



HANDBOOK *for*

PERIODIC
REVIEW
REPORTS

ELEVENTH EDITION

Middle States Commission on Higher Education

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3624 Market Street
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Fax: (215) 662-5501
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Permission is granted to colleges and universities within the jurisdiction of the Middle States Commission on Higher Education to photocopy this handbook for the purpose of institutional self-study and peer review. The text of these standards also may be downloaded from the Commission's website. Bound copies may be purchased through the publications order form, also available on the website.

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Introduction

Accreditation is the means of self-regulation and peer review adopted by the educational community. The accrediting process is intended to strengthen and sustain the quality and integrity of higher education, making it worthy of public confidence and minimizing the scope of external control. The extent to which each educational institution accepts and fulfills the responsibilities inherent in the process is a measure of its concern for freedom and quality in higher education and its commitment to striving for and achieving excellence in its endeavors.

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

- that it has a mission appropriate to higher education;
- that it is guided by well-defined and appropriate goals, including goals for student learning;
- that it has established conditions and procedures under which its mission and goals can be realized;
- that it assesses both institutional effectiveness and student learning outcomes, and uses the results for improvement;
- that it is accomplishing its mission and goals substantially;
- that it is so organized, staffed, and supported that it can be expected to continue to accomplish its mission and goals; and
- that it meets any eligibility or affiliation requirements and the standards of the Middle States Commission on Higher Education.

Accreditation is a continuing status which, once conferred, is not removed except for cause and then only with observance of due process. A responsible accrediting program necessarily includes the periodic review of accredited institutions, both for their benefit and for the fulfillment of the Commission's accountability to the public and to the academic community.

Membership in the Middle States Association follows a period of candidacy lasting up to five years. The Middle States Commission on Higher Education reviews institutions periodically through either on-site evaluation or other reports. Accreditation is continued only as a result of periodic reviews and evaluations of institutional achievements.

One of the principles of voluntary accreditation is that no institution accredited by the Middle States Commission on Higher Education will be permitted to go longer than five years without a substantive report to the Commission or longer than 10 years without an evaluation visit.

The Periodic Review Report (PRR), due five years after the decennial self-study and reaffirmation of accreditation, is a retrospective, current, and prospective analysis of the institution. As an essential phase of the accreditation cycle, the PRR should demonstrate that the institution meets the standards by which the Commission reaffirms or denies accredited status.

This *Handbook* is designed to assist institutions and reviewers in understanding the purpose of the PRR and its place in the accreditation cycle, as well as to provide guidance to those on campuses who are entrusted with preparing the final document. A section of this booklet also is addressed specifically to the external reviewers appointed by the Commission to analyze and report on the status of institutions that have PRRs under consideration.

The Commission staff stands ready to be of assistance and should be called upon if further information or clarification is needed.

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Guidelines for Institutional Reports

The Periodic Review Report ordinarily is submitted five years after an institution's self-study and evaluation team visit. As a retrospective, current, and prospective analysis of an institution, the PRR provides significant institutional progress and planning information to the Commission on Higher Education and assists the Commission in determining whether the institution remains in compliance with accreditation standards. The preparation of a PRR, like that of a self-study document, provides opportunities for constructive discussion among the institution's several constituencies, bringing various points of view to the consideration of recent institutional developments and current institutional issues.

At its best, the periodic review of accredited institutions is a creative means of assisting in the continuous assessment of the institutions' educational mission, goals, and objectives. Ideally, self-review should be an integral and ongoing activity on every campus, only incidentally related to calendars and accreditation but constantly keyed to the natural relationship between self-study and educational planning. The more self-study and evaluation are seen as directly related to institutional viability and quality, the more productive the self-study and evaluation process will be. The resulting report should serve as a useful planning and development document for the institution. A successful PRR process also allows an institution to reflect upon and acknowledge its progress and accomplishments and to develop plans or create consensus regarding important next steps.

An institution will receive notification on several occasions about the due date of its PRR: (1) when the Commission sends formal action letters on accreditation status following reaffirmation, review of follow-up reports, and review of reports related to special visits; (2) when institutions are invited to participate in PRR workshops; and (3) when notice is sent to all institutions due to submit PRRs in the next year.

It is the responsibility of each institution to allow sufficient time for adequate preparation of a useful PRR. The experience of the Commission is that, on average, one year from initiation of the process to submission of the report is needed. In the spring of each year, the Commission offers PRR workshops for institutions whose reports are due in the subsequent two-year period.

Goals and Objectives

The PRR is intended to achieve the following goals and objectives:

Goals

- 1) To help institutions gauge their progress in achieving their own goals and objectives
- 2) To enable the Commission to assess the current status, as well as the future prospects, of institutions, within the framework of the Commission's accreditation standards
- 3) To fulfill the Commission's accountability to the public, the academic community at large, and its member institutions

Objectives

- 1) To assess the impact of significant major developments, changes, or challenges subsequent to the last evaluation
- 2) To assess the institution's response to recommendations resulting from the previous evaluation
- 3) To review the institution's enrollment trends, financial status, and enrollment and financial projections
- 4) To determine the current status of the implementation of plans for the assessment of institutional effectiveness and the assessment of student learning outcomes (accreditation standards 7 and 14)
- 5) To assess the extent to which linked institutional planning and budgeting processes are in place

The Contents of the Periodic Review Report

The Periodic Review Report is not a mini-self-study, and it is not the Commission's intention to require voluminous reports to fulfill the PRR requirement. The emphasis is on brevity in providing required information. Most Periodic Review Reports will require approximately 50 pages. However, the actual length of the report will depend on factors such as the number of issues the institution must address, institutional complexity, and the intended institutional uses for the document.

Institutions that are actively engaged in continuous planning and assessment are strongly encouraged to submit documentation from regular processes without significant additional description or analysis. In the event that such documentation is not available, a description of the process used by the institution, accompanied by appropriate detail and examples, should be provided.

Institutions are encouraged to utilize information previously submitted to MSCHE as a source of data for analysis. For example, annually updated institutional profiles submitted since the previous self-study could provide some of the data needed to complete the PRR.

