Self-Study Process

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Self-Study Process Overview

The self-study process is the keystone of institutional assessment, accreditation compliance documentation, and institutional improvement. The maturity of an institution and their leadership capacity is reflected in the quality of their self-study process, and it paves the way for continuous institutional improvement.

Review the purpose and spirit of accreditation and the self-study process.	**Purpose**
Define the specific terminology related to the self-study process.	**Define**
Organize for a smooth process - team engagement, schedule, and accountability.	**Organize**
Explore the best ways to collect documentation and supporting evidence, and write the narrative.	**Document**

Purpose

Accreditation is designed to foster ongoing systematic self-study with the goal of continuous institutional improvement. The ultimate goal is to better equip institutions to prepare students for a life of service to the glory of Jesus Christ.

Philosophy of Accreditation

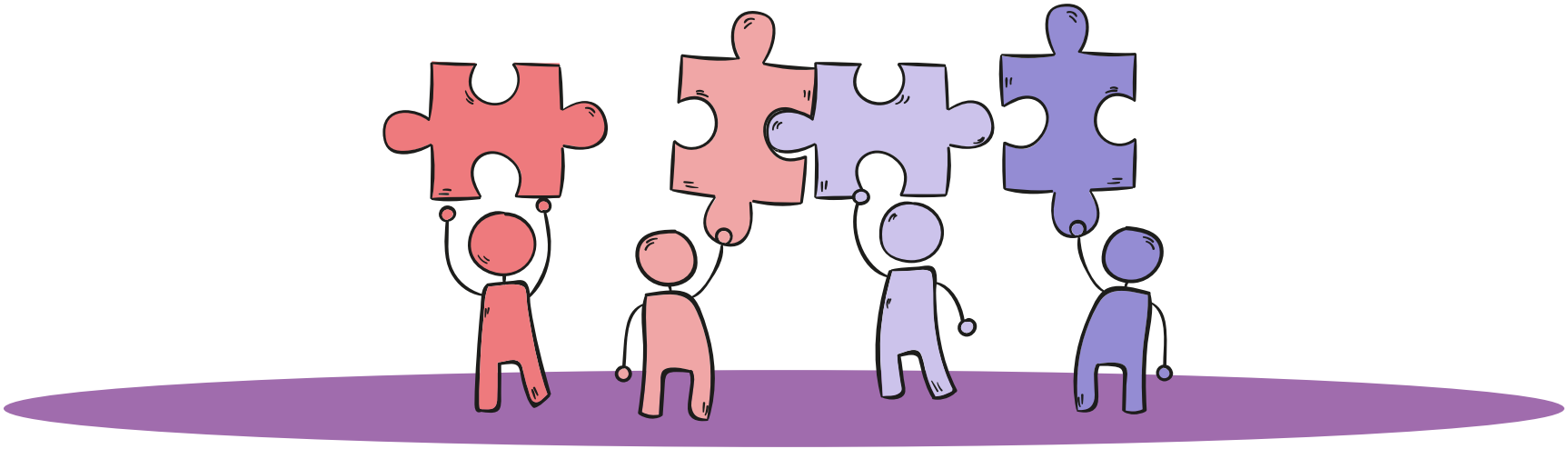
An institution must demonstrate it is substantially achieving and can continue to achieve its mission and the Standards for Accreditation. It must also demonstrate its commitment to ongoing institutional improvement.

Principle for Accreditation

Institutions are to affirm, updating as needed, their mission statements; examine evidence for achievement of their mission and goals; identify areas of strength, weakness, opportunity, or threat; and develop plans to address issues.

Self Study Process

Definitions



Mission

Concise statement of the institution's purpose, scope, and intended impact.

