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1. Introduction


The Evaluation Team Handbook is designed to address the following items:

1. Understanding the Evaluation Process
2. Outlining the Responsibilities of the Evaluation Team
3. Identifying elements of note during the preparation, on-site, report writing, and concluding phases of the Evaluation Visit

The Evaluation Team Handbook is periodically updated by the COA staff. Please refer to the Commission website at https://www.abhe.org/accreditation/accreditation-documents/ to ensure that you are using the most recent handbook. The COA staff welcomes feedback on the handbook. Suggestions and questions may be emailed to coa@abhe.org.

1.1. Definitions

The Association for Biblical Higher Education (ABHE)
The Association for Biblical Higher Education (ABHE) is a non-profit, voluntary organization of institutions that seek to "advance quality in biblical higher education for Kingdom impact" through accreditation of, and services for, institutions and programs of biblical higher education within Canada, the United States, and U. S. territories.

The Commission on Accreditation
All decisions regarding the accreditation of an institution are made by the ABHE Commission on Accreditation. Decisions concerning the status of an institution (applicant, candidate, initial accreditation, or reaffirmation of accreditation) are typically 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.
Accreditation
Accreditation is a voluntary process by which an institution evaluates its educational activities and seeks an independent judgment to confirm that it is substantially achieving its objectives and is generally equal in quality to comparable institutions.

An accredited institution, therefore, is deserving of public trust, having been judged by a recognized, authoritative third party as demonstrating characteristics indicative of quality and integrity. Moreover, it has been judged that these characteristics are present in sufficient strength to indicate that the institution can be reasonably expected to continue to exhibit quality and integrity in the future.

The accreditation process seeks not only to document an institution’s present quality and integrity, but to also foster excellence.

1.2. Types of Accreditation

**Institutional Accreditation**
Granted to an institution of biblical higher education that demonstrates it is substantially achieving and can be reasonably expected to continue to achieve its mission and the COA 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 missions 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 mission and the COA 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 the ABHE Commission on Accreditation, or a formal affiliation with a recognized Canadian University. In the United States, the institution must hold institutional accreditation with an accrediting body recognized by the U.S. Department of Education and/or the Council for Higher Education Accreditation. Programs of biblical higher education lead to credentials in biblical and theological studies as well as specific ministry-related careers.

### Differences between Programmatic and Institutional Accreditation Reviews

<table>
<thead>
<tr>
<th></th>
<th>Institutional Accreditation</th>
<th>Programmatic Accreditation</th>
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<tbody>
<tr>
<td>Applicant Status</td>
<td>Maximum of 5 years</td>
<td></td>
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<td>Self-Study/Team Visit for Candidate Status</td>
<td>Required</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Candidate Status</td>
<td>Maximum of 5 years</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Self-Study/Team Visit for Initial Accreditation</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Self-Study/Team Visit for Reaffirmation</td>
<td>Required</td>
<td>Required</td>
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</tbody>
</table>
1.3. Status Levels of Institutional Accreditation

The ABHE Commission on Accreditation’s process of accreditation involves three stages whereby institutions proceed from applicant to candidate to accredited status. A detailed description of the accreditation process may be found in the policies and procedures section of the COA Standards and Policies Manual.

**Applicant Status** is a COA pre-membership status granted to those institutions that meet the COA’s Conditions of Eligibility and that possess such qualities as might provide a basis for achieving candidate status within a maximum of five years. Applicant institutions are required to submit annual reports demonstrating progress toward candidate status. During Year 3, an institutional self-study (including a compliance document, assessment plan, institutional improvement plan, and supporting documents) are submitted to the COA for review prior to an evaluation team visit to assess the institutional readiness for candidate status.

**Candidate Status** is a preaccredited status granted to those institutions that show promise of achieving accreditation within a maximum of five years. Candidate institutions are required to submit annual progress reports demonstrating progress toward accreditation. During Year 3, self-study materials are submitted to the COA for review prior to an evaluation team visit being sent to assess the institution’s readiness for initial accreditation.

**Accredited Status** is granted to those institutions that substantially meet or exceed the COA’s Institutional Accreditation Standards and give evidence of continuous improvement within the institution. During Year 5 of initial accreditation, an institutional self-study is submitted to the COA office prior to an evaluation team visit to consider reaffirmation of the institution’s accreditation. Once reaffirmed, the institution will typically repeat the reaffirmation process every ten years.

1.4. Negative Actions

**Warning** is a negative, public action indicating that the COA has determined that an institution is in substantial compliance with ABHE standards, but meets one or more standards with sufficient weakness that, if the current trend is not altered, the institution is in jeopardy of being found out of compliance with a standard in the near future and placed on probation.
Probation is a negative, public action indicating that the COA has determined that the institution no longer complies with one or more of the Standards for Accreditation.

A Show Cause order is a negative, public action indicating that an institution’s accredited or candidate status will be withdrawn unless it can provide persuasive evidence that such action should not be taken.

Termination of Accredited or Candidate Status (Withdraw) is a negative, public action indicating that an institution’s or program’s accredited or candidate status has been withdrawn.

Denial Of Initial Accreditation or Candidate Status is a negative, public action indicating that a candidate institution or program seeking accreditation has been denied accreditation status or an applicant institution or program has been denied candidate status.
2. Understanding the Evaluation Process

2.1. Evaluation Process Overview

Every institution is to be systematically engaged in the self-study process, continually monitoring every aspect of its operation in order to analyze its effectiveness, both in light of its own stated mission/objectives and in the context of the Institutional Accreditation Standards. An institution seeking candidate status will draw together its collected data and correlating analyses in self-study materials to document that the institution is adequately achieving its mission and objectives and is in adequate compliance with the Commission's Standards. An institution seeking accredited status or reaffirmation of accreditation will draw together its collected data and correlating analyses in self-study materials to document that the institution is substantially achieving its mission and objectives and is in substantial compliance with the Commission's Standards. The institution will produce five primary documents in its self-study materials:

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

* Regulatory Requirements Evaluation is not required for Programmatic Accreditation.

A team of evaluators appointed by the Commission staff will review the self-study materials prior to being on site at the institution. Institutions that are wholly distant in nature will host a visit at the administrative hub of the institution as well as virtually where the institution's education is being offered.

On site, the team will gather information about the institution, validate claims made in the self-study documents, and summarize its findings in a written Team Report. This report will assess the institution's demonstrated achievement of the Standards for Accreditation and set forth, when appropriate, standard-related recommendations for improvement. The report will reflect the team's review of the institution's compliance with all Title IV eligibility-related standards (if applicable). The team will also formulate a confidential "Advisory Statement" outlining the team's overall perspective while on site. After reviewing this report, the institution will provide a formal, written response to the team's visit report (RVR). The COA will consider the institution's self-study documents, the team's report, the team's advisory statement, and the institution's response to the team's report as part of the overall institutional review process.

To conclude the process, institutional representatives will appear before the Commission (optional for reaffirmation visits) in order to clarify any matters of concern, answer Commissioner questions, and describe any significant events that have taken place since the team visit. At the conclusion of this process, the Commission takes official action regarding the institution's accreditation status.

2.2. Accreditation Terminology

Evaluation Team Reports generate an Executive Summary expressed as commendations, suggestions, and/or recommendations for the institution to consider. These terms are defined as follows:

Commendations – qualities of exceptional excellence or unusual progress since the last Team Visit.
Suggestions – matters of professional advice, best practice, or counsel in areas unrelated to compliance with ABHE Standards. Suggestions need not be addressed by the institution in the response to the team’s report.

Recommendations – concerns that could be related to compliance with the COA’s Institutional Accreditation Standards. Institutions/programs are required to respond to recommendations by taking corrective action to achieve or improve achievement within a specified time frame.

2.3. Policy on Composition of Evaluation Teams

See Appendix 6 for policy.
3. Responsibilities of the Evaluation Team

3.1. Evaluator Responsibilities

The evaluation team verifies the validity of the institution's self-study materials, assures that mechanisms for continual self-assessment are functioning, and gathers information on an institution-wide basis, by means of data research and interviews, to determine whether the institution is fulfilling the Principles of Accreditation (i.e., whether the Institution is achieving its own stated mission and objectives, whether it is complying with the Standards for Accreditation, and whether it can be reasonably expected to continue to do both in the future). On the basis of its evaluation, the Team makes an advisory statement to the Commission regarding its findings during the Team Visit and correlation with the granting of candidate status, accredited status, or the reaffirmation of accreditation.

A prepared evaluator is expected to be:

**Objective.** The institution is to be evaluated solely in light of its stated mission and objectives and the Commission on Accreditation's Standards for Accreditation. It is not, in any way, to be evaluated in light of the team member's own institution or personal beliefs/experiences.

**Ethical.** An evaluator is dealing with confidential information and should exercise the utmost caution and integrity in handling this information. (See Appendix 4—A Decalogue for the Accreditation Team).

**Accurate.** Assessment and evaluation should be based solely on the Standards for Accreditation and the Commission on Accreditation policies. Recommendations must be referenced to the Standards and/or Essential Elements and based upon documented evidence.

**Constructive.** The Commission on Accreditation is not a policing agency. The Commission's goal for the accreditation process is to assure and improve the overall quality of the institution. An evaluator must make clear that any advice/suggestion offered is strictly personal and does not necessarily reflect the opinion of the Association or the Commission on Accreditation.

3.2. Financial Responsibilities

Evaluation team members should be economically responsible when making arrangements for team visits. Flights should generally be booked 30-45 days before the visit. Evaluators are not required to travel abnormal schedules to achieve the lowest airfare, but coach/main cabin fares that accommodate the required arrival/departure times are expected. If there are significant savings possible by using a “layover,” most institutions are willing to cover the additional hospitality expense; however, this must be specifically verified with the host institution by the Team Chair.

To receive mileage reimbursement when traveling by car, print the airfare quote from 30-45 days before the visit and submit this along with your travel expenses. The mileage reimbursement cannot exceed that printed airfare quote. The Commission does not permit evaluators to reimburse a car rental or upgraded airline class. Be conscious of the institution by limiting the cost of extras and seek their consent for exceptions. Excessive expenditures will not be reimbursed.

Evaluators may extend travel for personal reasons, but additional expenses for personal travel will not be reimbursed. If a spouse or family member is traveling with the evaluator, only
expenses related to the evaluator’s travel will be reimbursed. The spouse/family member is not to attend team or institutional meetings.

