



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
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VIA EMAIL & FEDERAL EXPRESS
(rick@eusals.com)

Mr. Rick Levin
Campus Director/PDSO
English USA Language School
8680 Spring Mountain Road
Las Vegas, NV 89117

***Re: Initial Accreditation Denied (Appealable)
Not a Final Action
ACCET ID #1468***

Dear Mr. Levin,

This letter is to inform you that, at its August 2016 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to English USA Language School, located in Las Vegas, Nevada.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted May 23 – 24, 2016), and the institution's response to that report, dated July 28, 2016. It is noted that a few weaknesses cited in the team report were adequately addressed in the institution's response; however, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard I-A: Mission Statement

The institution did not demonstrate that the education and training provided are consistent with the institution's mission.

The team report indicated that the institution's mission statement included, "prepare them [students] to become successful members of the academic and social communities of the United States" and the institution's website stated that the program focuses on academic English and helps prepare students for a successful transition to high school or university. The team was not provided with documentation demonstrating that the institution tracked the academic outcomes of students who transferred to colleges and universities in order to determine the success of the institution's mission.

In its response, the institution indicated that it did have this tracking information; however, no documentation regarding the academic tracking of alumni was provided. The institution provided an updated mission statement, which removed the clause mentioned in the weakness, but did not provide documentation that this mission statement had been updated on all materials and communicated to the public, as required by this standard. The Commission noted that the institution's website continues to include the previous mission statement under the tab "Why Choose English USA Language School?" The systematic and effective implementation of the mission statement has not been demonstrated, and the institution has not evidenced that its programs are consistent with its mission. Therefore, the institution failed to demonstrate compliance with this standard.

2. Standard I-B: Goals

The institution did not demonstrate that broad institutional goals are clearly stated, support the mission, and are understood at all levels of the organization.

The team report indicated that the institutional goals provided by the institution were finite planning objectives that could change from year to year, not guiding principles or values that support the institution's mission. The goals provided by the institution included items such as using the computer lab more often, planning for a new school location, developing student services documents, and building the school's website.

The institution failed to respond to this weakness. While the Commission noted that one of the goals, "Provide current and relevant professional development tools and resources for teachers," could be interpreted as a broad guiding principle, this by itself was not sufficient to demonstrate understanding and implementation of the standard. The institution has not evidenced identification and systematic and effective implementation of broad institutional goals that support the mission. Therefore, the institution failed to demonstrate compliance with this standard.

3. Standard I-C: Planning

The institution did not demonstrate that it had sound, written one-year and longer-range plans that encompassed both the educational and business objectives of the institution. It did not demonstrate that the plans supported the mission, nor that the plans included objectives with operational strategies, projected time frames, required resources, and methods for subsequent evaluation of each objective.

The team report indicated that the business plan provided by the school was intended for investors, and was focused on meeting investment goals. The business plan did not include educational objectives as required by the standard and did not support the mission. Further, the team report indicated that key elements required by the standard were missing, including operational strategies, projected time frames, required resources, and methods for subsequent evaluation of each objective.

The institution failed to respond to this weakness. Therefore, the institution has failed to demonstrate the creation and effective implementation of short- and long-term business plans that encompass educational and business objectives, support the mission, and include the key elements as required by this standard.

4. Standard II-A: Governance

The institution did not demonstrate that its management structure ensures compliance with statutory, regulatory, and accreditation requirements.

The team report indicated that the institution's two student workers, [REDACTED] and [REDACTED], who were both on F-1 visas, worked above the 20 hours per week permitted by SEVP on six occasions between February 8, 2016 and April 22, 2016. The team report further indicated that ten items in ACCET Document 50I – On-Site Compliance Checklist Relative to Enrolled Non-Immigrant Students could not be addressed as there were no written policies to review. These items included: changes in enrollment status or program; changes of US addresses; prior attendance at other institutions approved to enroll F or M visa students; full-time enrollment, vacation, temporary absence, or other break in study; program completion; withdrawal/termination from a program; transfer from another school; transfer to another school, with no fees or conditions required; and written policies and procedures for its responsibilities for the enrollment of non-immigrant students.