The Periodic Review Report consists of the following sections:

1) An executive summary

Include a brief overview of the institution and a summary of major changes and developments since the decennial accreditation. Attach the "Certification Statement," which is available on the Commission's website (Publications/Forms on Line). Institutions with Related Entities should attach that certification form as well.

2) A summary description of the institution's response to recommendations (but not suggestions) from the previous team report and institutional self-study

Any recommendations already addressed in separate progress letters or monitoring reports to the Commission should be noted as such and briefly summarized. (*Recommendations* address issues relative to an institution's continuing compliance with accreditation standards. *Suggestions* express collegial advice for institutional consideration.)

3) A brief narrative identifying the institution's major challenges and/or current opportunities

4) Analysis of enrollment and finance projections for the period covered by the institution's strategic plan, but not less than the current and two future years, including assumptions on which those projections are based, and related to enrollment and fiscal trends from the three previous years

Supporting documentation must include the audited financial statements and accompanying management letters or their equivalents covering the three previous years.

5) Evidence of sustained and organized processes to assess institutional effectiveness and student learning, and evidence that the results of such processes are being used to improve programs and services and to inform planning and resource allocation decisions

6) Evidence that linked institutional planning and budgeting processes are in place

A more detailed discussion of the contents of each of these sections of the PRR follows below.

1) Executive Summary

This important summary should be prepared after the entire PRR has been completed, but it should appear as a preface to the document.

The executive summary of no more than five pages in length should include:

- a brief introductory overview of the institution, including references to mission, enrollment, educational offerings, structures, and resources that will provide appropriate institutional context for the reader of the PRR;
- summary information on the institution's approach to the preparation of the PRR;
- a summary of major institutional changes and developments since the decennial accreditation, to the extent that such changes are relevant to one or more accreditation standards; and
- an abstract of the highlights of the PRR in narrative form;

The completed PRR Certification Statement, which is available on the Commission's website (Publications/Forms on Line), should be attached to the Executive Summary, affirming that the institution continues to meet all of the Commission's eligibility or affiliation requirements published in *Characteristics of Excellence*, and federal Title IV requirements. Pertinent qualifying information, if any, should be included or referenced.

Institutions with Related Entities should attach that certification form as well.

Please note that 15 COPIES of the EXECUTIVE SUMMARY, in addition to the copy included in each PRR, ARE REQUIRED AND SHOULD BE SENT TO THE COMMISSION OFFICE AS PART OF THE PRR PACKAGE. These 15 copies should include the PRR and Related Entities Certification Statements.

2) Summary of institution's response to recommendations from the previous team report and institutional self-study

Because developments and changes occur partially in response to recommendations resulting from the previous evaluation, it is expected that all major self-study and evaluation report recommendations will be reviewed and analyzed thoroughly in order to provide a critical appraisal of actions or decisions taken. In some instances, the Commission may have directed, as a follow-up measure through its formal action letters, that the PRR provide an update on progress in specific areas.

This summary need **not** include either comments relative to suggestions from the prior team report or substantive comments relative to recommendations that have already been addressed in progress letters or monitoring reports to the Commission.

While institutions may find it useful to include an index of recommendations in chart form as an appendix to the PRR, most institutions group recommendations by topic or functional area, rather than address all recommendations individually. Although it is not intended that all recommendations of the evaluation team be accepted, all should be carefully considered. In some cases, recommendations may be rejected, but the rationale for taking such action should be included in this section of the report.

3) Narrative identifying major challenges and/or opportunities

Identify briefly what the institution sees as its most important challenges or opportunities over the next five years, consistent with the information and analysis contained elsewhere in the PRR. Only challenges and opportunities with particular relevance to one or more accreditation standards should be addressed, and the institution should identify which standards relate to each challenge or opportunity described.

This section of the PRR is designed to allow the institution maximum opportunity to record briefly and to analyze its chief accomplishments and any significant obstacles or challenges. Among these developments could be changes in mission, programs, institutional effectiveness (outcomes), student services, facilities and other institutional resources, administrative organization, governing board, governance structures, personnel and management, institutional research and planning, policies and procedures, admissions, enrollment management, retention and attrition, and financial condition.

4) Enrollment and finance trends and projections

The Periodic Review Report should include, either within the report or as companion documents:

- The institutional financial plan for the period covered by the institution's strategic plan, but not less than the current and two future years; (Plans might vary depending on the institution and might include such things as budgets, pro forma projections, and strategic plans tied to the budget.)
- The audited financial statements and management letters or their equivalents covering the three previous years;
- The financial information submitted to IPEDS for the three previous years
- Actual enrollment for the current year and the three previous years; and
- Projected enrollment for the period covered by the institution's financial plan

In addition to describing the status and projections of enrollments and finance through narrative, charts, and diagrams, it is expected that the projections will be accompanied by appropriate assumptions (e.g., graduate enrollment will increase due to new programs; state funding will remain stable) or other evidence to demonstrate their plausibility. When presenting the enrollment data, it is useful to categorize the data by programs and/or levels (e.g., undergraduate, graduate, or other) and to relate these data to current and future fiscal information.

Fiscal information applies to both operational and capital accounts. This information will be viewed in relation to the audited financial statements and management letters (or equivalent fiscal accountability data) and IPEDS financial information accompanying the Periodic Review Report. The institution's fiscal analysis may incorporate financial indicators or ratios (such as those developed by Moody's, KPMG, or others), if the institution judges such ratios to be useful and meaningful.

In all cases, the fiscal analysis should include selected data such as trends in net income and net assets.

Institutions may find it helpful to review the suggested questions for PRR finance associates in Chapter 2 of this *Handbook*.

5) Organized and sustained processes to assess institutional effectiveness and student learning

The Commission's expectations for assessment, conveyed in Standard 7 on Institutional Assessment and in Standard 14 on the Assessment of Student Learning, are explained further in Appendix 2 of this handbook, "Assessing Student Learning and Institutional Effectiveness: Understanding Middle States Expectations."

Informed by those expectations, this section of the PRR should provide an overview of the institution's assessment processes. As stated in the Appendix, the Commission expects that the institution defines clearly articulated institutional and unit-level goals, implements strategies to achieve those goals, assesses achievement of those goals, and uses the results of those assessments to improve programs and services and to inform planning and resource allocation decisions.

