



December 22, 2015

VIA EMAIL & FEDERAL EXPRESS
(candice@astarinstitute.org)

Dr. Candice Quinn
Academic Director
Astar Education Institute
7868 Donegan Dr
Manassas, VA 20109

***Re: Reaccreditation Denied
(Not a Final Action)
ACCET ID #1433***

Dear Dr. Quinn:

This letter is to inform you that, at its December 2015 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny reaccreditation to Astar Education Institute, located in Manassas, Virginia.

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 September 22-23, 2015), and the institution's response to that report, dated November 5, 2015. In its review, 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

The institution did not demonstrate that the institution clearly states its mission and makes it public. The team report indicated there were multiple versions of the institution's mission statement, with differing versions published in the Student Handbook, the ASER and on the institution's website.

The institution stated in its response that, while the wording may have been different, the meaning was the same. It indicated that a single version of the mission statement, provided in the narrative response, has been included in the documents cited in the team report. However, no supporting documentation was submitted in the response to evidence that the mission statement had been updated; therefore, the institution has not fully demonstrated compliance with this standard.

2. Standard II-A: Governance; Standard VII-A, Recruitment

The institution did not demonstrate that it has a governing board or senior management team that develops and maintains an effective framework of written strategies and ensures the integrity and effectiveness of the institution, or that the institution is in compliance with

accreditation requirements.

The team report indicated that the institution provided no documented evidence that the Board of Directors fulfills its responsibilities as identified in the institution's bylaws, noting that the ASER and the bylaws contradict each other regarding the responsibilities of the Board of Directors. Specifically, the ASER stated that the Board of Directors "serves in an advisory capacity to Astar senior management and their role in the company is limited to voting for or against any corporate borrowing, salary adjustments and increases, and other large scale financial matters." This statement is contradicted by Article 3, Section 4 of the bylaws, which indicates that the Board of Directors, "Supervises all officers and employees of the corporation to assure their duties are performed properly." Further, the team report stated that the bylaws indicate that, "Regular meetings of the Board of Directors shall be held once a year," and that the Secretary will keep minutes and note whether the meeting was special or regular. The team report indicated that one set of minutes of a special board meeting held in 2015 was provided to the team, but no documentation to evidence annual meetings was provided.

In addition, the team report indicated that the institution was advertising programs, including Chinese language courses, occupational and vocational training, and summer camps, for which the institution did not have ACCET approval.

The institution stated in its response that the minutes provided to the team were for the annual meeting of the board of directors, and were noted as "special" because a special capital expenditure was discussed at the meeting. No copies of minutes from previous annual meetings were included to demonstrate that meetings are held consistently per the institution's policy. Further, the response did not address the inconsistency noted by the team between the duties of the board noted in the ASER and those duties noted in the institution's bylaws. Therefore, the institution has failed to demonstrate compliance with this standard.

Relative to the citation on advertising unapproved programs, the institution responded that it was not clear from the team report where the team found the references to the programs noted. It stated that older pages may not have been updated and indicated that it has attempted to remove all reference to the programs cited by the team from the website. However, during the Commission meeting, as a result of a simple Google search, advertisements for CNA classes for Astar were found on Craigslist.com, as well as an advertisement for a Cuisine Class Instructor posted on indeed.com. As of the date of this letter, those ads are still active. As a result, the Commission voiced its lack of confidence in the institution's statements presented in the response and finds further validation of non-compliance with this standard.

3. Standard II-B: Operational Management

The institution did not demonstrate that it systematically and effectively implements the strategies and policies of senior management through written policies and procedures that guide the day-to-day operations of the institution.

The team report indicated that, as noted throughout this letter, management has not developed,

published, and implemented all the written policies and procedures required by ACCET. The report noted that the ASER contained written policies, but that many of these policies were not compiled, published, and accessible to faculty and staff, including, but not limited to policies and procedures for: (1) ensuring the rights of students, faculty, and staff to access and review their records, (2) the use of teacher-made and supplementary materials by teachers, (3) the review and revision of curriculum, (4) ensuring that adequate quantities of equipment/supplies are maintained and equipment is upgraded and/or replaced on a regular basis, and (5) the minimum levels of education and training required of instructors. In addition, the team report stated that there was little evidence that policies and procedures were regularly monitored and reviewed to ensure compliance.

