

# AQIP PATHWAY SYSTEMS PORTFOLIO AND APPRAISAL

Information for Institutions and Peer Reviewers

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# SYSTEMS PORTFOLIO PROCEDURE

Through the Systems Portfolio, institutions document their approach to performance excellence and provide evidence of continuous improvement. The Systems Portfolio is the primary document by which institutions on the AQIP Pathway demonstrate they are meeting the Criteria for Accreditation.

The Systems Portfolio serves a number of purposes for the institution. It is:

- » A means by which the institution will receive feedback on organizational strengths and opportunities from a team of quality improvement experts and educators.
- » A reference point for a common understanding of how the institution is organized, what its key processes entail, what kind of performance those processes produce and how the institution subsequently improves.
- » An opportunity for self-reflection on key institutional processes, results and continuous improvement activities.
- » A planning tool that helps the institution shape its future agenda and concentrate attention on those areas that should be the focus for improvement.
- » A documentation of evidence, over time, that the AQIP Pathway is working to the institution's advantage.
- » A public information and relations tool that allows an institution's stakeholders to understand clearly and persuasively what the institution is accomplishing with its resources.

The primary audience for the Systems Portfolio is the Higher Learning Commission. Other audiences may include the governing board, faculty, staff and students of the institution.

Other audiences, which might include prospective students, parents, employers, funding bodies, state coordinating or regulatory boards, prospective faculty and staff, donors, or other accrediting agencies, may require additional explanation of terms or concepts that are specific to higher education, continuous improvement or the AQIP Pathway.

## Systems Portfolio Structure

The Systems Portfolio is built in HLC's online Assurance System. It begins with an Introduction that is comprised of an Institutional Overview and introductions to the six AQIP Pathway Categories. The majority of the Systems Portfolio is structured around the Categories, with specific items asking the institution to describe Processes (P), Results (R) and Improvements (I) for each of its systems (these items are provided in Appendix A). The institution's answers to these items are called its Category Responses. The institution provides documentation to support its Category Responses in its Evidence File.

### Introduction

The introduction of the Systems Portfolio should include a brief description of the institution to provide context for the peer reviewers. It should also include an introduction of each Category summarizing the institution's priorities and the level of maturity of its processes, results and improvements.

### Institutional Overview

The Institutional Overview provides readers a context for understanding the institution's detailed descriptions of its processes, results and improvements.

The Institutional Overview should be a maximum of 750 words and should briefly describe:

- » The institution's mission, values and/or strategic vision.
- » The numbers and types of students, faculty and staff.
- » The level and scope of academic offerings.
- » Its campuses and additional instructional locations.
- » Its distance delivery programs.
- » Other key campus programs and resources.

It should also briefly describe the institution's quality improvement experiences and reflect on its key challenges, accomplishments, failures and future opportunities. The institution is expected to remark on the last two to four years (particularly since the institution's entry into the AQIP Pathway or its last Systems Appraisal, Comprehensive Quality Review or comprehensive evaluation) and cite examples (including Action Projects) of improvement initiatives the institution has implemented to help further develop its quality program.

## Category Introductions

Each Category Introduction should be no more than 500 words and provide Category-specific context to guide readers' understanding of the institution's responses to the Category's Processes (P), Results (R) and Improvements (I) items. It also details the institution's priorities for improvement in the Category, such as planned Action Projects. The Category Introduction will enable peer reviewers to provide feedback where it is most valuable—the areas in which the institution currently focuses its attention.

The Category Introduction also discusses the institution's sense of the maturity of its processes, results and improvements. The Stages in Systems Maturity tables are provided in Appendix B to help determine the maturity of an institution's processes and results. The institution should be guided by the levels and terminology identified in the tables. Both identify "Reacting" as least mature, with "Integrated" being the most mature. An institution should only identify its processes or results as being a certain level of maturity if it meets all the standards within that maturity level. The institution can use information gained from its past appraisals to propel itself to the next maturity stage. Second and subsequent versions of an institution's Systems Portfolio should clearly demonstrate commitment to continuous improvement and maturation of institutional processes and results.

## Category Responses

In its Category Responses—located in the Assurance System under the Systems Portfolio tab—the institution should provide detailed answers to the Processes (P), Results (R) and Improvements (I) items contained within the AQIP Pathway Categories.

### **Evidence that the institution is meeting HLC's Criteria for Accreditation should be embedded in the Category Responses.**

In each Subcategory, address all of the Processes (P), Results (R) and Improvements (I) items. For items that reference the Criteria for Accreditation, provide evidence to demonstrate that the institution meets the indicated Core Component and each relevant subcomponent. Use parenthetical notes in the Systems Portfolio narrative to indicate which evidence is related to specific Core Components or subcomponents. See a [sample Systems Portfolio](#) in the Assurance System for a demonstration of how the Criteria may be referenced in the Systems Portfolio narrative.

Items not addressed in depth and thus recognized as future opportunities for improvement may be answered briefly and honestly, as shown in the following example statements:

*"We have limited measures of the effectiveness of support services at this time."*

*"Our institution has not yet developed processes for leadership succession."*

*"We began gathering student retention and persistence data two years ago, but have not yet organized and analyzed the data so that it can inform our actions."*

### **Remember: Institutions must address every Processes (P), Results (R) and Improvements (I) item.**

This section of the Systems Portfolio has a word limit of 40,000 words. Category 1, Helping Students Learn, should make up 20 to 30 percent of the Systems Portfolio. Within the sections devoted to the remaining Categories, institutions may focus on what is most important to them and allocate their remaining word allowance accordingly. If staying within the word limit proves difficult, review the narrative for clarity and conciseness.

## Processes (P)

Processes are the methods by which faculty and staff complete their work—both academic and administrative. Process (P) items ask for documentation of the who, when, where, how and why for key institutional processes. Where appropriate, the terminology and levels indicated in the Stages in Systems Maturity tables in Appendix B should be used to guide the institution's descriptions of its processes.

In its descriptions, the institution should be sure to address the processes *instead of* the activities or steps that are part of each process. A process is the series of decisive steps that an institution takes to achieve an end. An institution's process might include work flow issues, how resources are assigned and/or decisions made in order to achieve a specific result. It may be useful to think of process as a series of activities conducted in order to have a particular impact.

For example, in 1.1: Common Learning Outcomes (see Appendix A), the description of the process for "aligning common outcomes" should not only indicate what the common learning outcomes are, but should explain how they are aligned with the mission, educational offerings and degree levels of the institution. It should also describe the process the institution uses to align the outcomes.

## Results (R)

A result is the impact (that which is different) once the process has taken place; in simple terms, the process is the cause and the result is the effect. The institution should provide data and direct measures showing the impact of all the processes identified in the same subcategory. All results should include a brief explanation of how often the data are collected, who is involved in collecting the data, baseline metrics in order to demonstrate that something has indeed changed, and how the results are shared.

When responding to Results (R) items, use (and number) tables, graphs and charts whenever possible. Present the performance level, trend data and, when possible, benchmark comparisons to similar institutions. Provide tables, graphs and charts as PDF files that are uploaded into the Evidence File and linked within the Systems Portfolio text. When referencing them, provide a brief narrative, explanation and analysis of the data. Let the levels depicted and terminology used in the Stages in Systems Maturity tables provided in Appendix B guide the description of the institution's results.

Institutions that do not yet have data, or do not yet have data that have been aggregated or analyzed, should provide the information that is available.

## Improvements (I)

For these items, an institution should describe the process improvements that have been implemented or will be implemented in the next 1–3 years. Responses should illustrate a clear pattern of how the institution is improving its processes (and therefore its results) based on the data and information presented in the Results (R) items.

