

Updates and Analysis for the Moving Targets of Accreditation Compliance

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SACS-COC Accreditation Requirements & Policies Change Often

When SACS-COC's *Criteria for Accreditation* was replaced in 2004 by the *Principles of Accreditation*, the Criteria was in its Eleventh Edition since its initial adoption in 1984. After two years under the new *Principles*, changes in requirements were proposed and partially adopted, effective in 2007 (Interim or Second Edition) and fully adopted for 2008 (Third Edition). Changes in 2.12 on the QEP are expected to be voted on in December 2009, effective in January 2010 (Fourth Edition). Once adopted by the College Delegate Assembly at the Annual Meeting in December, changes in the *Principles* go into effect for everyone at the beginning of the new calendar year. Commission policies and procedures often change as frequently as well. Clearly, accreditation compliance is a moving target for member institutions. This presentation highlights and notes the implications of a number of important recent changes in Commission policies and requirements.

Presentation Outline

- I. Recent Changes in Compliance Requirements
 - A. Strengthening the Institutional Focus of CR 2.5
 - B. Addressing Program and Student Learning Outcomes in new CS 3.3.1.1
 - C. Institutional Effectiveness in Research in new CS 3.3.1.4
 - D. Institutional Effectiveness in Community/Public Service in new CS 3.3.1.5
 - E. Focus on Achieving Measurement Targets Redirected
 - F. Shift in Emphasis to Program and Service Improvements
 - G. College-Level Competencies of Graduates in revised CS 3.5.1
 - H. Substantive Change Compliance in new CS 3.12
 - I. Commission Policies Compliance in new CS 3.13
 - J. Proposed Changes in CR 2.12 on the QEP for 2010

- II. Recent Changes in the Accreditation Process
 - A. Required On-Site Committee Re-Evaluation of Selected Standards
 - B. Compliance Justification of Off-Campus Sites for On-Site Visits
 - C. Compliance Justification of Distance Learning for On-Site Review
 - D. Fifth-Year Reporting & Review Procedures Take Shape

- III. Bonus Tips on Avoiding Noncompliance with CS 3.3.1.1

KSU's Recent SACS-COC Experience

Kennesaw State University was successfully reaffirmed by SACS-COC in 2007 with no monitoring requirements and continues to maintain its SACS Accreditation Web site at:

<http://vic.kennesaw.edu>
(click on the navigation link, SACS Accreditation)

Ed Rugg was not only KSU's Accreditation Liaison, but was also the coordinator and editor for all required reaffirmation reports and support activities.

Some of the changes in SACS accreditation requirements and processes covered in this presentation impacted KSU midway through its 2006-2007 review process between the Off-Site and On-Site Committee actions. More recent changes are not reflected in KSU's reports, evaluations, and responses, but are expected to affect its Fifth-Year Report due in 2013.

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IA. Justifying and Documenting Institutional Effectiveness in CR 2.5 is Now More Institutionally Focused and Distinct from the More Unit-Focused IE in CS 3.3.1

2007 Edition of the *Principles of Accreditation*
Revision of CR 2.5

2.5 The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that (1) incorporate a systematic review of institutional mission, goals, and outcomes; (2) result in continuing improvement in institutional quality; and (3) demonstrate the institution is effectively accomplishing its mission. (Institutional Effectiveness)

***Note that this new wording emphasizes an institutional focus after: 1) swapping out the phrase "incorporate a systematic review of programs and services" for "incorporate a systematic review of institutional mission, goals, and outcomes;" and 2) inserting "institutional" as an adjective in the phrase, "results in continuing improvement in institutional quality."**

***Note that the term "systematic review of programs and services" no longer appears as an explicit requirement anywhere in the *Principles*. The previous era's emphasis on establishing systematic review processes in the *Criteria* has increasingly given way to a more important emphasis on documenting continuing improvement and quality enhancement under the *Principles*, regardless of the planning and evaluation processes used.**

IB. For CS 3.3.1.1, Be Sure to Attend to Both: 1) Expected Outcomes of the Educational Program as a Unit of Analysis; and 2) the Student Learning Outcomes of the Degree Program

2008 Edition of the *Principles of Accreditation*
Revision of CS 3.3.1

3.3.1.1 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in the area of educational programs, including student learning outcomes."

