



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
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April 29, 2013

VIA EMAIL & FEDERAL EXPRESS
(conversa@iac.net)

Mr. Gerry Thiemann, Director
Conversa Language Center
817 Main Street, 6th Floor
Cincinnati, OH 45202

***Re: Initial Accreditation Denied
(Appealable, Not a Final Action)
ACCET ID #1347***

Dear Mr. Thiemann:

This letter is to inform you that, at its April 2013 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Conversa Language Center, located in Cincinnati, Ohio.

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 January 10 – 11, 2013), and the institution's response to that report, dated February 13, 2013. It is noted that one weakness cited in the team report was adequately addressed in the institution's response and accepted by the Commission. 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-C: Planning

The institution did not demonstrate that its written one-year and long-term plans consistently include specific and measurable objectives, operational strategies, projected time frames, and methods for subsequent evaluation of each objective. The team report indicated that, as the plans were reviewed on an annual basis, they were not being used to evaluate the objectives defined in the plans and that methods for subsequent evaluation of objectives were not clearly stated in the short- and long-term plans.

In its response, the institution stated that the business objectives in the plan are reviewed monthly along with financial reports, and the educational objectives are reviewed at monthly staff meetings. In addition to this monthly review, the institution provided updated policies to indicate that the educational objectives will be formally reviewed quarterly. The institution further updated its policies and procedures to include an audit sheet to ensure that these reviews take place, which included the date and name of the auditor. An example audit sheet was provided along with a memo detailing the results of the business plan review on February 7,

2013. The institution also provided its 2012 and 2013 short- and long-term plans. However, the plans provided still did not consistently include methods for evaluating the objectives in the plan to determine whether the objective was being met or needed adjustment, including dates for when objectives would be completed. While the memo provided evaluation of these objectives, the plan itself did not consistently include methods for evaluating each objective or timeframes in which the objective would occur. Because of the continued lack of methods for subsequent evaluation of each objective in the short- and long-term plans, the institution has failed to demonstrate that planning is carried out in a systematic and effective manner in practice over time consistent with the requirements of this standard.

2. Standard II-B: Operational Management

The institution did not demonstrate that it has an operational management structure that is systematically and effectively implementing the strategies and policies of senior management. The team report indicated that faculty are managed and assessed by the Director of the institution, who does not have the background or formal training to do so.

In its response, the institution provided a job description for the newly-created position of Academic Coordinator, whose responsibilities include instructor evaluation and review and approval of the curriculum. The institution also provided a resume, diploma, and transcript for the person hired for this position, along with a new organizational chart indicating that the lead instructor is the curriculum coordinator and the Academic Coordinator reviews and approves curriculum. The organizational chart also indicated that both the Lead Instructor and the Academic Coordinator are responsible for evaluating instructors. As the job description for the Academic Coordinator provided in the response indicated that he/she is responsible for classroom observations and evaluations of instructors, the duties listed in the organizational chart for the Lead Instructor raise questions regarding the responsible party for instructor evaluation, and the duties of these two positions regarding curriculum are equally unclear. In addition, the institution failed to provide any evidence of successful completion of any duties assigned to the Academic Coordinator such as classroom observations or instructor evaluations. Because of the unclear division of duties regarding instructor evaluation and the lack of evidence of curriculum reviews, instructor observations, or instructor evaluations by the new Academic Coordinator, the institution has failed to demonstrate systematic and effective operational management in practice over time.

3. Standard II-C: Personnel Management

The institution did not demonstrate that it provides training and development of all its employees to ensure that qualified and capable personnel are appropriately assigned and effectively utilized. The team report indicated that the institution had no policy to govern staff professional development, and the Personnel File Qualifications Checklist included in the team report indicated that not all office staff had a record of professional development.

In its response, the institution provided an updated policy for professional development which included administrative staff. The policy indicated that office staff are required to have one hour of professional development every three months. However, the institution did not provide any evidence of staff professional development to demonstrate that this policy has been implemented systematically and effectively in practice over time. Therefore, the Commission has determined that the institution has not demonstrated compliance with this standard.

