



April 18, 2014

VIA FEDEX & EMAIL
(chavonbeebe@neo-am.com)

Ms. ChaVon Beebe, Educational Director
Prodee University dba Neo-America Language School
3251 West 6th Street, Suite #420
Los Angeles, CA 90020

***Re: Initial Accreditation Denied
(Appealable, Not a Final Action)
ACCET ID #1435***

Dear Ms. Beebe:

This letter is to inform you that, at its April 2014 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Neo-America Language School, located in Los Angeles, California.

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 February 20-21, 2014), and the institution's response to that report, received March 22, 2014. 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-C: Planning

The institution did not demonstrate that sound, written, one-year and longer-range plans are designed to encompass both the educational and business objectives of the institution are used to facilitate the accomplishment of the broad institutional goals, or that they include specific and measurable objectives, with corresponding operational strategies, projected time frames, required resources, and methods for subsequent evaluation of each objective.

The on-site evaluation team noted that the institution's one-year planning document did not contain explicit timeframes, instead using more general terms such as "monthly," "short term," and "long term." It also failed to identify resources allotted to individual strategies, measurable results, or evaluation processes for determining if the results were achieved. No long-term planning document was provided. The institution's response provided copy of an updated planning document, but still failed to comply with all requirements of this standard. Although it purported to be an integrated short- and longer-term strategic plan, it was not clear that the revised plan effectively filled both purposes, since timeframes included in the document were inconsistent and confusing: two items identified future dates in the past tense, and although five of the six goals present were listed as "short & long term," only two of

those are associated with timeframes extending beyond the current year. Several strategies are still associated only with poorly-defined, nebulous, or unmeasurable objectives, and none have any indication of resource allocation, either in terms of finances or staff-hours. Therefore, the systematic and effective implementation of a coherent and compliant planning process has not been demonstrated.

2. Standard II-A: Governance

The institution did not demonstrate that its senior management structure ensures the integrity and effectiveness of the institution and its compliance with statutory, regulatory, and accreditation requirements.

The institution was unable to clearly verify the institution's ownership and senior management structure to the team. It noted that the institution's I-17 lists a Ms. Keum Park as DSO, who does not appear on the institution's organizational chart. She was identified to the team as a former employee/owner of the institution. One staff member reported that she had not worked at the institution since at least 2012, whereas another reported that she had worked as recently as Fall 2013, yet the team discovered her signature on a letter to BPPE dated January 22, 2014, on which she identified herself as Chief Operations Officer. The team also noted that the institution operates as Neo-American Language School, a d/b/a name for Prodee University. Yet the team reported the existence of a separate website for Prodee University, listing an entirely different set of programs, and those programs also appeared on the institution's SEVIS registration and BPPE approval. The institution's response provided an updated approval letter from BPPE indicating removal of the alternate programs, but could not demonstrate corrections to the SEVIS registry, which is closed for revisions until the institution's application for recertification is approved. The response failed to address the Prodee University website altogether. Similarly, it failed to address the identity and current role, if any, of Ms. Keum Park. The institution offered only an approval letter from BPPE in order to demonstrate ownership corresponding to that stated in its ASER, even though this letter evidences only those declarations made to that bureau by the institution. No actual certificates of corporate ownership are in evidence. Therefore, this institution has failed to demonstrate effective governance by a defined senior management structure.

3. Standard II-B: Operational Management

The institution did not demonstrate that operational management systematically and effectively implemented the strategies and policies of senior management, or that written policies and procedures guided the day-to-day operations of the institution.

The team report indicated that, although an Operations Manual was maintained, instructors were not actually familiar with it. Faculty and staff interviewed could not confirm the implementation of certain policies that were presented only in the ASER, including the policy for equipment and supplies and the policy addressing teacher-made instructional materials. The team noted other operational areas that were guided by no written policies in

any publication, including validation of student satisfaction, monitoring completion rates, and arranging substitute instructors. The institution's response provided copy of a revised Operations Manual revealing some new policies added and other policies augmented, including a policy on requisitioning classroom supplies and one for assigning substitutes. However, some policies cited by the team remained missing or incomplete. There is still no evidence of a policy for assessing student satisfaction, nor for requisitioning and maintaining permanent educational equipment, nor for approving teacher-made materials. The new policy on monitoring completion rates fails to explain how the institution actually defines a completer of its program. Additionally, while the institution reported that the revised manual has been distributed to and discussed with faculty and staff, no evidence was provided. Given the failures observed by the team on site, an unsubstantiated report of this nature does not suffice. Therefore, the institution has failed to demonstrate systematic and effective implementation of written policies and procedures for all operational areas.