The institution stated in its response that a complete set of operational, financial, academic and human resource policies and procedures have been compiled into one binder, to be kept at the front desk. It indicated that this "General Operational Manual" would be forwarded to the ACCET Commission under separate cover. It noted that "a cross referenced list of the policies and procedures required by ACCET and the location of that particular policy or procedure in the General Operational Manual," was included as an exhibit. However, the list of cross-referenced policies was not included in the response. Further, the separate submission of the General Operations manual was not received. Lacking evidence of effective implementation of the referenced corrective actions to the cited weaknesses, the Commission determined that the institution has failed to demonstrate compliance with this standard.

4. Standard II-: Personnel Management

The institution did not demonstrate that it implements, and maintains overall written policies and procedures for the systematic and effective recruitment, selection, hiring, and retention of personnel, or that it provides training and development of its employees to ensure that qualified and capable personnel are placed and effectively utilized.

The team report indicated that the institution did not evidence the implementation of systematic and effective professional development for its staff. Further, the team report stated that the turnover rate for faculty for the twelve months prior to the visit was 200%, and the institution could not demonstrate that it had analyzed the causes and implemented corrective actions to address the high turnover rate.

The institution's response included a description of the reasons why faculty left, noting that, at a total of four instructors, the numbers are small and this creates the high turnover rate. The institution speculated that the reasons given for resigning were not the real reasons, citing low pay as the most likely cause. It stated that instructors would be made part-time rather than full-time, at a higher hourly rate, to address this issue. However, effective implementation and observable results of the actions taken to address faculty turnover were not in evidence in the institution's response.

The institution stated in its response that, due to reduced funding, staff could not attend seminars, workshops, or conferences, but that two methods of professional development are used by the

institution. The first is that staff are “responsible for keeping apprised of trends, news, issue[s] and new methodologies or systems,” with assistance from the Academic Director. The second is participation in webinars, which do not require staff to be away from the school and can be done during normal working hours. The response noted that the policy and procedures for professional development are included in the Employee Manual, and in the General Operations Manual, and required full-time and continuing part-time department heads and staff members to complete minimum of five hours of professional development each year. A copy of the policy and procedures were included in the response as an exhibit. However, no documentation of either method of staff development was provided; therefore, the institution failed to demonstrate systematic and effective implementation in practice over time to evidence compliance with this standard.

5. Standard II-D: Records

The institution did not demonstrate that its record-keeping system facilitates ready access and review of records by appropriate parties, or that students have appropriate access to information contained in their files.

The team report indicated that student records were not readily accessible for third-party review, because attendance and progress reports were maintained in monthly binders by level. Academic records were kept in hard copy and filed by session, program, and level. This required the team to consult monthly binders containing multiple levels, reviewing each level’s attendance roster, and then finding the academic and attendance documents required. For students enrolled for multiple months, the team had to review each separate monthly binder, raising questions regarding the ability to systematically and effectively track academic progress and attendance requirements cumulatively over time. In addition the team report indicated that there was no documented evidence that students are notified in writing of their rights to access records as indicated in the institution’s ASER.

The institution indicated in its response that it has undergone review by SEVP and was not cited for this, nor was it cited by ACCET in a previous on-site visit. However, it also indicated that, after consulting with the team on ways to improve record keeping, it has adopted a revised recordkeeping system and is now copying attendance sheets and student evaluations and keeping them in student files. It also stated that students are informed of their right to access their files verbally at orientation and that a written policy on access to records has been included in the General Operations Manual and the Student Handbook. A copy of a blank Request Access to Student Files Form was included as an exhibit as was a copy of the new policy. However, no evidence was provided of the systematic and effective implementation of the new systems for keeping student records, nor were copies of the updated General Operations Manual and the Student Handbook provided; therefore, the institution has failed to demonstrate compliance with this standard.

6. Standard III-B: Financial Procedures

The institution did not demonstrate that it systematically and effectively implements written

policies and procedures for proper financial controls and supervision of financial management staff, that tuition charges are applied fairly and consistently, that receipt of tuition payments and other monies is properly recorded and tracked and that cancellation and refund policies are written, fair and equitable, consistently administered, and that they comply with accreditation requirements.