***Note, that under the First Edition of the *Principles of Accreditation*, the expectation of a dual focus was clear in CS 3.4.1 which stated, "the institution demonstrates that each educational program for which academic credit is awarded...establishes and evaluates program and learning outcomes." That element of 3.4.1 was removed in 2007 and merged into the revised 3.3.1 where the current articulation and assessment of expected outcomes for "educational**

programs, including student learning outcomes" appears less clear about its call for both the evaluation of degree programs as well as the assessment of learning that program graduates have acquired.

***Note that the term "student learning outcomes" for educational programs was used for the first time and replaced "learning outcomes." The latter is often associated with course-level assessment. The former is more often used to reference the outcomes of entire degree programs (i.e., what the program's graduates know, can do, and value).**

***Note that the program outcomes for an off-campus degree program at different sites or a distance education degree program can differ from one another as well as from those for the comparable on-campus degree program. Consequently, programs at different sites require substantive change reporting, and they are expected to be assessed separately and justified in the Compliance Certification report by site.**

IC. Justifying and Documenting Institutional Effectiveness in Research if Applicable to the Institution's Mission

2008 Edition of the *Principles of Accreditation*
CS 3.3.1.4 is a new Addition

3.3.1.4 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in the area of research within its educational mission, if appropriate.

***Note that this is a new area of focused attention in the IE requirement for which institutions have to articulate their goals and expectations for their mission in research (typically at the four-year level above), assess the extent to which those expectations are being met, and provide evidence of improvement within that mission. Operationalizing expected outcomes in terms of the expected levels of the institution's sponsored research revenues from grants and contracts and the productivity of its research centers is likely to be more manageable for documenting compliance than assessing the research productivity of individual faculty members or undergraduate and graduate student researchers, although that can be done.**

ID. Justifying and Documenting Institutional Effectiveness in Community/Public Service

2008 Edition of the *Principles of Accreditation*
CS 3.3.1.5 is a new Addition

3.3.1.5 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in the area of community/public service within its educational mission, if appropriate.

***Note that this is a new area of focused attention in the IE requirement for which institutions (typically most colleges and universities) have to articulate their goals and expectations for their mission in community/public service, assess the extent to which those expectations are being met, and provide evidence of improvement within that mission. As with the new focus on research, the institution's expected sponsored public service revenues from service-oriented grants and contracts and the productivity of its public service centers may be more manageable for documenting compliance than assessing the community/public service productivity of individual faculty members or students, although the latter is possible.**

IE. The Past Emphasis on Achieving Goals and Hitting Measurement Targets Has Shifted to a Current Focus on Interpreting "the Extent to Which" Expected Outcomes are Achieved

2008 Edition of the *Principles of Accreditation*
Revisions of CS 3.3.1 and 3.5.1

3.3.1 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas: (Institutional Effectiveness)

3.5.1 The institution identifies college-level general education competencies and the extent to which graduates have attained them. (College-level competencies)

***Note that in both of these recently revised Comprehensive Standards, the previous phrases that called for assessing whether or not outcomes or competencies were achieved (a dichotomous result) were replaced with phrases that now call for descriptions of the distributions of results and their implications for continuous improvement. In the past, if measurement targets were hit, regardless of how easy it was to do so or how low the standard for achievement, institutions often elected not to pursue or document additional improvements. Today, continuous improvement is expected, and providing evidence of such program or service improvement is explicitly required.**

IF. The Use of Results is Now Focused on Producing Evidence of Improvement in Programs and Services

2008 Edition of the *Principles of Accreditation*
Revisions of CS 3.3.1 and 3.5.1

3.3.1 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas: (Institutional Effectiveness)

***Note the explicit requirement of producing evidence of improvement. In the past, "closing the loop" through the use of assessment results could be satisfied by changing assessment instruments or performance targets. Today, the focus of the use of assessment results is expected to be on making improvements in educational programs and services.**

***Note that the practice of not citing improvements when measurement targets are met or exceeded is no longer acceptable. Evidence of continuous improvement is expected instead.**

IG. A Shift in CS 3.5.1 Toward Assessments of College-Level Competencies at the End of Degree Programs

2008 Edition of the *Principles of Accreditation*
Revision of CS 3.5.1

3.5.1 The institution identifies college-level general education competencies and the extent to which graduates have attained them. (College-level competencies)