6) Linked institutional planning and budgeting processes

Accreditation Standard 2 (Planning, Resource Allocation, and Institutional Renewal) provides the primary context for this final section of the PRR:

An institution conducts ongoing planning and resource allocation based on its mission and goals, develops objectives to achieve them, and utilizes the results of its assessment activities for institutional renewal. Implementation and subsequent evaluation of the success of the strategic plan and resource allocation support the development and change necessary to improve and to maintain institutional quality.

Institutions should provide a brief narrative describing current institutional planning and budgeting processes, with particular attention to demonstrating how such processes are integrated and linked. The narrative should be supported by reference to institutional planning documents (provided in paper copy or via electronic access). If no such documents exist, the narrative must provide a detailed account of what the institution is currently doing to carry out linked planning and budgeting processes.

Alternatively, institutions that have developed effective strategic or long-range master plans may satisfy this requirement of the PRR by making reference to such documents in the PRR and by including the planning documents as attachments. Because the materials which demonstrate these processes usually are extensive, brevity in this narrative section is encouraged.

Note for Institutions with Related Entities

At some applicant, candidate, or accredited institutions, the institution's governing board shares decision-making responsibility related to Commission accreditation standards with one or more non-accredited "related" entities. The shared decision-making often involves the functions and operations of academic programming, finances, planning, governance, budget and approval processes, recruitment, information systems, or employee compensation.

A related entity may be a corporate parent, system administration or board, religious sponsor, funding sponsor (which, in some cases, may include an equity or investment fund), or other entity that can affect decisions related to accreditation standards. Related entities may include institutional or corporate layers or groups. Ordinarily, local, county, and state legislatures, other accreditors, local advisory boards, and government agencies are not considered to be related entities.

The Periodic Review Report of an institution with a related entity should describe and analyze the relationship with that entity whenever appropriate in the several sections of the report and in any discussion of the institution's compliance with the Commission's standards. A certification form from the related entity, as provided in the Commission's policy, "Related Entities," should be attached to the Executive Summary in the PRR.

Steps in Preparing a Periodic Review Report

There are 10 essential steps that institutions follow in developing the Periodic Review Report.

Step 1: Organize for the task

For most institutions, organizing for the PRR involves the designation of an existing or newly created committee to coordinate the effort and write the final document. The preparation of a PRR, just like a self-study, should involve various campus constituencies including faculty, staff, administration, and the board of trustees. Prior to submitting the PRR to the Commission, representatives of these groups should have adequate opportunity to discuss and respond to the draft PRR.

Step 2: Review documents relating to previous evaluation

Those with responsibility for the PRR process should review these important background documents:

- a) the institution's self-study document
- b) the report of the visiting team
- c) the institution's response
- d) the Commission's action letter
- e) any follow-up report(s) required by the Commission

Familiarity with these documents should be sufficient to assure that the significance of current institutional developments is clear to any leaders of the PRR process who are not closely involved in the daily affairs of the institution or who were not direct participants in the previous self-study process.

Those involved in the PRR process also should be familiar with this *Handbook* and with *Characteristics of Excellence in Higher Education*.

Step 3: Collect other essential data

Develop an annotated inventory of institutional reports, evaluations, data collections, and other documents that have a clear relationship to the various components of the PRR as outlined above. The inventory should include both paper documents and those available electronically.

Other documents that should be gathered or made accessible include:

- institutional profiles submitted to Middle States annually since the last evaluation visit (Note: These profiles include enrollment and financial data that may be useful.)
- substantive change requests submitted to the Commission (if any)
- audited financial statements and management letters (or equivalents) for the prior two years
- institutional budget documents
- institutional planning documents
- outcomes assessment plans (or similar documents) relative to both the assessment of institutional effectiveness and the assessment of student learning

Step 4: Organize, analyze, and interpret data

Step 5: Write the draft report

The PRR is not intended to duplicate a self-study report and is not expected to be as lengthy. It should follow the format provided in the section of this handbook on “The Contents of the Periodic Review Report” and should include all of the contents described there.

The text of most PRRs is about 50 pages in length, supported by relevant paper or electronic resources that accompany the narrative report. The 50 page length is cited as a guideline; some reports may require more than 50 pages, while others may be shorter. In general, PRRs accompanied by separate key documents (e.g., assessment plans) will be shorter than PRRs that are not supported by such documentation.

While working for brevity, be as explicit and precise as the nature of the material permits. Discuss subjects fully enough so that readers are able to assess the situation at the institution. The PRR, like a self-study report, should be analytical and not simply descriptive. Cite and interpret evidence, as necessary, to strengthen and clarify the report. Include specific page numbers for all exhibits referred to in the text.

When preparing materials, keep in mind the several audiences the PRR will reach. The PRR should not be simply a response to a Commission requirement for reporting but, instead, should be used for the benefit of the institution itself. The internal audience (and possible external audiences beyond the Commission) should be very much in the minds of those preparing the final report.

Step 6: Conduct an institutional review of the content of the draft report

Just as a self-study report should accurately represent the entire institution, so should the PRR. The institution should take appropriate steps to ensure involvement in and awareness of the PRR process.

Step 7: Edit the final report

The final edited report should include a functional cover page (example follows) with the institution’s name and location, the date, and the chief executive officer’s name and title. The report should be securely stapled together or bound, not placed loosely in a folder.

Step 8: Prepare the executive summary & PRR Certification Statement

Be succinct, address the items detailed earlier in this *Handbook*, and limit the executive summary to five pages. Attach the Certification Statement, which is available on the Commission’s website (Publications/Forms on Line), and, if appropriate, the Related Entities certification form.