Responses to Improvements (I) items may be reports of improvements based on Action Projects and other strategic initiatives that will build into descriptions of improvements based on analyses of data and information. When performance results can be analyzed, continuous improvement becomes possible.

## Evidence File

The Evidence File contains documentation that supports the institution's Category Responses. An institution will link to specific documents from the Evidence File in the

narrative of its Category Responses. Examples of documents an institution may provide in the Evidence File include:

- » Existing mission statements
- » Budget documents
- » Assessment and curriculum reports
- » Minutes from meetings of governing boards and other committees
- » Materials submitted to and received from specialized accreditation organizations and state agencies
- » Tables, graphs and charts that demonstrate results, trend data, benchmark levels, etc.

Most materials in the Evidence File must be uploaded directly into the Assurance System as PDF files. All tables and graphics uploaded to the Evidence File should be labeled, numbered and easy to read, with the data clearly marked. HLC allows institutions to provide URLs for the following specific resources:

- » Course catalog
- » Class schedules
- » Faculty roster
- » Faculty, staff and student handbooks

HLC will also include materials related to the institution's accreditation history in its Evidence File.

## Documenting Evidence Regarding the Criteria for Accreditation

To maintain accreditation, an institution must demonstrate that it continues to meet HLC's Criteria for Accreditation. The Systems Portfolio provides an opportunity to have the evidence screened prior to the Year 8 comprehensive evaluation. If the Systems Appraisal team identifies gaps in an institution's documentation that it meets accreditation requirements, the institution has the opportunity to provide additional documentation prior to Reaffirmation of Accreditation.

Specific Category items are aligned to the Criteria and Core Components. Within its responses to the specified Processes (P), Results (R) and Improvements (I) items, an institution

must clearly prove that it meets a Core Component. This evidence may be woven into the institution's answers, but it must address all of the Core Components.

## Provide Convincing Evidence

An institution must provide evidence in the Systems Portfolio demonstrating that it meets the Criteria for Accreditation. For example, to provide evidence of assessment of student learning (found in Criterion 4) the institution needs to explain what is assessed, the assessment measures, frequency of assessment, how the assessment is deployed across the institution, the results the measures have yielded, and how the assessment data are used to improve and communicate effectiveness.

The peer review team will evaluate if an institution meets the Criteria for Accreditation based on the Systems Portfolio evidence. When writing the portfolio, an institution should include parenthetical notes to identify evidence that it believes supports specific Core Components or subcomponents.

## Tips for Writing the Systems Portfolio

HLC recommends that institutions engage the campus community when writing the Systems Portfolio as a means of reinforcing the culture of continuous improvement and improving the quality of information in the Systems Portfolio.

Consider the following tips when writing the Systems Portfolio:

- » Don't assume that making progress automatically equates with maturity. If needed, research the topic and consider using the Stages of Systems Maturity tables (see Appendix B) as didactic tools for all involved in writing the Systems Portfolio.
- » Designate an editor to ensure the Category Responses are conveyed in a unified voice. A skilled editor will also ensure that the Systems Portfolio is responsive to the Processes (P), Results (R) and Improvements (I) items, contains appropriate references to the Category numbers and Criteria for Accreditation, and is free of unnecessary jargon and acronyms.
- » Be aware that the peer review team will read only the Systems Portfolio narrative and the sources that

are linked within the narrative from the institution's Evidence File.

- » As a team, review the responses to the items related to each Core Component to make certain reasonable evidence has been provided to prove each Core Component is met. This can be done in the Assurance System under the Criteria View tab, where the institution's responses are re-organized according to their cross-referenced Core Component.
- » Reference other Category descriptions when responding to Category items to illustrate how processes are aligned and linked at the institutional level.
- » Designate the evidence for Core Components by number and letter using a parenthetical reference at the end of every relevant paragraph.

## Submitting the Systems Portfolio

Prior to the academic year an institution's Systems Portfolio is due, HLC will contact the institution to set an exact due date for the portfolio. The institution may begin writing its Systems Portfolio and building its Evidence File as soon as it gains access to the Assurance System.

HLC will lock the Systems Portfolio from further editing on the institution's due date. The institution's Assurance System Coordinator may also lock the system early if the institution finalizes its portfolio before the due date. Once the portfolio is submitted, HLC staff reviews it to ensure it is complete and does not exceed the word limit. HLC then grants the peer review team access to the Systems Portfolio in the Assurance System.

# SYSTEMS APPRAISAL PROCEDURE

The Systems Appraisal is the peer review process that appraises an institution's Systems Portfolio. The Appraisal team reviews the information provided for each AQIP Pathway Category to verify the institution's continuous quality improvement and also screens the institution's materials for evidence that it continues to meet HLC's Criteria for Accreditation.

The Systems Appraisal begins when the peer review team receives access to the institution's Systems Portfolio in the Assurance System. The team will have 12 weeks to review the institutional materials and write its Feedback Report in the system.

## Feedback Report Structure

The Systems Appraisal process should stimulate, and assist, institutions in raising the quality of their current processes and their performance. The value and success of a Systems Appraisal depends on the degree to which the feedback the team provides is accurate, realistic and thoughtful, and can be acted upon by the institution. A peer review team can determine these factors by what it chooses to say in its Feedback Report—in both content and tone.

The Systems Appraisal Feedback Report includes the following components:

1. Reflective Overview
2. Strategic Challenges Analysis
3. Accreditation Evidence Screening Summary
4. Quality of the Systems Portfolio
5. AQIP Category Feedback
6. Accreditation Screening
7. Summary

## Reflective Overview

In the Reflective Overview, the team provides summary statements that reflect its broad understanding of the institution and the constituents served. This section shows the institution that the team understood the context and priorities of the institution as it completed the review.

In the Reflective Overview, the team considers such factors as:

- » Stage in systems maturity (processes and results)
- » Utilization or deployment of processes
- » The existence of results, trends and comparative data
- » The use of results data as feedback
- » Systematic improvement processes of the activities each AQIP Category covers

## Strategic Challenges Analysis

Strategic Challenges are those most closely related to an institution's ability to succeed in reaching its mission, planning and quality improvement goals. The review team formulates judgments related to three to five strategic challenges and accreditation issues through careful analysis of the Systems Portfolio Introduction and through their own feedback provided for each AQIP Pathway Category. These findings offer a framework for future improvement of processes and systems.

## Quality of the Systems Portfolio

Because it stands as a reflection of the institution, the Systems Portfolio should be complete and coherent, and it should provide an open and honest self-analysis on the strengths and challenges facing the institution. In this section, the peer review team provides the institution with constructive feedback on the overall quality of the Systems Portfolio, along with suggestions for improving future Systems Portfolio submissions.

## AQIP Category Feedback

In this section, the team provides an in-depth analysis of the institution's processes, results and improvements efforts for each AQIP Category. The team also identifies areas for improvement and recommends improvement strategies for the institution to consider. The team's comments should be straightforward, consultative and tied to the institution's Systems Portfolio. The team should include wording from the Stages in Systems Maturity tables (see Appendix B).

## Accreditation Screening

Peer reviewers should look for evidence in the Systems Portfolio showing that the institution meets each Core Component. The goal is to screen the evidence that the institution has provided to confirm to HLC and the institution itself that it is effectively documenting compliance with all Core Components.

In presenting evidence in the Systems Portfolio, institutions have been instructed to address every *relevant* subcomponent of a Core Component. Institutions are instructed to situate evidence for satisfying the Criteria and Core Components in relation to specified AQIP Categories. Appendix C provides a quick reference for these linkages in the form of a crosswalk, and the Accreditation Evidence Screening section of the Systems Appraisal in the Assurance System will organize the institution's Category Responses by their cross-referenced Core Component. If an institution has failed to provide complete evidence addressing a subcomponent, the team should note its absence in the Feedback Report. Feedback from the team should identify Criteria and Core Component evidence as either "Strong, clear, and well-presented," "Adequate, but could be improved," or "Unclear or incomplete." For purposes of consistency, peer review teams should also consider identifying the issue in any Core Component rated as "Unclear or incomplete" with the related Strategic Challenge.