4. Standard II-D: Records

The institution has not demonstrated that it has an organized record-keeping system that ensures student records are maintained in an accurate, orderly, and up-to-date manner and facilitates ready access and review by outside parties. The team report indicated that student files were not organized or consistently complete.

The institution provided updated policies and procedures to evidence better organization of its files, including an audit procedure to ensure that all student files are complete. However, the Commission noted that the audit report indicated that there were still items missing from student files two weeks after the completion of the audit, as shown by the lack of date of resolution for those items, which included a missing request for extension form, a missing U.S. address, and missing invoices. The evidence of missing documents in student files provided in the response to the team report has resulted in the Commission's conclusion that the institution has not clearly demonstrated that it has effectively implemented a system for ensuring that student records are maintained soundly to ensure they are complete and up-to-date.

5. Standard III-B: Financial Procedures

The institution has not demonstrated that it charges tuition consistently, with accurate records and tracking of receipt of tuition payments, or that it has cancellation and refund policies that are fair, equitable, and consistently administered. The team report indicated that the tuition amounts listed online had incorrect amounts for the "Cost per Week" and that the refund policy is inconsistently represented in the application, enrollment agreement, and student handbook. The team report also indicated that the refund binder only lists tuition refunds, not housing or materials refunds, that the refund calculation is not included as a separate sheet in the student file or refund binder, and that there is no financial ledger for each student showing a record of payments and refunds.

In its response, the institution asserted that the prices on the website for weekly rates include the cost of materials, and that without knowing the exact prices the team was comparing, it could not respond to this portion of the weakness. The institution further stated that the refund policy in the application, enrollment agreement, and student handbook are only differences in wording, not content, and the application form only lists part of the refund policy so that it can be easily understood. As evidence, the institution provided copies of its 2013 enrollment agreement, application form, and cancellation and refund policy. The institution also provided two

examples of its new student ledger to evidence payment tracking and a refund example of a materials fee.

However, the Commission noted that the tuition and housing rates listed in the “2013 Conversa Information” document provided in the response did not match those listed on the website presentation. Although the baseline rates are the same, the information in the response is listed as total cost per 1-, 4-, 8-, and 12-week sessions, while the information on the website is presented as price “per 4-week session (except for the weekly price)” with three categories: “3 months or more”, “Regular Cost”, and “Cost per week”. The presentation on the website does not make it clear that the “Cost per week” is not referring to a breakdown of the regular price, but rather to a separate 1-week session. Additionally, since the policy posted on the website requires students to pay for three months in advance to receive the three-month-or-more discount, presenting costs for the discounted rate as per month could be misleading to students. Further, the Commission found that the institution does not seem to be following its own policy concerning the three-month discount, as the student ledger provided for A.Alanazi indicates that the student paid the discounted rate for the month of January 2013 before paying up front for three months. This ledger also shows that the student paid a month’s worth of the discounted rate for January 2 – 25, 2013, and then paid for three months upfront starting on January 14th, indicating that the student paid twice for the period of January 14th through 25th, 2013. Based on the inconsistent presentation of the rates on the website and the information sheet, the lack of transparency in the rates on the website, the evidence of inconsistent implementation of the three-month discounted rate, and the double charges for certain time periods, the Commission determined that the institution is not publishing or charging tuition rates fairly and consistently.