The team report indicated multiple areas of non-compliance relative to the institution's financial practices. The report noted a lack of separation of duties to ensure proper financial control, stating that the Administrative Assistant received and deposited cash payments. The team noted that students enrolled in the same program were charged different tuitions based upon whether they were international or domestic students. The team report noted that the two-tier tuition had been in place through August 2015.

In addition, the team report stated that tuition rates were not published and made available in writing to prospective students, and were not identified in the Student Handbook or on the institution's website. The report noted that a breakdown of tuition and fees only appeared on a few of the enrollment/admissions documents reviewed, and that, according to the institution, tuition was disclosed to students on an individual basis. Further, the team found that there were various refund policies in different places, and these were inconsistent with ACCET policies and procedures, because they included barriers to transfer out, such as requiring the return of the I-20 and threatening loss of F-1 visa status.

Finally, the team report indicated that the institution failed to provide the information necessary for the team to complete a review of the financial records of withdrawn or terminated students. For the 19 files reviewed, the team report stated that enrollment agreements, academic and attendance records, financial records (charges, payments, and balances), refund calculations, and proof of refund payments, were not available. A Tuition Refund Calculation Worksheet was provided for only two of the 19 students.

In its response, the institution provided an updated policy and procedures relative to financial controls in its response. In addition, it indicated that, from 2006 until August 2015, it used the two-tier tuition system, but was informed by ACCET at that time that this was not permitted and revised its policy so that all students are charged consistently. The response noted that tuition is now posted on the institution's website, Student Handbook, and Program Catalog. Finally, the response included enrollment agreements, academic and attendance records, receipts for payment, refund calculations, and proof of refund payment for the 19 students cited in the team report.

However, the Commission found that the institution's response did not evidence the systematic and effective implementation required to demonstrate compliance with this standard. While an updated policy and procedures covering the separation of financial duties was included, no documentation was provided to show that the policy had been implemented in practice. A revised enrollment agreement was provided in the response to weaknesses cited under Standard VII-B, Enrollment, but as of the final day of the Commission's December 2015 meeting, an older version of the agreement was still accessible from the institution's home page containing the language

that states: “For International(F-1) students: if you withdraw from your course any time before completing the program for which you are enrolled, the school is required by U.S. law (DHS) to notify immigration officials that you have withdrawn from your course of study. In this case, you are not eligible to transfer to another school and the U.S. immigration law requires that you leave the U.S. within 15 days.” Further, this agreement contains no tuition information. Finally, of the 19 enrollment agreements included in the response, only one () was the newest version, with tuition and fees clearly marked, but it did not include the full cancellation and refund policy; consequently, the response did not evidence the systematic and effective implementation in practice of the new enrollment agreement to demonstrate that the institution is consistently charging both international and domestic students the same tuition and implementing its revised cancellation and refund policy. Additionally, the documentation provided by the institution in its response included only individual receipts of payment from students, but no student ledgers or financial records to demonstrate a system to document charges, corresponding payments, or institutional credits. Further, the Commission noted discrepancies in the documentation provided to demonstrate accurate refunds, for example:

- Last date of attendance on attendance records, required to verify the percent of the program completed and therefore the amount of refund awarded, were not provided for students ZH and ZY.
- An adjustment was made only to the carbon copy of a paper receipt indicating in pen a lower amount paid (2014 student YZ), with no indication that the student was notified.
- No corresponding enrollment agreements were provided for the period of time indicated by attendance and refund calculation worksheets (YM, FP).
- Incorrect dates were applied on the refund calculation form for the last date of attendance compared to the attendance record provided for student ZG, resulting in an incorrect refund calculation.

Therefore, the institution failed to demonstrate compliance with this standard.

7. Standard IV-B: Program/Instructional Materials:

The institution did not demonstrate that it ensures the appropriate scope, sequence, and depth of its texts for each proficiency level in relation to the stated level goals and objectives. It did not demonstrate that instructional materials support the goals and objectives of the instructional program.

The team report indicated that the institution had no written policy and procedures for the selection of textbook, nor a policy governing the use of teacher-made materials. Further, the report stated that the texts for the beginning level and the intermediate level all correspond to the same level according to the Common European Framework Reference (CEFR). As a consequence, students were being given material suited to the beginning level in both the beginning and intermediate levels.