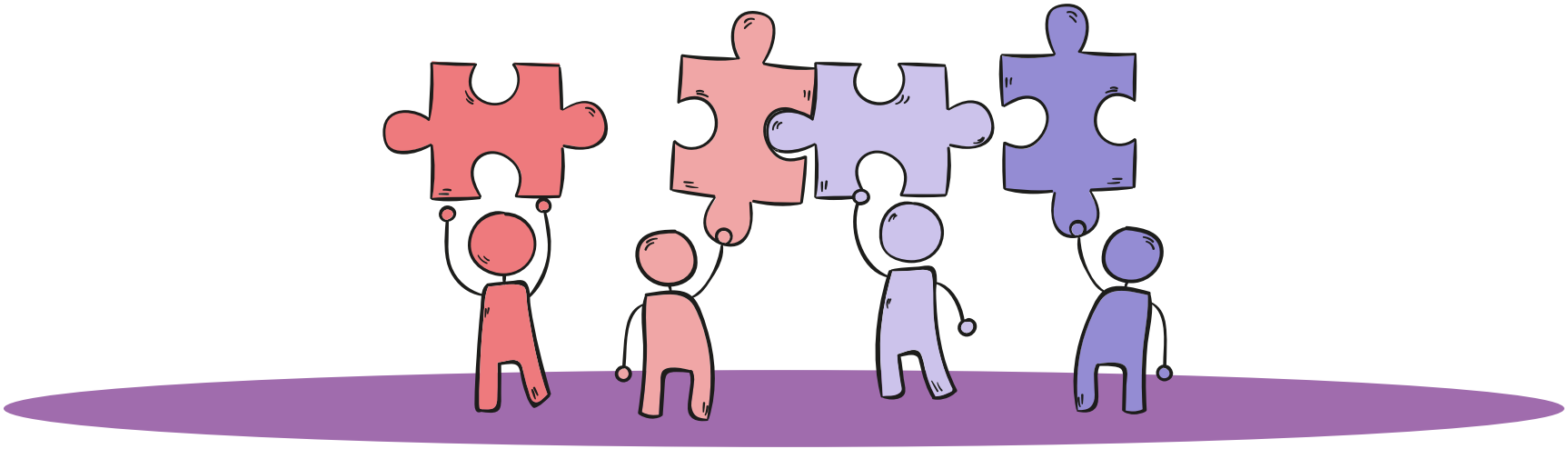
Goals

An aim or desired result. A goal is general and typically not measurable. It may apply to an institution, program, or individual.

Outcomes

Anticipated, specific, and measurable result of an activity/set of activities.
Intended outcome = desired result
Actual outcome = consequence

Definitions



Assessment Plan

A written description of the institution's ongoing assessment activities. Identifies: instruments, cycles of assessment, schedules, and benchmarks.