***Note that previous interpretations of CS 3.5.1 have tended to focus heavily on the assessment of General Education rather than the College-Level Competencies of undergraduate degree graduates. The 2008 rewording of this standard puts additional emphasis on the college-level competencies of baccalaureate graduates, which cannot be assessed convincingly at the lower division level of General Education courses.**

***Note that college-level competencies are typically developed and strengthened across the curriculum, with foundational improvement in the lower division General Education program and specialized refinement in the upper division major field of study. End-of-program capstone assessments offer the richest opportunity to assess the extent to which graduates have attained key college-level competencies.**

***Note that a competency is rarely developed after completing one or two college courses, especially in the early years of an undergraduate degree program. Competencies are best developed across the curriculum with repeated opportunities to deepen and sharpen the knowledge, skills, and values of those expected outcomes prior to degree completion.**

IH. Justifying and Documenting Compliance with the Substantive Change Policy

January 2007 Edition of the *Principles of Accreditation*
Addition of Comprehensive Standard 3.12/3.12.1

3.12 Responsibility for compliance with the Commission's substantive change procedures and policy.

When an accredited institution significantly modifies or expands its scope, changes the nature of its affiliation or its ownership, or merges with another institution, a substantive change review is required. The Commission is responsible for evaluating all substantive changes to assess the impact of the change on the institution's compliance with defined standards. If an institution fails to follow the Commission's procedures for notification and approval of substantive changes, its total accreditation may be placed in jeopardy. (See Commission policy "Substantive Change for Accredited Institutions.") If an institution is unclear as to whether a change is substantive in nature, it should contact Commission staff for consultation.

3.12.1 The institution notifies the Commission of changes in accordance with the substantive change policy and, when required, seeks approval prior to the initiation of changes. (Substantive change)

June 2008 "Reaffirmation of Accreditation and Subsequent Reports"
Revision of this Document

Unreported Substantive Changes Discovered or Reported during Reaffirmation

If an institution fails to report a substantive change that requires prior approval or prior notification and that unreported substantive change is discovered during the off-site or the on-site review, the committee will take the following actions:

If discovered during the off-site review. The Off-Site Review Committee will mark CS 3.12.1 out of compliance. The institution will be able to address this in its Focused Report and before the on-site review.

If discovered during the on-site review. The On-Site Reaffirmation Committee will mark CS 3.12.1 out of compliance and write a recommendation. The institution will address the recommendation in its response to the Commission.

For a full explanation, see Commission policy statement "Substantive Change for Accredited Institutions."

June 2009 Substantive Change Policy & Procedures
Latest Revision

[See 19 pages of the current Substantive Change policy and procedures at www.sacscoc.org under Policies and Publications]

***Note that institutions may need to create or upgrade their files and tracking systems for Substantive Change notifications and approvals in order to justify and document compliance with CS 3.12.1 since its last review.**

***Note that the Commission's substantive change policies and procedures have changed over the years. Because the policy is so complex, it often is not fully or readily understood at the institutional level and may not have been observed as closely prior to 2007 as it now needs to be to satisfy CS 3.12.1.**

II. Compliance with the Policies of the Commission

2007 Edition of the *Principles of Accreditation*
Addition of Comprehensive Standard 3.13/3.13.1

3.13 Responsibility for compliance with other Commission policies.

The Commission's philosophy of accreditation precludes denial of membership to a degree-granting institution of higher education on any ground other than an institution's failure to meet the requirements of the *Principles of Accreditation* in the professional judgment of peer reviewers, or failure to comply with the policies of the Commission. (*See Commission Web site for all current Commission policies: www.sacscoc.org.*)

3.13.1 The institution complies with the policies of the Commission on Colleges. **(Policy compliance)**

[See the 35 Commission Policies at www.sacscoc.org in the Policies & Publications section.]

Policies of special note include:

1. Updated December 2006 and linked to CS 3.4.7, "Joint Curricular Ventures Involving the Award of Credit by Member Institutions"
2. Updated December 2006 and cited in CS 3.4.4, "Transfer and Transcribing of Academic Credit"
3. Updated June 2009, "Distance and Correspondence Education"

***Note that partnership or consortial agreements and contracts involving the marketing and delivery of the member institution's educational programs with international institutions not regionally accredited in the US can be especially challenging to justify in the context of the Joint Curricular Venture and Transfer of Credit policies.**

IJ. Proposed Changes in CR 2.12, QEP

September 2009 Call for Comments on Proposed Changes in CR 2.12
(To be Voted Upon in December 2009, effective January 2010)

Proposed Revision to Core Requirement 2.12, Quality Enhancement Plan

The institution has developed an acceptable Quality Enhancement Plan (QEP) that includes an institutional process for identifying key issues emerging from institutional assessment and focuses on learning outcomes and/or the environment supporting student learning and accomplishing the mission of the institution.