In its response, the institution indicated that it had discontinued employment for [REDACTED]. It indicated that weekly hours for [REDACTED] had exceeded the 20-hour limit "on a number of occasions," but stated that it would monitor the hours more carefully. The institution provided a payroll summary sheet for [REDACTED] and one payroll report for [REDACTED]. The Commission noted that the payroll sheet for [REDACTED] indicated hours above 40 hours over a two week period for the pay date May 27, 2016, totaling 41.5 hours, and one further two-week period totaling 35 hours before the end of that student's employment. The payroll report for [REDACTED] only provided one pay period and indicated 19 hours worked. While the institution stated that it had begun to monitor this student's employment hours and changed his supervision to ensure that all work came through one person, no policies, procedures, or updated job descriptions were provided to demonstrate these changes. Additionally, the institution indicated that it did have the policies detailed as lacking in the weakness; however, no documentation to support this claim was provided. It attached two certificates showing SEVP training for two employees and two print-outs from the SEVIS database, which do not demonstrate written policies and procedures for the items mentioned in the team report. The institution has failed to demonstrate the creation and systematic and effective implementation of policies and procedures to ensure compliance with federal immigration requirements. Therefore, the institution failed to demonstrate compliance with this standard.

5. Standard II-B: Operational Management

The institution did not demonstrate that it has an organizational framework that is clearly defined, understood, and effective. Further, it did not demonstrate that written policies and procedures guide the day-to-day operations of the institution.

The team report indicated that the team did not receive written policies and procedures for ten significant areas of operation, including written policies and procedures relating to day-to-day operations, employee professional development and training, academics, attendance, admissions, advertising, sponsor satisfaction, and participant satisfaction. Further, the team report indicated that one of the institution's DSOs was not listed on the institution's organizational chart.

The institution failed to respond to this weakness. The institution did not demonstrate that day-to-day operations are guided by written policies and procedures and that it has a clear and logical organizational structure. Therefore, the institution has failed to demonstrate compliance with this standard.

6. Standard II-C: Personnel Management

The institution did not demonstrate that management develops, implements, and maintains written policies and procedures for the systematic and effective recruitment, selection, hiring, and retention of all personnel, nor that it provides evaluation and training and development of its employees to ensure that qualified and capable personnel are placed and effectively utilized.

The team report indicated that, although the ASER indicated that all employees were provided an employee handbook and a policy handbook, the team was not provided with either handbook. The team report also indicated that the institution's policy for formal employee evaluations indicated that they occurred twice a year. However, personnel files demonstrated only one employee evaluation each year. Finally, the team found that personnel files did not include evidence of professional development.

The institution failed to provide a response to this standard. The institution did not evidence the systematic and effective implementation of policies and procedures relating to personnel management, the systematic evaluation of employees consistent with its policy, and the documented evidence of consistent and appropriate professional development for all employees. Therefore, the institution failed to demonstrate compliance with this standard.

7. Standard II-D: Records

The institution did not demonstrate an organized record-keeping system that ensures all records are maintained in an accurate, orderly, and up-to-date manner and that records are protected from unauthorized access and undue risk of loss.

The team report indicated that active student files were kept in an unsecured file cabinet behind the front desk reception area. The team report also indicated that admissions records were often incomplete, with four student files reviewed by the team ([REDACTED]),

and [REDACTED] having only page two of a four-page application.

The institution failed to provide a response to this standard. The institution did not demonstrate the security of student records and the systematic and effective implementation of a recordkeeping system which ensures that student admissions records are complete and up-to-date. Therefore, the institution failed to demonstrate compliance with this standard.

8. Standard III-B: Financial Procedures

The institution did not demonstrate that cancellation and refund policies are written, fair and equitable; are consistently administered; and comply with statutory, regulatory, and accreditation requirements.

The team report indicated that the institution does not document notification of withdrawal and did not provide the team with attendance records to enable the team to determine the date of determination and last date of attendance for specific students. The team also indicated that the institution did not use a refund calculation worksheet, but used handwritten notes on the invoice/receipt to indicate the refund, which did not provide sufficient information to verify that refunds were accurate and timely. Finally, the team report indicated that refunds were inconsistently calculated by either month, week, or day, resulting in variations in refund amounts based on the period used for calculation.