In the Year 3 Systems Appraisal, the peer review team should acknowledge the work that the institution has documented regarding the Criteria for Accreditation and the Core Components. The more focused analysis remains on the AQIP Categories and the institution's evidence related to the Processes (P), Results (R), and Improvements (I) items. In cases where there was HLC follow-up stemming from the institution's previous reaffirmation review, the institution may request closer scrutiny of those items during this Systems Appraisal.

In Year 7, the peer review team will carefully screen the evidence an institution provides toward meeting the Criteria for Accreditation and the Core Components. This screening will enable the institution to provide additional documentation prior to Reaffirmation of Accreditation. The formal review of this evidence for reaffirmation will occur in Year 8 in conjunction with the comprehensive evaluation, drawing substantially from the intensive screening performed in the Year 7 Systems Appraisal. Again, the central purpose of this screening is to serve as an early-warning system for institutions before the reaffirmation process. Institutions that have Core Components indicated to be "Adequate, but could be improved" or "Unclear or incomplete" should work to amass additional evidence prior to the comprehensive evaluation in the following year. The comprehensive evaluation team will make a final recommendation to the Institutional Actions Council

regarding the institution's Reaffirmation of Accreditation.

## Summary

In the Summary section of the report, the team provides a conclusion with any final comments that may not be suitable for placement in other areas of the report. The team may also use this space to provide limited consultative advice or suggestions to the institution, but the team should be sure to keep such constructive comments brief as not to detract from the full body of the team report.

If the team is recommending any follow-up monitoring, such as an interim report or focused visit, it should provide details about the recommended focus and due date of the report or visit in this section.

## Appraisal Process

The following stages describe how the Systems Appraisal Process is completed.

**Note:** During the appraisal process, the team chair should not hesitate to contact the institution's HLC staff liaison with questions. Other HLC staff members and the Director of the AQIP Pathway are also available for assistance.

### Stage 1: Orientation (Estimated Total Time: 1–2 Hours)

During the orientation stage, team members receive access to the institution's materials in the Assurance System. The team chair also initiates contact with team members and develops a meeting schedule, deadlines and deliverables.

### Stage 2: Reflective Overview (Estimated Total Time: 3–4 Hours)

During this stage, each team member independently reviews the institution's Systems Portfolio. This step helps the reviewer to understand how the institution views itself and its quality agenda, and to formulate his or her own impressions of the institution's quality commitment. The team then works together to create a consensus reflective statement. The goal is to form a shared understanding of the institution.

The steps in this stage are:

1. Each team member reads the Systems Portfolio Introduction and skims or reads the institution's responses to the Process items for all six Categories.

Team members should document their initial observations using the [Team Reflective Overview Worksheet](#).

2. Team members email their Team Reflective Overview Worksheets to the team chair by the date scheduled.
  3. The team chair compiles the comments from the team members into a draft consensus reflective statement for discussion. The draft is distributed to the team so it can be studied by each team member prior to the initial team reflection conference call.
  4. The team participates, via telephone, in a one-hour reflection conversation in which team members agree on (or agree to modify) the draft statements in the consensus reflective statement.
  5. If answers to questions are needed before the Independent Reviews (Stage 3) can proceed, the team chair will contact HLC staff or request additional information from the institution through the Assurance System. The team chair will then make any necessary modifications to the draft and email each team member the final consensus reflective statement.
- b. Actionable recommendations indicating how the institution could improve and why improvement might benefit the institution in its performance improvement.
3. For each Category, create a Category Summary Statement (3–10 sentences) that captures the team member's perception of the institution's overall level of maturity (and the relevant challenges and strengths) and how the institution might further advance its quality agenda.
  4. The team chair will assign specific Core Components to individual team members for the purpose of reviewing evidence. Each team member should provide at least three comments about the quality and clarity (or possible lack thereof) of the evidence to date for each assigned Core Component. Document these comments in the appropriate section of the Independent Review Worksheet.
  5. Each team member should save a copy of their Independent Review Worksheet. Team members will refer to their draft during the Consensus Conversations (Stage 6) to ensure that their perceptions have been captured.

### Stage 3: Independent Reviews (Estimated Total Time: 13–20 Hours)

The steps in this stage are:

1. Each team member reads, studies and analyzes the Categories as presented in the Systems Portfolio and completes the [Independent Review Worksheet](#). Each team member must also review any items in the institution's Evidence File that are linked to the Systems Portfolio narrative.
2. Consider each Processes (P), Results (R) and Improvements (I) response individually. Write brief evaluative statements for each. These statements should include:
  - a. An assessment of the maturity stage of the institution's processes, results and improvements. Use the Stages in Systems Maturity rubrics provided in Appendix B for analysis. Because institutions are complex, maturity levels may vary from one Category to another and from process to process within a single Category.

### Stage 4: Strategic Challenges (Estimated Total Time: 1–2 Hours)

This stage occurs simultaneously with Stage 3. Team members independently consider everything they have learned and discussed about the institution in order to identify Strategic Challenges. These challenges may be noted on the Independent Review Worksheet. The team chair will collect these on the Consensus Review Worksheet. The goal is to identify three to five potential priority issues for the future of the institution. The chair will arrange for the team to develop and discuss consensus Strategic Challenges statements.

### Stage 5: Creating a Consensus Draft (Estimated total time: 4–6 hours)

The team chair will have assigned each team member primary responsibility for a single Category or possibly two Categories. The task of the Category Leader is to combine the contents of the Independent Category Worksheets sent by the other team members into a single Consensus



Category Review draft. The Category Leader should create the Consensus Category Review as follows:

1. Read the Processes (P), Results (R) and Improvements (I) statements for the Category from all the Independent Review Worksheets in order to detect overarching commonalities or themes.
2. Synthesize the Independent Category Summary Statements from team members into an in-depth narrative that includes an analysis of the institution's processes and quality improvement efforts. Wording from the Stages in Systems Maturity tables for processes and results (see Appendix B) should be incorporated into the narrative to help the institution understand how the maturity of processes and results have been rated. The narrative should also include recommendations to assist the institution in improving its processes and/or results.
3. The finished Consensus Category Review Draft is distributed to all team members. The team chair will determine how the distribution should be handled. Team chairs may ask the Category Leader to send his or her work to all team members or to the chair to distribute. Completing draft consensus worksheet(s) well in advance of the consensus conversation is critical. Receiving drafts just 24 or 48 hours before the consensus conversation begins will detract from the quality of the consensus conversation.

## Stage 6: Consensus Conversations (Estimated total time: 7–9 hours)

During this stage, the team meets virtually to discuss, analyze and arrive at a preliminary final version of the [Consensus Review Worksheet](#). The team will also come to consensus on the quality or clarity of the institution's evidence for the Core Components, the quality of the overall Systems Portfolio, the team's Strategic Challenges Analysis, the topics to be addressed in the team's conclusion, and whether there is a need for follow-up monitoring of the institution. Full team participation is required; the team chair will facilitate the scheduling of these virtual meetings well in advance so team members can ensure their availability. The steps in a consensus conversation are:

1. Team members receive and study the Consensus Category Review Draft for the Category to be discussed. Category Leaders should prepare for

the call by carefully reviewing their own work and considering how they will lead the conversation. The chair, in consultation with the team, will set the order in which the categories are discussed. There is no prescribed order.

2. The Category Leader leads the discussion and moves through each Processes (P), Results (R) and Improvements (I) item while taking care to:
  - a. Summarize the logic underlying the draft statement (or absence thereof) of the Processes (P), Results (R) and Improvements (I) items.
  - b. Ensure that all team member views are heard and a consensus is reached by the team through a process of open and inclusive discussion.