4. Standard II-C: Personnel Management

The institution did not demonstrate that management provides orientation, training, and development of its employees to ensure that qualified and capable personnel, at appropriate staffing levels, are effectively utilized.

The team reported that no documentation to evidence ongoing training and professional growth and development activities for faculty exists beyond a record of two staff having attended ACCET's accreditation workshop. The response acknowledged that little professional development or ongoing training has occurred up to this point. It spoke about changes to current conditions at the institution that should facilitate future advances in this area. Yet the response included no policy addressing regular training or encouraging regular professional development, no evidence that any training or development has occurred since the team's visit, and no evidence of concrete and specific arrangements for training activities in the near future. Only a goal in the revised strategic plan acknowledging the need for ongoing training and development as a concept was submitted. Therefore, the institution has failed to demonstrate that it has either written policy or implementation of professional growth and development activities which can only be evidenced in practice over time.

5. Standard II-D: Records

The institution did not demonstrate that records are maintained for a period of time consistent with sound business and educational practices.

The team reported that attendance records are maintained only in hardcopy and that, as a rule, none are retained for past students unless a refund has been requested. Without these records, it is impossible to fully document several essential tasks to their completion. The response acknowledged that, although it retains certain academic records for five years, in keeping with the minimum required by applicable state statutes, the institution does not record even just the last date of attendance for most students, as cited by the team. It

described a new process by which key data pertaining to student status will be summarized on a spreadsheet. However, only a blank copy of the spreadsheet was provided, leaving the Commission unable to verify implementation. Further, no written policy or procedure was provided directing and describing staff use of these spreadsheets nor is it explicit in the institution's response that retention of the spreadsheets beyond the immediate period of a student's enrollment is even intended. Therefore, the institution failed to demonstrate any effective corrective action in response to the cited weakness which can only be evidenced in practice over time.

6. Standard II-E: Communications

The institution did not demonstrate that, in order to maintain operational effectiveness, periodic meetings with employees are conducted and appropriate documentation is maintained on significant issues, consistent with the size and purpose of the institution.

The team reported that written minutes to demonstrate and record regular faculty and management meetings were available only for January and February 2014. The response acknowledged that, prior to this, only informal and irregular meetings were held and no documentation produced. Detailed minutes were provided from the March 2014 general staff-and-faculty meeting. However, three meetings in a row is insufficient evidence to establish a dependable pattern that can be considered "regular." Moreover, no policy was provided addressing the documentation of these meetings, nor indicating that a decision had been made and validated through ongoing experience that meetings on a monthly schedule are, in fact, adequate for the institution's needs. Therefore, the institution has failed to demonstrate adequate, systematic, and effective communications are occurring which can only be evidenced in practice over time.

7. Standard II-F: Professional Relationships

The institution did not demonstrate that it establishes relationships with other organizations within the education/training and employer/industry network, or that it maintains, utilizes, and documents these relationships for the purpose of enhancing the quality of the education, training, and student services.

The team report indicated that the institution's managers have only recently, in 2013, joined TESOL and CATESOL, and that no evidence was available to suggest that these new memberships had been put to any productive use. Otherwise, the team reported, the institution could report no other professional relationships with any other local, regional, or national organizations or institutions. Although the institution has described its role as preparing its students to attend US colleges and universities, it could not claim any relationships with any local institutions of higher learning. The written response referenced "remote plans" for future engagement with the institution's community, as well as current attempts to connect with local colleges and universities, but provided few details and no evidence of any specific arrangements made. The only actual instance of professional

networking claimed in the response was attendance at the March 8th CATESOL conference, which had been mentioned by the team; yet no evidence of such attendance was provided, and no discussion of any useful outcomes for the institution was offered. Therefore, the institution has not demonstrated that it has established professional relationships, nor productive use of relationships to benefit the students or enhance the education and training provided as required by this standard.

8. Standard III-B: Financial Procedures

The institution did not demonstrate that it assesses its finances at adequate intervals, not less than quarterly, that written policies and procedures exist for proper financial controls and supervision of financial management staff, or that qualified and capable individuals manage and evaluate the effectiveness of the financial operations and practices.

