

Focused Visit Report

After the team reaches a consensus, the team chair completes this form to summarize and document the team’s view. Notes and rationale statements should be essential and concise.   
  
**For visits with more than five areas of focus:** Contact [evaluations@hlcommission.org](mailto:evaluations@hlcommission.org) for an expanded version of this form.

Determinations Regarding the Criteria for Accreditation

Refer to HLC policy [Evaluative Framework for the HLC Criteria (INST.A.10.020)](https://www.hlcommission.org/Policies/evaluative-framework-for-the-hlc-criteria.html) for guidance on determining whether a Core Component or other HLC requirement is met, met with concerns, or not met.

Submission Instructions

**Draft report:** Email the report to the institution’s HLC staff liaison.

**Final report:** Submit the report as a single PDF file to “Final Reports” at [hlcommission.org/upload](https://www.hlcommission.org/upload).

Institution:

City, State:

Visit Date: MM/DD/YYYY

**Peer Reviewers** (List each reviewer’s name, title and affiliation. Note the team chair in parenthesis.)

## Part A: Context and Nature of Visit (Areas of Focus)

1. **Purpose of the Visit** (Provide the visit description from the Institution Event Summary.)
2. **Organizational Context**
3. **Unique Aspects of Visit**
4. **Interactions With Institutional Constituencies and Materials Reviewed.** List the titles or positions, but not names, of individuals with whom the team interacted during the review and the principal documents, materials and web pages reviewed.
5. **Areas of Focus.** Complete the following questions for each area of focus assigned as part of the visit (see the Institution Event Summary, action letter assigning the visit and/or the team report recommending the visit, as applicable), or that are otherwise identified by the team during the visit. Note that each area of focus should correspond with only one Core Component or other HLC requirement.

### Area of Focus 1

Statement of Focus:

This area of focus was originally assigned as part of the visit.

This area of focus was identified by the team during the visit.

Relevant Core Component or other HLC requirement (if none, write N/A):

Determination:

There is no specific HLC requirement associated with this Area of Focus. The institution demonstrates adequate progress in the Area of Focus. *(Note: This option is only applicable to focused visits that are held as an immediate follow-up to HLC’s approval of an application for Change of Control, Structure, or Organization.)*

The HLC requirement is met.

The HLC requirement is met with concerns (only applicable for Core Components).

The HLC requirement is not met.

***Note:*** *Provide the team’s determination for this HLC requirement in Part C as well.*

Rationale:

### Area of Focus 2

Statement of Focus:

This area of focus was originally assigned as part of the visit.

This area of focus was identified by the team during the visit.

Relevant Core Component or other HLC requirement:

Determination:

The HLC requirement is met.

The HLC requirement is met with concerns (only applicable for Core Components).

The HLC requirement is not met.

***Note:*** *Provide the team’s determination for this HLC requirement in Part C as well.*

Rationale:

### Area of Focus 3

Statement of Focus:

This area of focus was originally assigned as part of the visit.

This area of focus was identified by the team during the visit.

Relevant Core Component or other HLC requirement:

Determination:

The HLC requirement is met.

The HLC requirement is met with concerns(only applicable for Core Components).

The HLC requirement is not met.

***Note:*** *Provide the team’s determination for this HLC requirement in Part C as well.*

Rationale:

### Area of Focus 4

Statement of Focus:

This area of focus was originally assigned as part of the visit.

This area of focus was identified by the team during the visit.

Relevant Core Component or other HLC requirement:

Determination:

The HLC requirement is met.

The HLC requirement is met with concerns (only applicable for Core Components).

The HLC requirement is not met.

***Note:*** *Provide the team’s determination for this HLC requirement in Part C as well.*

Rationale:

### Area of Focus 5

Statement of Focus:

This area of focus was originally assigned as part of the visit.

This area of focus was identified by the team during the visit.

Relevant Core Component or other HLC requirement:

Determination:

The HLC requirement is met.

The HLC requirement is met with concerns (only applicable for Core Components).

The HLC requirement is not met.

***Note:*** *Provide the team’s determination for this HLC requirement in Part C as well.*

Rationale:

## Part B: Recommendation and Rationale

### Recommendation:

Evidence demonstrates that no monitoring is required.