It is noted that the institution's response disagreed with the team report that the institution uses QuickBooks to process payments. The Commission found that the team report reflects similar information to that provided by the institution in its ASER – that payments are tracked on payment records, a copy of which is stored in QuickBooks. (III.B.6: "Daily Revenue/Refund ledger. These are put into quickbooks for calculations and daily totals.") However, no information was provided by the institution on what alternative system is in place to process and track payments. In its response, the institution indicated that it had a refund calculation worksheet and provided three examples; however, the examples provided did not include any of the students listed in the team report attachment "refund summary." Upon review of the worksheets provided, the Commission found that there was no standard document on which to systematically record all information required for refund calculations, as the calculation itself was handwritten on the side of the document. The refund calculation worksheets provided in the response had a single date required "Date of Refund Request/Last Date of Attendance," which indicated a misunderstanding of the ACCET policy, as these dates have separate definitions and are used for a different purpose in the refund processing. The three refunds provided were inconsistent and incomplete, as detailed below:

- The refund for [REDACTED] does not include a date for the "Date of Refund Request/Last Date of Attendance." The calculation written on the side indicates that 22 calendar days out of "30 (June)" were refunded to the student. However, the student signature at the bottom of the page is dated June 6th, 2016, not the 8th as would be expected from the calculation notes. No enrollment documents, attendance records, or financial ledgers were provided to document the accuracy of this refund.

- The refund for [REDACTED] has a single date listed for “Date of Refund Request/Last Date of Attendance” – June 1, 2016. It is not clear whether this is the date of determination, the last date of attendance, or both. The notes indicate that the student “pre-paid until 6/18/16,” but was only provided “2-weeks refund” instead of the 17 days that should have resulted from a June 1, 2016 last date of attendance. No enrollment documents, attendance records, or financial ledgers were provided to document the accuracy of this refund.
- The refund for [REDACTED] has a single date listed for “Date of Refund Request/Last Date of Attendance” – June 6, 2016. It is not clear whether this is the date of determination, the last date of attendance, or both. No enrollment documents, attendance records, or financial ledgers were provided to document the accuracy of this refund.

No documentation to verify dates of determination or last dates of attendance were provided by the institution to respond to the weakness in the team report. The three refund worksheets provided by the institution in its response appeared to confirm the issue cited in the team report that refunds were inconsistently based on differing increments of time, as the refund for [REDACTED] and [REDACTED] were calculated in calendar days, but the refund for [REDACTED] indicated “2-weeks refund.” The institution’s response also stated, “We DO NOT have contacts [sic] with students that obligate them to a term of study.” It is noted that a contract or enrollment agreement is required by ACCET standards and the lack of one results in serious concern, as addressed further under Standard VII-B: Enrollment. The institution did not demonstrate systematic and effective implementation of a compliant cancellation and refund policy. Therefore, the institution failed to demonstrate compliance with this standard.

9. Standard IV-A: Educational Goals and Objectives

The institution did not demonstrate that its learning experience present a sound educational methodology that provides adequate preparation for the expected performance outcomes of the program.

The team report indicated that the institution does not have a maximum student-to-teacher ratio. The team report noted six classes in session during the team visit, with class sizes of 31, 24, 28, 30, 21, and 14 students. The team found that classes with large amounts of students did not provide adequate opportunities for appropriately supervised language production and teacher feedback. Additionally, the largest class of 31 students was a beginning Level 1 class, where students required the most time to produce language and would therefore be affected most by a large class size.

In its response, the institution indicated that it had a published maximum student-to-teacher ratio and attached a document entitled “ESL Semi-Intensive English Program.” However, the documentation provided only stated an “average class size” of 15-20 students, not a maximum size. The institution indicated that the class sizes indicated by the team were for enrolled students, which also included students on vacation, medical leaves of absence, and “delayed start dates.” However, the institution admitted that it had classes of 24-26 active students, and stated that it had a new goal of no more than 20 students in each level. The narrative provided indicated it was reducing its class size, but that there were still two of six classes above 20 students. No rosters or

other documentation was provided to evidence these changes, and the institution's response indicated that this new policy has not yet been fully implemented. The institution has not demonstrated the systematic and effective implementation of a maximum student-teacher ratio which supports a sound educational methodology. Therefore, the institution failed to demonstrate compliance with this standard.