Step 9: Submit, by June 1, the following PRR package to each of the *two external reviewers* appointed by the Commission. (Commission staff will provide the names of the reviewers by May 1 or as soon thereafter as possible.)

a) Periodic Review Report, including its executive summary, the Certification Statement, the Related Entities Certification if appropriate, and the most recent "Institutional Profile" (IP attached at the end of the report);

b) Current catalog(s) in paper format, if an electronic version is not available;

(Note: For electronic catalogs, be sure to identify the URL within any letter or memorandum of transmittal and at appropriate places within the PRR text.)

c) The institutional financial plan for the period covered by the institution's strategic plan, but not less than the current and two future years;

(Note: Plans might vary depending on the institution and might include such things as budgets, pro forma projections, and strategic plans tied to the budget.)

d) The audited financial statements and accompanying management letters, or their equivalents, covering the three previous years;

e) The financial section submitted to IPEDS (Integrated Postsecondary Education Data System, U.S. Department of Education) for the the three previous years;

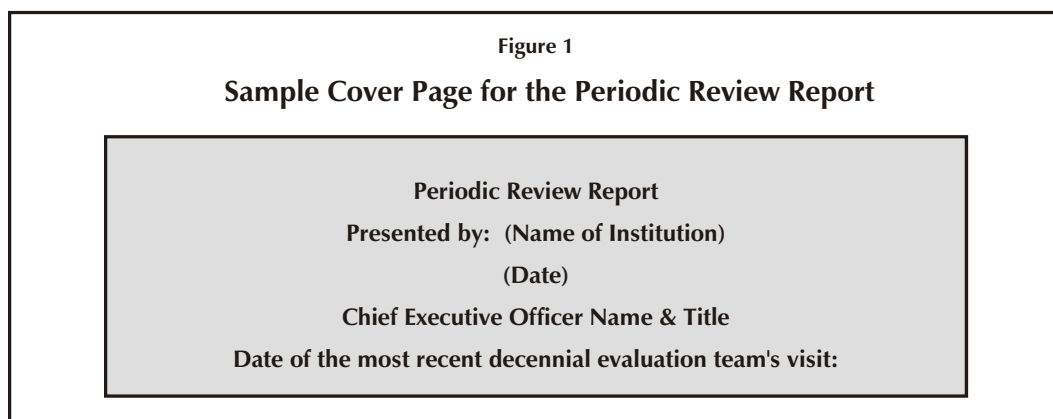
(Note: Institutions that do not have available separate institutional financial statements and management letters because they have related entities should refer to the Guidelines for Institutions with Related Entities in the Commission's policy statement, "Related Entities.")

f) Assessment plans that address institutional effectiveness and student learning, if available as separate documents, or descriptions of assessment processes and results;

g) Institutional planning documents (e.g., strategic, long-range, master plan) or equivalents, **to the extent these are referenced by page numbers within the narrative of the PRR;** and

h) Other institutional documents, **only if there is a clear need for them and if there are specific references to the documents within the narrative of the PRR**

Step 10: Submit to the Commission office, by June 1, two copies of the PRR, two copies of all accompanying institutional materials, including the most recent Institutional Profile, and 15 additional separate copies of the executive summary with attached certification statement(s).



2

Guidelines for External Reviewers

The task of an external reviewer is closely akin to that of an on-site evaluator following an institutional self-study, although in this case there is no campus visit involved. External reviewers constitute a group of individuals assigned to analyze and evaluate the Periodic Review Reports submitted by two institutions. Each institutional report will be reviewed by two external reviewers, a member of the Commission’s professional staff, and a special finance associate. External reviewers serve as “First Reviewer” on one report and as “Second Reviewer” on the other.

In addition, a “finance associate” will be assigned to review each institution’s financial documents and to prepare a brief summary analysis. Within this chapter, the section entitled “The Finance Associate’s Report” describes the distinct role and responsibility of the finance associate.

The special responsibility of the first reviewer is both to draft and to finalize the external reviewers’ report, utilizing the contribution and input of the second reviewer in a manner that produces a document that both reviewers can accept and for which they can be advocates. Finally, based on their own report and that of the finance associate, the external reviewers develop a confidential brief that includes the recommendation to the Commission regarding the institution’s accreditation.

In general, the PRR is a retrospective, current, and prospective appraisal of an institution, subsequent to its last evaluation. It is a detailed progress report required of all institutions whose accreditation has been reaffirmed within the past five years and is intended to achieve the goals and objectives listed earlier in this handbook. External reviewers should keep in mind that the PRR is not a self-study. However, it should be as analytical as it is descriptive, it should be candid and forthright, and it should provide an accurate and current picture of the institution.

The Commission relies on the personal and professional integrity of individuals to refuse any assignment where even the slightest potential for conflict of interest exists. Except in rare instances, the Commission staff will not knowingly assign an individual as a PRR reviewer if:

- the individual's home institution is part of the same system;
- the individual has been a candidate for employment in the evaluated institution within the past year;
- the individual has been employed by the institution within the past five years;
- the individual has a business, consultative, or other interest in or relationship to the institution under review and consideration that could affect his or her objectivity;
- the individual's institution has a material interest in a positive accreditation outcome, based on a significant business or other fiduciary agreement (excluding routine articulation or similar inter-institutional agreements);
- the individual has a family member who is an employee, board member, or candidate for employment or student at the institution;
- the individual has expressed personal opinions bearing upon the accreditability of the institution;
- the individual is an alumnus or alumna of the institution;
- the individual or his or her immediate family members hold shares of stock (excluding shares held indirectly through mutual funds, insurance policies or blind trusts) in an applicant, candidate or accredited institution, or their respective parent company or affiliated entity. An "immediate family member" ordinarily would include all persons in the same household, such as a roommate, spouse, minor child, or other dependent; or
- in the individual's judgment, there is any other circumstance that could be perceived as a conflict of interest.

Reviewing Materials

On or about June 1, reviewers will receive a packet of materials from each of the two institutions to which they have been assigned. Reviewers should verify that the items listed under Step 9 (page 8) are included.

Some institutions may elect to send more than these required items (e.g., assessment plans or institutional planning documents), as detailed earlier in this *Handbook*.

At about the same time, the Commission office will send to the reviewers pertinent file materials to facilitate their tasks. These materials will always include at least the Commission letter communicating the most recent accreditation action and the report of the last evaluation team.

Should any of these materials be missing, the reviewer should contact the institution or the Commission office. Soon after receiving the materials, reviewers should be in touch with the reviewer(s) with whom they have been paired in order to agree on time lines and deadlines for their consultation.

Prior to reading the PRR and related materials for the first time, the reviewers should review all major sections of this PRR *Handbook*, with particular attention to the institution's responsibilities in PRR preparation. **If the reviewer believes that the PRR is inadequate or that all expected topics have not been covered, the reviewer should notify the Commission staff liaison immediately.** Commission staff may independently determine that the PRR is inadequate. In either instance, Commission staff will determine whether further action is appropriate, such as offering the institution an opportunity to provide additional information or to revise the report.