Unanimous agreement may not always be possible, but the discussion should be thorough and open with the goal of achieving consensus. Provided all team members are well prepared, discussion of each Category will typically take between 45 and 60 minutes.

3. The final task for each Category is to achieve consensus on a Category Summary Statement. The Category Summary Statement provides the team's view of the institution's maturity for that Category and the processes and results therein. It also highlights the team's recommendations for improvement. Once the Consensus Conversation ends, the Category Leader makes final revisions to the Consensus Category Summary Statement and sends it to the team for review.
4. After all Categories have been discussed, the team chair facilitates a discussion of the institution's evidence for the Core Components. For each Core Component, the team should reach consensus on whether the institution's evidence is "Strong, clear and well-presented," "Adequate but could be improved" or "Unclear or incomplete." The team should identify suggestions that might guide the institution in improving with regard to each Core Component.
5. The team then discusses the Strategic Challenges Draft that has been distributed to all team members. The team will reach consensus on the contents of a Strategic Challenges Analysis that

will be part of the final Systems Appraisal Feedback Report. The team should strive to identify three to five strategic issues that are crucial for the future of the institution. If a Core Component was rated as unclear or incomplete, the team should also consider identifying the issue in the Core Component with the related Strategic Challenge. The team also considers whether modifications should be made to the Reflective Overview to assure the institution that the team's feedback is based on a clear understanding of its distinctive institutional identity and dynamics.

6. After the Strategic Challenges have been finalized, the team discusses the overall quality of the Systems Portfolio and identifies suggestions for the institution to improve future Systems Portfolio submissions.
7. Finally, the team discusses the Summary section of the Feedback Report. Team members reach a consensus on whether they will recommend follow-up monitoring for the institution, and, if so, they determine the type and recommended focus of that monitoring. The team also identifies any additional comments they wish to make in the conclusion section that have not been addressed elsewhere in the report.
8. Following the conversation, team members incorporate suggested changes in the comments for their assigned Categories and send a finished consensus to the team chair.

## Stage 7: Finalizing the Feedback Report (Estimated total time: 1–2 hours)

Depending on how the team decides to divide the workload, the team chair or Category Leaders will compile all worksheets into a preliminary draft Systems Appraisal Feedback Report in the Assurance System. All team members will work together to ensure the draft is complete. The team chair will then send the institution's HLC staff liaison a notice through the system that the draft report is ready for review. After receiving feedback from the liaison, the team chair will send the draft report to the institution through the Assurance System to check for errors of fact. Errors of fact are statements that are factually incorrect and can be demonstrated so by evidence available to the team. Institutions will have one week to submit corrections, and

the team has complete discretion in updating the report based on information supplied by the institution. After these two reviews are complete and the team has made any necessary corrections, the team chair submits the final report to HLC through the Assurance System.

## Tips for Writing the Feedback Report

### Content and Style

Peer reviewers should focus primarily on content when writing comments and giving feedback to the institution. The manner in which comments are stated can enhance or undercut the credibility and value of the feedback provided. The following content and style tips should be considered when writing Systems Appraisal feedback:

- » Respond directly to the Processes (P), Results (R) and Improvements (I) items addressed in the Systems Portfolio. For example:
  - 2P2 asks for descriptions of the process for “analyzing information on student retention, persistence, and completion,” and a reviewer should respond, “Analysis of student retention, persistence, and completion begins by...”
  - 3P2 asks for descriptions of the process for “designing performance evaluation systems for all employees,” and a reviewer should respond, “The institution designs performance evaluation systems by involving employees...”
- » Draw links between the institution's Category Responses and the Institutional Overview.
- » Link to key factors that the institution has identified.
- » Provide in-depth analysis and actionable suggestions for improvement.
- » Do not copy groups of sentences or paragraphs directly from the Systems Portfolio into the Feedback Report. Quoting at length what the institution has written provides little value. Instead, quote short phrases and mention specific examples from the portfolio, use institutional terminology, and cite tables and illustrations by number.
- » Do not contradict comments found elsewhere in the Feedback Report. Contradictions often occur when a peer reviewer does not clearly specify whether something is a strength or opportunity.

- » If there are problems in understanding graphs, tables, or figures, write a single comment summarizing the difficulties encountered (e.g., “variables in tables are presented inconsistently, making it impossible to distinguish counts from percentages” or “readers cannot determine which direction represents improvement in line graph figure 2–3. This table could be improved by...”). It is also important to address the issue in the Quality of the Systems Portfolio section at the end of the report.
- » Offer the institution practical advice. Don’t be afraid to suggest actions that an institution should consider (or refrain from), as long as the report explains why.
- » Avoid subjective judgmental terms (good, terrible, interesting) and state observations in a factual manner (e.g., customer satisfaction rates have increased over the past three years). Also, communicate the reason for positive or negative reactions (e.g., continuing declines in enrollment may produce serious budget shortfalls).
- » Do not refer to individuals by name and avoid identifying positions (VPAA) held by individuals as the subject for personal praise or blame.
- » Is the data appropriately segmented? Does the data represent both short- and long-term priorities?
- » How does the institution measure effectiveness, and are these measures presented?
- » Are comparative data presented, and are they appropriate?
- » What are the standard measures in this field? Is there any significance to the lack of any of these measures in the portfolio?
- » Is the data normalized (presented in a way that takes into account the various size factors)?

## Writing Actionable Comments

The Feedback Report should offer the institution input it can use to help it sustain the improvements being made and begin improvement on determined opportunities. Without being prescriptive, offer recommendations and feedback that the institution can translate into a course of action.

- » State or illustrate with an example what a strength has accomplished for the institution. That is, address the “So what?” question. Suggest how the strength can be leveraged into institutional culture change.
- » Suggest how strengths could become more valuable by deployment throughout the institution.
- » For opportunities for improvement, explain what positive consequences could occur (or what negatives could desist) if the opportunity were pursued.
- » Whenever possible, note the costs of not seizing an opportunity for improvement, particularly the cost of standing still while others (the competition) improve.

## Style Guidelines

- » Use the institution’s full name or its own shortened version when providing feedback.
- » Use the institution’s terminology whenever appropriate. Be careful to use correct spellings, acronyms and abbreviations.
- » Keep the narrative tone polite, professional and positive. Ensure as well that it is consistent throughout the report.

## Effective Comments for Results (R) Items

Comments for Results (R) items frequently address the following:

- » Has the institution analyzed trends? Is the trend direction positive or negative? What is the desirable direction (i.e., more or fewer)? Are explanations provided for significant positive or negative changes?
- » In each Category, is data presented for measures of the key processes that were described in the Processes items? How do the results from one Category link to other Categories (e.g., strategic processes, supplier and partner relationships)?
- » Are important results presented? Is data focused on the critical institutional performance results (e.g., customer requirements, compliance with regulatory requirements)? Are there any gaps in the data?
- » Is the amount of data provided sufficient (e.g., number of cycles of data for trend data, percentage of stakeholder population)?

- » If something is unclear, explain what is missing and why its omission is important.
- » Focus on the institution's substantive strengths or improvement opportunities.
- » Use vocabulary and phrases from the Categories when providing comments.

## NEXT STEPS

### Institutional Response and Decision Making

After receiving the final Feedback Report from the peer review team, HLC provides it to the institution's Chief Executive Officer and Accreditation Liaison Officer. The institution may submit a response to the report within two weeks of receiving the final version. If the Systems Appraisal team recommended follow-up monitoring, the report and the institution's response are sent to the Institutional Actions Council for review and action. In rare cases, the appraisal completed in Year 3 may identify the need for a mid-cycle (Year 4) Comprehensive Quality Review. Institutions may request a Year 4 Comprehensive Quality Review to assist in their improvement efforts, or HLC may require one if concerns related to continued compliance with the AQIP Pathway arise.