10. Standard IV-D: Curriculum Review and Revision

The institution did not demonstrate that it uses systematic and effective procedures to continuously monitor and improve the curriculum. It did not demonstrate that the written procedures include soliciting feedback from relevant constituencies and an analysis of completion results, nor that the procedures focus on a comprehensive review of the curriculum as it relates to the expected learning outcomes.

The team report indicated that the institution did not have a written policy and procedure regarding curriculum revision. The team was not provided with documentation to evidence the institution's twice-yearly review of curriculum, as indicated in the ASER.

The institution failed to provide a response to this weakness. The Commission further noted that the "Curriculum Review Process Policies" provided in the ASER do not constitute a written policy and procedure for curriculum review and revision as required by this standard, as the process only provides procedures for how a teacher would submit a proposed revision, but provides no timing or details for the evaluation of feedback from relevant constituencies, analysis of completion results, or a comprehensive curriculum review process. Therefore, the institution failed to demonstrate the systematic and effective implementation of written policies and procedures governing a comprehensive curriculum review and revision process, as required by this standard.

11. Standard VI-B: Supervision of Instruction

The institution did not demonstrate that regular classroom observations, along with student, peer, and supervisory feedback, are documented and effectively utilized to enhance the quality of instruction.

The team report indicated that instructor files did not evidence consistent documentation of a classroom observation and a performance appraisal each semester, or two each year for each instructor as required by the institution's policy as provided in the ASER. Four instructors (█, █, and █) were missing a second classroom observation for 2015. The policy for Instructor Supervision and Classroom Observation provided in the ASER indicated that peer observations were done once a semester with a written report, but no peer observations were documented in faculty files.

In its response, the institution stated that, "The teacher personnel files show multiple observations and evaluation forms." However, no documentation was provided to evidence this statement.

The institution did not demonstrate the systematic and effective implementation of its policy regarding classroom observations, peer observations, and performance evaluations for instructors. Therefore, the institution failed to demonstrate compliance with this standard.

12. Standard VI-C: Instructor Orientation and Training

The institution did not demonstrate the development and implementation of a written policy for the effective orientation and training of instructional personnel. It also did not demonstrate an effective written policy for the ongoing professional development of instructional personnel that is systematically implemented, monitored, and documented.

The team report indicated that the institution did not have written policies and procedures for faculty orientation and training or faculty professional development. The team found that while there were references to in-house training through workshops or presentations, this training was not documented through agendas or sign-in sheets.

In its response, the institution stated that copies of training certificates were included in all files, and that instructors had taken a number of off-campus and online classes. The institution stated that it had a binder of in-house training programs with outlines, notes, and attendee lists. However, no documentation of the outside or in-house professional development for instructors was provided. The only documentation attached to the response for this standard was related to TESOL and NAFSA memberships for the Campus Director. No narrative or documentation was provided regarding the lack of written policies and procedures for faculty orientation and training and faculty professional development. The institution did not demonstrate that it has written policies and procedures for instructor orientation and professional development, and has not demonstrated systematic and effective implementation of instructor professional development. Therefore, the institution failed to demonstrate compliance with this standard.

13. Standard VII-A: Recruitment

The institution did not demonstrate that its informational and promotional materials, advertising, and representations made by or on behalf of the institution for recruiting purposes make only justifiable and provable claims regarding the courses, programs, costs, location, instructional personnel, student services, outcomes, and other benefits.

The team report indicated that the institution does not have a written policy and procedure for approving and monitoring its promotional materials. The team found that the institution's brochure lists Specialty Courses, three of which were not included on the institution's application to ACCET: Hotel and Tourism English, Life-Skills English, and Academic Writing. The team report indicated that the pictures in the institution's brochure of the computer lab and library under "Facilities and Free Services" were not an accurate representation of the facilities offered by the school.

The institution failed to provide a response to this standard. The institution did not demonstrate

that it has a written policy and procedure for approving and monitoring promotional materials to ensure that materials are systematically and effectively reviewed for truthfulness and accuracy. It did not demonstrate that its promotional materials consistently provide accurate information about the institution, its facilities, and its course offerings. Therefore, the institution failed to demonstrate compliance with this standard.