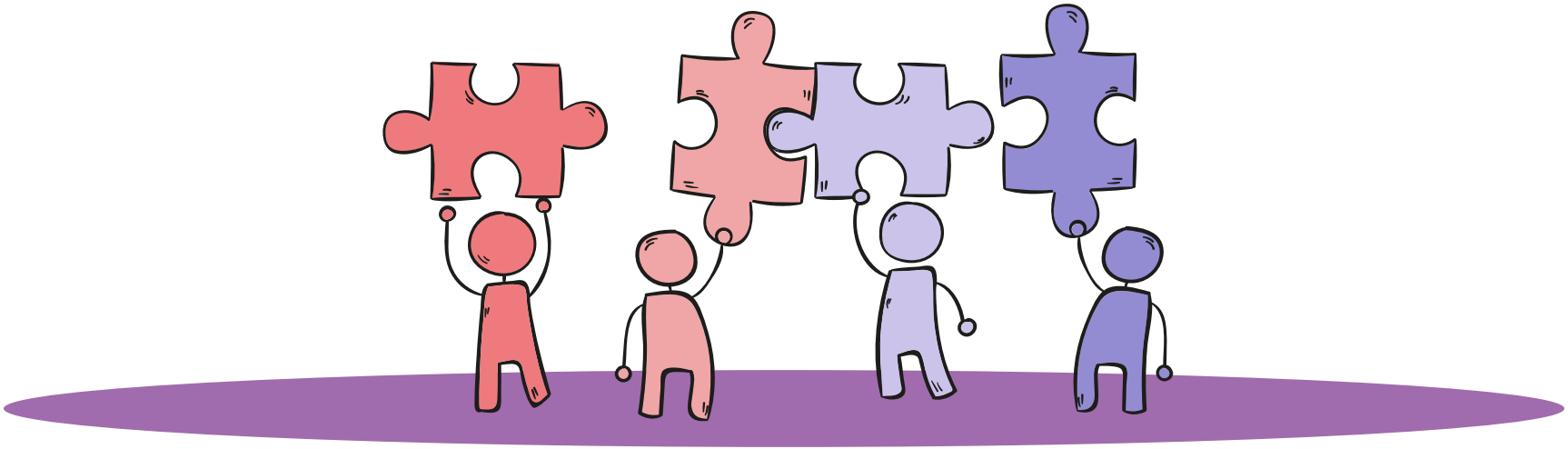
Compliance Document

Self-study report that assesses the extent to which an institution satisfies the ABHE standards and essential elements.

Improvement Plan

A written description of the institution's plans for the next 3-5 years, including: timeframes, strategies, responsible parties, and cost analysis.

Definitions



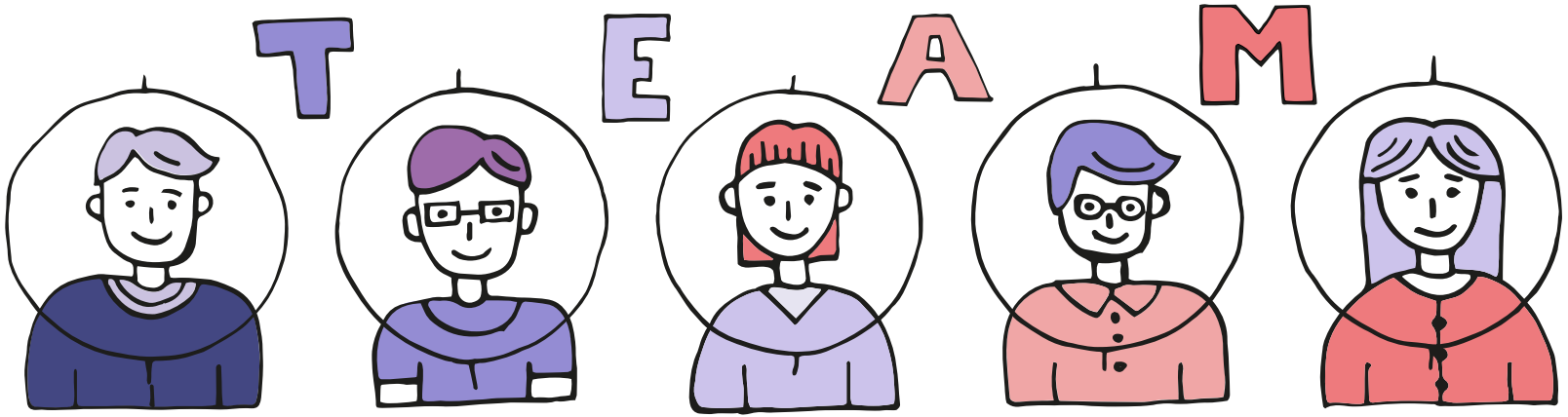
Statistical Abstract

Overall summary of the institution, programs, enrollment, salary, library, finance, and ministry formation data.

Exhibits

Evidence of claims made in the Compliance Document. Exhibits should be numbered and referenced by number in the Compliance Document.

Organization of the Self-Study Process



President

Engagement of the President in the self-study process is vital.

Coordinator

Monitors self-study process and communicates with ABHE.

Steering Committee

Provides leadership over writing and approval of all documents.