Proposed New Comprehensive Standard 3.3.2

The institution has developed a Quality Enhancement Plan that (1) demonstrates institutional capability for the initiation, implementation, and completion of the QEP; (2) includes broad-based involvement of institutional constituencies in the development and proposed implementation of the QEP; and (3) identifies goals and a plan to assess their achievement.

***Note that the revisions of CR 2.12 that first appeared in the 2007 Edition of the *Principles* are fundamentally unchanged with this proposed revision. However, it is important to note that full compliance with the revised Core Requirement 2.12 is necessary to ensure reaffirmation and avoid a public sanction of warning or probation. Unresolved issues in CS 3.3.2 will typically not incur such penalties, but will involve further monitoring.**

IIA. On-Site Committee Review of Selected Requirements is Now Required, Regardless of the Compliance Determination by the Off-Site Review Committee

January 2008 "Report of the Reaffirmation Committee"
Updated report template

Part II. Assessment of Compliance

Sections A thru E to be completed by the Off-Site Review Committee and the On-Site Review Committee. An asterisk before the standard indicates that it will be reviewed by the On-Site Review Committee even if the Off-Site Review determines compliance. [asterisks inserted on CR 2.8, 2.10, CS 3.2.8, 3.3.1, 3.4.3, 3.4.11, 3.10.3, 3.11.3, FR 4.1-4.7]

April 2009 "Directions for the Completion of the Report of the Reaffirmation Committee"
New document

For the On-Site Review Committee

The On-Site Review Committee is responsible for creating the final report that will be forwarded to the institution and to the Commission. Normally, the On-Site Review Committee will not re-evaluate an Off-Site Committee's determination of "compliance" unless additional information becomes available during the visit; however, standards indicated by an asterisk will be reviewed by the On-Site Committee regardless of compliance determination during the off-site review. This is required to ensure that institutions eligible to receive federal financial aid meet criteria established by the U.S. Secretary of Education. The standards with an asterisk are as follows: Core Requirements 2.8 and 2.10; Comprehensive Standards 3.2.8, 3.3.1, 3.4.3, 3.4.11, 3.10.3, 3.11.3; and Federal Requirements (those that have not been incorporated into Sections 2 and 3 of the Principles) 4.1 thru 4.7.

***Note that an Off-Site Committee determination of compliance is no longer routinely accepted by the On-Site Committee for all standards, and must be re-evaluated for 15 specific requirements in the *Principles*. Whenever additional reviews are conducted, additional recommendations can materialize.**

IIB. Justifying and Documenting Compliance of Off- Campus Sites During Reaffirmation

June 2008 "Reaffirmation of Accreditation and Subsequent Reports"
Latest Revision

Review of Off-Campus Sites during the Reaffirmation Process

Federal regulations require visits to institutional off-campus sites and other campuses as a part of the institution's decennial review. The Commission staff member will select a representative sample of sites at which fifty percent or more of a program is offered (taking into account such factors as geographic dispersion and number of students and programs at each site) to be visited. The site visitors, normally two per site, will usually be members of the On-Site Committee. These visits will be completed either before or during the visit of the On-Site Committee to the main campus.

The purpose of the visit to the off-campus site(s) is to determine whether or not the institution has adequate personnel, facilities, and resources to operate the off-campus site(s). The site visitors, therefore, will interview relevant faculty and staff at the site(s) with particular attention to student access to full-time faculty, review facilities, and review appropriateness of other support activities such as library/learning resources and student services *vis-à-vis* the programs offered at the site(s), and any other pertinent compliance issues emerging from the Off-Site Committee report. The visitors will insure that the institution has demonstrated sufficiently the comparability of student learning outcomes with those for the same or similar programs on the main campus. The institution would have included and addressed its instructional sites and campuses in its Compliance Certification.

The Compliance Certification would have been reviewed by the Off-Site Committee before these site visits.