The institution’s response consisted only of the following bulleted list of textbooks and the

proficiency levels they are assigned to:

- *Beginning–Intermediate: Touchstone 2*
- *Beginning-Advanced: Touchstone 3*
- *Intermediate-Beginning: Northstar 1 – Changed to Touchstone 4*
- *Intermediate-Intermediate: Northstar 2 – Changed to Touchstone 5*
- *Intermediate-Advanced: Northstar 3 – Changed to Northstar 4*

The response did not include documentation to evidence the systematic and effective implementation of the new textbook level assignments to ensure that students are progressing through proficiency levels that provide an increasing level of complexity in language input. Further, the response did not address the cited lack of policies and procedures relative to textbook selection and teacher-made materials; therefore, the institution failed to demonstrate through documented evidence that it effectively oversees this critical area of curriculum development to ensure materials align with the stated goals and objectives of the program. Consequently, the Commission determined that the institution failed to demonstrate compliance with this standard.

8. Standard IV-C: Performance Measurements

The institution did not demonstrate that it has a sound, written assessment system that contains a set of defined elements that are appropriately related to the performance objectives of the program or course.

The team report indicated that the institution did not administer an exit proficiency exam as required by ACCET. The report further indicated that the institution provided little guidance for assessing student oral proficiency for the speaking section of the initial placement test, as there was no rubric beyond general criteria. In addition, the response stated that teachers were not provided rubrics to use in grading class participation, homework, speaking quizzes/tests, and writing quizzes/tests, and teachers gave inconsistent assessments of these items. The team also found that there was no written policy relative to grading quizzes. These could count as 10% of the final grade, but might be optional, and if so, tests would be weighted 40% rather than 30% of the final grade. Finally, the team report indicated that there was no written criteria for grading the TOEFL class.

The institution stated in its response that it has implemented the CaMLA exam as its exit assessment, which is the same exam it uses for initial level placement. The response further indicated that its policy on grading has been updated in its Student Handbook, Academic Policies binder, and General Operations Manual. In addition, the response included copies of four new rubrics which it stated are now in use: 1) the ESL Listening and Speaking Rubric, 2) the ESL Class Participation Rubric, 3) the ESL Writing Rubric 4) the Placement Rubric. Finally, the response included the grading criteria for the TOEFL level.

However, the response did not include any copies of completed exit CaMLA exams, or any analysis of the comparisons of placement and exit tests to demonstrate that students are indeed showing progress as a result of their attendance at the institution. No copies of relevant pages

from the updated manuals cited were included to evidence that the institution has disseminated the grading policy to instructors and staff. The response did not include any documentation of assessments completed by instructors using the new rubrics, or any evidence that instructors have been given guidance on the use of the rubrics. Lastly, no documentation of student grades for the TOEFL class were provided in the response. As a consequence of this lack of evidence of systematic and effective implementation in practice of the corrective actions referenced in the response, the Commission has determined that the institution has failed to demonstrate compliance with this standard.

9. Standard V-A: Instructional Methods

The institution did not demonstrate that it has written policies and procedures are in place to ensure that the curricula are followed and that there is consistency of application by all instructional staff. The team report indicated that no written policies and procedures to ensure that instructors follow the institution's prescribed instructional methodology were in the Academic Policies available to instructors. It also stated that one instructor was not addressing the stated course objectives; she was observed by the team teaching a reading comprehension activity during a listening/speaking class.

In its response, the institution focused on the instructor in, indicating that she has been placed on leave while she completes a TESOL certification class. However, it did not address the citation relative to the lack of evidence that instructors have been provided a written policy and procedures governing how they adhere to the institution's prescribed/preferred methodology. As a consequence, the institution has failed to demonstrate compliance with this standard.

10. Standard V-C: Equipment, Supplies, and Learning Resources

The institution did not demonstrate that it has effective policies in place to provide materials and supplies for its education and training services and to ensure they are readily available for instructor and participant use. The team report indicated that the written policy and procedure for maintaining levels of books and office supplies was not contained in the policy manuals for ready access by all faculty and staff.

In its response, the institution provided a copy of its "Policy and Procedures for the Maintenance of Educational Materials and Supplies." However, the institution's response contained no observable evidence that the policy and procedures had been distributed or made available to staff and faculty. Therefore, the institution has failed to demonstrate compliance with this standard.