Preparing the Report

Prior to reading the PRR documents and preparing their report, the external reviewers should be familiar with the eligibility or affiliation requirements and accreditation standards that are included in *Characteristics of Excellence in Higher Education*, and with relevant policies, such as "Related Entities."

Reviewers should read carefully all documents provided by the institution, with primary attention to the PRR itself, key support documents, and the report of the last evaluation team.

When preparing their reports, reviewers are reminded of the following:

- Aim for brevity, but brevity with substance. Most PRR reviewer reports require about 10 single-spaced pages to cover all of the issues adequately and well, although large or complex institutions may require longer reports.
- The institution has invested significant time and effort into preparing the PRR and anticipates receiving substantial comment and helpful suggestions from the reviewers.
- The report has two distinct audiences: the institution and the Commission on Higher Education.
- Although all financial documents will be provided to the reviewers, there will be a separate analysis of the institution's fiscal status prepared by a finance associate. A report from that person will be forwarded to the reviewers and to the institution.
- All recommendations and requirements should be supported by clear descriptions of the supporting facts and should specify the relevant eligibility or affiliation requirement or accreditation standard.

The reviewers' report will usually follow the order of the PRR being reviewed, and the reviewers should follow the sample cover page (Figure 2) and the format indicated in the Template for PRR Reviewers' Report (Figure 3).

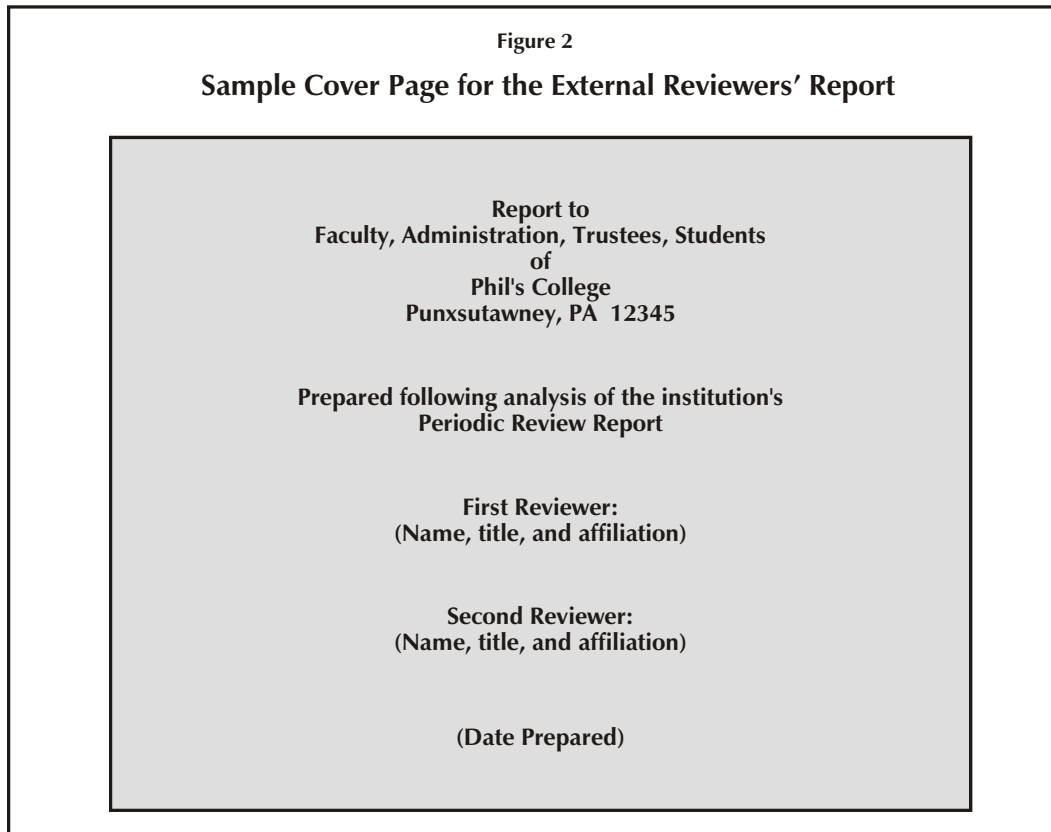


Figure 3

Template for the PRR Reviewers' Report

Throughout the report and in summary at its conclusion, the reviewers should provide suggestions, recommendations, and requirements, as appropriate.

Suggestions express collegial advice for institutional consideration and may be included, based on accreditation standards, the reviewers' professional experiences, or the Commission's non-binding suggestions in its various published guidelines which have been developed with peer input. Suggestions should be integrated at appropriate points within the preceding text of the report.

Recommendations, distinct from suggestions, are reserved for aspects of an institution where, in the reviewers' judgment, improvement is advised in order to continue to meet the eligibility or affiliation requirements or standards in *Characteristics of Excellence in Higher Education*. These recommendations should be based on the reviewers' explicit findings of fact and should reference the appropriate requirement or standard.

Requirements indicate that the institution does not comply with one or more eligibility or affiliation requirements or standards in *Characteristics of Excellence in Higher Education*. The reviewers should state specifically in what ways the institution fails to meet a requirement or a standard and, when appropriate, the reviewers should specify particular steps that should be taken in order to meet those requirements or standards.

Suggestions and **recommendations** are consistent with reaffirmation of accreditation. **A requirement** necessitates the Commission placing the institution on warning, probation, or show cause. See Figure 4, Summary of Actions PRR Reviewers May Take or Recommend to the Commission, and the section of this chapter on Submitting the Report and Recommendations.

Note that the recommendation regarding accreditation action that the reviewers will make to the Commission, including any requests for specific follow-up activities, should **not** be included in this report or otherwise communicated to the institution. Instead, it should be submitted to the Commission in the reviewers' confidential brief.

The reviewers' report usually follows the order of the PRR being reviewed:

I. Introduction

The reviewers should provide general comments on the adequacy and usefulness of the Periodic Review Report.