Further, the Commission noted that, although the institution asserted that the discrepancies in the cancellation and refund policy between the enrollment agreement and application were just wording differences, there was indeed different content in the policy, enrollment agreement, and application provided in the response. The application and enrollment agreement included a \$100 tuition deposit charge for students who cancel before attending the institution which was not included in the cancellation and refund policy. Although the cancellation and refund policy and the enrollment agreement included examples of refunds for students who paid through agents and students who were in the institution’s housing, the application only had an example refund of a student who paid the institution directly, not the above two examples included in the other documents. Additionally, the cancellation and refund policy was the only document to include information regarding snow days, make-up time for snow days, or the housing refund policy. The application provided in the response did not include any information regarding the due date for the refund, and the enrollment agreement lacked information regarding the refund due date if the student notifies the school of cancellation after the scheduled start date or last date of attendance, all items provided in the cancellation and refund policy. The enrollment agreement also did not inform the student that he/she must notify the school in writing of cancellation or withdrawal. The Commission noted that the application form included in the response differed from the application form on the institution’s website, which contains no information about cancellations or refunds at all. The Commission found the degree of inconsistencies among the three documents and the differing application form on the website

alarming, as students are not receiving consistent information regarding the cancellation and refund policy and are not provided with the complete cancellation and refund policy before they became financially obligated to the institution.

The Commission noted that based on the fees listed on the enrollment agreement, the tuition deposit of \$100 for students who cancel before attending the institution is not an extra fee, but is taken out of the student's tuition payment and is therefore not in compliance with ACCET Document 31.ESL - Cancellation and Refund Policy.

Upon review of the student ledgers provided in the response, the Commission found that the weakness cited in the team report regarding the absence of housing payments was not addressed in the example ledgers provided, as neither ledger contained housing payments. The ledgers also appeared to be incomplete, as the ledger indicating a refund for the materials fee also showed a tuition refund, but did not indicate any original payment of tuition. The institution did not provide a refund calculation worksheet in the response to evidence that refunds are calculated consistently and accurately. The Commission determined that the sample ledgers provided do not offer sufficient evidence that the institution is properly recording and tracking student payments or consistently calculating and recording refund payments.

The inconsistencies in the presentation of tuition rates and the cancellation and refund policy, the evidence of double payments for certain time periods, the inconsistent implementation of the tuition discount, the lack of evidence of housing payments and refunds, and the lack of refund calculations has resulted in the Commission's conclusion that the institution has failed to demonstrate that it is administering fair and consistent charges for tuition, recording and tracking of tuition payments properly, or consistently administering a fair and equitable cancellation and refund policy, as required by this standard, which can only be evidenced in practice over time.

6. Standard III-C: Financial Assistance/Scholarships

The institution has not demonstrated that student financial assistance is awarded in a fair and equitable manner. The team report indicated that the name of the scholarship was misleading on the website and that no information regarding the scholarship was included in the student handbook. Documentation of the scholarship process and decision was not included in the file of scholarship student A.Pitra.

In the response, the institution provided updated portions of the student handbook and indicated that the website had been updated to change the misleading name. The institution also submitted minutes from the scholarship committee meeting about A. Pitra and a memo indicating the committee's decision to award him/her a scholarship. However, the student's letter of application for the scholarship was not included in the institution's response nor was any other supporting documentation that was required for the scholarship. Therefore, the Commission has determined that the institution has failed to demonstrate that it is systematically

and effectively implementing policies and procedures relative to awarding scholarships, which can only be evidenced over time.

7. Standard IV-A: Educational Goals and Objectives

The institution has not demonstrated that it is offering only programs that were included in the application. The team report indicated that the institution had been offering specialized one-on-one or group classes for business professionals, which was not part of the institution's program list and did not have educational materials for the team's review.

In its response, the institution indicated that these programs were offered infrequently and that the institution was discontinuing these programs. However, the Commission noted that the institution has "Private Intensive English Program for Professionals" courses listed in its 2013 schedule on its website and a section of its website offering French classes for adults and children, with the next session beginning on March 25, 2013, as well as corporate French classes and a series of summer workshops for French teachers. The continued advertising and offering of courses and programs absent on the original application to ACCET in conjunction with the team's original findings on the institution's failure to fully disclose its offerings is a very serious concern, leading to the Commission's conclusion that the institution does not meet the requirements of this standard.