14. Standard VII-B: Enrollment

The institution did not demonstrate that it has a written policy for enrollment that is clearly stated, defined, and in compliance with statutory, regulatory, and accreditation requirements. It did not demonstrate that the enrollment process is preplanned, effective, and regularly monitored by the institution to ensure its integrity. The institution also did not demonstrate that it has a written enrollment agreement or contract with full disclosure of the rights, obligations, and responsibilities of all parties, including 1) all costs stated in clear and explicit language, and 2) cancellation and refund policies that comply with statutory, regulatory, and accreditation requirements. The institution did not demonstrate that the enrollment agreement or contract is furnished to appropriate parties before any payment or obligation is made.

The team report indicated that there was not a written policy for enrollment. The team found that the institution did not have an enrollment agreement or contract, as the Admission and Application Form is not signed by the institution, does not provide an end date, and did not consistently include the number of months the student wished to study.

In its response, the institution provided a blank revised application form, which did not include a place for the institution to sign and did not have a place for the student's end date of study. The Commission noted that there were checkboxes for the number of months the student wished to study, but as the team report indicated that this information was not consistently completed, submission of a blank form does not resolve this issue. Additionally, the Commission noted that the revised Application Form indicates that the institution offers "open enrollment throughout the year. Students may begin class on any Monday," indicating that a checkbox for the amount of months may not be sufficient information to result in an exact end date for every student. The Commission also noted that the Application Form provided in the response only lists the fees due, but does not provide any total tuition charges for the period the student will be enrolled. Further, the institution's narrative indicated that, "We don't have contracts. Students may come and go as they please." As the standard requires an enrollment agreement or contract, this statement does not demonstrate compliance with ACCET Standards. The institution's narrative also states, "Local students have not been required to complete the entire application since much of it pertains to F1 students." As the institution did not provide evidence of implementation of the revised form, it has not demonstrated that all students, regardless of visa status, complete an enrollment agreement or contract as required by this standard. The response did not include written policies and procedures for enrollment. The institution did not demonstrate systematic and effective implementation of enrollment policies and procedures and completed enrollment agreements or contracts for all students which provide the dates the student will be enrolled and a clear statement of all costs for the program.

15. Standard VII-D: Student Services

The institution did not demonstrate that student services consistent with the mission and learning objectives of the institution are provided. Therefore, the institution failed to administrate compliance with this standard.

The team report indicated that the institution did not provide evidence of student services consistent with the institution's mission, which emphasized academic preparation. While the institution advertised homestays, the team found there were no policies and procedures to govern the homestay selection or monitoring process. Further, the student satisfaction survey did not include questions regarding housing or activities to enable students to provide formal feedback on the student services.

In its response, the institution indicated that it had updated its mission statement. However, the Commission noted that the updated mission statement continues to indicate that student services will be provided for academic needs. Additionally, program names and advertising emphasized academic English and preparation for college or university. No documentation of student services consistent with this emphasis was provided. The institution indicated that homestay services were not discussed during the visit, but did not provide documentation of implemented policies and procedures on the homestay selection or monitoring process. The institution's response did not address the inclusion in the student satisfaction survey of questions regarding housing or activities. The institution did not demonstrate that it provides documented student services consistent with its mission and learning objectives, that it has systematically and effectively implemented written policies and procedures to govern its homestay process, and that it regularly solicits feedback from students regarding its housing and activity offerings. Therefore, the institution failed to demonstrate compliance with this standard.

16. Standard VIII-A: Student Progress

The institution did not demonstrate that it effectively monitors, assesses, and records the progress of participants utilizing a sound assessment system of defined elements that are appropriately related to the performance objectives of the programs. It did not demonstrate that student progress is documented consistently in accordance with institutionally established performance outcomes. It also did not demonstrate that participants are informed of their progress on a regular and timely basis, nor did it demonstrate that it publishes clear descriptions of its requirements for satisfactory student progress and utilizes sound written policies and procedures to determine student compliance with these requirements and to document the results.