3.3. Standards for Review and Assignments

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

<table>
<thead>
<tr>
<th>Evaluator Assignments</th>
<th>2024 Institutional Evaluation</th>
<th>Programmatic Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>Standards 1, 3</td>
<td>Standards 1, 4 (EEs 1-10), 5, 6, 9</td>
</tr>
<tr>
<td>Academic/Library</td>
<td>Standards 4 (EEs 11-17), 7, 8</td>
<td>Standards 2, 4 (EEs 11-17), 7, 8</td>
</tr>
<tr>
<td>Resources</td>
<td>Standards 4 (EEs 1-10), 5</td>
<td></td>
</tr>
<tr>
<td>Student Services</td>
<td>Standards 6, 9</td>
<td></td>
</tr>
<tr>
<td>Institutional Effectiveness</td>
<td>Standard 2</td>
<td></td>
</tr>
</tbody>
</table>

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 should 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.

Evaluators summarize their findings in a report that commends the institution in areas where it excels, lends counsel by making suggestions for improvement in non-Standards related areas, and makes Standards-referenced recommendations needing attention.

Near the close of the visit, each evaluator presents his or her report, summarizing the findings in their area of responsibility. The team has the responsibility to finalize a list of commendations, suggestions, and recommendations into an Executive Summary as well as providing the Commission on Accreditation an Advisory Statement pertaining to the accreditation status of the institution.

3.4. Commission Staff Representative Responsibilities

The Commission Staff Representative (CSR) that accompanies an evaluation visit team is present to ensure the review is conducted in accordance with ABHE Commission policies and to provide advice to team members where clarification concerning ABHE Standards, policies, and procedures may be needed. The Commission Staff Representative is not an additional team evaluator but serves as a Commission office resource to the team members during the visit. This includes, but is not limited to, the following:

- Assisting and advising the Team Chair concerning logistics for the visit
- Assisting the Team Chair with team orientation
- Ensuring that Standards and Policies are properly interpreted and consistently applied
- Assisting team members with questions concerning standards (including essential elements) and policies
- Assisting new evaluators with standard wording as needed
- Serving as a resource for clarification of institutional information
- Attending and participating in Executive Sessions to ensure that both process and the report product are in harmony with Commission policies
- Accompanying the Team Chair to the pre-Exit Briefing visit with the President
• Addressing procedural questions at the end of the Exit Briefing
• Reviewing the final Team Report for clarity, completeness, proper format, and address of regulatory requirements
• Submitting the final report to the ABHE Commission office

3.5. Evaluator Guidelines

1. Please be familiar with the specific Institutional data enclosed with these guidelines and be thoroughly familiar with all institutional documents (Institutional Assessment Plan, Compliance Document, Institutional Improvement Plan, etcetera). Before and during the visit, please refer to the resources made available through the ABHE Commission office, especially the current Evaluation Team Handbook and the ABHE COA Standards and Policies Manual (https://www.abhe.org/accreditation/accreditation-documents/). These resources review the nature of and purpose for evaluation visits and discuss how they fit into the overall process of accreditation.

2. Please confirm your specific assignment with your team chair prior to the visit. Note that your team chair may modify your assignment due to the nature of the visit or according to your expertise.

3. Please communicate with the team chair to finalize details regarding lodging, transportation, arrival, and departure times. When making travel arrangements, it is best for Team members to arrive at the host hotel by no later than 5:00 p.m. on the day prior to the Team Visit. Equally, it is best to secure departure flights that leave the preferred airport no less than two hours after the Exit Briefing with the institutional members—this departure time should calculate ground transportation times into the departure time. Always verify times of arrival and departure with the Team Chair before final purchases are made.

4. The evaluator will need to remove documents from all personal and/or professional devices after the submission of the Final Report. Please leave all self-study materials with the institution at the conclusion of the visit.
4. Getting Ready for the Evaluation Visit

4.1. Process for Evaluation Material Distribution

The Commission Office will request the availability to serve in a specific semester from all possible peer reviewers listed with the Office. The Office staff will contact assigned evaluators once the Team Roster is developed. Once evaluators are confirmed for an Evaluation Visit, the team members and the institutional personnel should review the roster to determine if conflicts of interest exist. The team chair will seek to confirm the Standards that each member is to evaluate, since academic experience and/or institutional circumstances may warrant special arrangements.

The latest Commission publications (e.g., Evaluation Team Handbook, Self-Study Guide, COA Standards and Policies Manual, etc.) are available through www.abhe.org and/or OneDrive. Once a member is confirmed to serve on an evaluation team, he/she should access the general Commission documents in the ABHE Resources folder.

Approximately eight weeks prior to the Team Visit, self-study documents in OneDrive will be made available to members of the evaluation team. These documents will include the Statistical Abstract, the Compliance Document (including the Regulatory Requirements Evaluation), the Institutional Assessment Plan, the Institutional Improvement Plan, the institutional history, and other pertinent documents. If a document is missing, team members should immediately contact coa@abhe.org or the team chair for access to those documents.

Team members desiring greater preparation or guidance prior to an evaluation visit should contact the assigned Commission Staff Representative for additional resources (should they exist).

4.2. Visit Preparation

After Assignment to a Team:

1. Read and respond to communication from the team and the COA office

2. Be prepared in the following:
   a. Review the Evaluation Team Handbook
   b. Review the Conditions of Eligibility and Standards for Accreditation
   c. Be familiar with the documents from COA Office
      i. OneDrive link will provide the self-study documents from the institution being evaluated, five years’ worth of documents on the institution (accumulative Commission actions in the history (HIS) document; past Progress Reports (PR); past audits, a past self-study, with the Team Report (EVR), and the institution’s Response to Visit Report (RVR); a recent Staff Visit Report (CVR); an Academic Catalog, and other pertinent items).
      ii. ABHE Resources folder contains Evaluator Worksheets, Team Report templates, Travel Expense Vouchers, and other important items to assist in trip preparation.

8 Weeks Before the Team Visit:

1. The self-study documents should be available to the Team about eight (8) weeks before the visit.
   a. Please follow the link in the COA email to ensure that documents can be opened.
   b. Be familiar with the Self-Study documents focusing on your area
c. Evaluator Worksheets assist in the preparation and review for the on-site visit as well as to aid in the writing of the Team Report.

d. Protocol expectations are that each evaluator should have a rough draft of his/her respective areas of the Team Report completed before arrival on site.

e. Identify documents that are still needed.

f. Assemble a list of interviews desired.

g. Retain a running list of important elements and questions.

h. Team Roster.

2. Team Chair will communicate to you:

a. Tentative schedule, including arrival and departure times during your visit.

b. Airport to travel to/from.

c. Ground transportation provisions.

d. Hotel accommodations.

e. Pre-visit Zoom meeting.

3. Team Chair will collect:

a. Contact numbers/emails.

b. Special Accommodation Needs (Dietary, Housing, Etc.).

c. Your travel Information.

4. Book flight— arrive at the host hotel no later than 5:00 p.m. on the day before the Team Visit; departure from the preferred airport no less than two hours after the Exit Briefing. That’s 3 nights/4 days on location.

5. Transportation will be provided for the visit by an institutional chauffeur, or the Commission Staff Representative will rent a vehicle to accommodate all team members.

Evaluator Worksheets

ABHE provides *Evaluator Worksheets* to assist in preparation and review during the visit (in OneDrive, ABHE Resources folder). For each of the Accreditation Standards and its related Essential Elements, the Worksheets provide opportunity for the evaluator to make notes regarding their impression of the self-study materials and their observations regarding the institution’s achievement of the Standards. These notes can provide significant assistance in preparing the written report. Notes can be made digitally or by writing on printed copies but are to be destroyed 30 days after the visit is concluded.
5. During the Evaluation Visit

Evaluation visits for Institutional Accreditation are normally 2.5 days in length. Evaluation visits for Programmatic Accreditation are normally 1.5 days in length.

5.1. Typical Evaluation Team Visit Schedule

The Team Chair is responsible for the creation of a Team Visit schedule and will reach out to Team members for a list of needed interviewees prior to the initiation of the Visit. Chairs are at liberty to modify the schedule to fit the needs of the Team and the Institution. The following is a typical schedule for an institutional accreditation visit.

<table>
<thead>
<tr>
<th>Tues-Thurs Visit</th>
<th>Activity</th>
</tr>
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<tbody>
<tr>
<td>Travel Day</td>
<td>Team arrives, Executive Session orientation (team only), dinner with institution</td>
</tr>
<tr>
<td>Day 1</td>
<td>Team arrives on campus in morning, orientation to work room, finalize interview schedule, begin interviews, review documents and files</td>
</tr>
<tr>
<td>Day 1</td>
<td>Executive Session: review initial findings, plan Day 2 adjustments, Team dinner on own, write in rooms</td>
</tr>
<tr>
<td>Day 2</td>
<td>Interviews in morning, review documents and files, writing in work room</td>
</tr>
<tr>
<td>Day 2</td>
<td>Executive Session: review findings, formulate initial commendations, suggestions, recommendations, Team dinner, write in rooms</td>
</tr>
<tr>
<td>Day 3</td>
<td>Executive Session, Team Chair and CSR meet with President, Exit Briefing with Team and Administration, Team departs for airport</td>
</tr>
</tbody>
</table>

5.2. Executive Sessions (There are usually five executive sessions):

1. **Pre-Visit virtual meeting** approximately 2 weeks before Visit
   - Review by the Chair and/or the Commission Staff Representative of the purpose of the visit (specifically addressing the overall team role in the accreditation process and the “Principles of Accreditation”) as well as the individual roles of evaluators.
   - Presentation by the Team members of their analysis of the Institution’s self-study materials, especially as they relate to their areas of responsibility. Preliminary impressions will be discussed in order to identify specific concerns that must be resolved during the visit.

2. **Travel Day** (Team members should plan their travel so that they arrive at hotel by 5 p.m. for the Executive/Orientation Session. Generally, this meeting works best if it occurs in the meeting room at the hotel.)
   - **Orientation Meeting:**
     - Prayer
     - Recap and update members related to their analysis of the Institution’s self-study materials, especially as they relate to their areas of responsibility.
     - Review the schedule (including adjustments in appointments and interviews).
     - Reminder that Team members should present the Team Chair with a written draft of their findings by the end of Day 2. These written drafts can be developed by using the corresponding *Worksheets (in OneDrive, ABHE*
Resources Folder) and Evaluation Visit Report guidelines found in Appendix 6 of this handbook.