The team reported that the institution does not regularly and periodically assess its financial conditions to ensure that it can continue to provide educational services to its enrolled students. No written budget, budget analyses, nor internally generated financial reports were available on site. The written response included a copy of a new budget for 2014 and an internally generated financial report for the year's first quarter. However, no policies and procedures were provided to suggest that regular monitoring will take place, to define the institution's fiscal policies, or to identify the methodology and by whom the budget is monitored and analyzed. The Commission was particularly concerned with the absence of a budget analysis, given that the available data indicate significant losses projected during the current fiscal year. Therefore, the institution has failed to demonstrate that it has systematically and effectively implemented sound practices for financial monitoring and control.

9. Standard IV-A: Educational Goals and Objectives

The institution did not demonstrate that its programs and courses have appropriate educational goals and objectives, or that sufficient and appropriate knowledge and skill elements are included to ensure adequate preparation for the expected performance outcomes in the specific program or course for which the students enroll.

The team report indicated that, although specific performance objectives for each level of the ESL program exist, the team could not confirm that instructors had received them. In addition, the performance objectives for each level do not all correlate to the overall curricular/educational objectives published for the program. For example, the program objectives suggest an academic focus for "students planning to attend a college or university in the U.S..." yet many of the topics included in the performance objectives/level descriptions are general in nature with little academic focus. As another example, the program objectives state that "each level consists of... writing," yet writing is not included among the specific performance objectives for Levels 1-3 of the 5-level ESL program. The team noted that some performance objectives were inappropriately crafted, including descriptions of what instructors will do rather than what students will be expected to achieve.

Finally, the team reported that a program outline for the TOEFL preparatory program is included in the ASER, but only in general terms; no specific, measurable performance objectives for the TOEFL program are published in any working document. The written response failed to address distribution of the published performance objectives to faculty. It offered that some of the team's observations reflect the fact that curricula are currently in the process of revision. However, no specifics in this regard were provided, nor was there any timeline indicating the progress to date or an expected completion date for the revision process. The response answer of the observation that topics in the performance objectives do not reflect the academic focus of the program by describing how the program levels are structured in order to build on linguistic skills acquired, from simple skills to more complex ones, from one level to the next. However, while the Commission understands the concept of starting with simple skills that build to more complex structures, it does not see that this basic concept in any way addresses the stated weakness of not including in its learning objectives topics related to academia. The response also failed to address the absence of writing skills among the performance objectives for the first three levels of the ESL program, or the absence of specific performance objectives for the TOEFL program. No revised curricular materials of any kind were provided. Therefore, the institution has failed to demonstrate that it has systematically and effectively implemented a preplanned, coherent, and complete curriculum.

10. Standard IV-B: Program/Instructional Materials

The institution did not demonstrate that program materials, including syllabi, lesson plans, instructional guides, and texts support the goals and objectives, are readily available, and facilitate positive learning outcomes.

The team reported that two individual courses – Level 1 Conversation and Level 5 Reading/Vocabulary – did not have assigned textbooks. Further, because instructors did not create syllabi and lesson plans based on the performance objectives, and in the absence of approved texts to at least suggest content at the appropriate level and of the appropriate focus, there is not necessarily a direct correlation between the stated performance objectives and the course content for these two courses. The written response failed to address deficiencies in the process for creating course content without benefit of the published performance objectives. It stated that the Level 1 course is currently using “the assigned conversational text” and that a text has been chosen and ordered for the Level 5 course “for the spring term,” but it failed to name either book or demonstrate that either is currently in use. No actual evidence of corrective actions was provided. Therefore, implementation of processes for selecting and utilizing instructional materials leading to positive learning outcomes has not been demonstrated.

11. Standards IV-C: Performance Measurements and VIII-A: Student Progress

The institution did not demonstrate that it effectively monitors, assesses, and records the progress of participants utilizing a sound, written assessment system that contains a set of

defined elements, such as grading scale, weighting factors, tests, quizzes, reports, projects, attendance, and participation, that are appropriately related to the performance objectives of the program or course.

