document (with Regulatory Requirements Evaluation)
  4. Institutional Improvement Plan
  5. Exhibits (Numbered)
- Name the five documents as follows:  
*2023.SS Institution Name (State) Statistical Abstract*
  - If the institution plans to use an online repository, ABHE still needs to receive all of the self-study documents in electronic form to store 19 years for USDE. Instructions for accessing an online document manager, if used, should be included.

***The Self-Study or updated Self-Study must be received at [coa@abhe.org](mailto:coa@abhe.org) or your OneDrive link no later than eight (8) weeks before the visit.***

### **Arrange for local transportation**

- Provide local transportation for the team. Generally, that means a driver and vehicle.
- If a rental vehicle for team use is preferred, please consult with the Team Chair. Team members are not to drive rented vehicles without full insurance coverage (including medical) so as to avoid liability concerns.
- All bills for local transportation expenses should be directly assumed by the institution unless otherwise specified.

## **Four to Six Weeks Before the Visit**

### **General**

- The Team Chair will advise what interviews will need to be scheduled

- Consult with the Team Chair if the initial meeting will be the first morning of the visit or over dinner the night before the campus visit begins
- Arrange for the initial meeting between administrators and the team
- The team will want to have meals in the college dining room and near the hotel.
- Generally, the team will meet by themselves for dinner meals and confidential dialogue the first and second full days of the visit.
- The Team Chair will provide additional guidance on scheduling and preferences.
- A regional/campus map with lodging, dining, and meeting locations indicated is appreciated.

### **Post notice of ABHE visit on the institution's website**

- At least 60 days prior to the visit, a notice should be posted.
- See the [Policy on Public Notification of Comprehensive Evaluation Visit](#) in the *COA Manual* for the required wording.

### **Arrange a meeting for the public who requests an audience with the team**

#### **Communicate to your institution**

- Ensure that students, staff, administrators, faculty and board members understand the purpose and agenda of the visit.
- Campus life, atmosphere, and activity ought to be as normal and typical as possible.
- Team members will interview most administrators and some full-time faculty, staff, students, student council and board members.
- Schedules should be made as flexible as possible on the days of the visit.
- Interviewees should be encouraged to be candid.
- No evening activities should be planned for the team.
- Unrelated conversations and distractions should be kept to a minimum.
- Some evaluators may observe chapel or other activities, but team members will not be able to participate in campus activities.
- Team members will want to visit a few classes and would appreciate that
  - No tests scheduled during the visit
  - An empty chair available near the door
  - No special reference be made to team members

### **One to Two Weeks Before the Visit**

#### **Travel logistics confirmed with Team Chair**

- Confirm arrival and departure times for all team members.
- Provide cell phone number of the individual who will pick team up from the airport.
- Communicate where you will meet team member at the airport.

#### **Arrange or confirm interviews**

- The Team Chair will communicate a tentative schedule of group and individual interviews

- Consult with the Team Chair if there are unforeseen constraints or issues

### **Days Prior to the Visit**

#### **Stock the team work room**

- Consult with the Team Chair to see which items may be needed in the team work room and which may be accessed in administrative offices.
- A directory of the materials available, indicating their locations (e.g., official records, minutes, handbooks, etc.)
- An up-to-date organizational chart
- Class schedules for the current year and previous two years
- Program outlines and syllabi/course outlines for each course in the curriculum. Included should be the course title, description, objectives, content, materials, learning experiences, requirements, and bibliography
- Academic catalogs, publicity materials, institutional periodicals, promotional brochures
- Policy manuals, such as handbooks for board, faculty, staff, students, library, student ministries, Student Council Constitution, and Alumni Constitution
- Audited financial statements for the last three fiscal years
- Budgets (revenue and expense) for the last three fiscal years
- Registrar reports (enrollment data) for the last three academic years
- Enrollment plan and projections
- Faculty rosters for the past three years showing all courses taught by each faculty member and faculty qualifications for teaching those courses
- Campus maps
- Name tags
- Password to Wi-Fi

In addition, these supplies mentioned earlier

- Internet access
- Computer and printer
- Projector access, if available
- Shredder
- Campus phone and directory
- Calculator
- Supply of paper (500+ sheets), pens, pencils, highlighters
- Sufficient table or desk space to spread out material and prepare reports
- Variety of snacks and beverages in or near the work room are appreciated.