## Using the Feedback Report

The results of a Systems Appraisal may inform an institution's future Action Projects and also provide the focus for the institution's next Strategy Forum. If it is the institution's Year 7 appraisal, the results should inform institutional preparation for the comprehensive evaluation in Year 8, when the institution's Reaffirmation of Accreditation will be determined along with future pathway eligibility. Institutions that have Core Components indicated to be "Adequate, but could be improved" or "Unclear or incomplete" should work to amass additional evidence prior to the comprehensive evaluation. Institutions are encouraged to contact their HLC staff liaison with questions.

### Additional Resources

[AQIP Pathway Overview](#)

[Systems Portfolio and Appraisal Overview](#)

[Criteria for Accreditation](#)

[AQIP Pathway Categories](#)

#### Assurance System

[Assurance System Login](#)

[User Manual](#)

[Training and System Details](#)

[Frequently Asked Questions](#)

[Sample Systems Portfolio in the Assurance System](#)

# APPENDIX A: AQIP PATHWAY CATEGORY PROCESSES (P), RESULTS (R) AND IMPROVEMENTS (I) ITEMS

## Category 1: Helping Students Learn

Category 1 focuses on the design, deployment and effectiveness of teaching-learning processes (and the processes required to support them) that underlie the institution's credit and non-credit programs and courses.

### 1.1: Common Learning Outcomes

Common Learning Outcomes focuses on the knowledge, skills and abilities expected of graduates from all programs. The institution should provide evidence for Core Components 3.B., 3.E. and 4.B. in this section.

**1P1**

Describe the processes for determining, communicating and ensuring the stated common learning outcomes, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- » Aligning common outcomes (institutional or general education goals) to the mission, educational offerings and degree levels of the institution (3.B.1, 3.E.2)
- » Determining common outcomes (3.B.2, 4.B.4)
- » Articulating the purposes, content and level of achievement of the outcomes (3.B.2, 4.B.1)
- » Incorporating into the curriculum opportunities for all students to achieve the outcomes (3.B.3, 3.B.5)
- » Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)
- » Designing, aligning and delivering cocurricular activities to support learning (3.E.1, 4.B.2)
- » Selecting the tools, methods and instruments used to assess attainment of common learning outcomes (4.B.2)
- » Assessing common learning outcomes (4.B.1, 4.B.2, 4.B.4)

**1R1**

What are the results for determining if students possess the knowledge, skills and abilities that are expected at each degree level? The results presented should be for the processes identified in 1P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**1I1**

Based on 1R1, what process improvements have been implemented or will be implemented in the next one to three years? (4.B.3)

## 1.2: Program Learning Outcomes

Program Learning Outcomes focuses on the knowledge, skills and abilities graduates from particular programs are expected to possess. The institution should provide evidence for Core Components 3.B., 3.E. and 4.B. in this section.

**1P2**

Describe the processes for determining, communicating and ensuring the stated program learning outcomes and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- » Aligning learning outcomes for programs (e.g., nursing, business administration, elementary teaching, etc.) to the mission, educational offerings and degree levels of the institution (3.E.2)
- » Determining program outcomes (4.B.4)
- » Articulating the purposes, content and level of achievement of the outcomes (4.B.1)
- » Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)
- » Designing, aligning and delivering cocurricular activities to support learning (3.E.1, 4.B.2)
- » Selecting the tools, methods and instruments used to assess attainment of program learning outcomes (4.B.2)
- » Assessing program learning outcomes (4.B.1, 4.B.2, 4.B.4)

**1R2**

What are the results for determining if students possess the knowledge, skills and abilities that are expected in programs? The results presented should be for the processes identified in 1P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Overall levels of deployment of the program assessment processes within the institution (i.e., how many programs are/not assessing program goals)
- » Summary results of assessments (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of assessment results and insights gained

**1I2**

Based on 1R2, what process improvements have been implemented or will be implemented in the next one to three years? (4.B.3)

## 1.3: Academic Program Design

Academic Program Design focuses on developing and revising programs to meet stakeholders' needs. The institution should provide evidence for Core Components 1.C. and 4.A. in this section.

**1P3**

Describe the processes for ensuring new and current programs meet the needs of the institution and its diverse stakeholders. This includes, but is not limited to, descriptions of key processes for the following:

- » Identifying student stakeholder groups and determining their educational needs (1.C.1, 1.C.2)
- » Identifying other key stakeholder groups and determining their needs (1.C.1, 1.C.2)
- » Developing and improving responsive programming to meet all stakeholders' needs (1.C.1, 1.C.2)
- » Selecting the tools, methods and instruments used to assess the currency and effectiveness of academic programs
- » Reviewing the viability of courses and programs and changing or discontinuing when necessary (4.A.1)

**1R3** What are the results for determining if programs are current and meet the needs of the institution's diverse stakeholders? The results presented should be for the processes identified in 1P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of assessments (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**1I3** Based on 1R3, what process improvements have been implemented or will be implemented in the next one to three years?

## 1.4: Academic Program Quality

Academic Program Quality focuses on ensuring quality across all programs, modalities and locations. The institution should provide evidence for Core Components 3.A. and 4.A. in this section.

**1P4** Describe the processes for ensuring quality academic programming. This includes, but is not limited to, descriptions of key processes for the following:

- » Determining and communicating the preparation required of students for the specific curricula, programs, courses and learning they will pursue (4.A.4)
- » Evaluating and ensuring program rigor for all modalities, locations, consortia and dual-credit programs (3.A.1, 3.A.3, 4.A.4)
- » Awarding prior learning and transfer credits (4.A.2, 4.A.3)
- » Selecting, implementing and maintaining specialized accreditation(s) (4.A.5)
- » Assessing the level of outcomes attainment by graduates at all levels (3.A.2, 4.A.6)
- » Selecting the tools, methods and instruments used to assess program rigor across all modalities

**1R4** What are the results for determining the quality of academic programs? The results presented should be for the processes identified in 1P4. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of assessments (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**1I4** Based on 1R4, what process improvements have been implemented or will be implemented in the next one to three years?

## 1.5: Academic Integrity

Academic Integrity focuses on ethical practices while pursuing knowledge. The institution should provide evidence for Core Components 2.D. and 2.E. in this section.

**1P5**

Describe the processes for supporting ethical scholarly practices by students and faculty. This includes, but is not limited to, descriptions of key processes for the following:

- » Ensuring freedom of expression and the integrity of research and scholarly practice (2.D., 2.E.1, 2.E.3)
- » Ensuring ethical learning and research practices of students (2.E.2, 2.E.3)
- » Ensuring ethical teaching and research practices of faculty (2.E.2, 2.E.3)
- » Selecting the tools, methods and instruments used to evaluate the effectiveness and comprehensiveness of supporting academic integrity

**1R5**

What are the results for determining the quality of academic integrity? The results presented should be for the processes identified in 1P5. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures where appropriate)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**1I5**

Based on 1R5, what process improvements have been implemented or will be implemented in the next one to three years?

## Category 2: Meeting Student and Other Key Stakeholder Needs

Category 2 focuses on determining, understanding and meeting needs of current and prospective students and other key stakeholders, such as alumni and community partners.

### 2.1: Current and Prospective Student Need

Current and Prospective Student Need focuses on determining, understanding and meeting the academic and non-academic needs of current and prospective students. The institution should provide evidence for Core Components 3.C. and 3.D. in this section.