3. Day 1 (4:00 p.m. on Campus)
   a. Team discusses major issues: validation of self-study claims; achievement of ABHE Standards/Essential Elements.
   b. Review specific issues surfacing during the first day of meetings and interviews that will need additional review on Day Two.
   c. Discuss issues that might impact multiple Standards.
   d. Chair confirms interviews/adjustments/team meeting for Day Two.

4. Day 2 (3:00 p.m. on Campus)
   a. Team members briefly recap findings from issues identified on Day One.
   b. Identify any follow-up interviews needed before Exit Briefing.
   c. Team reviews and finalizes Executive Summary (Commendations, Suggestions, and Recommendations). Recommendations must be referenced to specific Standards and Essential Elements.
   d. Share the evidence related to the institution’s achievement of its mission and the Standards for Accreditation.

Reach a consensus regarding the Advisory Statement related to accreditation status that will be forwarded to the Commission on Accreditation. The Chair will review the Range of Evaluation Team Advisory Statements available (see Appendix 7) and then guide the discussion to a final statement.

5. Day 3 Departure Day (morning on campus)
   a. The Team Chair will discuss the method and sequence of the Exit Briefing. Team Chair should typically read the Executive Summary to the President during the Exit Briefing.
   b. Remind each team member that he/she is required to provide the Team Chair with an electronic copy of his/her section of the Team Report before departure from the Institution.
   c. Team Chair clarify matters relating to travel vouchers, indicate an email with a link for Chair evaluation, and submission of the Team Report to the ABHE office within 10 business days after departure from the Institution.

5.3. Institution Hosts Five Group Meetings

1. Meal with Institutional Administrators
   Prior to the visit, the Chief Executive Officer or the institution’s visit coordinator should arrange for the team and the institution's administration to meet over a meal at the beginning of the visit (typically on the evening of the Travel Day). During this meal, team members will sit with their counterparts from the institution and seek to establish a cordial relationship. Prior to the meal, the Chief Executive Officer will give a brief welcome to the team and introduce the members of his or her administration.

   The Team Chair will, in turn, introduce each team member, identifying their area of evaluation. The Chair will seek to:
   a. Establish a positive atmosphere for the visit by emphasizing that the purpose of the evaluation visit is to validate the institution’s own self-study materials. The team’s goal is to provide an outside perspective to the information provided in the self-study. This process will involve carefully reviewing the institution’s mechanisms for collecting data, making data-driven decisions, and addressing identified issues. The team will assess the extent to which effective processes have been institutionalized. The ultimate goal is
to enhance the quality of the institution and assess fulfillment of the COA Standards for Accreditation.

b. Apprise institutional personnel of the nature/pace at which the visit will necessarily be conducted, so that all personnel will be prepared for a period of intensive activity. Interviews by Team members should be directed and efficient, and documentation should be readily available.

c. Clarify the visit schedule, including the time and format for the meetings with faculty, board, and students.

d. Field questions from administrators.

2. Meeting with the Institution’s Governing Board (usually on-campus luncheon)
The meeting with members of the institutional board affords an opportunity to discuss board structure, functions, achievements, and involvement in long-range planning. It also provides a time to reemphasize the board’s responsibility to support the institution.

The seating arrangement should provide for optimum interaction between the board and team members. Administrators should not be present for the meeting. Although the Chief Executive Officer may make appropriate introductions at the beginning of the meeting, the CEO should then be excused.

Following introductions, the Team Chair should assume responsibility for brief remarks regarding the purpose of accreditation and the focus of the visit. Team members in attendance at this meeting will have opportunity to ask questions of Board members, and Board members will have opportunity to ask questions of team members.

3. Meeting with Students (usually on-campus luncheon)
An informal meal between some team members and students provides the opportunity to gather student perceptions of institutional effectiveness, academic rigor, and the quality of preparation. Administrators should not be present for this meeting.

4. Meeting with Faculty
This meeting allows for the instructional faculty to engage evaluators in a discussion over their participation in the life and impact of the institution. Administrators should not be present for this meeting.

5. Meeting with the Public
ABHE publishes the date and purpose of team visits on its website. Furthermore, the institution is required to announce the ABHE Team Visit on its website (using the Public Notice found in the COA Standards and Policies Manual along with the date, location, and time). Members of the public are invited to submit written comments regarding the institution directly to the Commission Office and/or, if desired, to meet with team members during the visit. The team chair (with assistance from the Commission Staff Representative), will ensure that there is a time scheduled for the public to meet with representatives of the visiting team. This meeting should be an open forum without institutional representatives.

The Team Chair should give notice at the outset of the Team Visit that the Team will control the nature, location, and timing of the meeting. Depending on the number of people participating, the amount of time given to speak will typically be restricted (3-5 minutes). The Team Chair should make it clear that they are meeting with members of the
public to listen to comments and to not solve an individual’s or group’s problem(s). The team will not share its findings or impressions of the institution with the public.

5.4. Researching Institutional Documents

An evaluator’s preparation for the visit should result in a listing of additional documents that will need review to verify the claims made in the self-study materials. This list should be sent to the Team Chair at least one week in advance to ensure that documents can be uploaded to OneDrive or made available in the workroom at the campus site. In the case of missing documents, the Chair should secure these documents upon arrival at the campus.

Some documents may require a random review while other documents may need a comprehensive review. Sufficient time should be allowed for this activity. Time should be reserved for interviews needed to clarify information. Institutional documents should be examined in the workroom or a private setting and treated with confidentiality and care.

5.5. Interviewing Institutional Personnel

Types of Interviews

There are two types of interviews by Evaluation Teams—group interviews and individual interviews. A group interview involves one or more team members interviewing a group of people. An individual interview involves one or more team members interviewing one stakeholder of the institution at a time. Both types of interviews usually occur during a Visit.

Classroom observations are also likely to occur during a Visit. Team members should try to briefly observe one or two classes in order to assist in forming an overall impression of the instruction offered at the institution. If the institution offers online courses, these classes should be observed as well. Faculty members should be advised in advance by the institution that such observations may occur during the Team Visit.

Determining the Interview List

Upon review of the institution’s documents, team members should form a list of personnel/roles that will need to be interviewed while the Team is on campus. Requests for interviews (group and individual) should be submitted through the Team Chair to the institution’s liaison. These requests should occur at least one week before the Team’s Travel Day. Where the need for additional interviews arises during the visit, these should be coordinated through the Team Chair. Where applicable, interviewees should be prepared to provide relevant records that validate claims made in the institution’s self-study documents.

5.6. Suggestions for Effective Interviewing

For the most effective interviews, questions should be prepared in advance in advance of the meeting, be based upon the evaluator’s research, and demonstrate evidence for a Standard and/or Essential Element.

An evaluator should keep the following in mind when interviewing:

1. Keep the interview focused.
2. Ask open-ended questions that create opportunities for personnel to provide description, illustration, and/or documentation.
3. Ask “what if” questions.
4. If a particular response doesn't provide the information being sought, follow up with additional questions.
5. Ask the same question(s) to more than one person.
6. Avoid asking salary-related questions in a group interview.
7. Identify the assessment processes and mechanisms in place to foster systematic evaluation and ongoing improvement in the area being discussed.

5.7 Exit Briefing with the President

The Chair of the Evaluation Team and the Commission Staff Representative host an exit briefing with the President prior to the exit briefing with the institutional leaders. The purpose of this meeting is to alert the President of the Institution of the commendations, suggestions, and recommendations stated in the Executive Summary of the Team Report prior to revealing those findings with the institutional leaders. The President is encouraged to ask questions of clarification from the Chair and Staff Representative. A defense of findings will not occur at this meeting. The Advisory Statement of the Team is NOT shared at this meeting.

A typical exit briefing with the President might occur in the following way:

1. Opening remarks by the Team Chair and by the Commission Staff Representative:
   a. Expression of gratitude for hospitality during the visit
   b. Acknowledgement that no discussion will occur relating to the Executive Summary and the Advisory Statement.
2. Presentation of the Executive Summary (Commendations, Suggestions, and Recommendations)
3. Closing remarks by the Commission Staff Representative:
   a. Reminder to institutional leadership that the Team will depart the institution immediately after the Exit Briefing
   b. After the departure of the Evaluation Team, comments and concerns should be directed to the Commission Staff Representative

5.8 Exit Briefing with the Institutional Leaders

The Exit Briefing provides the Team with an opportunity to present its conclusions to the Chief Executive Officer and institutional personnel. The Chair typically presents the Executive Summary (Commendations, Suggestions, Recommendations) to those gathered.

A typical exit briefing with institutional leaders might occur in the following way:

1. Opening remarks by the Team Chair and by the Commission Staff Representative:
   a. Expression of gratitude for hospitality during the visit
   b. Acknowledgement that no discussion will occur relating to the Executive Summary and the Advisory Statement.
2. Presentation of the Executive Summary (Commendations, Suggestions, and Recommendations)
3. Closing remarks by the Commission Staff Representative:
   a. Reminder to institutional leadership that the Team will depart the institution immediately after the Exit Briefing
   b. After the departure of the Evaluation Team, comments and concerns should be directed to the Commission Staff Representative
   c. Invitation for members of accredited institutions to serve on future Evaluation Teams
4. Closing remarks by the Chief Executive Officer.
**IMPORTANT:** The Advisory Statement to the Commission on Accreditation is not to be discussed with the institution’s officials.

The Chief Executive Officer should be informed that the Team Report should be completed and forwarded to the institution in approximately three to four weeks. The Chief Executive Officer should be advised that, after careful study of the Report, the Institution will be expected to formulate an official response (identified as the Response to the Visit Report—RVR) to be submitted by a pre-specified date to the Commission Office. For Applicant and Candidate institutions, institutional representatives will appear in person before the Commission on Accreditation. This opportunity is optional for institution’s hosting reaffirmation visits.

6.1. Team Responsibility

Each evaluator is required to provide the Team Chair with a written section to the overall Report that summarizes the findings for his or her area of responsibility. This Report is due to the Chair by the end of the Team Visit (or earlier, if requested by the Chair).

6.2. Decisions of the Team

Each team member will present his or her proposed commendations, suggestions, and recommendations for the Team’s Executive Summary. These are to be discussed and approved by the team. Please limit commendations to no more than five total for the Team. Please limit suggestions to no more than five total for the Team.