### **During the Visit**

#### **Miscellaneous**

- Arrange for a campus tour including a dorm room if so desired (30 minutes maximum)
- Arrange for faculty, staff, and students to wear name tags if they will interact with the team

- Arrange for “runners” to be on call to secure any additional materials the team may need or to escort team members to interviews if locations may not be easy to find.
- Have interview groups assembled and ready to meet with team members at appointed times
- Arrange for airport transportation immediately following the exit interview on the final day of the visit (typically 10:30-11:00 am)

### **After the Visit**

- The ABHE Commission Office will email the Evaluation Visit Report (EVR) to the President and Accreditation Liaison approximately 30 days after the visit.
- Send a copy of the report to the Chair of the Board of Control.
- Write the Response to the Visit Report (RVR) addressing the Evaluation Team’s Recommendations. Do not address Team Suggestions in the Response. The Response should not exceed 25 pages, not counting appendices or exhibits (typically 1-2 pages per recommendation). See the [Self-Study Guide](#) for information on developing the Response report.
- Submit the Response to the Visit Report (Word or PDF format) to [coa@abhe.org](mailto:coa@abhe.org) **no later than six (6) weeks after the team report is received if you have a fall visit, or no later than September 15 for a spring visit.** If the file size exceeds 25 MB, please split the file into 25 MB segments.
- For institutions being considered for candidacy or initial accreditation, the president and normally no more than two additional representatives, one of which may be a member of the board, will be expected to appear before the Commission at its February meeting to provide additional information and respond to questions.
- Institutions being considered for reaffirmation are not required to send representatives but may request to do so by notifying the Commission office at least 60 days before the meeting.

### **Other Logistics to Note**

- ABHE will invoice the institution in advance for the Evaluation Team Visit fee.
- Travel expenses for evaluators will be submitted to ABHE, and ABHE will invoice the institution for those expenses after the visit. Evaluators do not submit receipts directly to the institution for reimbursement.
- Where feasible, the institution should assume payment of all local meals. Direct billing (hotel restaurant) or a pre-paid Visa/MasterCard for team use are good alternatives.
- Evaluators are from peer institutions and graciously serve as volunteers without compensation or honorarium. An institution is at liberty to show appreciation through comfortable hospitality, but appreciation cannot be in the form of money or expensive gifts. A “goodie bag” of snacks and beverages in the hotel room to make the stay pleasant is quite appropriate. Institutions may give team members an appreciation memento of the trip (e.g., portfolio, shirt, book, coffee cup, etc.); however, the fair market value of such gifts should not exceed \$50.



**Typical Evaluation Team Visit Schedule**

Consult with the Team Chair for your visit schedule. Chairs are at liberty to modify the schedule to fit the needs of the team and institution. The following is only a typical schedule.

<b>Tues-Thurs Visit</b>	<b>Activity</b>
Monday	Team arrives, executive session orientation (team only), dinner with institution
Tuesday	Team arrives on campus in morning, orientation to work room, finalize interview schedule, begin interviews, review documents and files
Tuesday evening	Executive session to review initial findings, plan adjustments for 2 <sup>nd</sup> day of visit, Team group dinner on own; writing in rooms
Wednesday	Follow-up interviews, review of documents, writing in work room
Wednesday evening	Team group dinner to review findings, formulate initial commendations, suggestions and recommendations. Writing in rooms.
Thursday morning	Team travels to campus, final executive session in work room, Team Chair meets with President, Team meets with administration for exit interview, team departs for airport

## Appendix N

### Financial Responsibility Composite Score (FRCS)

In 1999, the U.S. Department of Education implemented a system for analyzing the financial strength of higher education institutions that are eligible to participate in the Title IV Federal Student Aid programs. While the composite score has weaknesses, it provides a comparative estimate of key factors that are commonly associated with financial instability.