The team report indicated that student grade histories showed four students ([REDACTED], [REDACTED], and [REDACTED]) who did not demonstrate sequential progression, but went back to a previously-passed proficiency level after progressing to a higher level. The report listed five students who were missing progress reports for at least one semester ([REDACTED] – missing Semester I 2015, [REDACTED] – missing Semester II 2015, [REDACTED] – missing Semesters I and II 2015, [REDACTED]

██████ – missing Semester II 2015, and ██████ – missing Semester II 2015). The report also indicated that three students (██████████, and ██████████) had repeated a level that they passed the previous semester. The team report indicated that one student, ██████████, had attendance in March and April 2016 of 82% and 67%, respectively, but received a participation score of 95% for that period. Similarly, the team found that the institution reported attendance by month but did not have attendance over the level, so it was unclear how attendance was monitored and reported in regard to academic progress and level advancement. Further, the team report indicated that the institution did not demonstrate exit test scores with an analysis to validate the curriculum. Finally, the institution’s grading system indicated that speaking and writing skills were broken into weighted elements. Speaking skills were evaluated by 30% for pronunciation, 40% for content, and 30% for grammar. Writing skills were evaluated by 50% for grammar and 50% for content. However, the grading information provided to the team did not demonstrate these weighted elements.

In its response, the institution indicated that the team report was incorrect as the institution does not have students that regress a level. The institution provided partial records for ██████████ demonstrating that this student had not moved back a level. However, the Commission noted that the records submitted by the institution indicated “Adv to L3” after Semester I 2015, but the student was enrolled in Level 2 again in Semester II 2015. Documentation for the remaining three students mentioned in the team report as having moved back a level was not provided. The institution indicated that it had progress reports for the five students mentioned in the team report and provided partial documentation for three students. The institution provided partial progress report history for ██████████ which provided one of the two missing progress reports, that for Semester II 2015; however, a progress report for Semester I 2015 was not included in the response. The institution provided partial progress report history for ██████████, which provided the missing grade/level information for Semester II 2015 which indicated an academically successful Level 4, and further indicated that the student received a B+ in Level 4 for Semester I 2015. However, the Commission noted that the team report indicated that ██████████ was placed into Level 4 for Semester II 2014, which was not provided in the response, resulting in three semesters in the same level. The institution stated that it allowed students to repeat a class one time, even if they have a passing grade. The Commission reviewed the institution’s documentation in the ASER and team report/response and did not find evidence of a sound, written, and well-documented rationale for this practice, as required by ACCET Document 18.IEP – Satisfactory Progress Policy. The institution did not address the issue raised in the team report regarding participation grades that were not an accurate reflection of student participation in all classes, as they did not appear to factor in the student’s attendance. The institution also did not provide information or documentation regarding the monitoring of cumulative attendance across a level to determine satisfactory progress and level progression. The institution did not provide information regarding its exit test, including scores and analysis. Finally, in response to the issue raised in the team report regarding the weighting of components in the areas of Speaking and Writing, the institution provided average grades for different skills across levels for Semester I 2016; however, this does not address the issue of how the Speaking and Writing grades are broken down into percentages for pronunciation, content, and grammar for Speaking, and content and grammar for Writing. The Commission noted that the syllabus provided by the institution in its

response clearly indicates that Speaking and Writing skills will be evaluated in percentages for the elements listed above. Therefore, the institution has failed to demonstrate that it effectively monitors, assesses, and records the progress of participants as required by this standard.

17. Standard VIII-B: Attendance

The institution did not demonstrate the establishment and implementation of written policies and procedures for monitoring and documenting attendance. It did not demonstrate that the attendance policy is effective in ensuring that student participation and preparation are consistent with the expected performance outcomes of the program.

The team report indicated that 61 of the 148 students enrolled in March 2016 were below the 80% attendance requirement, but student files did not include warning notices. The institution indicated that warning notices were hand delivered and the institution did not keep a copy. The warning form provided to the team was generic and did not reference the student or his/her specific attendance performance, either by amount of absences or attendance percentage. There was no place on the form for the student to acknowledge receipt, and no timeframe was identified on the warning notice for how long the student would be on warning/probation. The team report indicated that the institution's attendance policy allowed students to be below the 80% attendance requirement for two semesters before being terminated. As the institution's semesters are 24 weeks, this resulted in students failing to meet attendance requirements for a full year before being terminated, which the team found to be insufficient to ensure that student participation and preparation were consistent with expected performance outcomes. Further, while the institution's attendance form included consequences for tardiness and early departure, the institution does not have a procedure for tracking these items, so no evidence of implementation was demonstrated to the team. The vacation policy did not provide a maximum length of vacation, and the team found that the institution's policy requiring students to study for 180 days before taking a vacation was not consistently enforced, as ██████ started at the institution on January 22, 2016, but started a vacation on March 28, 2016. The team found that the institution's method for taking attendance relied on students to sign in and out. While teachers spot-checked attendance records, the team found that students did not count themselves tardy when they were late, and the lack of consistent oversight of attendance did not ensure accuracy.