II. Responses to Recommendations from the Previous Decennial Evaluation

The reviewers should evaluate the adequacy and appropriateness of the institution's responses to any recommendations made in its own self-study and in the visiting team's report from the previous decennial evaluation, which have not been addressed in previous progress letters or monitoring reports to the Commission. An institution need not accept all of the team's recommendations, but the PRR should reflect careful consideration of the recommendations and should provide a rationale for not accepting a team recommendation. Suggestions made by the team but not explicitly labeled as recommendations need not be addressed in the PRR.

III. Major Challenges and/or Opportunities

The reviewers should evaluate the analysis in the PRR of the institution's major challenges and/or opportunities, and comment on any impact those challenges and opportunities may have on the institution's continuing compliance with the Commission's eligibility or affiliation requirements and accreditation standards.

Continued ➤

Figure 3 cont'd

IV. Enrollment and Finance Trends and Projections

The reviewers should evaluate the information provided in the PRR about the institution's enrollment and finance trends and projections and comment on any issues related to the institution's continuing compliance with the Commission's eligibility or affiliation requirements and accreditation standards.

V. Assessment Processes and Plans

Using Standard 7 on Institutional Assessment, Standard 14 on the Assessment of Student Learning, and the fundamental elements related to assessment in the other standards, and consulting the document, "Assessing Student Learning and Institutional Effectiveness: Understanding Middle States Expectations," which is the Appendix in the *Handbook for Periodic Review Reports*, the reviewers should evaluate the current status of the institution's outcomes assessment processes. They should pay particular attention to the institution's assessment of its achievement of its goals at various levels, and to the use of the results of those assessments to improve programs and services and to inform planning and resource allocations.

VI. Linked Institutional Planning and Budgeting Processes

Using Standard 2 on Planning, Resource Allocation, and Institutional Renewal, and other references in the standards to planning, the reviewers should evaluate the linkages between the institution's planning and budgeting processes.

VII. Conclusion

The reviewers should provide a summary of areas of institutional progress or areas of concerns, with particular attention to those with strong relation to the eligibility or affiliation requirements and accreditation standards. Any recommendations and requirements identified throughout the report may be repeated here. The recommendation for accreditation action that the reviewers will make to the Commission should **not** be included in the summary of recommendations and requirements.

If the reviewers determine that an issue is sufficiently urgent to require that the institution address it prior to the next decennial evaluation (in five years), they may recommend the Commission request a progress letter or monitoring report, or direct a visit to the institution. See the Template for the PRR Reviewer's Confidential Brief (Figure 5).

Note that the recommendation regarding **accreditation action** that the reviewers will make to the Commission, including any requests for specific follow-up activities, is separate from the recommendations to the institution that are included in the reviewers' report. **It should not be included in the report or otherwise communicated to the institution**, but instead will be submitted to the Commission in the reviewers' confidential brief.

Figure 4 - Summary of Actions PRR Reviewers May Take or Recommend to the Commission

Is the institution in compliance with the standards under consideration?		And the reviewers share the following <i>confidentially</i> with the Commission and <i>only</i> in a confidential Brief:	
Then the reviewers share the following with the institution in their report:		The reviewers <i>must</i> recommend that the Commission take this action:	And the reviewers <i>may, at their option, recommend</i> that the Commission take this action:
The reviewers <i>must</i> provide this to the institution:	And the reviewers <i>may, at their option, provide this</i> to the institution:	To reaffirm accreditation	To commend the institution for progress to date and/or the quality of its PRR process and/or the quality of the PRR
<p>If the reviewer's confidential answer is:</p> <p>Yes ➔</p> <p>Yes, the reviewers are confident of the institution's continuing compliance, but they want the institution to focus its attention on improvements in certain areas over the next few years. ➔</p>	<p>1. Discuss significant accomplishments, significant progress, or exemplary/innovative practices;</p> <p>2. Offer suggestion(s) for institutional improvement</p>	To reaffirm accreditation	To commend the institution for progress to date and/or the quality of its PRR process and/or the quality of the PRR
<p>Yes, but assurance is needed that the institution is carrying out activities planned or being implemented. ➔</p>	<p>1. Discuss significant accomplishments, significant progress, or exemplary/innovative practices;</p> <p>2. Offer suggestion(s) for institutional improvement</p>	To reaffirm accreditation and to request a progress letter, due by [date*], documenting...	<p>1. To request that the self-study, in preparation for the evaluation team visit in [Academic Year], address [specific issues that need attention or emphasis]. (Note: This is optional because institutions must address all Commission standards in the self-study process.)</p> <p>2. To commend the institution for progress to date and/or the quality of its PRR process and/or the quality of the PRR</p>
<p>Yes, but the reviewers have concerns about continued institutional compliance with one or more standards. ➔</p>	<p>1. Discuss significant accomplishments, significant progress, or exemplary/innovative practices;</p> <p>2. Offer suggestion(s) for institutional improvement</p>	To reaffirm accreditation and to request a monitoring report(s), due by [date*], documenting...	<p>1. To request that the self-study, in preparation for the evaluation team visit in [Academic Year], address [specific issues that need attention or emphasis]. (Note: This is optional because institutions must address all Commission standards in the self-study process.)</p> <p>2. A visit may/will follow submission of the monitoring report. (Note: This is optional, used if verification of institutional status and progress requires on-site review.)</p> <p>3. To commend the institution for progress to date and/or the quality of its PRR process and/or the quality of the PRR</p>
<p>No, the institution is not to be in compliance with one or more standards. ➔</p>	<p>1. Discuss significant accomplishments, significant progress, or exemplary/innovative practices;</p> <p>2. Offer suggestion(s) for institutional improvement</p> <p>3. Make Recommendation(s)</p>	To warn the institution that its accreditation may be in jeopardy and to request a monitoring report(s), due by [date*], documenting... A visit will follow submission of the monitoring report.	To direct a prompt staff visit to discuss Commission expectations.
<p>The reviewers do not have sufficient information to determine if the institution is in compliance. ➔</p>	<p>1. Discuss significant accomplishments, significant progress, or exemplary/innovative practices;</p> <p>2. Offer suggestion(s) for institutional improvement</p> <p>3. Make Recommendation(s)</p>	To postpone a decision on accreditation, and to request a supplemental information report, due by [date*], documenting...	<p>1. A visit may/will follow submission of the supplemental information report. (Note: This is optional, used if verification of institutional status and progress requires on-site review.)</p> <p>2. To direct a prompt staff visit to discuss Commission expectations.</p>

* Dates for progress letters and monitoring reports must be 6-24 months after the Commission's action (6-12 months for two-year institutions), and dates for supplemental information reports must be 1-12 months after the Commission's action. Dates are normally April 1, October 1, or November 1, if no visit follows submission of the report, and March 1, September 1, or October 1 if a visit follows.