11. Standard VI-A: Qualifications of Instructional Personnel

The institution did not demonstrate that instructional personnel possess the appropriate combination of educational credentials, specialized training and/or certification, work experience, and demonstrated teaching and classroom management skills, and that they meet all relevant accreditation requirements. The team report indicated that the institution had no

written policies to define the minimum education and training required of instructors. It noted that the institution described these in the ASER and provided a job announcement/advertisement during the team visit with minimum requirements, but that the requirements did not state that the TESOL certification must include a practical teaching component or that the instructor must have near-native proficiency in English, as required by ACCET. In addition, the team report stated that one instructor (the same referenced under Standard V-A) did not meet the minimum hiring requirements stipulated by ACCET for ESOL instructors in that she had a background in K-12 English and language arts.

The institution stated in its response that the instructor cited in the team report has been placed on administrative leave and will return once she has completed her TESOL certification. The response did not address the area of policy, nor did it include any documentation to show that the cited instructor has enrolled in a TESOL certification class or training. Consequently, effective implementation and observable results were not in evidence in the response, and therefore, the Commission determined that the institution failed to demonstrate compliance with this standard.

12. Standard VI-B: Supervision of Instruction

The institution did not demonstrate that regular classroom observations are documented and effectively utilized to enhance the quality of instruction. The team report indicated that the institution's written *Policies and Procedures for the Supervising and Evaluating of Instructors* requires new instructors be observed in the first 30 days of employment, but only one of two instructors, both hired in 2015, had had the 30-day observation. In addition, the ASER and the written policies and procedures differed on the timing of observations for instructors after the 30 day period; the ASER stated every 6-8 weeks while the policy required an observation once annually at the time of review. Finally, the team report stated that there was no written policy governing substitute instructors.

In its response, the institution provided a clarification that classroom observations are conducted annually at the time of review, while student surveys are conducted every 6-8 weeks. The response also included a policy titled "Policy and Procedure for the Employment of Substitute Teachers," although it was unclear from the response when the policy was developed, and if it has been included in any policy manual. The response did not address the weakness cited relative to the lack of a 30-day observation for one of the new instructors, and no corresponding policy and procedures were provided or corrective action plan indicated to demonstrate that the institution's policy on classroom observations is being systematically and effectively implemented in practice. Therefore, the institution failed to demonstrate compliance with this standard.

13. Standard VI-C: Instructor Orientation and Training

The institution did not demonstrate that it develops and implements a written policy for the effective orientation and training of instructional personnel to ensure a consistent, high level of instruction. The team report indicated that there were no written policies and procedures for the orientation of new instructors, or for their ongoing professional development.

In its response, the institution provided a copy of its “Policy and Procedure for Professional Development,” and indicated that it is contained in the General Operations Manual. However, as previously noted under Standard II-B, Operational Management, and the general operations manual was not provided with the institution’s response to the team report as a required. Further, no separate policy on instructor orientation was included. Consequently the institution has failed to demonstrate compliance with this standard.

14. Standard VII-B: Enrollment

The institution did not demonstrate that it has an effective enrollment process that includes a written enrollment agreement or contract with full disclosure of the rights, obligations, and responsibilities of all parties.

The team report indicated that there were three different versions of the enrollment agreement utilized for the Intensive English Program & TOEFL Preparation programs. Six of the agreements reviewed by the team did not note the program start and end dates, and three did not identify the costs of the program. Further, as noted under Standard III-B, Financial Procedures, the agreements stated, “*For International (F-1) students: if you withdraw from your course any time before completing the program for which you are enrolled, the school is required by U.S. law (DHS) to notify immigration officials that you have withdrawn from your course of study. In this case, you are not eligible to transfer to another school and the U.S. immigration law requires that you leave the U.S. within 15 days.*” This sets up a barrier to transfer. Lastly, the team report stated that similar statements appeared in the Student Handbook, “*Students must pay for registration and at least two sessions of Intensive Program Tuition in advance and study in the Intensive Program for a minimum of three consecutive sessions before transferring to another school in order to maintain their visa status.*”

The institution stated in its response that it has implemented several versions of its enrollment agreement in response to “recommendations and mandates made by ACCET Accreditation Teams [.]” A copy of a blank “Application/Enrollment Agreement” was included as an exhibit, which was dated November 4, 2015. However, the response did not address the language cited by the team in the Student Handbook, and no copies of completed enrollment agreements were provided. Therefore, the institution has failed to demonstrate the systematic and effective implementation of an effective and compliant enrollment process in practice over time.