**2P1**

Describe the processes for serving the academic and non-academic needs of current and prospective students. This includes, but is not limited to, descriptions of key processes for the following:

- » Identifying underprepared and at-risk students, and determining their academic support needs (3.D.1)
- » Deploying academic support services to help students select and successfully complete courses and programs (3.D.2)
- » Ensuring faculty are available for student inquiry (3.C.5)
- » Determining and addressing the learning support needs (tutoring, advising, library, laboratories, research, etc.) of students and faculty (3.D.1, 3.D.3, 3.D.4, 3.D.5)



- » Determining new student groups to target for educational offerings and services
- » Meeting changing student needs
- » Identifying and supporting student subgroups with distinctive needs (e.g., seniors, commuters, distance learners, military veterans) (3.D.1)
- » Deploying non-academic support services to help students be successful (3.D.2)
- » Ensuring staff members who provide non-academic student support services are qualified, trained and supported (3.C.6)
- » Communicating the availability of non-academic support services (3.D.2)
- » Selecting the tools, methods and instruments to assess student needs
- » Assessing the degree to which student needs are met

**2R1**

What are the results for determining if current and prospective students' needs are being met? The results presented should be for the processes identified in 2P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**2I1**

Based on 2R1, what process improvements have been implemented or will be implemented in the next one to three years?

## 2.2: Retention, Persistence and Completion

Retention, Persistence and Completion focuses on the approach to collecting, analyzing and distributing data on retention, persistence and completion to stakeholders for decision making. The institution should provide evidence for Core Component 4.C. in this section.

**2P2**

Describe the processes for collecting, analyzing and distributing data on retention, persistence and completion. This includes, but is not limited to, descriptions of key processes for the following:

- » Collecting student retention, persistence and completion data (4.C.2, 4.C.4)
- » Determining targets for student retention, persistence and completion (4.C.1, 4.C.4)
- » Analyzing information on student retention, persistence and completion
- » Meeting targets for retention, persistence and completion (4.C.1)
- » Selecting the tools, methods and instruments to assess retention, persistence and completion (4.C.4)

**2R2**

What are the results for student retention, persistence and completion? The results presented should be for the processes identified in 2P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)

- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**2I2**

Based on 2R2, what process improvements have been implemented or will be implemented in the next one to three years? (4.C.3)

## 2.3: Key Stakeholder Needs

Key Stakeholder Needs focuses on determining, understanding and meeting needs of key stakeholder groups, including alumni and community partners.

**2P3**

Describe the processes for serving the needs of key external stakeholder groups. This includes, but is not limited to, descriptions of key processes for the following:

- » Determining key external stakeholder groups (e.g., alumni, employers, community)
- » Determining new stakeholders to target for services or partnership
- » Meeting the changing needs of key stakeholders
- » Selecting the tools, methods and instruments to assess key stakeholder needs
- » Assessing the degree to which key stakeholder needs are met

**2R3**

What are the results for determining if key stakeholder needs are being met? The results presented should be for the processes identified in 2P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**2I3**

Based on 2R3, what process improvements have been implemented or will be implemented in the next one to three years?

## 2.4: Complaint Processes

Complaint Processes focuses on collecting, analyzing and responding to complaints from students or key stakeholder groups.

**2P4**

Describe the processes for collecting, analyzing and responding to complaints from students and stakeholder groups. This includes, but is not limited to, descriptions of key processes for the following:

- » Collecting complaint information from students
- » Collecting complaint information from other key stakeholders
- » Learning from complaint information and determining actions
- » Communicating actions to students and other key stakeholders
- » Selecting the tools, methods and instruments to evaluate complaint resolution

**2R4** What are the results for student and key stakeholder complaints? The results presented should be for the processes identified in 2P4. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**2I4** Based on 2R4, what process improvements have been implemented or will be implemented in the next one to three years?

## 2.5: Building Collaborations and Partnerships

Building Collaborations and Partnerships focuses on aligning, building and determining the effectiveness of collaborations and partnerships to further the mission of the institution.

**2P5** Describe the processes for managing collaborations and partnerships to further the mission of the institution. This includes, but is not limited to, descriptions of key processes for the following:

- » Selecting partners for collaboration (e.g., other educational institutions, civic organizations, businesses)
- » Building and maintaining relationships with partners
- » Selecting the tools, methods and instruments to assess partnership effectiveness
- » Evaluating the degree to which collaborations and partnerships are effective

**2R5** What are the results for determining the effectiveness of aligning and building collaborations and partnerships? The results presented should be for the processes identified in 2P5. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**2I5** Based on 2R5, what process improvements have been implemented or will be implemented in the next one to three years?

## Category 3: Valuing Employees

Category 3 explores the institution's commitment to the hiring, development and evaluation of faculty, staff and administrators.

### 3.1: Hiring

Hiring focuses on the acquisition of appropriately qualified/credentialed faculty, staff and administrators to ensure that effective, high-quality programs and student support services are provided. The institution should provide evidence for Core Component 3.C. in this section.

**3P1**

Describe the process for hiring faculty, staff and administrators. This includes, but is not limited to, descriptions of key processes for the following:

- » Recruiting, hiring and orienting processes that result in staff and administrators who possess the required qualification, skills and values (3.C.6)
- » Developing and meeting academic credentialing standards for faculty, including those in dual credit, contractual and consortia programs (3.C.1, 3.C.2)
- » Ensuring the institution has sufficient numbers of faculty to carry out both classroom and non-classroom programs and activities (3.C.1)
- » Ensuring the acquisition of sufficient numbers of staff to provide student support services
- » Tracking outcomes/measures utilizing appropriate tools

**3R1**

What are the results for determining if recruitment, hiring and orienting practices ensure effective provision for programs and services? The results presented should be for the processes identified in 3P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**3I1**

Based on 3R1, what process improvements have been implemented or will be implemented in the next one to three years?

### 3.2: Evaluation and Recognition

Evaluation and Recognition focuses on the assessment and recognition of faculty, staff and administrators' contributions to the institution. The institution should provide evidence for Core Component 3.C. within this section.

**3P2**

Describe the processes that assess and recognize faculty, staff and administrators' contributions to the institution. This includes, but is not limited to, descriptions of key processes for the following:

- » Designing performance evaluation systems for all employees
- » Soliciting input from and communicating expectations to faculty, staff and administrators

- » Aligning the evaluation system with institutional objectives for both instructional and non-instructional programs and services
- » Utilizing established institutional policies and procedures to regularly evaluate all faculty, staff and administrators (3.C.3)
- » Establishing employee recognition, compensation and benefit systems to promote retention and high performance
- » Promoting employee satisfaction and engagement
- » Tracking outcomes/measures utilizing appropriate tools

**3R2**

What are the results for determining if evaluation processes assess employees' contributions to the institution? The results presented should be for the processes identified in 3P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**3I2**

Based on 3R2, what process improvements have been implemented or will be implemented in the next one to three years?

### 3.3: Development

Development focuses on processes for continually training, educating and supporting employees to remain current in their methods and to contribute fully and effectively throughout their careers at the institution. The institution should provide evidence for Core Components 3.C. and 5.A. in this section.

**3P3**

Describe the processes for training, educating and supporting the professional development of employees. This includes, but is not limited to, descriptions of key processes for the following:

- » Providing and supporting regular professional development for all employees (3.C.4, 5.A.4)
- » Ensuring that instructors are current in instructional content in their disciplines and pedagogical processes (3.C.4)
- » Supporting student support staff members to increase their skills and knowledge in their areas of expertise (e.g. advising, financial aid, etc.) (3.C.6)
- » Aligning employee professional development activities with institutional objectives
- » Tracking outcomes/measures utilizing appropriate tools

**3R3**

What are the results for determining if employees are assisted and supported in their professional development? The results presented should be for the processes identified in 3P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**3I3**

Based on 3R3, what process improvements have been implemented or will be implemented in the next one to three years?