Evidence demonstrates that monitoring is required.

Interim report

Focused visit

Evidence demonstrates that HLC sanction is warranted.

Notice

Probation

Evidence demonstrates that an HLC Show-Cause Order is warranted.

Evidence demonstrates that withdrawal of HLC accreditation is warranted.

*Only for reviews of institutions on extended Probation:*

Evidence demonstrates that Probation should be removed with no monitoring.

Evidence demonstrates that Probation should be removed with monitoring.

Interim report

Focused visit

**Rationale for the team’s recommendation:**

### Changes to the Institution’s HLC Stipulations

If recommending a change in the institution's stipulations, state both the old and new stipulation and provide a brief rationale for the recommended change. Check the Institutional Status and Requirement (ISR) Report for the current wording. (Note: After the focused visit, the institution’s stipulations should be reviewed in consultation with the institution’s HLC staff liaison.)

### Monitoring

**Interim Report**  
If the team recommends a follow-up interim report, indicate the topic (including the relevant Core Components or other HLC requirements), timeline and expectations for that report. (Note: the team should consider embedding such a report as an emphasis in an upcoming comprehensive evaluation in consultation with the institution’s HLC staff liaison.)

**Focused Visit**  
If the team recommends a follow-up focused visit, indicate the topic (including the relevant Core Components or other HLC requirements), timeline and expectations for that visit. (Note: The team should consider embedding such a visit as an emphasis in an upcoming comprehensive evaluation in consultation with the institution’s staff liaison.)

## Part C: Summary of HLC Requirements Evaluated by the Team

### Core Component Determinations

Indicate the team’s determinations for the Core Components identified in Part A, questions #5.   
  
***Important:*** If a Core Component was **not** evaluated by the team, mark it as “Not Evaluated.”

| **Number** | **Title** | **Not Evaluated** | **Met** | **Met With Concerns** | **Not Met** |
| --- | --- | --- | --- | --- | --- |
| **1. Mission** | | | | | |
| 1.A | Core Component 1.A |  |  |  |  |
| 1.B | Core Component 1.B |  |  |  |  |
| 1.C | Core Component 1.C |  |  |  |  |
| **2. Integrity: Ethical and Responsible Conduct** | | | | | |
| 2.A | Core Component 2.A |  |  |  |  |
| 2.B | Core Component 2.B |  |  |  |  |
| 2.C | Core Component 2.C |  |  |  |  |
| 2.D | Core Component 2.D |  |  |  |  |
| 2.E | Core Component 2.E |  |  |  |  |
| **3. Teaching and Learning: Quality, Resources and Support** | | | | | |
| 3.A | Core Component 3.A |  |  |  |  |
| 3.B | Core Component 3.B |  |  |  |  |
| 3.C | Core Component 3.C |  |  |  |  |
| 3.D | Core Component 3.D |  |  |  |  |
| **4. Teaching and Learning: Evaluation and Improvement** | | | | | |
| 4.A | Core Component 4.A |  |  |  |  |
| 4.B | Core Component 4.B |  |  |  |  |
| 4.C | Core Component 4.C |  |  |  |  |
| **5. Institutional Effectiveness, Resources and Planning** | | | | | |
| 5.A | Core Component 5.A |  |  |  |  |
| 5.B | Core Component 5.B |  |  |  |  |
| 5.C | Core Component 5.C |  |  |  |  |

### Determinations Related to Other HLC Requirements

Indicate the team’s determinations for any Eligibility Requirements, Assumed Practices, Federal Compliance Requirements or Obligations of Membership identified in Part A, questions #5. (Add rows to the tables below as needed.)

| **Eligibility Requirements** | **Team Determination** (Met or Not Met) |
| --- | --- |
|  |  |
|  |  |

| **Assumed Practices** | **Team Determination** (Met or Not Met) |
| --- | --- |
|  |  |
|  |  |

| **Federal Compliance Requirements** | **Team Determination** (Met or Not Met) |
| --- | --- |
|  |  |
|  |  |

| **Obligations of Membership** | **Team Determination** (Met or Not Met) |
| --- | --- |
|  |  |
|  |  |