**Commendations** – qualities of exceptional excellence or unusual progress; no more than five total for the Team

**Suggestions** – matters of professional advice or counsel in areas unrelated to compliance with ABHE Standards; no more than five total for the Team. Suggestions may be ignored or accepted at an institution’s option.

**Recommendations** – issues of compliance with ABHE Standards for Accreditation. Institutions/programs are required to respond in writing to recommendations.

**Advisory Statement form** – statement provided to the Commission on Accreditation relating to the perceptions of the Team in relationship to the accreditation status of the institution (formed according to the Advisory Statement Range of Motions—Appendix 7). The Advisory Statement is not shared with the institution nor any of its stakeholders.

6.3. Organization

During the Pre-Visit Zoom session, the Chair should communicate his/her preference regarding writing report style and voice, and presentation of the commendations, suggestions, and recommendations.

Each section of the Report’s narrative should be brief but thorough and written using the template provided by the Commission Office in the Team Visit OneDrive. Evaluators should provide written, analytical statements for each Essential Element and conclude those statements with a reference point to the Essential Element(s) being addressed (EE 1, EE 2). The written section for each Standard should not typically exceed 1 to 2 pages. The Team Report should not typically exceed 30-35 pages in length.

The final version of the Visit Report should be submitted electronically to the Commission Staff Representative **within 10 business days** of the conclusion of the evaluation.

6.4. Team Report Procedures

- If you have questions in relation to Team Report writing or Visit protocols, please contact the Team Chair for assistance.

- In preparing the Team Report and the Advisory Statement, the Team Chair should consult procedures outlined in this *Evaluation Team Handbook* as well as the ABHE Standards and policies outlined in the *COA Standards and Policies Manual*. 
• Ensure that each Essential Element is addressed in the Team Report Narrative (including how a conclusion is reached if there is a statement of commendation, suggestion, and/or recommendation to be made in the Executive Summary). Each Essential Element should have a reference at the end of each sentence/section with the following designation: (EE 1; EE 1-2; etcetera, as applicable).

• Ensure that all recommendations directly reference the Standards and Essential Elements i.e.: (Standard 3: EE 1, 5) and an explanation is provided in the Report Narrative.

• Ensure that statements/components related to the Conditions of Eligibility, the Outcomes Rubric, and all sections of the Regulatory Requirements Evaluation form have been completed.

• Ensure that the list of documents reviewed and individuals/groups (by title only) interviewed have been completed.

Special Concerns to Note

• In crafting the Executive Summary (commendations, suggestions, and recommendations), statements should be written in parallel form.

• Refrain from naming individuals in the Report. Refer to title or office only.

• Avoid making statements of lavish praise or harsh criticism. Be factual. Avoid emotional overtones.

• Avoid taking a position on accreditation statements offered by other agencies.

• Focus on the Standards for Accreditation and the associated Essential Elements. Do not advocate personal theories or positions.
7. Concluding the Evaluation Visit

7.1. Specific Evaluator Tasks

Review the Draft Narrative of the Evaluation Visit Report
When the Team Chair forwards the Draft Narrative of the Team Report to members, it is essential to give this high priority so the final report is submitted by the Chair within two (2) weeks after the conclusion of the Team Visit.

7.2. Specific Team Chair Tasks

Prepare a Draft of the Evaluation Visit Report
The Team Chair is responsible for the final Team Report. The Chair may compose and edit it as he or she sees fit, yet in accordance with the guidelines set herein. The Chair will send a copy of the report to each team member requesting him or her to note any factual errors or misrepresentations of intent. Be sure to complete the Regulatory Requirements Evaluation section (see Appendix 2).

Prepare a Team Advisory Statement Form
The Team Chair is also responsible for wording the official Team Advisory Statement form (see OneDrive ABHE Resources folder) summarizing the overall advisement statement of the team to the Commission on Accreditation.

Submit the Report to your Commission Staff Representative (CSR)
It is extremely important that the final Team Report and official Team Advisory Statement form be submitted to the assigned Commission Staff Representative within 10 business days of the visit. These documents will be reviewed for adherence to the team guidelines and grammatical accuracy and then forwarded to the institution and Commission on Accreditation.

7.3. All Team Member Tasks

Complete an Assessment of each Evaluator or the Team Chair and Standard(s) in your role
You will be given a link for an assessment. These confidential assessments are an important element in strengthening future teams and evaluating Standard revisions.

Submit the Travel Expense Voucher with Receipts
Within two weeks, the team members will submit a Travel Expense Voucher (OneDrive-ABHE Resources folder) along with digital copies of all receipts to the COA (sarah.starks@abhe.org).

You may not be reimbursed for your expenses if we do not receive your Travel Expense Voucher within the two-week timeframe as we desire to invoice the institution in a timely manner.

Evaluator Worksheets
Destroy all paper documents, and all self-study materials and remove all digital documents pertaining to the Institution at the end of the Team Visit. Any worksheets used should be destroyed at the conclusion of the Team Visit.
Appendix 1

Sources for Documenting Compliance with ABHE Standards

Sources typically used as evidence for documenting compliance with the ABHE 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.

The Evaluation Team confirms the achievement of the Conditions of Eligibility (COE) with a one-sentence statement (i.e., The institution demonstrated achievement of each of the Conditions of Eligibility during the Team Visit). Should one or more COEs not be achieved by the institution, the Team Chair (with advice from the Team members) should provide a statement of observed weakness for the COA to review.

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. **Authorization**
   - 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. **Student achievement 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. Technology
   Technology Handbook, machine replacement schedule, user data (aggregate),
   LMS/CMS contracts

11. Faculty qualifications
   Faculty roster by program (1 qualified faculty overseeing every program/major offered)

12. Academic programs
   Academic catalog, program outlines

13. Biblical/theological studies
   Academic catalog, program outlines (must show hours in Bible/theology for each
   undergraduate program)

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

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

16. Student body
   Registrar’s report (enrollment for last 3 years)

17. Program completion
   Registrar’s reports (number of graduates in recent years), graduation records

18. Admissions policy
   Academic catalog (admissions section)

19. Institutional stability and capacity
   Registrar’s reports, board tenure, administrative tenure, faculty tenure, financial
   statements (documents demonstrating limited fluctuations)

20. Financial base
   Financial statements, opinioned external financial audits (last 3 years)

21. Income allocation
   Budget (showing distribution between educational operations, public service, auxiliary
   businesses)

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

Verified by Commission Office:
23. Agency disclosure
24. Compliance
25. Public disclosure
26. Arbitration
Institutional Accreditation Standards

Standard 1: Integrity and Mission

- Academic catalog; stakeholders’ handbooks (Board, Administration, Faculty, Student, Staff, etcetera); website (mission statement, grievance & discipline policies, conflict of interest policies, intellectual property policies, copyright policies; hiring/firing protocols);
- Records/minutes of stakeholder meetings (Board, Administration, Faculty, Student, Staff, etcetera); Recruitment and promotional materials; Representation of accreditation status;
- Financial audit, budget, and revenue/expenditure reports; Grievance/complaint records;
- Documented communications between institution and state/regulatory agencies; Campus Security statistics; Board rosters and biographies)

Standard 2: Institutional Planning and Assessment

- Written documents comprising components of the institutional self-study (comprehensive Institutional Assessment Plan and the comprehensive Institutional Improvement Plan)
- President’s/Chief Executive’s Office
  - President’s Report to the Board of Governors
  - Reports to the Board of Governors from varying departments of the institution
  - Reports to the State in which the institution is located
  - Publications distributed to donors regarding institutional finances
- Business Office
  - Annual external financial audits
  - Quarterly reports to the Board
  - Budget reports to administrators throughout the year
- Academic Office
  - Dean’s reports to the Chief Executive Officer
  - Faculty rosters with qualifications for course assignments
- Student Life Office
  - Dean’s reports to the Chief Executive Officer
  - 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
  - Job responsibilities/contract expectations for director(s) of IE Office
  - 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, retention rates, licensure pass rate where licensure is expected, student learning outcomes, institutional effectiveness/organizational operation(s) outcomes
Standard 3: Authority and Governance
- Board documents: Articles of Incorporation, Constitution and Bylaws; board manual; board conflict of interest policy; records of board meetings; board roster; board committee rosters and records of meetings; board diversity/professional experience analysis; organizational chart; documents of state approval/statute authorization to offer institution’s education within jurisdictions outside of home state of the physical campus/administrative hub of the online institution
- 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)

Standard 4: Administration, Staff and Faculty
- Records and communication protocols for Administrative Officers/members of the Administrative Council (e.g., Chief Executive Officer, Executive VP, Chief Academic Officer, Chief Student Development Officer, Chief Financial Officer, Chief Development Officer), including frequency of meetings and purview of authority/conversation
  - Institutional Bylaws; organizational chart; administrative roster; position descriptions; curriculum vitae/job resumes; administrative/faculty/staff handbooks; records of faculty meetings; personnel review documents;
- Administrative Handbooks/Policy Manuals/Stakeholder Files
  - Records policy; location & security of board minutes; personnel files; student files; audited financial statements; academic catalogs; student directories; annual reports of various departments
- Staff Handbooks/Policy Manuals/Stakeholder Files
  - Personnel files; staff handbook; organizational chart; position descriptions; salary schedule; work schedule; agendas and records of staff meetings; record of development activities; insurance policies; personnel satisfaction surveys; written documents outlining Standard Operating Procedures (SOPs); crises management documentation (emails, training manuals, online instructions, etcetera)
  - Faculty Handbooks/Policy Manuals/Stakeholder Files
  - 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 organization
- Bylaws, faculty handbook (provisions for faculty governance), chief academic officer position description, faculty position descriptions, standing committee assignments, faculty minutes, committee minutes; designations for faculty status (appropriate persons); intellectual property policy; academic freedom policy
  - Faculty engagement
- Appointment policy; tenure policy; recent schedules; workload studies; adjustments for administrative duties; overload policy; student to faculty ratio; percentage of instruction by fulltime faculty; faculty review materials; course and faculty member evaluation materials (surveys, notes from townhalls, etcetera)

Standard 5: Financial and Physical Resources
- 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)
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

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

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

Physical documents: Campus 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

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 6: Enrollment Management

Recruitment: Website, promotional materials, form letters, events schedule, tracking records, results analyses

Admissions: Academic catalog (admission section), 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