If the site visitors discover non-compliance with any pertinent standard(s) in the *Principles of Accreditation*, an appropriate narrative and Recommendation will be drafted and submitted to the full On-Site Committee for consideration and possible inclusion in the Reaffirmation Committee Report. In addition, an introductory paragraph describing the review of the off-campus site(s) and any differences from the main campus noted by the visiting committee will be included in the Reaffirmation Committee Report.

***Note the required sampling and visitations of off-campus sites which will be reviewed before (typically involving separate subcommittee visits) or during the On-Site Committee visit. Such off-campus and off-shore visits can be costly in time, money, and support.**

***Note the expectation that off-campus programs be justified in the Compliance Certification report as comparable to the on-campus programs, including in the achievement of student learning outcomes.**

***Where in the Compliance Certification is this compliance to be justified and under which requirements? Based upon the Substantive Change policy and other sources, the On-Site Committee may review off-campus sites for their compliance with the following requirements: 1.1, 2.8, 2.9, 2.10, 3.3.1.1-3.3.1.3, 3.4.3, 3.4.4, 3.4.6, 3.4.7, 3.4.9, 3.4.12, 3.7.1, 3.7.2, 3.7.3, 3.9.2, 3.11.3, 3.12.1, and 3.13.1 (especially policies on "Joint Curricular Ventures involving the Award of Credit by Member Institutions" and the "Transfer or Transcribing of Academic Credit")**

II.C. Justifying and Documenting Compliance of Distance Learning Programs During Reaffirmation

June 2008 "Reaffirmation of Accreditation and Subsequent Reports"
Latest Revision

Review of Distance Learning during the Reaffirmation Process

Institutions will include the review of their distance learning programs in the Compliance Certification that will be reviewed by the Off-Site Review Committee. The On-Site Review Committee will validate the content of the Compliance Certification and the pertinent findings of the Off-Site Review Committee. In its review, the On-Site Committee will determine whether the institution has adequate support services and personnel to operate distance learning programs effectively. (See also the Commission's policy on substantive change pertinent to distance learning.)

***Note the expectation for justifications of distance learning programs in the Compliance Certification. Note also the expectation of On-Site Committee (and Off-Site Committee) verification of compliance of distance learning programs.**

***Where in the Compliance Certification is this compliance to be justified and under which requirements? (See requirements identified in the Substantive Change policy and the Distance Learning policy.) Requirements which the On-Site Committee could review for compliance include: 1.1, 2.8, 2.9, 2.10, 3.2.14, 3.3.1.1.-3.3.1.3, 3.4.1, 3.4.3, 3.4.4, 3.4.5, 3.4.6, 3.4.7, 3.4.9, 3.4.12, 3.5.3, 3.6.4, 3.7.1, 3.7.2, 3.7.3, 3.8.1, 3.8.2, 3.8.3, 3.9.2, 3.11.3, 3.12.1, 3.13.1 (see also "Best Practices for Electronically Offered Degree and Certificate Programs")**

IID. The Fifth-Year Report is Taking Shape as an Abbreviated Compliance Report as well as a QEP Impact Report, Subject to a Committee Review

February 2009 Structure of the Fifth-Year Report and Review
New addition

[See the details of the interim fifth-year reporting and review process under "Institutional Resources" and "Committee Resources" at www.sascoc.org]

***Note that the pilot testing of an interim Fifth-Year Report and review process was conducted in 2008 and 2009. Final approval of the process and requirements is expected by the Commission in December 2009, effective in 2010, suggesting other changes may be forthcoming soon.**

***Note that in addition to including an Impact Report of the QEP, the contents of which have been outlined in the interim process, an Abbreviated Compliance Report is also required in the Fifth-Year Report and calls for an updated justification and documentation of continuing compliance with CR 2.8, 2.10, CS 3.2.8, 3.3.1.1, 3.4.3, 3.4.11, 3.10.3, 3.11.3, FR 4.1-4.7. Note that the Fifth-Year Interim Report may also include for some institutions an update for ensuring continued compliance with standards that required monitoring in the previous reaffirmation process. Note also that an institution which has expanded its off-campus sites or experienced rapid growth of its off-site offerings may be required to host a Fifth-Year Committee visit to a sample of those sites as part of the Fifth-Year review, a costly addition.**

***Note that the Fifth-Year Report is subject to review by a newly established Committee to Review Fifth-Year Interim Reports whose findings will be supplemented by an Institutional Response before being referred to the Commission for action.**

***Note that the Federal Government would prefer reaffirmation to occur more frequently than once every five years. The new requirements calling for an Abbreviated Compliance Report in the fifth year is a significant step in that direction.**

III. Bonus Tips

Flags on the Play for Inadequate and Unacceptable Practices in Documenting Compliance with CS 3.3.1.1

From the perspective of an experienced IE/SACS-COC peer evaluator, the following characteristics of an institution's IE process tend to throw flags of noncompliance (NC) when evaluating IE reports and their compliance with CS 3.3.1.1.