In its response, the institution provided an updated attendance policy in a revised Application Form. However, the revised policy still did not include all required elements of ACCET Document 35 – Policy on Attendance Requirements. The updated policy indicated that the "school is under no obligation to give student warning notices either verbal or written in regards to low attendance," which did not demonstrate regular and timely updates on progress in meeting the standards of attendance. Additionally, the policy did not include timeframes for when attendance is assessed to ensure that student participation and preparation are consistent with the expectations of the program. The policy did not include a definition for early departures, nor did it provide specific consequences for tardiness and early departure, as it merely stated that they "will count against your class attendance hours" without providing specific information as to how they will impact attendance. The policy did not indicate that an 80% attendance rate is required

for completion of a term/session as required by ACCET Document 35. Additionally, the updated policy did not provide specific information regarding the consequences for failing to meet attendance requirements, merely indicating that students who fail to meet the 80% requirement for two consecutive semesters will be asked to leave. This does not provide assurance that the institution is monitoring attendance on a regular basis. The Commission found that the institution's revised policy was insufficient to ensure student success or ensure international F-1 visa students' adherence to visa requirements, as allowing students to fail to meet the 80% requirement for an entire year, particularly without any interim warnings, probations, or other support system, was not consistent with ACCET standards. The revised Application Form provided by the institution also included a vacation policy, which still did not include a maximum amount of allowable vacation. The policy provided in the response indicates that "exceptions may apply" to the requirement that students are eligible for vacation after 180 days of full-time study. There is no rationale or other information regarding these exceptions to demonstrate that the policy is consistently and fairly enforced for all students. The inclusion of this phrase in the policy did not resolve the issue in the team report regarding [REDACTED], who was provided a vacation after only two months of study. In its response, the institution indicated that it regularly terminates students with low attendance or transfers out students with poor attendance who are on track for termination, and provided a SEVIS print-out of terminated students. However, this does not resolve the issues mentioned in the team report regarding warning notifications for students who are not yet terminated, nor does it demonstrate the institution's attendance procedures for students who have not yet been terminated. In addition, the institution did not supply any attendance records to demonstrate attendance history and notifications for those students terminated for poor attendance. The institution stated in its response that student files had a number of "vacation request denied" letters as a result of low attendance and "signed and return letters" based on attendance warning notices; however, no documentation was provided to evidence this, and the institution did not provide documentation that warning letters provided specific information to the student about his/her attendance performance or timeframes for removing the warning status. The institution also indicated in its response that it "did not do a good job of tracking" attendance for part-time and local students, but did not provide documentation to evidence that the institution is effectively implementing attendance tracking and an attendance policy for these students. The institution did not include documentation that the institution is effectively tracking and monitoring attendance, as the issue of students tracking their own attendance was not addressed. Further, the institution did not provide any documentation to evidence a systematic process for accurately tracking and recording tardies and early departures. The institution did not demonstrate the systematic and effective implementation over time of an attendance and leave of absence policy that effectively ensures student participation and preparation consistent with the learning objectives of the program. Therefore, the institution failed to demonstrate compliance with this standard.

18. Standard VIII-C: Student Satisfaction

The institution did not demonstrate that written policies and procedures were followed that provided an effective means to regularly assess, document, and validate student satisfaction relative to the quality of education and training offered, as well as the student services provided.

It did not demonstrate that interim evaluations and a final evaluation upon completion of the term of enrollment are specified components of determining student satisfaction.

The team report indicated that it was provided with one summary of a Student Satisfaction Survey and one summary of the Teacher Satisfaction Survey, neither of which had a date, class name, or teacher name filled in. While the institution provided a summary of survey results, it did not demonstrate that it had analyzed the data so that feedback could be used for improvement, and as only one summary sheet of each type of survey was provided to the team, the institution did not demonstrate that surveys were consistently administered. The team report indicated that the institution does not administer an exit survey when students leave the program.