## Category 4: Planning and Leading

Category 4 focuses on how the institution achieves its mission and vision through direction setting, goal development, strategic actions, threat mitigation and capitalizing on opportunities.

### 4.1: Mission and Vision

Mission and Vision focuses on how the institution develops, communicates and reviews its mission and vision. The institution should provide evidence for Core Components 1.A., 1.B. and 1.D. within this section.

**4P1**

Describe the processes for developing, communicating and reviewing the institution's mission, vision and values, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- » Developing, deploying, and reviewing the institution's mission, vision and values (1.A.1, 1.D.2, 1.D.3)
- » Ensuring that institutional actions reflect a commitment to its values
- » Communicating the mission, vision and values (1.B.1, 1.B.2, 1.B.3)
- » Ensuring that academic programs and services are consistent with the institution's mission (1.A.2)
- » Allocating resources to advance the institution's mission and vision, while upholding the institution's values (1.D.1, 1.A.3)
- » Tracking outcomes/measures utilizing appropriate tools (e.g. brand studies, focus groups, community forums/studies and employee satisfaction surveys)

**4R1**

What are the results for developing, communicating and reviewing the institution's mission, vision and values? The results presented should be for the processes identified in 4P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

- 4I1** Based on 4R1, what process improvements have been implemented or will be implemented in the next one to three years?

## 4.2: Strategic Planning

Strategic Planning focuses on how the institution achieves its mission and vision. The institution should provide evidence for Core Components 5.B. and 5.C. in this section.

- 4P2** Describe the processes for communicating, planning, implementing and reviewing the institution's plans and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- » Engaging internal and external stakeholders in strategic planning (5.C.3)
- » Aligning operations with the institution's mission, vision and values (5.C.2)
- » Aligning efforts across departments, divisions and colleges for optimum effectiveness and efficiency (5.B.3)
- » Capitalizing on opportunities and institutional strengths and countering the impact of institutional weaknesses and potential threats (5.C.4, 5.C.5)
- » Creating and implementing strategies and action plans that maximize current resources and meet future needs (5.C.1, 5.C.4)
- » Tracking outcomes/measures utilizing appropriate tools (e.g. achievement of goals and/or satisfaction with process)

- 4R2** What are the results for communicating, planning, implementing and reviewing the institution's operational plans? The results presented should be for the processes identified in 4P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

- 4I2** Based on 4R2, what process improvements have been implemented or will be implemented in the next one to three years?

## 4.3: Leadership

Leadership focuses on governance and leadership of the institution. The institution should provide evidence for Core Components 2.C. and 5.B. in this section.

- 4P3** Describe the processes for ensuring sound and effective leadership of the institution, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- » Establishing appropriate relationship between the institution and its governing board to support leadership and governance (2.C.4)

- » Establishing oversight responsibilities and policies of the governing board (2.C.3, 5.B.1, 5.B.2)
- » Maintaining board oversight, while delegating management responsibilities to administrators and academic matters to faculty (2.C.4)
- » Ensuring open communication between and among all colleges, divisions and departments
- » Collaborating across all units to ensure the maintenance of high academic standards (5.B.3)
- » Providing effective leadership to all institutional stakeholders (2.C.1, 2.C.2)
- » Developing leaders at all levels within the institution
- » Ensuring the institution's ability to act in accordance with its mission and vision (2.C.3)
- » Tracking outcomes/measures utilizing appropriate tools

**4R3**

What are the results for ensuring long-term effective leadership of the institution? The results presented should be for the processes identified in 4P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**4I3**

Based on 4R3, what process improvements have been implemented or will be implemented in the next one to three years?

#### 4.4: Integrity

Integrity focuses on how the institution ensures legal and ethical behavior and fulfills its societal responsibilities. The institution should provide evidence for Core Components 2.A. and 2.B. in this section.

**4P4**

Describe the processes for developing and communicating legal and ethical standards and monitoring behavior to ensure standards are met. In addition, identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- » Developing and communicating standards
- » Training employees and modeling for ethical and legal behavior across all levels of the institution
- » Operating financial, academic, personnel and auxiliary functions with integrity, including following fair and ethical policies and adhering to processes for the governing board, administration, faculty and staff (2.A.)
- » Making information about programs, requirements, faculty and staff, costs to students, control, and accreditation relationships readily and clearly available to all constituents (2.B.)

**4R4**

What are the results for ensuring institutional integrity? The results presented should be for the processes identified in 4P4. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)



- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**4I4**

Based on 4R4, what process improvements have been implemented or will be implemented in the next one to three years?

## Category 5: Knowledge Management and Resource Stewardship

Category 5 addresses management of the fiscal, physical, technological and information infrastructures designed to provide an environment in which learning can thrive.

### 5.1: Knowledge Management

Knowledge Management focuses on how data, information and performance results are used in decision-making processes at all levels and in all parts of the institution.

**5P1**

Describe the processes for knowledge management, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- » Selecting, organizing, analyzing and sharing data and performance information to support planning, process improvement and decision making
- » Determining data, information and performance results that units and departments need to plan and manage effectively
- » Making data, information and performance results readily and reliably available to the units and departments that depend upon this information for operational effectiveness, planning and improvements
- » Ensuring the timeliness, accuracy, reliability and security of the institution's knowledge management system(s) and related processes
- » Tracking outcomes/measures utilizing appropriate tools (including software platforms and/or contracted services)

**5R1**

What are the results for determining how data, information and performance results are used in decision-making processes at all levels and in all parts of the institution? The results presented should be for the processes identified in 5P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**5I1**

Based on 5R1, what process improvements have been implemented or will be implemented in the next one to three years?

## 5.2: Resource Management

Resource Management focuses on how the resource base of an institution supports and improves its educational programs and operations. The institution should provide evidence for Core Component 5.A. in this section.

**5P2**

Describe the processes for managing resources, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- » Maintaining fiscal, physical and technological infrastructures sufficient to support operations (5.A.1)
- » Setting goals aligned with the institutional mission, resources, opportunities and emerging needs (5.A.3)
- » Allocating and assigning resources to achieve organizational goals, while ensuring that educational purposes are not adversely affected (5.A.2)
- » Tracking outcomes/measures utilizing appropriate tools

**5R2**

What are the results for resource management? The results presented should be for the processes identified in 5P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**5I2**

Based on 5R2, what process improvements have been implemented or will be implemented in the next one to three years?

## 5.3: Operational Effectiveness

Operational Effectiveness focuses on how an institution ensures effective management of its operations in the present and plans for continuity of operations into the future. The institution should provide evidence for Core Component 5.A. in this section.

**5P3**

Describe the processes for operational effectiveness, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- » Building budgets to accomplish institutional goals
- » Monitoring financial position and adjusting budgets (5.A.5)
- » Maintaining a technological infrastructure that is reliable, secure and user-friendly
- » Maintaining a physical infrastructure that is reliable, secure and user-friendly
- » Managing risks to ensure operational stability, including emergency preparedness
- » Tracking outcomes/measures utilizing appropriate tools

**5R3** What are the results for ensuring effective management of operations on an ongoing basis and for the future? The results presented should be for the processes identified in 5P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- » Summary results of measures (include tables and figures when possible)
- » Comparison of results with internal targets and external benchmarks
- » Interpretation of results and insights gained

**5I3** Based on 5R3, what process improvements have been implemented or will be implemented in the next one to three years?

## Category 6: Quality Overview

Category 6 focuses on the Continuous Quality Improvement culture and infrastructure of the institution. This category gives the institution a chance to reflect on all its quality improvement initiatives, how they are integrated and how they contribute to improvement of the institution.

### 6.1: Quality Improvement Initiatives

Quality Improvement Initiatives focuses on the Continuous Quality Improvement (CQI) initiatives the institution is engaged in and how they work together within the institution.