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

Standard 7: Academic Programs and Policies

Academic catalog, program goals/objectives, outcomes assessment data, curriculum analysis (biblical/theological studies, general studies, professional studies), faculty minutes (curriculum review and approval of graduation requirements), 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, credit hour definition, course syllabi (calculation of academic engagement time), academic calendar, course schedules, student records, security protocols/policies for student records, student verification protocols, graduation requirements

Standard 8: Learning Resources and Services

Library handbook, librarian’s annual reports, library personnel vitae, faculty minutes (librarian involvement), acquisition policy, collection analysis reports, circulation statistics, subscription records, database records, agreements with other libraries, collection breakdown per discipline and major, analysis of resources secured by agreements with other libraries, orientation outlines/handouts, descriptions of services, interlibrary loan contracts and use analysis, information literacy program and assessments
Standard 9: Student Development and Success

- Student development
  - Academic catalog (admissions & placement testing, services for at-risk students at-risk tracking forms, retention reports), student handbook (philosophy, objectives), spiritual formation expectations (chapel, personal devotions, spiritual growth), lifestyle standards, schedule of activities, student handbook (spiritual/relational expectations),

- Student services and formation
  - Student handbook, description of available services (on-campus, nearby), counseling handbook, resident director/assistant handbook, counselor credentials, referral statistics, emergency protocols, athletic handbook, participation requirement,

- Student input on institutional decision-making
  - Student government charter, student organizations policies, record of input from student organizations into institutional planning, communications regarding student organizations
## Appendix 2
### Regulatory Requirements Evaluation

*Please provide a yes/no assessment and a succinct explanation for that conclusion in the boxes below.*

<table>
<thead>
<tr>
<th>1. Mission and Intended Outcomes (Standards 1, 2) [NEW Standards 1, 2, 7]:</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the institution publish clearly articulated intended learning outcomes for its academic programs that are consistent with its written mission, appropriate in light of the degrees or certificates awarded, and successfully achieved? (Determination should be based on the appropriateness and rigor of indicators of success in relation to the institutional mission, reliable assessment data, and evidence of achievement of intended learning outcomes.)</td>
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<tr>
<td>Rationale for this conclusion:</td>
<td></td>
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<thead>
<tr>
<th>2. Student Achievement (Standard 2) [NEW Standard 2]:</th>
<th>Yes/No</th>
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<tbody>
<tr>
<td>Is success in student achievement in relation to the institution’s mission adequately achieved and appropriate results made available to the public? (Determination should be based on indicators of student achievement established by the institution, including graduation, placement, and licensure pass rates, as appropriate.)</td>
<td></td>
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<tr>
<td>Rationale for this conclusion:</td>
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<tr>
<th>3. Recruiting and Admissions Practices, Academic Calendars, Catalogs, Publications, Grading, and Advertising (Standards 3, 7, 11c) [NEW Standards 1, 6, 7]:</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the institution maintain and follow satisfactory policies regarding advertising and publications (including catalogs and academic calendars), recruitment, admissions, enrollment, and student grading to maintain accurate and timely information and consistent, ethical practices?</td>
<td></td>
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<tr>
<td>Rationale for this conclusion:</td>
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<tr>
<th>4. Facilities, Equipment, Supplies (Standard 6) [NEW Standard 5]:</th>
<th>Yes/No</th>
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<tbody>
<tr>
<td>Does the institution maintain sufficient resources to achieve its institutional and program objectives appropriate to all levels of study offered (e.g., undergraduate, graduate) and all delivery methods employed (e.g., traditional on-campus, off-campus locations, distance education)?</td>
<td></td>
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<tr>
<td>Rationale for this conclusion:</td>
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<tr>
<th>5. Fiscal and Administrative Capacity (Standards 5, 6) [NEW Standards 4, 5]:</th>
<th>Yes/No</th>
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</thead>
<tbody>
<tr>
<td>Does the institution have fiscal and administrative capacity appropriate to the scale of operations, including professional competence and budgetary planning that evidences fulfillment of institutional goals and financial stability?</td>
<td></td>
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<tr>
<td>Rationale for this conclusion:</td>
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<tr>
<th>6. Transfer of Credit (Standard 7b) [NEW Standards 6, 7]:</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the institution publicly disclose its criteria regarding the transfer of credit earned at another institution of higher education?</td>
<td></td>
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<tr>
<td>Rationale for this conclusion:</td>
<td></td>
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<tr>
<td>Title IV Compliance (Standard 7c) [NEW Standard 6]: If the institution participates in Title IV programs of the Higher Education Act, is the institution free from deficiencies in program responsibilities under Title IV or does the institution demonstrate timely response in addressing deficiencies (based on the most recent student loan default rate data, results of financial or compliance audits, program reviews, and communications from the U.S. Department of Education)?</td>
<td>Yes/No</td>
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<tr>
<td>Rationale for this conclusion:</td>
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<tr>
<td>Student Support Services (Standard 8) [NEW Standard 7, 9]: Does the institution have student support services appropriate to the student population served, program levels offered (e.g., undergraduate, graduate), and delivery methods employed (e.g., traditional on-campus, off-campus locations, distance education), including appropriate academic advising, financial services, counseling, and confidential records systems?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Rationale for this conclusion:</td>
<td></td>
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<tr>
<td>Record of Student Complaints (Standard 8) [NEW Standard 1]: Does the institution maintain a record of formal student complaints, and is the institution free from a pattern of student complaints that brings into question the institution's fulfillment of ABHE Standards? (Complaints since the last ABHE comprehensive review should be examined.)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Rationale for this conclusion:</td>
<td></td>
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<tr>
<td>Faculty (Standard 9a) [NEW Standard 4]: Do faculty have the documented competence and appropriate knowledge and skills to provide effective instruction in the courses they teach?</td>
<td>Yes/No</td>
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<tr>
<td>Rationale for this conclusion:</td>
<td></td>
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<tr>
<td>Curricula (Standard 11a) [NEW Standard 7]: Are all curricular programs consistent with ABHE Standards, including appropriate rigor for the level of study offered (e.g., undergraduate, graduate) and consistent quality across all delivery methods employed (e.g., traditional on-campus, off-campus locations, distance education)?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Rationale for this conclusion:</td>
<td></td>
</tr>
<tr>
<td>Program Length and Program Outcomes (Standard 11a, 11c) [NEW Standard 2, 7]: Are program requirements, length, and intended outcomes published and consistent with the degrees and credentials offered, do degree and certificate requirements conform to commonly accepted higher education standards, and are students held to approved program requirements?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Rationale for this conclusion:</td>
<td></td>
</tr>
<tr>
<td>Credit Hour Policies (Standard 11c) [NEW Standard 7]: Is the institution's definition of a credit hour consistent with the ABHE definition of a credit hour, and does the institution's assignment of credit hours conforms to commonly accepted practice in higher education (sampling may be used to determine this)?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Rationale for this conclusion:</td>
<td></td>
</tr>
</tbody>
</table>
14. **Student Verification in Distance or Correspondence Courses (Standard 11d) [NEW Standard 7]**: If the institution offers distance or correspondence courses, does it have appropriate processes in place to verify that the student who registers for the course is the same student who participates in and completes the course or program and receives the academic credit (e.g., secure login/password, proctored examinations, or identification verification technologies), protects student privacy, and communicates accurately requirements and any additional costs related to verification of student identity at the time of registration or enrollment? | Yes/No

Rationale for this conclusion:
Appendix 3.a

Team Chair Roles and Responsibilities

Role of Team Chair
The Chair functions as the Liaison between the Institution and the team members.

Responsibilities of Team Chair
The Team Chair is responsible for leading all team meetings, serving as spokesman for the group, co-editing and approving the final Team Report, assessing the contribution of evaluators, and forwarding all pertinent documents to the Commission Staff Representative.

Before the Visit

Communication with the Institution:
- Establish communication protocols and work on logistics with the CEO and the Accreditation Liaison
- Confirm the dates and length of visit. The institutional visit is 2.5 days.
- Confirm the purpose of the visit (i.e., accreditation, candidate, initial accreditation, reaffirmation, or focus)
- Secure lodging information for the Team (team members need lodging the evening prior to the institutional visit)
- Secure lodging information for the Team Chair, if the Team Chair plans to stay an extra evening to finish the Draft of the Team Report. (recommended)
- Secure travel/airport information (including the airport abbreviation)
- Share special provisions that are needed by members of the Team (dietary concerns, late arrival information, etcetera)
- Verify that workrooms on campus have been reserved. Hotel workrooms are recommended, but the Chair should verify whether such a room will be needed.
- Forward requests for additional materials that are needed
- Forward requests for the interviews that will be need and finalize an interview schedule in consultation with the institution
- Confirm confidential materials will be available in the workroom or in a secure location for evaluator research
- Confirm a specific time and place for a joint meeting between members of the Team and members of the Institutional Administration (typically over a meal on the evening of the Travel Day)
- Confirm appropriate dress for campus culture

Communication with the Team:
- Confirm desired airport for arrival and departure
  - Arrival at the host hotel by no later than 5:00 p.m. on the day before the Team Visit; departure from the airport is no less than two hours after the Exit Briefing—this departure time should consider transportation times.
- Confirm logistics for ground transportation
- Confirm specifics related to hotel accommodations (dates of stay, check-in times, check-out times, confirmation numbers)
- Confirm appropriate team attire for campus culture
- Share tentative schedule for team visit (especially the time and location of the first meeting)
• Secure the following from team: Cell phone numbers, Special accommodations (dietary, housing needs, etcetera), and travel itinerary

Communication with the Commission Staff Representative:
• The Chair should copy the Commission Staff Representative into all emails sent to the institution and to the evaluation team members.