The team reported inconsistencies among the scope of written midterm and final examinations used by different instructors, resulting from the lack of guidelines published by the institution for test design and development. It noted that speaking performance is not a component of any test in any course, even though speaking is included among both the ESL program objectives and the performance objectives for each level. The team also noted the absence of any rubrics or other objective guidelines for assigning a numeric value to student homework or attendance/participation, even though together these elements comprise 30% of the grade assigned for each course. Instead, instructors reported employing widely varying subjective criteria. Even though instructors record a score for participation, subjective and inconsistent as their criteria for doing so may be, the student services staff revealed that they enter only the attendance percentage for the entire 20% combined attendance/ participation grade. The current policy gives no direction in the case of courses that do not include homework; thus it was unclear how the 10% for homework is attributed in such courses. Students of the TOEFL program do not receive a final grade at all. Finally, the team noted that, although the institution has selected a nationally-normed, externally validated exit exam, it has not yet actually administered it. The written response failed to address staff disregarding participation scores when recording student grades or the lack of numerical grading in the TOEFL program. It provided evidence of one student's exit examination, but this was completed using the institution's prior testing instrument. Only brief mention of exit examinations using the newly selected test was made, and only in the future tense. In response to the cited inconsistencies in test design, it provided an excerpt from the Operational Manual that indicates all tests must include each of the five proficiency areas, including speaking, and directs that all instructor-generated testing instruments must be submitted to the School Director and Education Director to ensure "continuity." However, no examples of tests were provided, nor any evidence of the review process in action. The response failed to directly answer the team's observations, which indicate that procedures outlined in the Operational Manual either are not effective or are not being implemented. The team's concern regarding vague assignment of the 10% grade for homework in some courses was addressed only with the statement that "homework will be included..." A newly-devised grading rubric, called the Student Evaluation Sheet, was provided. However, no completed copies were provided to evidence that it has actually been implemented in the classroom. Moreover, the one rubric appears to be designed for use in all courses at all levels. As a result, its performance descriptions are so simple and vague in their language as to give no useful guidance to instructors. The response suggested that more detailed rubrics for specific components of specific courses are being developed, but they have not yet been implemented, and no copies are available for evaluation. Therefore, the institution has failed to demonstrate systematic and effective implementation of a consistent and logical evaluation mechanism in practice over time, without which the Commission cannot validate how student progress is reliably assessed or recorded.

12. Standards V-A: Instructional Methods and V-C: Equipment/Supplies

The institution did not demonstrate that instructional methods provide encouragement, motivation, challenges, and learning opportunities for all participants, taking into account different backgrounds, learning abilities and styles, and prior levels of achievement; or that adequate, appropriate, and functional equipment, supplies, furnishings, and learning resources required to effectively provide the education and training services are readily available for instructor and participant use.

The team reported that classes observed featured little variation in the learning styles addressed and teaching strategies used, including minimal use of visual materials and no kinesthetic or tactile activities. It also indicated a minimal quantity of learning aids, classroom visual stimuli, and audio/video tools available to instructors. The written response provided a list of the audio/video materials, games, magazines, and other learning aids available at the facility. However, it is not clear that these represent any expansion of the resource pool compared to that observed by the team, nor were specific plans referenced to acquire any more resources in the future. Little direct evidence was provided in attempt to demonstrate that instructors are actually utilizing these resources any more than at the time of the team's visit. The response also stated that the concept of recognizing and teaching to different learning styles "will be topic for an in-service or outside attended program when one can be planned [sic]." There is no indication that any such training has actually occurred, and only vague information provided in the strategic plan to indicate scheduling of future training. Therefore, systematic and effective implementation of varied and diverse instructional methodologies, activities, and learning aids to best serve all of the institution's students has not been demonstrated, which can only be evaluated in practice over time.

13. Standard VI-C: Instructor Orientation and Training

The institution did not demonstrate that it develops, systematically implements, monitors, and documents written policies for the effective orientation, training, and ongoing professional development of instructional personnel to ensure a consistent, high level of instruction.

The team reported that no in-house or outside training opportunities had been arranged for faculty members in the past 12 months, nor were there any individual, external professional development opportunities or activities reported by faculty. The written response referenced plans for an augmented schedule of training and development events, as discussed above; yet there is no indication that any such training has actually occurred, and only vague information provided in the strategic plan to indicate scheduling of future training. No documentary evidence was provided. Therefore, the institution has failed to demonstrate that it systematically and effectively implements policies and procedures relative to ongoing training and professional development which can only be evidenced in practice over time.