**6P1** Describe the processes for determining and integrating CQI initiatives, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- » Selecting, deploying and evaluating quality improvement initiatives
- » Aligning the Systems Portfolio, Action Projects, Comprehensive Quality Review and Strategy Forums

**6R1** What are the results for continuous quality improvement initiatives? The results presented should be for the processes identified in 6P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared.

**6I1** Based on 6R1, what quality improvement initiatives have been implemented or will be implemented in the next one to three years?

## 6.2: Culture of Quality

Culture of Quality focuses on how the institution integrates continuous quality improvement into its culture. The institution should provide evidence for Core Component 5.D. in this section.

**6P2** Describe how a culture of quality is ensured within the institution. This includes, but is not limited to, descriptions of key processes for the following:

- » Developing an infrastructure and providing resources to support a culture of quality
- » Ensuring continuous quality improvement is making an evident and widely understood impact on institutional culture and operations (5.D.1)
- » Ensuring the institution learns from its experiences with CQI initiatives (5.D.2)
- » Reviewing, reaffirming and understanding the role and vitality of the AQIP Pathway within the institution

**6R2** What are the results for continuous quality improvement to evidence a culture of quality? The results presented should be for the processes identified in 6P2. All data presented should include the population studied, the response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared.

**6I2** Based on 6R2, what process improvements to the quality culture have been implemented or will be implemented in the next one to three years?

# APPENDIX B: STAGES IN SYSTEMS MATURITY

The Stages in Systems Maturity have been adapted from “Baldrige Excellence Framework: A Systems Approach to Improving Your Organization’s Performance (Education).”

## Processes

REACTING	SYSTEMATIC	ALIGNED	INTEGRATED
The institution focuses on activities and initiatives that respond to immediate needs or problems rather than anticipating future requirements, capacities or changes. Goals are implicit and poorly defined. Informal procedures and habits account for all but the most formal aspects of institutional operations.	The institution is beginning to operate via generally understood, repeatable and often documented processes and is prone to make the goal of most activities explicit, measurable and subject to improvement. Institutional silos are eroding and signs of coordination and the implementation of effective practices across units are evident. Institutional goals are generally understood.	The institution operates according to processes that are explicit, repeatable and periodically evaluated for improvement. Processes address key goals and strategies, and lessons learned are shared among institutional units. Coordination and communication among units are emphasized so stakeholders relate what they do to institutional goals and strategies.	Operations are characterized by explicit, predictable processes that are repeatable and regularly evaluated for optimum effectiveness. Efficiencies across units are achieved through analysis, transparency, innovation and sharing. Processes and measures track progress on key strategic and operational goals. Outsiders request permission to visit and study why the institution is successful.

## Results

REACTING	SYSTEMATIC	ALIGNED	INTEGRATED
Activities, initiatives and operational processes may not generate data or the data are not collected, aggregated or analyzed. Institutional goals lack measures, metrics and/ or benchmarks for evaluating progress. The monitoring of quality of operational practices and procedures may be based on assumptions about quality. Data collected may not be segmented or distributed effectively to inform decision making.	Data and information are collected and archived for use, available to evaluate progress, and are analyzed at various levels. The results are shared and begin to erode institutional silos and foster improvement initiatives across institutional units. Tracking of performance on institutional goals has begun in a manner that yields trend data and lends itself to comparative measures in some areas.	Measures, metrics and benchmarks are understood and used by all relevant stakeholders. Good performance levels are reported with beneficial trends sustained over time in many areas of importance. Results are segmented and distributed to all responsible institutional units in a manner that supports effective decision making, planning and collaboration on improvement initiatives. Measures and metrics are designed to enable the aggregation and analysis of results at an institutional level.	Data and information are analyzed and used to optimize operations on an ongoing basis. Performance levels are monitored using appropriate benchmarks. Trend data has been accrued and analyzed for most areas of performance. Results are shared, aggregated, segmented and analyzed in a manner that supports transparency, efficiency, collaboration and progress on organizational goals. Measures and metrics for strategic and operational goals yield results that are used in decision making and resource allocations.

# APPENDIX C: CROSSWALK BETWEEN AQIP PATHWAY CATEGORIES AND CORE COMPONENTS OF THE CRITERIA

AQIP Pathway Categories: [hlcommission.org/aqip-categories](http://hlcommission.org/aqip-categories) Criteria for Accreditation: [hlcommission.org/criteria](http://hlcommission.org/criteria)

## Organized by AQIP Pathway Category

IN CATEGORY...	PROVIDE EVIDENCE FOR CORE COMPONENT(S)...
<b>1: Helping Students Learning</b>	
1.1: Common Learning Outcomes	3.B., 3.E. and 4.B.
1.2: Program Learning Outcomes	3.B., 3.E. and 4.B.
1.3: Academic Program Design	1.C. and 4.A.
1.4: Academic Program Quality	3.A. and 4.A.
1.5: Academic Integrity	2.D. and 2.E.
<b>2: Meeting Student and Other Key Stakeholder Needs</b>	
2.1: Current and Prospective Student Need	3.C. and 3.D.
2.2 : Retention, Persistence and Completion	4.C.
2.3: Key Stakeholder Needs	NA
2.4: Complaint Process	NA
2.5: Building Collaborations and Partnerships	NA
<b>3: Valuing Employees</b>	
3.1: Hiring	3.C.
3.2: Evaluation and Recognition	3.C.
3.3: Development	3.C. and 5.A.
<b>4: Planning and Leading</b>	
4.1: Mission and Vision	1.A., 1.B., and 1.D.
4.2: Strategic Planning	5.B. and 5.C.
4.3: Leadership	2.C. and 5.B.
4.4: Integrity	2.A. and 2.B.
<b>5: Knowledge Management and Resource Stewardship</b>	
5.1: Knowledge Management	NA
5.2: Resource Management	5.A.
5.3: Operational Effectiveness	5.A.
<b>6: Quality Overview</b>	
6.1: Quality Improvement Initiatives	NA
6.2: Culture of Quality	5.D.

## Organized by Core Component

PROVIDE EVIDENCE FOR CORE COMPONENT...	IN CATEGORY(IES)...
<b>Criterion 1. Mission</b>	
1.A.	4.1: Mission and Vision
1.B.	4.1: Mission and Vision
1.C.	1.3: Academic Program Design
1.D.	4.1: Mission and Vision
<b>Criterion 2. Integrity: Ethical and Responsible Conduct</b>	
2.A.	4.4: Integrity
2.B.	4.4: Integrity
2.C.	4.3: Leadership
2.D.	1.5: Academic Integrity
2.E.	1.5: Academic Integrity
<b>Criterion 3. Teaching and Learning: Quality, Resources and Support</b>	
3.A.	1.4: Academic Program Quality
3.B.	1.1: Common Learning Outcomes 1.2: Program Learning Outcomes
3.C.	2.1: Current and Prospective Student Need 3.1: Hiring 3.2: Evaluation and Recognition 3.3: Development
3.D.	2.1: Current and Prospective Student Need
3.E.	1.1: Common Learning Outcomes 1.2: Program Learning Outcomes
<b>Criterion 4. Teaching and Learning: Evaluation and Improvement</b>	
4.A.	1.3: Academic Program Design 1.4: Academic Program Quality
4.B.	1.1: Common Learning Outcomes 1.2: Program Learning Outcomes
4.C.	2.2 : Retention, Persistence and Completion
<b>Criterion 5. Resources, Planning and Institutional Effectiveness</b>	
5.A.	3.3: Development 5.2: Resource Management 5.3: Operational Effectiveness
5.B.	4.2: Strategic Planning 4.3: Leadership
5.C.	4.2: Strategic Planning
5.D.	6.2: Culture of Quality