General Protocol:
• Retain a running list of important questions raised by Team members
• Ask Team members for an interview list and schedule those meetings with the Liaison (should occur no later than one week before the Team Visit)
• Finish the first draft of the Team Report before arrival on site
  o Certain elements can be written ahead of the visit with information derived from Institutional History, Institutional Catalog and Website
• Read and respond to communication from the team, the Institution, and the COA office
• Materials to review and with which to be familiar (confirm access to OneDrive):
  o Self-Study documents
  o Documents from COA Office (including Institutional History with recent COA actions)
  o Standards for Accreditation and Conditions of Eligibility
  o COA Standards and Policies Manual
  o Evaluator Worksheets
  o Regulatory Requirements Evaluation
  o Team Roster

During the Visit
• Adjust the Visit and interview schedules, as needed
• Assist Team members with framing terminology related to the achievement of the Standards
• Assist the Team in framing an Advisory Statement to the COA
• Conduct the President’s Meeting and the Exit Briefing (with the Commission Staff Representative)
• Read the Team’s Executive Summary (Commendations, Suggestions and Recommendations)
• Ensure that materials accessed at the Institution remain at the institution (for confidentiality)
• Collect each section of the Team Report BEFORE team members leave the site
• Discuss with the Commission Staff Representative (CSR) any issues needing resources or support

Post-Team Departure
In preparing the Team Report and Team Advisory Statement, thoroughly consult and follow the instructions and procedures outlined in the Evaluation Team Handbook, the Standards for Accreditation, and the policies outlined in the COA Standards and Policies Manual. If you have questions or need guidance in interpreting and following procedures, please contact the Commission Staff Representative for assistance in advance of deadlines.

• Complete the Team Report before departure from the campus site (Team Chairs are strongly encouraged to stay onsite for an extra day to finish the Team Report. Please ensure that the institution extends the reservation for one additional night.)
• Ensure that all recommendations in the Team Report and the Executive Summary directly
reference and identify the Standards for Accreditation and are not based upon individual opinion

- Ensure that each Essential Element is addressed in the Team Report and identified with a parenthetical note (ex: EE 1, EE 2, et cetera)
- Ensure that ALL the Regulatory Requirements are answered AND that a statement/rationale has been provided for that respective answer (citing documents alone does not meet the expectation for completion of the RRE)
- Edit each submitted section of the Team Report into one readable document
- Ensure that the Team’s Advisory Statement is clearly based upon the “Principles of Accreditation”
- Ensure that the Team Report and the Advisory Statement are submitted to the Commission Staff Representative no later than 10 business days after the close of the visit. (Please do **not** convert the Team Report to a PDF format)
- Disseminate the finalized Team Report and the Advisory Statement to Team members for review, and please provide a clear deadline to respond
- Remind team members to remove all digital documents pertaining to the Evaluation Team Visit and the Institution
- Complete Travel Expense Voucher and receipts to COA@abhe.org
- Complete Team Member Evaluations upon receipt from the COA Office
Appendix 3.b

Sample Email and Evaluator Information Form

Dear Team,

It is a privilege to serve with you on the ABHE Commission on Accreditation visit to [institution] on [dates]

Introduce Yourself
Possibly include something to get to know you, family, education/ordination, professional and ministry experience, prior evaluation team experience and a cell phone number.

Details For Our Visit
Please thoroughly read the current Evaluation Team Handbook. Also, please examine the Standards and Essential Elements as well as the policies and procedures that pertain to your assigned areas of evaluation. These are outlined for you in the COA Standards and Policies Manual (formerly COA Manual), the Evaluation Team Handbook, and the Evaluator Worksheets.

Travel
Please plan to arrive at the hotel by 5:00 PM on Monday. I will be speaking with our representative from [institution] and I will send more details as I have them. Please wait until you hear from me before booking any airline flights.
(OR insert airport, hotel, transportation and other information you may know).

Schedule
We will hold the administrator-team meal the evening we arrive and meet briefly following dinner. We will be on campus on Tuesday and Wednesday for our work and interview days. After our Exit Briefing on Thursday morning, the Team will depart from the campus.

Other Arrangements:
Do you have any special needs regarding food, lodging, or other hospitality areas?
Do you have any technological needs? We assume that everyone is bringing their own computer, but please tell me if that is incorrect. I will make sure that the workroom has internet and printing capabilities.

We should start receiving the documents next month, 8 weeks before the visit.

I will do my best to answer your questions and make this visit go as smoothly as possible. Thank you for.........

Blessings,
Appendix 3.c

Checklist for Hosting Evaluation Team Visits
(for institutional use – provided to teams as reference)

Communication with Team Chair Begins

1. Review the Team Roster
   a. Confirm that all information is correct.
   b. 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.

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

3. Provide airport information

8 - 12 Weeks Before the Visit

1. Book hotel rooms with a hotel meeting room (check with Team Chair for need of hotel meeting room)
   a. Secure separate rooms with workspace for each member of the Evaluation Team at a business-class hotel (or equivalent) near the institution.
   b. Secure a hotel where food service is offered onsite or is adjacent to a restaurant for meals.
   c. A hotel work room is optional in advisement with the Team Chair. It should be a private meeting room, with a table and 7 chairs; needed only in the evenings, and potentially only the first night.

2. Reserve a work room for the team at the institution
   a. This room should be reserved for exclusive use of the evaluators throughout the visit.
   b. This room should be secure, lockable, and sound-resistant in nature.


4. Arrange a meeting for the public for a face-to-face audience with the team.

5. Arrange with the COA Office for ground transportation during the Team Visit. If a rental vehicle is desired, the Commission Staff Representative will reserve the vehicle on behalf of the Team.

6. Self-Study documents must be received no later than eight (8) weeks prior to the visit (either via Weave or emailed to coa@abhe.org). Requested exceptions must be submitted to the COA office by email and received five (5) business days before the deadline!

Two options to submit Self-Study documents:
1. A Weave Self-Study submission. All documents and exhibits will be submitted within Weave. Please contact coa@abhe.org with any questions.
   a) All institutions who became Applicants starting 2024
   b) All institutions whose first self-study is due starting 2024
   c) Anyone wishing to opt-in to Weave
2. Submit an electronic copy of the five (5) Self-Study documents to coa@abhe.org
4 - 6 Weeks Before the Visit
1. Consult with the Team Chair concerning the initial meeting between the administration and Team. Typically, this meeting occurs over dinner the night before the campus visit begins (also known as the Travel Day).
2. All lunches should be planned to be “working” in nature and occur on the campus (or meeting location of the Team Visit for online institutions.” Evening meals will be coordinated by the Team Chair and will be near the hotel. Evening meals will involve Team members only.
3. Communicate to institutional stakeholders to ensure that students, staff, administrators, faculty, and board members understand the purpose and agenda for the Team visit.

1 - 2 Weeks Before the Visit
1. Confirm travel logistics with the Team Chair
2. The Team Chair will advise the Accreditation Liaison or Visit Coordinator of the potential interviews that need to be scheduled.
3. Confirm and finalize the interview scheduled with Team Chair

2 Days Prior to the Visit
1. Stock the team workroom with supplies
2. Consult with the Team Chair to confirm items that may be needed in the workroom and items that may remain in the administrative offices).
3. Confirm and finalize the interview schedule with Team Chair

During the Visit
1. Day One, provide a short tour of the physical campus (depending on the physical footprint of the campus, the tour should last 15-20 minutes).
2. Conduct a daily “check in” with the Team Chair and Commission Staff Representative to verify schedule and initiate adjustments that may be warranted.
3. Restock the work room with supplies, as needed.

After the Visit
1. The Commission Office will email the Evaluation Visit Report (EVR) to the President and Accreditation Liaison approximately 30 days after the visit.
2. Compose and submit the Response to the Team Report (RVR) by the deadline established by the Commission Office.

Financial Logistics to Note
1. ABHE will invoice the institution for the Evaluation Team Visit fee in advance of the visit.
2. Travel expenses will be submitted by evaluators to the COA Office. The COA Office will invoice the institution for the total travel expense.
3. Evaluators are from peer institutions and serve as volunteers without compensation or honorarium.
Appendix 4

Decalogue for the Accreditation Team
By Hector Lee
Professor Emeritus, Sonoma State University

1. Don't Snitch. A team member often learns private matters about an institution that an outsider has no business knowing; he is privy to "classified" information. Don't "tell tales" or talk about the weaknesses of an institution after the visit.

2. Don't Steal Apples. A team member often discovers promising personnel that he would like to recruit for his own institution. Don't take advantage of the opportunity afforded by your position on the team to lure good teachers away from the institution you are visiting.

3. Don't Be on the Take. A team member is often tempted to accept small favors, services, or gifts from the institution being visited. Don't accept, or even suggest, that you would like to have a sample of wares of an institution's book it published, a product produced, or a service performed by the institution visited.

4. Don't Be a Candidate. A team member might see an opportunity to suggest himself for a consultancy, a temporary job, or a permanent position with the institution he is visiting. Don't apply or suggest your availability until after your report has been filed.

5. Don't Be a Nit-Picker. A team member often sees small problems that can be solved by attention to minor details. Don't use the accreditation report as a means for affecting minor reforms.

6. Don't Shoot Small Game with a Big Gun. A team member often finds that a small, weak, or marginal institution is completely at his mercy. Don't be sadistic or use the power of accreditation to deal heavily with or injure an institution that may need help more than punishment.

7. Don't Be a Bleeding Heart. A team member with "do-good" impulses may be blinded by good intentions and try to play the role of savior for an institution that may not deserve to be saved. Don't compound weakness by sentimental generosity in the hope that a school's problems will go away if ignored or treated with unwarranted optimism.

8. Don't Push Dope. A team member often sees an opportunity to recommend his own personal theories, philosophies, or techniques as the solution to an institution's problems. Don't force an institution to adopt measures that are likely to be altered or reversed by a subsequent team.

9. Don't Shoot Poison Darts. A team member may be tempted to "tip off" the administration to suspected treachery or to warn one faction on a campus of hidden enemies. Don't poison the minds of the staff or reveal suspicions to the administration; there are more wholesome ways to alert an administration to hidden tensions.

10. Don't Worship Sacred Cows. A team member in awe of a large and powerful institution may be reluctant to criticize an obvious problem in some department. Don't overlook weaknesses because the institution has a great reputation.
Appendix 5
Observer Guidelines

Occasionally, observers from provincial or state agencies, regulatory agencies, denominational organizations, other accrediting bodies, or ABHE—member colleges seek to accompany evaluation teams. With permission from needed stakeholders, a representative of an institution preparing to host a team visit or other entity may accompany an evaluation team as an observer. Observers are responsible for payment of their own travel, lodging, and meal expenses. Please note that Institutions cannot decline observers from state, provincial, or regulatory agencies.

Purpose

Observers are permitted under the following circumstances:

- To provide opportunity to external agencies and organizations to become acquainted with ABHE’s accrediting process.
- To provide opportunity to external agencies and organizations to evaluate the effectiveness of ABHE’s team visit process.
- To provide training opportunities for potential evaluators and team chairs.
- To facilitate preparations for institutions soon to host their own evaluation visit.