Note: Potential Commission actions also include probation, show cause, and removal of accreditation. Because these actions do not ordinarily stem from a PRR review, they are not included in this chart. See the Commission's policy statement, "Range of Commission Actions," for information on these actions.

Figure 5

Template for the PRR Reviewers' Confidential Brief

CONFIDENTIAL

PRR Reviewers' Brief to the Commission on Higher Education

Institution Evaluated:

Date of Brief:

First Reviewer:

Second Reviewer:

I. Summary of Reviewers' Report

The reviewers should briefly summarize for the Committee on Periodic Review Reports and the Commission their report, incorporating key findings from the finance associate's report, which they received after submitting their own report. They should keep in mind that the members of the PRR Committee will read the executive summary of the PRR, the reviewers' report, and the finance associate's report.

II. Summary of Reviewers' Recommendations and Requirements

The reviewers should repeat any recommendations or requirements that they identified in their report. If there are numerous recommendations, they may be summarized here.

III. Reviewers' Recommendation for Commission Action

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

If their report contained only **suggestions** or **recommendations**, the reviewers should recommend that the Commission reaffirm the institution's accreditation.

If the reviewers determine that the institution should address an issue prior to the next decennial evaluation (in five years), they may recommend the Commission request a progress letter or monitoring report, or direct a visit to the institution. This is consistent with reaffirmation of accreditation.

A **progress letter** is appropriate if the Commission needs to be assured that the institution is carrying out activities that were planned or were being implemented at the time the PRR was prepared. The due date for the letter may be no later than 24 months from the date of the Commission action, and it normally is October 1, November 1, or April 1.

A **monitoring report** is appropriate if the Commission is concerned about continued institutional compliance with one or more accreditation standards. The due date for the report maybe no later than 24 months from the date of the Commission action, and it normally is October 1, November 1, or April 1.

continued ➤

Figure 5 cont'd

A team visit may be recommended when on-site review is needed to verify an institution's status or progress as presented in a monitoring report. A visit may be required ("a visit will follow...") or may be optional ("a visit may follow..."). Visits may be conducted by a member of the Commission staff, by an individual evaluator, or by a small team or full team, depending on the nature and number of the Commission's concerns. If a visit is directed, the monitoring report will be due September 1, October 1, or March 1.

If the reviewers find that an institution does not comply with one or more eligibility or affiliation requirements or accreditation standards, they must issue a **requirement**, and they must recommend an action other than reaffirmation of accreditation. These actions include warning, probation, or show cause.

Submitting the Report and the Confidential Brief

The report prepared by the first and second reviewers should be in the mail no later than August 1, with 15 copies sent to the Commission office and one copy to the institution.

Following their receipt of the finance associate's report, the external reviewers must develop a **confidential brief** that includes their recommendation regarding accreditation. The brief is a short statement which summarizes the external reviewers' report and incorporates key findings from the finance associate's report. The brief, which is due no later than September 1, speaks directly to the PRR Committee and to the Commission itself. Because the Committee members will read the executive summary of the PRR as well as the external reviewers' report and the report of the finance associate, there is no need for extensive repetition. The brief, which should be less than one page in length, will be the basis for the external reviewers' oral report to the PRR Committee. See the Template for the PRR Reviewer's Confidential Brief (Figure 5).

Periodic Review Reports may be accepted, received, or rejected. The Commission "**accepts**" a PRR when its quality, thoroughness, and clarity are sufficient. When the Commission "**receives**" a PRR, it documents receipt of a report that addresses the Commission's concerns only partially, because it contains limited institutional responses to requested information, does not present evidence and analysis conducive to Commission review, is of insufficient quality, or necessitates extraordinary effort by those performing the review. Relevant reasons for not accepting the PRR are noted in the Commission's action, and the Commission may or may not require additional information in order to assess the institution's status. The Commission "**rejects**" a PRR when its quality or substance is insufficient. In this instance, the Commission requires the institution to resubmit the report, and it may at its discretion direct a visit to the institution.

Figure 4, Summary of Actions PRR Reviewers May Take or Recommend to the Commission, provides guidance to reviewers as they develop their recommendation for Commission action. **This recommendation is not revealed to the institution** but is submitted only to the Commission in the confidential brief. Its wording should be consistent with the Commission's policy statement, "Standardized Language for Commission Actions on Accreditation."

As Figure 4 indicates, the reviewers' findings with regard to those accreditation standards that are addressed in the PRR inform the reviewers' report and their confidential brief. The reviewers' findings (the left-hand column in Figure 4) determine the information that the reviewers must or may include in their report to the institution (the next two columns), the necessary recommendation for Commission action that the reviewers must make in their confidential brief (the fourth column from the left), and the optional commendations and/or requests for follow-up reports and visits that they may recommend to the Commission (the right-hand column).

The self-study the institution will undertake in preparation for its decennial evaluation five years after the PRR will not address directly the PRR reviewers' recommendations, but it will address the institution's compliance with all of the Commission's standards. As indicated in the right-hand column of Figure 4, the Commission may request that the self-study address specific issues if such attention is deemed necessary.

The reviewers prepare their brief to the Commission before receiving the institution's formal response to their report. At the time the reviewers discuss the report and brief with the Committee on Periodic Review Reports, the team's recommendation for Commission action may be modified, based on consideration of the institutional response.

The Finance Associate's Report

Each finance associate comes to the Commission office during the summer to review institutional PRRs and related financial information and to prepare for each PRR a summary analysis that is one to two pages in length. Finance associates usually review PRR materials for several institutions.

The finance associate's report is forwarded to the first and second PRR reviewers and to the institution. Finance associates do not participate in the fall meetings of the Committee on Periodic Review Reports.