8. Standard IV-B: Program/Instructional Materials

The institution has not demonstrated that it has syllabi and instructional guides that support the stated goals and objectives of each program or course. The team report indicated that the institution did not have syllabi that consistently informed students of the policy regarding a grade penalty for missing homework. In addition, the syllabus for Conversation and Pronunciation indicated merely that a student must complete three or more assignments to pass the class, but provided no guidance for the instructor regarding the amount of total assignments to give and did not indicate what happens in the event that a student completes three assignments but misses the final exam.

In its response, the institution indicated that it had adjusted its grading policy for homework to replace the grade penalty for missed homework with homework minimums and had updated the Conversation and Pronunciation syllabus. It also provided a scoring rubric for the elective courses, which measures weekly learning objectives created by the instructor for each course. However, the documents provided in the institution's response for the grading policy and the updated syllabus provide conflicting information. The homework policy listed in the teacher's handbook states that instructors must assign a minimum of two homework assignments each week for the Conversation and Pronunciation course, while the syllabus for the Conversation and Pronunciation course states that students receive one homework assignment per week. Consequently, the institution has failed to demonstrate that it provides consistent policies

relative to homework on its syllabi and instructional guides, and lacks credible evidence of systematic and effective implementation in practice, which can only be demonstrated over time.

9. Standard IV-C: Performance Measurements

The institution has not demonstrated that it has a sound 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 had a minimum passing grade of 65% for its programs and courses and that this grade was based upon weekly tests and homework. The institution did not incorporate a score for student participation, widely recognized as a key component of language learning, into its assessment system. Homework was not graded, but students' grades were penalized if they did not complete homework. In addition, the institution did not have any externally-validated, nationally-recognized exit test as required by ACCET policy and did not have a speaking component for placement or level tests, even though classes include speaking and listening. Further, the elective classes did not have a consistent grading system, as the amount of homework was decided by each instructor and tests were given only at the discretion of the institution's management. The institution did not have a written policy or procedure governing the amount of homework or the development of tests for the elective courses, although the institution indicated that tests were developed by the instructor and approved by the Director of Student Affairs.

The institution stated in its response that it had modified its grading policy so that students must have a minimum weighted average of the Integrated and Conversation and Pronunciation classes of 70% to pass a level or a minimum of 90% within the last two weeks if the student wishes to move up a level before the end of the program. The institution provided an updated grading policy wherein 15% of a student's weekly grade is based on homework, which the institution indicated would reward students for doing homework instead of penalizing them for not doing it, and stated that homework is not graded because the instructors review the homework during class. The institution indicated that it is converting to the ACT Compass tests for placement and exit tests and that it is using conversation test questions from its textbook series in conjunction with these tests for the speaking portion. Examples of scoring sheets for the oral portion of the level test and exit test were provided in the response along with one completed level test scoring sheet. The institution provided a rubric that would be used to grade elective classes and included minimum homework requirements in its homework policy for instructors.

However, the response did not provide a grading system that incorporated participation into its assessment system, and the grading system that was provided indicated that a student's grade was still largely based on weekly tests. The rationale provided by the institution to explain why homework was not graded failed to sufficiently address the issue for the Commission, especially in light of the grading system wherein homework and tests were the only graded components of the Integrated and Conversation and Pronunciation courses. Further, although the institution

provided evidence that it had been approved for a preview of the ACT Compass test, effective implementation and observable results of this exit test were not in evidence, which should have been available even prior to the team visit. The institution provided a .csv file for a student who had taken the ACT Compass test in its response to Standard VIII-A – Student Progress, but did not provide information regarding the procedures for implementing the exit test or how the results would be analyzed and used to improve the program. The scoring sheets provided for the oral component of the level and exit test did not provide any guidance to the test-taker regarding how to score the different components of the test to ensure that the test is scored consistently for all students, and as the test questions ranged in difficulty, the Commission questioned the equal weight given to each pair of questions. The sample placement test provided by the institution indicated that the Director, who does not have a formal background in teaching English, was administering and scoring the exam. An oral proficiency exam requires sufficient knowledge of language acquisition and pedagogy that it should be administered and scored by a trained English language professional. Finally, no completed scoring rubrics from the elective courses were provided to evidence systematic and effective implementation of this new assessment system. The lack of implementation of the externally-validated exit exam, the lack of guidance for scoring the speaking tests along with the test-giver being untrained in language acquisition, and the lack of evidence of implementation of the scoring rubrics for the elective course all have led the Commission to conclude that the institution has failed to demonstrate that it has a cohesive assessment system that appropriately relates to the performance objectives of the program that has been systematically and effectively implemented.