Conditions

Permission for observers may be granted subject to the following conditions:

- The Executive Director/Associate Director, the host institution, and the team chair approve the addition of the observer.
- Expenses in connection with the observation visit will be borne entirely by the observer or their institution/agency.
- The number of added observers does not negatively influence the function of the evaluation team (usually no more than one observer per team).

Guidelines

Observer participation will conform to the following guidelines:

- Observers will be permitted to participate in all evaluation team meetings, except where the team chair declares an exception due to confidentiality.
- Observers must agree to conduct themselves as observers—not participants—in evaluation team deliberations.
- Observers will be granted the same access as evaluation team members to team training and orientation materials, institutional self-study materials, and other relevant institutional documents.
- Observers must agree not to interfere in any way with evaluation team members in conducting their interviews and exercising their assessment responsibilities.
- Observers must agree to and sign a confidentiality agreement concerning all written materials, interviews of institutional personnel, and review of institutional records and self-study documents according to the provisions of ABHE’s Policy on Confidentiality.
- See Observer in the Policy on Composition of Evaluation Teams

Procedure

To observe an evaluation visit, the following procedures should be followed:
• The individual should submit a written request to the Commission Office at coa@abhe.org, indicating a desire to serve as an observer and affirming a commitment to abide by the provisions and limitations of the above conditions, including the responsibility to bear all observer expenses. Representatives of recognizing bodies must present evidence confirming their status with the recognizing agency.
• Upon receipt of a satisfactory request, the Executive Director or Associate Director will secure agreement from the Chief Executive Officer of the institution to be visited and the evaluation team chair.
• The Executive Director or Associate Director will notify the Chief Executive Officer of the host institution and the evaluation team chair of the agreement of all parties to include an evaluation team visit observer.
• The observer will sign and submit the Confidentiality Agreement (see below), and it will be placed on file in the Commission Office.
• The team chair and host institution will include the observer in all pre-visit communication and arrangements.

Confidentiality Agreement
For Observers Accompanying Evaluation Teams

All materials, discussions, activities, and decisions relative to all phases of the accreditation review process must remain confidential. Institutional documents are the property of the institution being evaluated and may not be retained, copied, modified, or used for any commercial, non-profit, or personal purposes without the written permission of the document owner.

All evaluation materials used in the review must be destroyed in a secure manner (shredded) at the conclusion of the evaluation visit. Observers may not keep personal copies of institutional review materials. Observers may not share observations that would reveal the comments or conclusions of the evaluation team concerning the institution reviewed, or information provided by the institution that would not be publicly accessible. All elements of ABHE’s accreditation process are to be treated in a professional and confidential manner.

As an Observer accompanying an ABHE Evaluation Visit Team, I understand and agree to the terms of this Confidentiality Agreement.

Institution Being Visited (and State/Province)   Dates of Team Visit

Observer’s Printed Name       Observer’s Signature       Date
Appendix 6

Policy on Composition of Evaluation Teams

There are two types of evaluation team visits: comprehensive and focused. A comprehensive team visit, including a review of institutional compliance with all standards, is conducted when an institution is considered for candidate status, accredited status, or reaffirmation of accreditation. The Commission on Accreditation (COA) may call for a focused team visit to review compliance with selected standards when an institution is placed on sanction, continued on sanction, or experiences significant changes that raise questions about institutional compliance with specific standards.

Composition of an Evaluation Team

The selection of evaluation team members is based upon competence as documented by professional credentials, experience and expertise in a particular area, and performance on previous evaluation teams or recommendation of a respected reference. There must be no conflict of interest between the evaluator and the institution to be visited as detailed in the Policy on Conflicts of Interest. The team should contain only one person from a given institution and no more than two people from institutions of the same denomination. Evaluation teams will include representation from appropriately qualified administrators and appropriately qualified academicians. ABHE staff members will not be eligible for service as a team evaluator. Current Commissioners are limited to serving on one evaluation team per year and must recuse themselves from any discussion of that institution at COA meetings.

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. Regardless of the number of evaluators, a comprehensive visit will include a review of all standards; however, a reaffirmation visit may focus on areas of COA concern and include evaluators with specialized expertise in those areas. The composition and size of teams may vary, depending upon the level of education offered and complexity of the institution. In some instances, a smaller on-site evaluation team may be supplemented by additional off-site evaluators with specialized expertise.

A focused visit team is normally composed of two or three members with specialized expertise related to the areas of specific concern.

A minimum of half of the evaluators on a team must be current or recent employees of a COA accredited institution. Other evaluators (public, retired, practitioner, etc.) may serve on a team provided they have completed the appropriate ABHE Team Evaluator Training within the last three years, have the appropriate professional qualifications, and sign agreement with the ABHE Tenets of Faith.

At least one evaluator on a team to an institution offering programs via distance education will have three years of experience working with students at a distance in a postsecondary institution and have completed the ABHE evaluation team training unit on distance education. For an evaluation team to an institution offering graduate programs, the academic evaluator and at least one other evaluator on the team must have an earned doctoral degree, three years of
experience in a postsecondary institution that offers graduate study, and completion of the ABHE evaluation team training on graduate programs.

A visit for candidate status or initial accreditation will normally include a credentialed librarian as the faculty/library evaluator, where these areas may be evaluated by an academic or faculty evaluator in reaffirmation visits.

ABHE does not participate in joint or coordinated accreditation visits with other accrediting bodies. Concurrent visits are possible, and common documentation may be submitted to both accrediting teams where appropriate; however, the ABHE evaluation team will function as an independent review entity reflecting the same composition and responsibilities of an ABHE evaluation team not engaged in a concurrent visit.

Teams for programmatic accreditation visits will normally have two or three members who meet the qualifications listed above. One of the evaluators must be a practitioner in the field of the education being evaluated. Another must be an educator from an ABHE accredited institution. Team members will be selected with sensitivity to the nature of the programs being evaluated (Refer to Policy and Procedures for Programmatic Accreditation).

When developing the evaluator pool and constructing evaluation teams, the COA Executive Director should be sensitive to the need for obtaining representation from diverse perspectives.

Qualifications of Team Evaluators

**Administrative Evaluator:** Minimum of three years of experience in program or institutional leadership as a senior administrator (e.g., CEO, executive vice president, chief academic officer, division director, institutional effectiveness/assessment director, or other cabinet-level administrator) in a postsecondary institution or similar nonprofit organization or a graduate degree* in an appropriate academic or professional discipline, plus completion of ABHE evaluation team training, including the units for an administrative evaluator, distance education, and graduate education.

**Academic Evaluator:** Minimum of three years of experience as an educator engaged in academic leadership (e.g., provost, academic dean, assistant provost/dean, academic division director, program director, registrar) in a postsecondary institution or a graduate degree* in an appropriate academic or professional discipline (doctorate required for evaluation of graduate programs), plus completion of ABHE evaluation team training, including the units for an academic evaluator, distance education, and graduate education.

**Student Services Evaluator:** Minimum of three years of experience in student development, student life, student support services, or student ministry leadership in a postsecondary institution, an appropriate academic or professional degree, or a qualified student at a COA accredited institution, plus completion of ABHE evaluation team training, including the units for a student services evaluator, distance education, and graduate education. A student is considered qualified if he or she meets the professional qualifications associated with this evaluator role (e.g., minimum of three years of experience in student development, student life, or student support services, or student ministry leadership in a postsecondary education).

**Resources Evaluator:** Minimum of three years of experience in resource development or finance in a postsecondary institution or similar nonprofit organization or an appropriate
academic or professional degree, plus completion of ABHE evaluation team training, including the units for a resources evaluator, distance education, and graduate education.

**Library Evaluator:** Minimum of three years of experience in librarianship in a postsecondary institution or a library science degree (e.g., MLS/MLIS), plus completion of ABHE evaluation team training, including the units for the faculty/library evaluator role, distance education, and graduate education.

**Faculty Evaluator:** Minimum of three years of teaching or research experience in a postsecondary institution or a graduate degree* in an appropriate academic or professional discipline, plus completion of ABHE evaluation team training, including the units for the faculty/library evaluator role, distance education, and graduate education.

**Assessment Evaluator:** Minimum of three years of experience in assessment of student learning, institutional effectiveness, and/or planning in a postsecondary institution or a graduate degree* in an appropriate academic or professional discipline, plus completion of ABHE evaluation team training, including the units for the administrator and academic evaluator role, distance education, and graduate education.

*Three years of experience and a graduate degree preferred.

**Designation Categories for Evaluators**

**Administrator:** An individual currently or recently engaged in a significant manner in program or institutional administration at the postsecondary level.

**Academic:** An individual currently or recently engaged in a significant manner in postsecondary teaching and/or research (including learning resource and research support, and/or curriculum development).

**Public:** An individual who does not reflect the characteristics of administrator or academic above but has the professional qualifications and experience to serve as an evaluator, has completed the ABHE evaluation team training related to the respective evaluator role, and signs agreement with the ABHE Tenets of Faith.

**Selection of the Team Chair**
The team chair will be free from potential conflict of interest, have had at least three successful experiences as an evaluator, and completed the ABHE training unit for evaluation team chairs. Normally, the chair will be a senior administrator of a COA accredited institution.

**Institution’s Right to Review**
The institution to be evaluated has the right to review the names of proposed team members and to request the replacement of any proposed member that it feels would have a bias or conflict of interest in evaluating the institution.

**COA Staff Representative**
A member of the COA professional staff will normally accompany a comprehensive evaluation team as an observer and procedural guide to review requirements but will not participate in the evaluative judgments of the team. The staff member will also review the evaluation Team Report for completeness and ensure the submission of the report in the appropriate format.
Representative from the State/Province
A representative from the respective state or province higher education Commission on Accreditation may elect to serve as an observer of the team visit.

Observer
With consent of the COA Executive Director and the institution being evaluated, an observer from another ABHE institution preparing for an evaluation team visit, a sister accrediting agency, or an educational researcher may accompany the team as an observer. The observer will have access to team materials and discussion but will not participate in the evaluation of the institution and is responsible for all travel expenses related to observing the visit (including onsite hotel and meals). Normally not more than one observer may accompany an evaluation team.

Canadian Institutions
Insofar as possible, evaluation teams to Canadian institutions should include Canadian evaluators.

Evaluation Team Expenses
Within the context of constructing a quality evaluation team, the COA will make every effort to minimize evaluation team travel expenses. The institution being evaluated is responsible for all travel expenses of evaluators and the accompanying COA staff representative. If the state or province requires payment of expenses for an official observer, the institution is responsible for those expenses as well.

