

Additional Location Confirmation Visit Report Form
for Pell-Eligible Prison Education Programs

Institution name:

Name and street address of correctional facility:

Date of visit:

Reviewer:

Review the information provided in the institution’s change request, HLC’s response and related materials. Also review evidence available based on your observations at the actual location and answer the following questions.

Identifying a “First” Program at a Location With Multiple PEPs

If the approved application indicated that the institution would launch multiple educational programs on the same initiation date, have the institution designate one of these programs as its “first” program solely for purposes of this evaluation. Document findings for each item listed below and indicate the institution’s strengths and/or opportunities for improvement in controlling and delivering the educational program it designates as its “first” program at the correctional facility.

Submission Instructions

Submit the completed report as a single PDF file at [hlcommission.org/upload](https://www.hlcommission.org/upload). Select “Final Reports” from the list of submission options to ensure the report is sent to the correct HLC staff member.

1. **Location, Program and Modality**

Is the location at an HLC-approved address, and is the program offered as described in the original change request, including with respect to the modality used to deliver instruction?

[ ]  Yes [ ]  No

Comments:

1. **Instruction Resources, Program Resources and Student Support Services**

Are instructional resources (e.g., technology and other teaching support), required program resources (e.g., academic materials or technical equipment) and student support services (e.g., registration, advising, career counseling, placement services and library access) made available as described in the original request?

[ ]  Yes [ ]  No

Comments:

Does the evidence confirm that the instructional resources, required program resources and student support services are appropriate for the program offered?

[ ]  Yes [ ]  No

Comments:

1. **Continued Delivery of the Program**

Does the evidence confirm that the institution effectively plans for its continued delivery of educational program at the correctional facility?

[ ]  Yes [ ]  No

Comments:

Has the institution indicated an intent to discontinue its educational program at the correctional facility?

[ ]  Yes [ ]  No

If yes, please indicate an approximate timeframe for such intended action:

1. **Instructional Oversight**

Does the evidence confirm that the institution effectively oversees instruction at the correctional facility?

[ ]  Yes [ ]  No

Comments:

1. **Assessment and Evaluation**

Does the evidence confirm that the measures and techniques employed by the institution for assessment and evaluation of its educational program at the correctional facility are equivalent to those on the main campus?

[ ]  Yes [ ]  No

Comments:

Does the evidence confirm that the measures and techniques employed by the institution for assessment and evaluation of its educational programs at the correctional facility are designed to ensure that the Pell-eligible prison education program meets the same standards as substantially similar programs that are not prison education programs at the institution?

[ ]  Yes [ ]  No

Comments:

1. **Staff and Faculty**

Does the evidence confirm that the institution has reasonable policies and procedures to appropriately ensure that there are qualified and sufficient staff and faculty available to students enrolled in the PEP at the correctional facility?

[ ]  Yes [ ]  No

Comments:

Does the evidence confirm that the institution oversees, supports and evaluates personnel charged with delivering its educational program at the correctional facility (including with specific attention to modality of instruction)?

[ ]  Yes [ ]  No

Comments:

1. **Student Services**

Does the evidence confirm that the institution delivers, supports and manages necessary student services that are adequate for any unique needs of the student population incarcerated at the additional location?

[ ]  Yes [ ]  No

Comments:

1. **Student Satisfaction**

During your interactions with students who are incarcerated at this location, how did they describe their level of satisfaction related to the following topics? Feel free to provide a summary of representative comments (without identifying students).

Instructional quality:

Access to instructors and faculty for questions and guidance:

Access to required program materials:

Student support services:

Summary Recommendation

Select one of the following statements. Include, as appropriate, summary statement of findings.

[ ]  **Confirm approval.** Overall, the pattern of this institution’s operations at the correctional facility, particularly related to its first Pell-eligible prison education program, appears to be sufficient.

[ ]  **Confirm approval with concerns.** Overall, the pattern of this institution’s operations at the correctional facility, particularly related to its first Pell-eligible prison education program, needs some organizational attention, as detailed in the individual comments in the previous section. The institution is expected to follow up on these matters without monitoring by HLC. The next scheduled comprehensive evaluation will serve to confirm that the matters identified have been addressed.

Identify specific areas needing organizational attention.

[ ]  **Confirm approval with interim monitoring.** The overall pattern of this institution’s operations at the correctional facility, particularly related to its first Pell-eligible prison education program, requires HLC monitoring.

Indicate recommendation for HLC follow-up. Detail specific concerns, the rationale for those concerns, and identify the form of monitoring recommended. Identify any applicable HLC requirements that support the rationale provided.

### Other Matters *(optional)*

Complete this section only if, in the course of a review where multiple educational programs are being offered simultaneously, you observed evidence that raised concern related to any educational programs **other than** the program designated as the institution’s “first” Pell-eligible prison education program for approval purposes. (Leave blank if not applicable.)