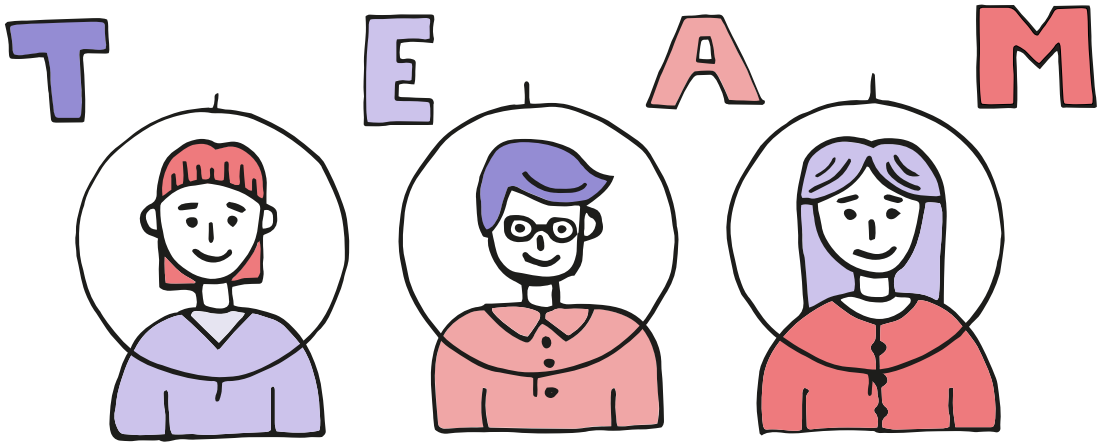
Standard Committees

Researches compliance, gathers data, and drafts compliance document.

Writer/Editor

Edits the document into a consistent voice/narrative.

Organization of the Self-Study Process



Document Finishers

Proof and address form issues.

Tech Team

Add exhibit hyperlinks and transitions the document into final form.

Support Personnel

Data gathering, formatting, distribution, logistics, scheduling, etc.

Organization of the Self-Study Process

Months before Submission	Activities
18	Develop and approve plan and timeline for self-study.
13-17	Update Institutional Assessment Plan. Gather standards-specific data and research.
10-12	Complete first draft of compliance document.
5-10	Review findings of Assessment Plan and Compliance. Connect to Improvement Plan.
4-7	Final document revisions by editor and final approvals of documents.

Organization of the Self-Study Process

Months before Submission	Activities
2-4	Senior Writer/Editor revises all documents into final form.
1	Review of findings and conclusions with constituencies.
1	Preparation of Data and Documents for submission.
0	Submit self-study.

Documentation of Evidence

1 Statistical Abstract

2 Compliance Document

3 Regulatory Requirements Evaluation

Assessment Plan 4

Improvement Plan 5

Exhibits 6

Statistical Abstract

Programs

List all degrees and majors offered in addition to the academic schedule of the institution (e.g. semester system, quarter system).

Enrollment

Four years of undergraduate and graduate enrollment to include headcount, number of full-time students, and FTE.

Salary

List professional staff data, information about highest earned degrees, and average salaries for faculty.

Library

Four years of information to include: volumes, title, subscriptions, circulation, staffing, and budget/expenses.

Finance

Four years of information to include:unrestricted revenue, financial ratios, plant and equipment, and indebtedness.

Ministry Formation

Brief description of ministry formation and student participation in ministry formation at the institution.

Compliance Document

01
Introduction

Brief history of the institution, statement of its mission and goals, and description of the self-study process.

02
Chapters
1-11 (or 1-9)

Chapters covering each Standard subdivided into sections by Essential Element. Describe how the institution is meeting each Element and cite exhibits for evidence.

03
RREs

Self-assessment of the institution's satisfaction of the 14 external requirements. Describe why the institution meets the requirement and cite documents which support rationale.

04
Conclusion

Summary of all issues identified as a result of comparing institutional characteristics with Standards for Accreditation. Should point to Institutional Improvement Plan.

Assessment Plan

A written description of ongoing assessment activities. Should include the assessment of institutional effectiveness, institutional learning, and program learning. For each assessment item, it is valuable to address the following questions:

- *Who* . . . will be responsible for conducting the assessment process in identified areas of needed data? Who will be responsible for the analysis of the collected data?
- *What* . . . are the areas of needed data to help guide decisions for institutional improvement and/or excellents as well as for demonstrating compliance with COA standards?
- *When* . . . will those responsible for conducting data collection commence and complete their processes? When will those responsible for data analysis complete written reviews?
- *Where* . . . will the data be collected and where will it be stored? Where will the analysis of collected data be stored?
- *Why* . . . are the areas identified for needed data collection noted as such? Why is analyzed data being sought and what is the Intended Objective for collecting the data?
- *How much* . . . will the process of data collection and data analysis cost the institution and to which department(s) will those costs be levied?