The purpose of the analysis is to ensure that an institution has the financial capacity to complete the next academic year. It is not a declaration of long-term financial health and may vary from year to year. The score is capped at 3.0 with a minimum of negative 1.0. Healthy institutions have scores between 1.50 and 3.0. Institutions with scores between 1.0 and 1.49 are considered “in the zone” – weak, but stable. Institutions with scores below 1.0 are classified as “not financially responsible.”

The composite score is comprised of three factors: primary reserve ratio, equity ratio, and net income.

The **primary reserve ratio** is a measure of an institution’s liquidity or ability to meet an unexpected emergency. To achieve the highest score on this ratio, an institution must have assets that can be converted to cash without consulting outside parties (such as bankers or donors) equal to approximately one-third of the annual expenditure budget. For most ABHE institutions, this is the most challenging ratio. Since it is not well understood by institutional administrators, it is not usually a factor in their financial decisions. Because of this, administrators often make decisions that can generate large swings in their overall score usually in the direction of lowering their score. For example, if they accelerate payments on debt, they will normally do so at the expense of their “liquidity” score. The classification of assets is very important in determining this score. By reclassifying assets as investments versus plant fund items, scores can change dramatically. **A strong primary reserve ratio is evidenced by liquid reserves equaling at least one-third of a year’s operating budget.**

The **equity ratio** is the ratio of debts to assets. For most ABHE institutions, it is simply the net equity in assets compared to the total value of assets. Essentially, as long as an institution’s debts do not exceed 50 percent of the book value of its assets, it will enjoy the highest equity score attainable under the formula. Most ABHE institutions meet this test with comparative ease. To calculate this ratio in the manner just described, you must set aside any financial reserves owned by the institution for the purpose of meeting retirement obligations. **A strong equity ratio is evidenced by at least 50% equity in institutional assets.**

The **net income ratio** deals primarily with the institution’s cash flow. This ratio reflects the extent to which the institution is operating in the “red” or in the “black.” The net income ratio is weighed at half the value of the other two ratios in the composite score. Presumably, it is not as important in reflecting financial strength as the other two ratios. Of course, without a doubt, part of the reason for weighting this factor so lightly is that it is very transient from one year to the

next. **A strong net income is evidenced by an unrestricted operating surplus of at least four percent of total unrestricted revenue.**

## Appendix O

### Financial Indicators

(Financial Operation Questions in Annual Institutional Update)

Please respond based on your audited financial statement for the most recently completed fiscal year.

1. Is the most recently completed fiscal year independent financial audit complete?
2. Is the auditor's opinion unmodified?
3. Did you receive written notification from your auditor concerning any material weaknesses or significant deficiencies in internal controls? If yes, please explain.
4. Is the institution compliant with all donor contribution restrictions? If no, please explain.
5. Did the institution borrow from its restricted funds during the year? If yes, please explain.
6. Do you have any non-disputed financial obligations more than 60 days past due? If yes, please explain.
7. Are all salary, payroll taxes, and benefit obligations current? If no, please explain.
8. Are you in compliance with all debt covenants? If no, please explain.
9. Was total annual debt service greater than 5% of unrestricted revenue? If yes, please explain.
10. Did you borrow funds for operations (was the amount greater than increases in Property Plant & Equipment)? If yes, please explain.

Institutions having a Financial Responsibility Composite Score (FRCS) of less than 1.5 will need to provide an explanation. If you need to explain three or more of the Financial Operation questions on the Annual Institution Update (AIU) the institution will be placed on the Committee on Financial Exigency agenda for review.