10. Standard IV-D: Curriculum Review/Revision

The institution has not demonstrated that it has systematic and effective procedures to continuously monitor and improve the curriculum, including soliciting feedback from faculty, students and graduates and analyzing completion results. The team report indicated that the institution did not have any documentation of curriculum creation, review, and evaluation. The creation of curricula for elective courses was not governed by institution-wide standards, but were instead created by individual instructors.

In its response, the institution provided written policies and procedures for curriculum review and revision as well as forms for guiding the quarterly and annual curriculum review meetings. The institution provided the meeting minutes from the quarterly curriculum review meeting. Information regarding the criteria for approving elective courses was also provided in the institution's response, along with a completed form for initial elective content approval. However, the Commission noted from the minutes that the curriculum review meeting did not cover all the elements for curriculum review required by this standard, as notes for the portion of the form that included student satisfaction, feedback, and test results read, "...this was not the purpose of this meeting." Additionally, although the institution's policy for curriculum review and revision indicate that the meetings include all instructors, the Director of Student Affairs, the Academic Coordinator, and the Director, the meeting minutes provided in the response indicate that the meeting was only attended by the Lead Instructor, the Director of Student

Affairs, and the Academic Coordinator. The Commission also found that the completed form for initial elective content approval did not provide sufficient evidence that the institution was systematically and effectively implementing its policy for approving elective courses, as materials and subsequent revisions to those materials to evidence the content elements required by the checklist on the approval form were not provided. Therefore, the Commission has determined that the institution has failed to demonstrate systematic and effective implementation of policies and procedures for curriculum review and revision in practice over time.

11. Standard VI-B: Supervision of Instruction

The institution has not demonstrated that supervisors of instructional personnel use good practice in the evaluation and direction of instruction or that regular classroom observations are documented and effectively utilized to enhance the quality of instruction. The team report indicated that the institution conducted classroom observations of its instructors only once a year; however, these observations were conducted by the Director, who has no formal background in ESL pedagogy, and, therefore, cannot ensure that instructors receive appropriately constructive feedback. In addition, the team report indicated that the institution does not have a substitute policy for instructors.

In its response, the institution provided an updated policy for observation and evaluation of its instructors to ensure that instructors are observed twice a year. The institution hired an Academic Coordinator to conduct the observations of instructors and provided a job description for the Academic Coordinator, a resume of the person hired for that position, and a new organizational chart that included the new position. The institution also provided new policies and procedures for substitute teachers, which specified that substitute teachers must meet minimum teaching qualifications. However, although a policy for instructor observation and evaluation was included, no sample observations or evaluations were provided. The combination of weak practice and lack of systematic and effective implementation of its policies and procedures in practice over time has failed to demonstrate compliance with this standard.

12. Standard VI-C: Instructor Orientation and Training

The institution has not demonstrated that it implements 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 does not have a policy which includes the requirements and definitions for professional development and that no documentation of in-house professional development was available to be viewed by the team.

In its response, the institution provided an updated professional development policy that required instructors to undergo professional development at least once per quarter and provided examples of acceptable forms of professional development. The institution indicated that future in-service activities would be documented. However, the continued lack of evidence in practice much less documented in-service professional development failed to demonstrate that the

institution was systematically and effectively implementing a policy for instructor professional development consistent with ACCET Commission requirements.