Assessment Plan

Introduction: Provides a brief background on the institution and its mission, the process used in developing the Assessment Plan, and the participants who worked to develop and implement the plan.

Assessment of Student Learning: Section should include outcomes that apply to all graduates and outcomes that apply to graduates of specific programs, means of assessment, benchmarks, and results of assessment efforts.

Assessment of Institutional Effectiveness: Should describe how well the institution functions and performs its various educational and support services, means of assessment, benchmarks, and results of assessment efforts.

Improvement Plan

A written description of The Institution's plans for the next three to five years that follow the same format as the questions from the Assessment Plan as outline below. Elements to Address in the Improvement Plan include timeframes, strategies to achieve these plans, assignment of responsibilities for execution, and cost analysis for implementation. The plan should also include the intentional redress of weaknesses identified in the Compliance Analysis.

- *Who* . . . will be responsible for conducting the assessment process in identified areas of needed data? Who will be responsible for the analysis of the collected data?
- *What* . . . are the areas of needed data to help guide decisions for institutional improvement and/or excellents as well as for demonstrating compliance with COA standards?
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- *How much* . . . will the process of data collection and data analysis cost the institution and to which department(s) will those costs be levied?

Institutional Improvement Plan

Introduction: Provides a brief background on the institution and its mission, the process used in developing the Institutional Improvement Plan, and the participants involved.

Strategic Plan: Should include conclusions from Compliance Review, results of Assessment Activities, Key Initiatives, Indicators of Success, Resources Required for Implementation, Timeline for Implementation, and Persons responsible.

Conclusion: Summary of results and an outline of the process for renewing the planning cycle.

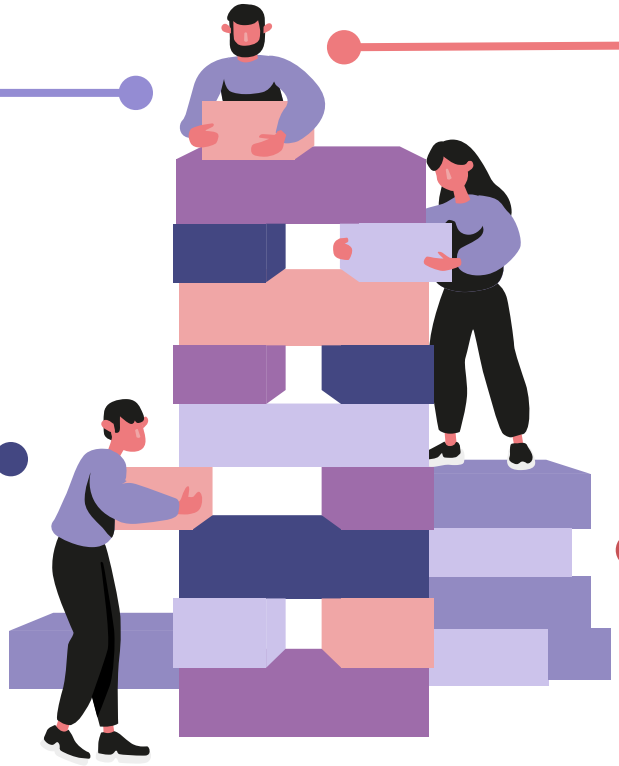
Exhibits

Numbered

Exhibits should be numbered and referenced in the compliance document by their number.

Excerpts Preferred

Only excerpts or single pages should be included. Avoid citing entire catalogs/ handbooks for single sentence evidence.



Highlight Specific Evidence

When including a page of evidence with additional text or data, highlight the specific information on the page that is relevant to the Essential Element.

Website Links

When using a website link, also PDF a screenshot of the page to include as a numbered exhibit.

Questions?

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