15. 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 with a set of defined elements, that participants are informed of their progress on a regular and timely basis, and that it utilizes sound written policies and procedures to determine student compliance with these requirements and to document the results.

The team report indicated that there was no appeals process in the institution’s Satisfactory

Academic Progress (SAP) policy, and no mention of a maximum limit of 36 months of study at the institution, as required by ACCET. While the institution revised its policy during the visit to include an appeals process, the institution was unable to demonstrate the implementation of the appeals policy at that time. Further, the SAP policy did not require formal notification to students of failure to make satisfactory academic progress, and while learning plans and “evaluative reports” are given to students, neither of these consist of formal notification of failure to make SAP.

The team report further noted that the institution’s policies regarding learning plans stated that they are issued for students failing to maintain a consistent 80% average at the end of any four-week academic session, or in the case of consecutive failures, or the failure to submit homework. However, the required percentage was stated as 70% in the “Intervention/Learning Plan” found in the Academic Policies and Procedures binder and not 80% as stated in the policy. The team report also indicated that one student did not progress sequentially through the levels. The student () started in the Intermediate-Intermediate level, failed this level, and went back to Intermediate-Beginning. The report also noted that another student’s () performance in Intermediate-Advanced Part 2 level could not be verified because his file was missing for that session. This student also failed three sessions but was advanced to the next level. The student, when interviewed by the team, stated that progression through levels is “automatic.” The report stated that, in practice, students are advanced if there is no level for them to repeat. Finally, the team report indicated that four students were noted who received similar scores on the institution’s placement test but were placed in different proficiency levels.

In its response, the institution stated that the 36-month enrollment limit has been added to the student handbook; however, no copy of the relevant handbook page or other documentation for students was provided in the response. The institution indicated that the 70% noted in the “Intervention/Learning Plan” was a typo, but did not provide copies of any newly completed plans, or even a blank copy, to evidence the correction has been implemented.

The institution noted that the learning plan is a “‘warning’ of failure to achieve satisfactory academic progress,” and that it could not find any ACCET policy that “dictated the form or content of a supplemental academic warning.” The Commission points out, however, per part 4. D. of ACCET Document 18.IEP – Satisfactory Academic Progress, a learning plan is developed after the student has failed a level and is not intended to be a warning or the tool used to notify students that they are failing the level. Per part F. 1. of Document 18.IEP, the institution’s policy must state the consequences of failure to meet SAP and indicate how the student is notified. This has not been demonstrated by the response, which failed to provide any documentation to evidence that it complies with the policies on learning plans stipulated in Document 18.IEP.

The institution’s response indicated that “if a particular class has particular difficulties with one session within a level and as a result none of the student pass with an 80% or above, the entire class will repeat the session or even be dropped to the next lower level of study.” However, the team report referred only to one student, and not an entire class, and no

documentation was provided in the response to evidence the implementation in practice of this policy, the soundness of which could not be verified by the Commission due to the lack of any supporting evidence to show written assessments of students by the institution and a compelling documented rationale for moving a student two proficiency levels lower. As for the file for [REDACTED], the response stated that it had been provided to the team, but the information required by the team onsite, and by the Commission to facilitate its determination of the institution's compliance with this standard, was not provided in the response. Lastly, the institution stated that it uses both the CaMLA written test and its own speaking assessment for placement, which accounts for the difference in initial level placement despite similar written scores. However, copies of the written determination of level placement using both instruments was not provided, nor were copies of the rubrics used for the four students cited in the report; thus, effective implementation and observable results were not in evidence to support the institution's claims. Therefore, the institution failed to demonstrate compliance with this standard.

16. Standard VIII-B: Attendance

The institution did not demonstrate that its attendance policy is effectively implemented to ensure that student participation and preparation are consistent with the expected performance outcomes of the course or program. The team report indicated that the two instructors allowed different "grace periods" for late arrivals, one at five minutes and the other at fifteen. One instructor was unaware of how to implement the policy for tardies and early departures.