13. Standard VII-A: Recruitment

The institution has not demonstrated that its advertising makes only justifiable and provable claims about the institution. The team report indicates that the institution did not have a written policy for advertising and recruitment. In its response, the institution provided a written policy governing advertising that complies with ACCET policy. However, the institution did not provide any evidence of the implementation of this policy, particularly in light of the many policy changes the institution has made recently in response to ACCET's review. Therefore, the institution has failed to demonstrate systematic and effective implementation over time of an advertising policy to ensure that advertising makes justifiable and provable claims about the institution as required by this standard.

14. Standard VIII-A: Student Progress

The institution has not demonstrated that it effectively monitors, assesses, and records the progress of participants using a sound assessment system with a set of defined elements that are appropriately related to the performance objectives of the program, has not published clear descriptions of its requirements for satisfactory student progress, and has not demonstrated that it uses sound written policies and procedures to determine student compliance with these requirements and to document the results. The team report indicated that the institution's policy for level progression required a student to score a minimum of 90% on two consecutive written unit tests, but did not include any speaking component for level advancement and did not provide for students who were passing their courses but could not score above 90% on two consecutive tests. Further, the team report indicated the institution lacked any policy governing how long students can stay in a given level. The team report also indicated that there was no externally-validated exit examination and neither the placement nor the exit tests included any speaking component.

In its response, the institution provided a policy for student progress that allows students who finished the textbook to progress to the next level if they have at least an average of 70% for the session, although students are able to repeat the level if they wish. The policy also allows students who have a combined weighted average of at least 90% for the Integrated and Conversation and Pronunciation classes for two consecutive weeks to move up to the next level. Students are able to repeat a level twice and then must either move up a level if they averaged 70% or greater in the last session or be withdrawn if they averaged less than 70% in the repeated level. The policy also includes a provision for academic probation that requires a student who has an overall average of less than 70% for two consecutive sessions to go on academic probation and have one session to raise the average to above 70%. The policy states that if the student's average is not raised to above 70% in this third session, "you must either move to a

lower level or repeat the same level or transfer to another school. If you have already repeated the lower level twice before the academic probation, you cannot move back to that level.” Additionally, the institution provided an oral test component for placement and for the exit test, including a sample completed placement test, and correspondence indicating that it had been approved for a preview of the ACT Compass test.

However, the Commission noted that the Satisfactory Progress policy provided in the institution’s response did not include all elements required in ACCET Document 18.IEP. The policy did not provide the total length of the program in clock hours or the clock hours required for each level and term. Although the policy indicated that students could move to the next level with a minimum average of 70% when the textbook is finished, the amount of time to finish the textbook was not defined in the policy. Additionally, the provision in the policy of allowing students to repeat a level if they wish, even when their scores indicate they should progress to the next level, must be based on a written and well-documented rationale as required by ACCET policy. The Commission further noted that the progress policy provided by the institution did not include the creation of a learning plan when students must repeat a level. The probation policy provided by the institution does not provide a clear length of time for the probation or consequences of probation and does not have a provision for a student to appeal the probation, as required by ACCET policy. It appears that the probation policy is in conflict with the institution’s policy on repeating levels, as a student is able to repeat a level twice with an average of less than 70% both times, then go on probation and repeat a level for a third time, and then if the student does not raise his/her average, the level can be repeated a fourth time with no stated consequences. According to the probation policy, a student could also fail a level three times, and then move down a level and fail again with no stated consequences. The only consequence listed in the probation policy appears to be termination if a student has repeated a lower level twice before the probation began. The policy provides no time limit for the probation. The institution provided no policies and procedures to ensure the systematic and effective implementation of this student progress policy and provided no evidence of the implementation of this policy in its response. Because the institution has only recently, following the team visit, created a student progress policy which still lacks a clearly-stated policy that is internally consistent and includes all required elements, it has failed to demonstrate systematic and effective implementation of sound written policies and procedures to determine student compliance over time.

15. Standard VIII-B: Attendance

The institution has not demonstrated that it has established and implemented written policies and procedures for monitoring and documenting attendance. The team report indicated that the institution did not have a written Leave of Absence policy. Although the institution provides for tardies and early departures in its attendance policy, it does not define what constitutes a tardy or early departure.