In its response, the institution indicated that it kept surveys for school and classroom satisfaction in paper files with the date, class name, and teacher name. However, no documentation was provided to evidence that surveys were regularly administered, and no additional summary sheets were provided to demonstrate that surveys were consistently reviewed. The institution indicated that information was analyzed and changes were made; however, no documentation was provided to evidence this. The institution did not provide any response or documentation to evidence the consistent implementation of an exit survey administered when students leave the program. The institution did not demonstrate the systematic and effective implementation of policies and procedures to solicit, record, and analyze student satisfaction with the quality of education and training and the student services offered by the institution. Therefore, the institution failed to demonstrate compliance with this standard.

19. Standard VIII-E: Completion and Placement

The institution did not demonstrate that written policies and procedures are followed that provide an effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion rates.

The team report indicated that the institution did not provide the supporting data to verify the completion percentages provided to the team, as it did not provide the total number of enrollments, drops, or completers used to calculate the completion rates.

In its response, the institution indicated that, “since most students pay on a month-to-month basis, if they finish the month, we consider that a completer.” This definition is not consistent with the requirements of ACCET Document 28 – Completion and Placement Policy, which defines completion as the number of participants who successfully complete the program/course/session for which they enroll. Based on the documentation provided in the institution’s response, which include “Until” dates ranging from June through November 2016, it does not appear that students are consistently enrolling for one month at a time. Additionally, the documentation provided by the institution does not demonstrate the data used to determine the 2015 and partial year 2016 completion rates, as the data in the “Enrollment Data” spreadsheet and “Active and Initial Status” document indicate a range of end dates across 2016 and 2017, while the “Completed Status Students” document provides a short list of students with completed dates from 2014, 2015, and

2016. The documentation provided does not demonstrate how this data is used to determine the institution's completion rates for its programs. Therefore, the institution has failed to demonstrate a systematic and effective process for assessing and documenting completion rates, as required by the standard.

Since denial of initial accreditation is an adverse action by the Accrediting Commission, the institution may appeal the decision. The full procedures and guidelines for appealing the decision are outlined in Document 11, Policies and Practices of the Accrediting Commission, which is available on our website at www.accet.org.

If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier's check in the amount of \$8,500.00, payable to ACCET, for an appeals hearing.

In the case of an appeal, a written statement, plus six (6) additional copies regarding the grounds for the appeal, saved as **PDF documents and copied to individual flash drives**, must be submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny or withdraw accreditation. The appeal process does not allow for consideration of changes that have been made by or at the institution or new information created or obtained after the Commission's action to deny or withdraw accreditation, except under such circumstances when the Commission's adverse action included a finding of non-compliance with Standard III-A, Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information provided all of the following conditions are met:

- The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's failure to meet ACCET Standard III-A, Financial Stability, with the institution's non-compliance with Standard III-A the sole deficiency warranting a final adverse action.
- The financial information was unavailable to the institution until after the Commission's decision was made and is included in the written statement of the grounds for appeal submitted in accordance with the ACCET appeals process; and
- The financial information provided is significant and bears materially on the specified financial deficiencies identified by the Commission.

The Appeals Panel shall apply such criteria of significance and materiality as established by the Commission. Further, any determination made by the Appeals Panel relative to this new financial information shall not constitute a basis for further appeal.

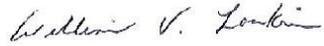
Initial applicants are advised that, in the instance of an appeal following a denial of accreditation being initialized in accordance with ACCET policy, the institution may not make substantive changes to its operations, such as additional programs or sites, until a notice of final action is forwarded by the Commission.

English USA Language School

August 30, 2016

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Sincerely,

A handwritten signature in cursive script that reads "William V. Larkin".

William V. Larkin, Ed.D.

Executive Director

WVL/meay

CC: Mr. Herman Bounds, Chief, Accreditation Division, US ED (aslrecordsmanager@ed.gov)

Ms. Katherine H. Westerlund, Certification Chief, SEVP

(katherine.h.westerlund@ice.dhs.gov)

Ms. Rachel Canty, Director of External Operations, SEVP (rachel.e.canty@ice.dhs.gov)