The institution stated in its response that instructors are trained at orientation, and that the policy is clear. It noted that one instructor needed "retraining." However, no documentation of orientation materials or evidence of the retraining as provided, and no evidence of the instructor's systematic and effective implementation of the policy in practice was included as part of the institutions response. Therefore, the institution failed to demonstrate compliance with this standard.

17. Standard VIII-C: Participant Satisfaction

The institution did not demonstrate that it has an effective means to regularly assess, document, and validate student satisfaction relative to the quality of education and training offered, or that a final evaluation upon completion of the term of enrollment is a specified component of determining participant satisfaction.

The team report indicated the "Policy and Procedures for the Supervising and Evaluating of Instructors" were only provided on request and were not found in any of the handbooks, manuals or policy binders that the institution used. It noted that the Course and Teaching Evaluation Survey was administered twice in the first nine months of 2015, while the policy requires it be completed every six to eight weeks. Surveys completed on September 16, 2015, contained recommendations and complaints, but there was no evidence of the institution's review of these with faculty and staff. Further, the institution did not administer a final student survey upon the completion of students' program of study, as required by ACCET. Finally,

the team report stated that there were no student grievance procedures published in the student handbook, as required by ACCET.

The institution stated in its response that it conducts surveys in keeping with its policy, and the reason for seeing only two sets of surveys was that the two instructors had been teaching at the institution for less than the required six to eight weeks. The response stated that the institution has added this to its General Operations Manual and uses the same form as its other surveys. It also noted that the grievance policy is communicated to students at orientation. A copy of the policy was provided in the response as an exhibit; however, the document provided does not include the policy, only the words “Carly typed.” In addition, as an accredited institution, Astar should have been conducting surveys according to its policy for the instructors who were teaching before the two observed by the team started their employment, and the response included no surveys completed after the visit to demonstrate that the policy is being implemented systematically and effectively. Further, no final surveys given to students completing their enrollment were provided. The response did not include any analysis of survey results, the lack of which was cited by the team. Finally, no written documentation was provided to demonstrate that students are informed of the institution’s grievance policy. Therefore, the Commission determined that the institution failed to demonstrate compliance with this standard.

18. Standard VIII-D: Sponsor/Employer Satisfaction

The institution did not demonstrate that it has an effective means to regularly assess, document, and validate employer/sponsor satisfaction relative to the quality of the education and training services provided. The team report indicated that there was no documented evidence that the institution regularly assesses, documents, and validates sponsor satisfaction, nor was there a written policy relative to sponsor satisfaction.

In its response, the institution provided a copy of its “Sponsor Agency Satisfaction Survey”. However, no policy and procedures on the assessment, documentation, and validation of sponsor satisfaction was provided. Further, no completed surveys were included in the response to evidence systematic and effective implementation in practice. Therefore, the institution failed to demonstrate compliance with this standard.

19. Standard VIII-F: Completion and Placement

The institution did not demonstrate that the number of participants who complete the programs and courses in which they enroll is consistent with the 67% completion benchmark established by the Accrediting Commission. The team report indicated that the Semi-Intensive English Program in 2014 was 60% (5 completers/10 net starts), which is below the ACCET completion benchmark of 67%.

The institution stated in its response that its completion rates for 2015 exceed the 67% benchmark; however, no data was provided to support this claim. Consequently, the Commission determined that the institution failed to demonstrate compliance with this standard.

Since denial of reaccreditation 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. This notification must be accompanied by an affidavit signed by an authorized representative of the institution indicating that a Notice of Status of Accreditation notifying interested parties of the Commission's adverse action has been disseminated to new enrollees and posted in conspicuous places at the institution to include, at minimum, the admissions office and student lounge or comparable location. In addition, the institution must submit a written teach-out plan that is in accordance with ACCET Document 32 – Teach-Out/Closure Policy.

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.

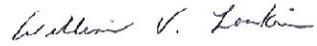
Should you have any questions or need further assistance regarding this letter, please contact the ACCET office at your earliest opportunity.

Astar Education Institute

December 22, 2015

Page 15 of 15

Sincerely,



William V. Larkin, Ed.D.

Executive Director

WVL/sef

cc: Mr. Herman Bounds, Chief, Accreditation Division, US ED (aslrecordsmanager@ed.gov)
Ms. Katherine H. Westerland, Certification Chief, SEVP
(katherine.h.westerland@ice.dhs.gov)