In its response, the institution provided a Leave of Absence policy that differentiated a leave of absence from a vacation and required students who have extended absences longer than four

weeks to take a placement test. The institution also provided an updated attendance policy that defined tardies as arriving more than one minute late to class and early departures as leaving any time before the end of class. However, the institution failed to provide any updated procedures to ensure the systematic and effective implementation of these policies, nor did it provide any evidence of implementation of the leave of absence and the retesting policies for students who are away longer than four weeks, which can only be demonstrated in practice over time.

16. Standard VIII-C: Participant Satisfaction

The institution has not demonstrated that it follows written policies and procedures that provide an effective means to regularly assess, document, and validate student satisfaction relative to the quality of education and training offered. The team report indicated that although the average student only studies at the institution for three months, the student satisfaction surveys are conducted on a quarterly basis, which does not allow sufficiently timely opportunity for students to provide feedback about the institution.

In its response, the institution provided updated policies and procedures requiring monthly student surveys. However, the policy indicated that although these surveys would be taken monthly, they would only be analyzed every quarter, which results in up to a two-month gap before surveys are reviewed. Given the average stay of three months, this does not ensure an effective and timely response to any student satisfaction issues that may occur. Additionally, the institution provided no evidence of the systematic and effective implementation of this policy. The delay between survey distribution and analysis and the lack of evidence of systematic and effective implementation of the updated policy have led the Commission to conclude that the institution is not regularly and effectively assessing, documenting, and validating student satisfaction, which must be demonstrated in practice over time.

17. Standard VIII-D: Employer/Sponsor Satisfaction

The institution has not demonstrated that it follows written policies and procedures that provide 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 although the institution has students enrolled through the Saudi Arabian Cultural Mission, it does not have any policies and procedures to obtain feedback from sponsors.

In its response, the institution provided a policy governing sponsor satisfaction surveys and a blank survey form. The institution stated that it had sent the survey to the Saudi Arabian Cultural Mission but had not yet received a reply. However, the policy provided did not provide information regarding the procedure or responsible party for the sponsor surveys and made no mention of subsequent analysis of survey responses to improve the institution's education and training services. Additionally, the survey form provided only had a single question relating the quality of the education and training services provided by the institution, which was a binary question on whether the sponsored students made good progress in their classes. The Commission regarded this single question as insufficient for assessing sponsor satisfaction with

the quality of the education, as is required by this standard. Consequently, as the response lacked clear evidence in practice over time to demonstrate the systematic and effective implementation of sponsor surveys that effectively assess sponsor satisfaction with the quality of education and training services provided by the institution, the Commission determined that the institution has failed to demonstrate compliance with this standard.

18. Standard VIII-E: Completion and Placement

The institution has not demonstrated that it has 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 only includes those students who have studied for four weeks or more in its completion rate statistics.

In its response, the institution indicated that it had updated its policy for student completion to include students who study for any length of time. The institution also provided a spreadsheet to evidence the implementation of this policy. However, the Commission noted that the policy provided in the response did not include information regarding how data relevant to completion would be gathered, analyzed, or used to improve the institution's programs and services. The policy for completion made reference to using the completion rate to indicate student satisfaction, but did not detail in either this policy or the student satisfaction policy how the completion rate would be used as a correlated measure of student satisfaction. In addition, the spreadsheet included several students who were listed as "Attending" despite a program end date in the past. For example, one student is listed as "Completed" with a program end date of 2/1/2013, while students with program end dates of 12/21/2012 and 1/25/2013 are listed as "Attending." Therefore, the institution has failed to demonstrate that it is systematically and effectively implementing a policy and procedure for assessing, documenting, and validating student completion rates, which can only be evidenced in practice over time.

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 \$7,500.00, 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.

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,



ELECTRONIC SIGNATURE

Roger J. Williams
Executive Director

RJW/meay

- C: Mr. Louis Farrell, Director, SEVP (louis.farrell@ice.dhs.gov)
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