NC1 Outdated Process-Oriented Assessment

A four to six column matrix for recording elements of program and unit assessment may have been sufficient to satisfy IE requirements for demonstrating a "systematic process of assessment" in the past, especially under the *Criteria*, but may not be capable of documenting compliance with the contemporary requirements in the *Principles* (2008 Edition) if it has not been modified and updated. Telltale signs of noncompliance are: a) outdated instructions calling for three to five weakly defined outcomes per program or service; b) failure to differentiate properly between program outcomes and student learning outcomes; c) measurement targets that are dichotomous (met vs. not met) and which preclude the required descriptions of "the extent to which outcomes are achieved;" d) expectations that improvement plans are only needed if the measurement targets are not achieved (i.e., continuous improvement for all is not expected); e) achievement of an "average" performance being regarded as sufficient and satisfactory (let's put it in recruitment materials - come here because we're "average"); and f) the use of assessment results is "planned" for the future, and achieved educational program improvements are rarely cited. Such outdated assessment schemes tend to focus on the systematic process of assessment and doing assessment for the sake of assessment rather than for program improvement. Outdated assessment systems are usually not aligned well for compliance with CS 3.3.1.1.

NC2 Absence of Educational Improvements

The IE system fails to produce sufficient evidence of actual improvements achieved in educational programs and/or student learning outcomes, resulting in a lack of supporting documentation for compliance with requirements in 3.3.1.1. When the use of results is not stated or leads only to the pursuit of different measurement instruments or assessment criteria, no evidence is generated to support compliance with the 3.3.1.1 requirement of documenting improvements in educational programs.

NC3 Course-Level Learning Outcomes Focus

Instead of focusing on SLOs of soon-to-be graduated students, the IE system addresses learning outcomes for specific lower division and/or upper division courses (learning along the way to degree completion). Summative end-of-program SLOs are minimized or missing altogether.

NC4 Excessive Departmental Focus

Program outcomes are focused excessively on the instructional department's operation. Some departmental focus is expected in program review and specialized accreditation processes and would be appropriate here, but the primary focus of program outcomes should be on the design and operation of the educational degree program as the unit of analysis..

NC5 Repackaged Course Completion and Grading Practices

If degree completion requirements and course grades were regarded by those holding us accountable as acceptable and sufficient for demonstrating the effectiveness of educational programs, there would be little need to articulate SLOs, program outcomes and assessments of those expected outcomes. This flag is thrown when the measurement methods and their achieved targets appear to correlate highly with or be identical to common course grading (e.g., a high percentage of students will earn the equivalent of a "C" or better in this course's final exam) or degree completion requirements (e.g., program graduates will complete successfully a required project).

NC6 "Planning" to Improve Programs

SACS-COC accepts promises and plans to be compliant with its accreditation requirements only in reference to the QEP. All other core requirements, comprehensive standards and federal requirements call for evidence that the institution is currently in a state of full compliance. CS 3.3.1 calls for evidence of improvements made in educational programs as a function of assessment results. Plans to improve programs, are not considered to be sufficient for documenting current compliance. Plans to achieve improvements far into the future are considered especially suspect.

NC7 Only Improving Assessment Methods

Under the *Criteria's* former emphasis on the assessment process, it was acceptable to use assessment results to stimulate the pursuit of different assessment methods, instruments, or performance standards. When that was done, educational programs and student learning were typically not intentionally changed or improved. A focus on improving the assessment process is secondary to the *Principles'* primary focus on the quality enhancement and continuous improvement of educational programs and student learning outcomes. Consequently, references that only focus on possible improvement of assessment methods do not satisfy compliance with 3.3.1.1 which requires evidence of educational improvement.

NC8 Minimal, Incomplete, Inaccurate, or Ambiguous Information

When IE reports have these characteristics, they suggest that the institution's assessment and improvement processes were not taken seriously and/or received only cursory attention. Such characteristics reflect non-compliance.

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