14. Standard VII-D: Student Services

The institution did not demonstrate that student services consistent with the mission and learning objectives of the institution, such as extracurricular activities, are provided.

The team report indicated that minimal activities to benefit students culturally, socially, and personally are offered. One field trip is reportedly scheduled per term, but the team could not verify that this actually occurs. No calendar of events or other evidence of recent school-sponsored activities was observed. The written response provided a narrative description and some photographic documentation of activities undertaken by several classes fulfilling the description of the end-of-term field trip. However, one documented event cannot be evaluated as demonstrating ongoing and regular implementation of a policy, and no written policy was actually provided.

15. Standard VIII-B: Attendance

The institution did not demonstrate that it implements written policies and procedures for monitoring and documenting attendance.

The team reported that it could not verify consistent implementation of the published policy concerning late arrival to/early departure from class. Attendance is recorded by the hour, and the policy directs that any late arrival or early departure beyond a 15-minute grace period should be marked as absent for the hour. The written response stated flatly that “the instructional staff is aware of the attendance policy,” yet it provided no documentation to evidence retraining in this area, nor any current attendance records to demonstrate improved implementation of the policy in the classroom. It pointed out that attendance is a component of the newly crafted end-of-term Student Evaluation Sheet “grading rubric.” However, that document makes no mention of the tardy policy, and being a device for recording end-of-term cumulative performance, does not demonstrate accurate hourly assessment of attendance performance. Therefore, the institution has failed to demonstrate that it systematically and effectively implements its existing policy which can only be evidenced in practice over time.

16. Standard VIII-C: Participant Satisfaction

The institution did not demonstrate that written policies and procedures are followed that provide 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.

The team report indicated that no formal policy and procedure exist to guide the process of assessing, documenting, and validating student satisfaction. Limited past instructor evaluations were available for the team’s review. New forms have been created, but no

evidence of their use was available at the time of the visit. The written response provided evidence that newly developed Instructor Evaluation and Student Questionnaire Survey forms, mentioned in the team report, have now been implemented. However, that evidence was inconclusive and does not allow the Commission to evaluate the full scope and effectiveness of the institution's process. No original copies of the forms themselves were provided, only summaries of the results from one use at the end of the recent term. Moreover, those statistical summaries indicate that they are composites of results from students in different classes, and the March meeting minutes suggest that no further information regarding the feedback was collected, so it is not clear how the data can be used productively to evaluate and direct the faculty and refine the institution's programs. No written policy or procedure addressing these points or directing regular and ongoing student assessment of the institution or its faculty was provided. No process was described for analyzing the feedback and using the results, except to report that they were discussed at the recent faculty/staff meeting. However, minutes from that meeting reveal only discussion of the rate of return for the survey; no discussion of the content of the results is recorded. Therefore, systematic and effective implementation of a complete process directed by written policy has not been demonstrated which can only be evidenced in practice over time.

17. 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 by demonstrating that the number of participants who complete the programs and courses in which they enroll is consistent with the benchmark established by the Accrediting Commission.

The team report indicated that the institution has no policy to regularly assess and document completion rates. No documentation was available to validate the reported completion rate for 2012. Completion rates for calendar year 2013 were not available at the time of the visit, but were provided in the written response in the form of the "Performance Fact Sheet" required by the CA BPPE. However, the Commission noted that completion calculations provided include a section for "# of students not available for completion" that includes students who have "withdrawn, died, been incarcerated, or called to active military duty." These provisions do not comply with ACCET policy, thus invalidating the resultant statistics. More importantly, the submission of completion statistics that exempt "withdrawn" students reveals a fundamental lack of understanding as to the point and purpose of this standard. The Commission also noted that the policy on completion rates evidenced in the revised Operational Manual is minimal at best, and fails to include key information as to how the institution will define a "completer" relative to its program structure and enrollment practices. Therefore, the institution has failed to demonstrate that it has systematically and effectively implemented policies and procedures to track and monitor completion rates as required by this 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.

Neo-America Language School

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It remains our hope that the accreditation evaluation process has served to strengthen your institution's commitment to and development of administrative and academic policies, procedures, and practices that inspire a high quality of education and training for your students.

Sincerely,



William V. Larkin, Ed.D.
Executive Director

WVL/mln

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