The written analysis of the finance associate should address, but not be limited to, the following questions, with particular attention to the potential impact of any noted change:

- What is the institution's overall financial condition?
- In what aspects did the institution's financial condition improve, worsen, or remain unchanged over the past five years?
- What has been the change in net assets?
- What has been the change in unrestricted expendable reserves?
- How large is the long-term debt, and what impact will this have on the institution's financial condition?
- Do the notes to the audits identify anything unusual or of concern? Consider especially any notes that reference commitments or contingencies.
- Do the management letters identify any issues regarding internal financial operations or procedures?
- Has an institution with a related entity followed the reporting guidelines in the Commission's policy, "Related Entities," which is available on the Commission's website?

The finance associate's report may incorporate particular financial indicators or ratios (such as those developed by Moody's, KPMG, or others) if such ratios are judged useful and meaningful to the analysis.

Attending the PRR Committee Meeting

The person designated as first reviewer is expected to attend the meeting of the Committee on Periodic Review Reports at which the assigned institution will be discussed.

The first reviewer provides a short oral summary of key findings and observations regarding that institution's PRR. Because all Committee members have copies of the written report, there is no need to read it aloud at the meeting. The reviewer's oral presentation should include the recommendation to the Commission regarding accreditation action.

Once the PRR Committee meeting is completed, all documents related to the external reviewers' role should be destroyed, and complete confidentiality maintained.

3

The Institution's Response And Commission Review

Each institution is required to submit a response to the reports provided by the external reviewers and the finance associate. The response should be brief and forthright, addressed to specific issues, such as a disagreement with perceptions and/or interpretations, but it should avoid defensiveness or argument over minor points. If the institution finds no major disagreement with the overall report, the response needs only to state that the institution accepts the report as written. The institutional response will become part of the packet of materials reviewed by the PRR Committee.

The institution's response should be in the form of a letter, addressed to: The President, Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104-2680. The original and 14 copies should be received by the Commission no later than September 1.

Commission Review

The Committee on Periodic Review Reports, chaired by a member of the Commission, will convene in October. To ensure consistency in applying the Commission's standards, institutions of the same type (e.g., community colleges or four-year institutions) are ordinarily reviewed on the same day.

The materials made available to committee members will include the following: the executive summaries of the PRRs, the external reviewers' analyses and recommendations for Commission action, the financial analyses, and the institutional responses.

Each committee presents specific recommendations to the Commission with regard to each institutional report. These recommendations may range from acceptance of the report and reaffirmation of accreditation to the extreme of issuing a show cause order, as discussed in the policy statement and guidelines for Commission actions and standardized language, and as outlined in Figure 4, Summary of Actions PRR Reviewers May Take or Recommend to the Commission.

Deadlines

To ensure timely consideration of a PRR, all parties should meet the following deadlines:

- 1) Two copies of the PRR and all accompanying institutional materials should be sent to the Commission office no later than June 1.
- 2) The institution will send the two previously designated external reviewers all materials by June 1. The Commission staff will provide all appropriate background materials at approximately the same time. External reviewers are encouraged to be in contact with the institution or the Middle States staff in the event additional materials or further clarification is needed.
- 3) Finance associates will come to the Commission office during July to evaluate the institutional materials, and they will submit a written analysis to the staff, who will transmit the analysis to the external reviewers and to the institution by August 15.
- 4) The external reviewers will be asked to submit their report (a succinct analysis of the PRR materials) by no later than August 1. The person designated as first reviewer will send one copy of the reviewers' analysis to the institution as well as 15 copies to the Commission office.
- 5) The external reviewers will submit their confidential brief to the Commission by September 1.
- 6) The institution will submit its response by September 1.
- 7) PRR committees will convene during October.

At its November meeting, the Commission reviews the PRR Committee's report and thereafter communicates its decision to the institution via letter, stating the precise action taken.

Appendix

Assessing Student Learning and Institutional Effectiveness

Understanding Middle States Expectations

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

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

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

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

1. Defining clearly articulated institutional and unit-level *goals*;
2. Implementing *strategies to achieve those goals*;
3. *Assessing achievement* of those goals; and
4. *Using the results* of those assessments to improve programs and services and inform planning and resource allocation decisions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

What Should Institutions Document Regarding Assessment?

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

- clear statements of key goals, including expected student learning outcomes;
- an organized and sustained assessment process (referred to in some Commission documents as an "assessment plan") including:
 - institutional guidelines, resources, coordination, and support for assessment;
 - assessment activities and initiatives that are presently underway;
 - plans to develop and implement future assessment activities and initiatives;
- assessment results demonstrating that the institution and its students are achieving key institutional and program goals; and
- uses of assessment results to improve student learning and advance the institution.

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

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

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

- **An overview in a self-study, periodic review report**, or follow-up report gives the Commission and its representatives a useful introductory synopsis of the institution's assessment processes.
- **A chart or "roadmap" outlining assessment documentation**, provided within a self-study or periodic review report or as an appendix, can be especially useful for large or complex institutions with a broad array of goals and assessment processes.

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

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

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

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

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

1. **Do institutional leaders support and value a culture of assessment?** Is there adequate, ongoing guidance, resources, coordination, and support for assessment? (This may include administrative support, technical support, financial support, professional development, policies and procedures, and governance structures that ensure appropriate collaboration and ownership.) Are assessment efforts recognized and valued? Are efforts to improve teaching recognized and valued?
2. **Are goals, including learning outcomes, clearly articulated at every level:** institutional, unit-level, program-level, and course-level? Do they have appropriate interrelationships? Do the undergraduate curriculum and requirements address institutional learning outcomes and the competencies listed in Middle States' Standard 12 (General Education)? Are all learning outcomes of sufficient rigor for a higher education institution? Are learning outcomes for, say, master's programs more advanced than those for undergraduate programs?
3. **Have appropriate assessment processes been implemented** for an appropriate proportion of goals? (Expectations for an "appropriate proportion" are increasing as time elapses since the adoption of the new *Characteristics of Excellence* in 2002.) Do they meet Middle States expectations, as characterized above?

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

The institution also should note any important changes in assessment goals, instruments, or strategies that may have been introduced since the institution's previous decennial self-study report, as well as report any steps to which the institution has committed in order to strengthen assessment.