Applicable Policies: Policy and Procedures for Programmatic Accreditation
Appendix 7

Range of Evaluation Team Advisory Statements

Evaluation Teams make observations and advisory statements to the Commission on Accreditation concerning the institution’s fulfillment of the ABHE Standards for Accreditation and their Essential Elements. The institution has opportunity to provide additional information, clarification, or steps taken to improve fulfillment of the Standards prior to the Commission’s decision. Only the Commission on Accreditation is empowered to make judgments with regard to compliance/non-compliance with the Standards and/or decisions concerning changes in accreditation status. Evaluation Teams make an Advisory Statement to the Commission and may include suggestions for follow-up reporting or focused visits. The Team’s Advisory Statement should be patterned after the range of statements below.

For all advisement statements that have concerns or deficiencies, list the relevant Standard and Essential Element and the specific deficiency.

An Advisory Statement to defer candidate status or initial accreditation is not applicable if the institution will be five years from the granting of their current status when the Commission makes its decision.

Institutional Accreditation

1. **Evaluation visit for candidate status**
   a. Advise that the Commission grant candidate status to [institution].
   b. Advise that the Commission grant candidate status to [institution] with concern for the following:
   c. Advise that the Commission grant candidate status to [institution] and require a progress report within [one year OR two years] addressing the following concerns:
   d. Advise that the Commission grant candidate status to [institution] and require a focused team visit within one year to examine progress in addressing the following concerns:
   e. Advise that the Commission defer action on candidate status for [institution] pending receipt of …
   f. Advise that the Commission defer action on candidate status for [institution] for one year and require a special progress report before reconsideration addressing the following concerns:
   g. Advise that the Commission defer action on candidate status for [institution] for one year and require a focused team visit before reconsideration examining the following concerns:
   h. Advise that the Commission deny candidate status to [institution] in light of the institution’s failure to demonstrate satisfaction of the following Standards:

2. **Evaluation visit for initial accreditation**
   a. Advise that the Commission grant initial accreditation to [institution].
   b. Advise that the Commission grant initial accreditation to [institution] with concern for the following:
   c. Advise that the Commission grant initial accreditation to [institution] and require a progress report within [one year OR two years] addressing the following concerns:
   d. Advise that the Commission grant initial accreditation to [institution] and require a focused team visit within one year to examine progress in addressing the following concerns:
e. Advise that the Commission defer action on initial accreditation for [institution] pending receipt of …
f. Advise that the Commission defer action on initial accreditation for [institution] for one year and require a special progress report before reconsideration addressing the following concerns:
g. Advise that the Commission defer action on initial accreditation for [institution] for one year and require a focused team visit before reconsideration examining the following concerns:
h. Advise that the Commission deny initial accreditation to [institution] in light of the institution’s failure to demonstrate satisfaction of the following Standards:

3. Evaluation visit for reaffirmation of accreditation
a. Advise that the Commission grant reaffirmation of accreditation to [institution].
b. Advise that the Commission grant reaffirmation of accreditation to [institution] with concern for the following:
c. Advise that the Commission grant reaffirmation of accreditation to [institution] and require a progress report within [one year OR two years] addressing the following concerns:
d. Advise that the Commission grant reaffirmation of accreditation to [institution] and require a focused team visit within one year to examine progress in addressing the following concerns:
e. Advise that the Commission continue the accreditation of [institution] and defer action on reaffirmation of accreditation pending receipt of …
f. Advise that the Commission continue the accreditation of [institution], place the institution on warning for one year, and require a [special progress report OR focused team visit] addressing the following concerns:
g. Advise that the Commission continue the accreditation of [institution], place institution on probation for one year, and require a focused team visit in light of the institution’s failure to demonstrate satisfaction of the following Standards:
h. Advise that the Commission order that [institution] show cause why its accreditation be continued in light of the institution’s failure to demonstrate satisfaction of the following Standards:
i. Advise that the Commission withdraw the accreditation of [institution] in light of the institution’s failure to demonstrate satisfaction of the following Standards:

4. Focused visit (substantive change, special review)
a. Advise that the Commission approve the progress observed at [institution].
b. Advise that the Commission approve the progress observed at [institution] and require a special progress report within [one year OR two years] addressing the following concerns:
c. Advise that the Commission disapprove the progress observed at [institution] and require a [special progress report OR subsequent focused team visit] within one year to examine progress in addressing the following concerns:
d. Advise that the Commission continue the accreditation of [institution], place the institution on warning for one year, and require a [special progress report OR subsequent focused team visit] addressing the following concerns:
e. Advise that the Commission continue the accreditation of [institution], place the institution on probation for one year, and require a focused team visit in light of the institution’s failure to demonstrate satisfaction of the following Standards:
f. Advise that the Commission order that [institution] show cause why its accreditation be continued in light of the institution’s failure to demonstrate satisfaction of the following Standards:
g. Advise that the Commission withdraw the accreditation of [institution] in light of the institution’s failure to demonstrate satisfaction of the following Standards:

5. Focused visit (financial exigency)
   a. Advise that the Commission approve the progress observed at [institution].
   b. Advise that the Commission approve the progress observed at [institution] and require a special progress report, including a financial recovery plan, within [one year OR two years] addressing the following concerns:
   c. Advise that the Commission disapprove the progress observed at [institution] and require a [special progress report with a financial recovery plan OR subsequent focused team visit] within one year to examine progress in addressing the following concerns:
   d. Advise that the Commission continue the accreditation of [institution], place the institution on warning for one year, and require a [special progress report OR subsequent focused team visit] addressing the following concerns:
   e. Advise that the Commission continue the accreditation of [institution], place the institution on probation for one year, and require a focused team visit in light of the institution’s failure to demonstrate satisfaction of the following Standards:
   f. Advise that the Commission order that [institution] show cause why its accreditation be continued in light of the institution’s failure to demonstrate satisfaction of the following Standards:
   g. Advise that the Commission withdraw the accreditation of [institution] in light of the institution’s failure to demonstrate satisfaction of the following Standards:

Programmatic Accreditation

1. Evaluation visit for initial programmatic accreditation
   a. Advise that the Commission grant programmatic accreditation to the following program(s) of [institution]:
   b. Advise that the Commission grant programmatic accreditation to the program(s) of [institution] listed below with concern for the following:
      List of affected programs:
   c. Advise that the Commission grant programmatic accreditation to the program(s) of [institution] listed below, and require a progress report within [one year OR two years] addressing the following concerns:
      List of affected programs:
   d. Advise that the Commission grant programmatic accreditation to the program(s) of [institution] listed below, and require a focused team visit within one year to examine progress in addressing the following concerns:
      List of affected programs:
   e. Advise that the Commission defer action on programmatic accreditation for the program(s) of [institution] listed below, pending receipt of …
      List of affected programs:
   f. Advise that the Commission defer action for one year on programmatic accreditation for the program(s) of [institution] listed below and require a special progress report before reconsideration addressing the following concerns:
      List of affected programs:
   g. Advise that the Commission defer action for one year on programmatic accreditation for the program(s) of [institution] listed below and require a focused team visit before reconsideration examining the following concerns:
      List of affected programs:
h. Advise that the Commission deny programmatic accreditation to the program(s) of [institution] listed below in light of the institution’s failure to demonstrate satisfaction of the following Standards:
   List of affected programs:

2. **Evaluation visit for reaffirmation of accreditation**
   a. Advise that the Commission grant reaffirmation of programmatic accreditation to the following program(s) of [institution]:
      List of affected programs:
   b. Advise that the Commission grant reaffirmation of programmatic accreditation to program(s) of [institution] listed below with concern for the following:
      List of affected programs:
   c. Advise that the Commission grant reaffirmation of programmatic accreditation to program(s) of [institution] listed below and require a progress report within [one year OR two years] addressing the following concerns:
      List of affected programs:
   d. Advise that the Commission grant reaffirmation of programmatic accreditation to the program(s) of [institution] listed below and require a focused team visit within one year to examine progress in addressing the following concerns:
      List of affected programs:
   e. Advise that the Commission continue the programmatic accreditation of the program(s) of [institution] listed below and defer action on reaffirmation of accreditation pending receipt of …
      List of affected programs:
   f. Advise that the Commission continue the programmatic accreditation of the program(s) of [institution] listed below, place the program(s) on warning for one year, and require a [special progress report OR focused team visit] addressing the following concerns:
      List of affected programs:
   g. Advise that the Commission continue the programmatic accreditation of the program(s) of [institution] listed below, place the program(s) on probation for one year, and require a focused team visit in light of the institution’s failure to demonstrate satisfaction of the following Standards:
      List of affected programs:
   h. Advise that the Commission order that [institution] show cause why the programmatic accreditation of the program(s) listed below be continued in light of the institution’s failure to demonstrate satisfaction of the following Standards:
      List of affected programs:
   i. Advise that the Commission withdraw the programmatic accreditation of the program(s) of [institution] listed below in light of the institution’s failure to demonstrate satisfaction of the following Standards:
      List of affected programs:

3. **Focused visits**
   a. Advise that the Commission approve the progress observed for the program(s) at [institution] listed below.
      List of affected programs:
   b. Advise that the Commission approve the progress observed for the program(s) at [institution] listed below and require a special progress report within [one year OR two years] addressing the following concerns:
      List of affected programs:
c. Advise that the Commission disapprove the progress observed for program(s) at [institution] listed below and require a [special progress report OR subsequent focused team visit] within one year to examine progress in addressing the following concerns:
   List of affected programs:

d. Advise that the Commission continue the programmatic accreditation of the program(s) at [institution] listed below, place the program(s) on warning for one year, and require a [special progress report OR subsequent focused team visit] addressing the following concerns:
   List of affected programs:

e. Advise that the Commission continue the programmatic accreditation of the program(s) of [institution] listed below, place the institution on probation for one year, and require a focused team visit in light of the institution’s failure to demonstrate satisfaction of the following Standards:
   List of affected programs:

f. Advise that the Commission order that [institution] show cause why the programmatic accreditation of the program(s) listed below be continued in light of the institution’s failure to demonstrate satisfaction of the following Standards:
   List of affected programs:

g. Advise that the Commission withdraw the programmatic accreditation of the program(s) of [institution] listed below in light of the institution’s failure to demonstrate satisfaction of the following Standards:
   List of affected programs: