



April 28, 2014

VIA FEDERAL EXPRESS & EMAIL  
(kimjaeyul@hotmail.com)

Mr. Jae Yul Kim, President  
GST Language Center  
1000 Venice Boulevard, 2nd Fl.  
Los Angeles, CA 90015

***Re: Initial Accreditation Denied  
(Appealable, Not a Final Action)  
ACCET ID #1434***

Dear Mr. Kim:

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 GST Language Center, 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 18-19, 2014), and the institution's response to that report, received March 19, 2014. Upon its review, the Commission found that the institution was unprepared for the accreditation process, as demonstrated by the breadth of weaknesses across so many standards, and the depth of its noncompliance with respect to the overall lack of systematic and effective implementation, in practice over time, of its written policies and procedures. Accordingly, 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-B, Goals; Standard I-C, Planning

The institution failed to demonstrate that its business plans facilitate the accomplishment of broad institutional goals, or that it has an ongoing process of annual review of its business plans with methods for subsequent evaluation of each plan objective. Specifically, the team report indicated that the goals reviewed at the time of the on-site visit did not match the 2013 planning document. The one-year plan reviewed on site was taken from the ASER, as the institution could not locate more recent plans. The 2013 plan did not include measurable results or any kind of evaluation checkpoint or process. The long-term (2014-2016) planning document, also from the ASER, only listed general goals and did not include timeframes, resources, personnel, measurable results, or an evaluation process or checkpoint. The report

stated that the institution's staff informed the team that the goals and planning documents had been developed by staff members who were no longer working at the institution, so current staff at the time of the site visit were unable to locate up-to-date short-term and long-term plans.

The institution stated in its response that it has created a policy and procedures for developing goals and business plans. A copy of this policy, as well as minutes from a staff meeting at which the policy was discussed, were provided as exhibits. Minutes of an emergency advisory board meeting held on February 27, 2014 were also supplied as an exhibit. The response included a copy of the 2014 institutional goals, as well as the 2014 and long-term plans, all of which, according to the response, were found on the former director's computer. However, the new policy and procedures for the development of goals and plans provides only a basic description of the process, indicating no more than when the goals and plans are developed and who participates. More importantly, no evidence of ongoing periodic evaluation of the plan objectives was provided to address the cited weakness. Therefore, the institution has failed to evidence the systematic and effective implementation of a sound planning process in practice over time to demonstrate compliance with these standards.

## 2. Standard II-A: Governance

The institution failed to demonstrate that it ensures the integrity and effectiveness of the institution relative to its compliance with statutory, regulatory, and accreditation requirements. Specifically, the team report indicated the institution had few means to stay current on SEVIS requirements. The report stated that the institution was a member of NAFSA, but no institutional personnel had attended any NAFSA events such as conferences or webinars. The CEO/PDSO stated that he had completed online SEVIS training years ago, but there was no documentation of this. The institution seeks guidance from SEVIS directly through emails to SEVP and the SEVIS help desk. In addition, while the admissions procedures contained some SEVIS information, there were no other written policies or procedures regarding compliance with SEVP requirements on critical operational elements such as attendance, termination, and transfers. The institution joined NAFSA during the on-site visit and presented this documentation to the team.

The institution stated in its response that it developed policies for keeping current on SEVIS updates and for keeping compliant with SEVP requirements, and included copies of these policies as well as of the minutes of the meeting at which they were developed. A policy on a "personnel correspondence box" and a picture of the personnel correspondence box were also provided as exhibits. The personnel correspondence box will be used by the institution to keep staff informed of SEVIS updates. The response further stated that the P/DSOs have completed the online SEVP training, and the PDSO will be attending the NAFSA conference on May 2014. Copies of training certificates and the conference registration were provided. However, the response did not evidence effective implementation and observable results of the newly-developed policies and procedures for remaining current and compliant with SEVP regulations; therefore, the institution has failed to demonstrate, both at the time of the on-site visit and in its response, that it systematically and effectively keeps current on these regulations,

which can only be evidenced in practice over time, and, accordingly, that it is in compliance with this standard.

3. Standard II-B: Operational Management; Standard II-E: Communications

The institution failed to demonstrate that it systematically and effectively implemented the strategies and policies of senior management, or that written policies and procedures were effectively communicated and guided the day-to-day operations of the institution. The team report stated that many of the institution's written policies were drafted only for the ASER and existed nowhere else. The director indicated that ten policies/procedures were written solely for the ASER, while other policies did not exist at the time of the on-site visit, such as those for the ongoing professional development of instructional personnel. The team found many policies, "to be disjointed, sometimes contradictory, and disorganized." Staff and faculty provided contradictory information to the team on areas such as the use of instructor materials and methods, the attendance policy, curricular performance objectives, and the definition of a full-time employee. The team report further stated that the ASER included a "Self-Monitoring Policy" requiring staff, instructors, and administrators to have a copy of the state regulations and to check the BPPE website weekly for updates. The institution's finance officer had never seen the document before, nor had she seen institutional goals or plans, although the ASER states that these are shared with all staff.

The institution's response included copies of its policy handbooks, which include the Daily Operation Policies and Procedures, Student Handbook, Faculty Handbook, Employee Handbook, and School Catalog, stating that these documents contain all of its written policies and procedures. As for the ten policies cited in the team report as being only in the ASER, the institution's response indicated that these were kept in the ASER binder for staff use, but have now been transferred to one or more of the aforementioned policy handbooks. It further stated that, "Some of the policies that are only in ASER have always been implemented...[.]" although it did not specify which policies or provide evidence of their implementation. The response indicated that the finance officer did not "recognize the 'Self-Monitoring Policy' because she had trouble reading English," although it did not evidence in any way how she adhered to the policy. The response further stated that the CEO has registered for the CAPPS Legislative Policy Conference, scheduled to take place April 29-30, 2014, to help the institution, "develop and implement effective and systematic policies and procedures." The results of this could not be demonstrated as the conference was scheduled after the April 2014 Commission meeting. Finally, the institution noted that it never had a readiness visit, which it asserts would have made it aware of these policy weaknesses sooner; however, the institution chose not to have the readiness visit in order to be evaluated in an earlier review cycle. In addition, while the readiness visit might have assisted the institution in revising or adding certain policies, the weakness faults the institution for lack of implementation more than for the lack of actual written policies. The revised policy documents provided as exhibits and referenced in attached meeting minutes have not been used in practice over time, and the response failed to document how the institution has effected changes to policy to make them clearer and more organized. Therefore, the institution has failed to demonstrate that it implements its policies and procedures in a systematic and effective manner.

4. Standard II-C: Personnel Management

The institution failed to demonstrate that it develops, implements, and maintains overall written policies and procedures for the systematic and effective hiring, and retention of personnel, or that it provides training and development for its employees to ensure that qualified and capable personnel, at appropriate staffing levels, are placed and effectively utilized. The team report indicated that personnel files did not contain completed I-9 forms. It stated that Y. Han had no personnel file, and that J. Kim had neither W-4 nor I-9. The team indicated further that the employee files it reviewed contained only blank file checklists and blank student evaluation forms or staff evaluation forms. In addition, the team report indicated that there was no documentation of professional growth and development in any personnel files, and there was no written policy for the professional growth and development of instructors.

The institution stated in its response that I-9 forms for its employees were incomplete with blank sections because the President was unaware that he could write “N/A” in certain sections. The response disputed the lack of I-9 at the time of the on-site visit for J. Kim and provided a copy; however, no W-4 was provided. The response included a copy of Y. Han’s completed employee file checklist and noted that the remaining checklists have been filled out, although none were provided. The blank evaluation forms were in files for, “those who have never filled it out before,” and have been removed. As for the area of weakness cited relative to professional growth and development, the institution indicated that staff and faculty have attended conferences and workshops in the past but did not retain the documentation. A copy of the institution’s policy on “Personnel Training & Professional Development” was provided. The institution has joined CATESOL and provided a copy of the registrations for an upcoming CATESOL conferences. The Finance Officer and the Finance Assistant attended a financial training conference, for which the sign-in sheet was included. A letter from a recently-accredited ACCET school, Columbia West Collage (CWC), was provided, acknowledging that GST Language Center instructors observed classes at CWC. The letter, signed by CWC’s International Student Advisor, states that GST instructors were “required to observe ESL classes at an ACCET-accredited ESL institution...[.]” Finally, the response noted that the CEO will attend the aforementioned CAPPS Legislative Policy Conference. However, the effective implementation of the institution’s policies and procedures for personnel management with observable results was not evidenced in the response. The use of the personnel file checklist has not been shown to be systematic, and the response did not address the missing W-4 for J. Kim. Further, it remains unclear why blank forms were in personnel files, and simply removing them does not clarify the matter. As for ongoing professional development, the rationale for having instructors observe at another school is unclear, and no explanation of the benefit to GST instructors was provided. No explanation of the content of the financial conference was provided, and the sign-in sheet gave no information on the content or any of the presenters’ qualifications. The other referenced conferences have yet to take place. Therefore, the institution has failed to demonstrate that it has systematically and effectively implemented personnel policies and procedures required by this standard, which can only be evidenced in practice over time.

5. Standard III-B: Financial Procedures

The institution failed to demonstrate that it assesses its finances at adequate intervals, or that it implements its written policies and procedures for proper financial controls. Specifically its cancellation and refund policies were not consistently administered and did not comply with accreditation requirements. The team report indicated that the institution had no annual budget, and only monitored its financial situation annually with its CPA. Only two of the ten files of dropped/withdrawn students contained completed refund calculations and proof of timely refunds; the other eight contained no written calculations. The finance officer stated that these students were past the 60% pro rata mark, so no calculations were needed, but without such a calculation, the team could not make this determination. Further, for five of the eight files, the date of determination (DOD) was later than two weeks beyond the last date of attendance (LDA), which was in violation of the institution's own policy for termination. Two files had no documentation of withdrawal or termination, precluding the team's determination that refunds were timely or accurate.

The institution indicated in its response that it held an annual budget meeting in November 2013 with its CPA, but that the CPA had the document and was unavailable during the on-site visit. A copy of the 2014 annual budget and meeting minutes were provided as exhibits to the response. In addition, the institution held a financial committee meeting on February 28, 2014, and produced Session 1 financial statements. At a separate meeting on February 27, 2014, the Financial Control Policies and Procedures were revised to reflect the change to per session financials rather than monthly financial statements. Minutes for both meetings as well as a copy of Session 1 financials were submitted in the response. The institution further stated that the finance officer was not aware that calculations had to be calculated for each dropped/terminated student, and that she created a calculation sheet, "for all the past withdrawn and terminated students for whom she had not calculated refund," and included eight examples as exhibits. It stated that it had not been terminating students on time due to a lack of a termination procedure. A copy of the new Termination Procedures was included as an exhibit, as were copies of two Academic Status forms showing terminations. However, the annual budget and annual budget meeting minutes did not address the "adequate intervals" stipulation of the standard to have at least quarterly reviews. The refund calculations provided by the institution were missing the LDA. Further, all samples indicated that none of the students were entitled a refund because they either completed 100% of the training, calling into question why they needed a refund calculation sheet, or they never paid tuition. As a result, it could not be verified that refunds are calculated correctly and issued in a timely matter. The Academic Status form for Y. Ahn indicated the reason for termination as "no show," with a start date of 9/1/12 and a termination date of 9/23/12, yet the refund calculation stated that this student completed 100% of the session. Given the lack of evidence of the systematic and effective implementation in practice over time of the budgeting/financial monitoring policies, as well as the policies and procedures for calculating refunds in a clear and demonstrable manner, the Commission has determined that the institution has failed to meet the requirements of this standard.

6. Standard III-C: Financial Assistance/Scholarships

The institution failed to demonstrate that it administers scholarships to ensure that they are responsibly managed, governed by written policies and procedures, and are awarded in a fair and equitable manner. The team report indicated that there was no written procedure for determining the amount of a scholarship or how an award amount is determined for an individual student award. In interviews with the team, staff gave vague statements with little objective basis for determining the award. The report indicated that there was no scoring criteria nor objective methodology to determine need; rather, scholarship awarding was completely subjective. The president and the finance officer made the decisions to award, and there were no minutes to record the deliberations. Further, the team report stated that student account records did not indicate the posting of scholarship amounts by year or by session; rather, the scholarship amounts were netted vs. current year tuition charges as indicated by the numbers to the side of the student accounts.

The institution stated in its response that it has revised its scholarship policies and procedures, and it provided a copy of these as well as meeting minutes as exhibits. It also provided three copies of applications for scholarships based on the new policy. In addition, the response indicated that payment records being kept electronically noted the scholarship payments, but the hard copies did not. Copies of four account records were included to show the tracking of the scholarship payments. However, the scholarship policy was found to still be subjective in part. Beyond the required 3.0 GPA, the only other selection criterion is a recommendation or documentation of community activity, which allows for the same subjective application as was done previously. Further, the student account cards provided did not include details of the program/course enrolled with the related charges. Consequently, the Commission determined that the institution has failed to systematically and effectively implement policies and procedures administering its scholarship program and monitoring its financial procedures, which can only be evidenced in practice over time.

7. Standard IV-A: Educational Goals and Objectives

The institution failed to demonstrate that its program has appropriate educational goals and objectives with sufficient and appropriate knowledge and skill elements to ensure adequate preparation for the expected performance outcomes.

The team report indicated that the overall educational objectives for the program stated in the ASER, Student Handbook, and Student Catalog, are to “provide an intensive program of language training that emphasizes academic skills and university preparation...[.]” However, the team found that syllabi, course content, and level performance objectives were not academic in focus. As a result of this observation, the institution revised the program’s educational objectives and provided them to the team during the on-site visit. The team report noted that the revised objectives state that the ESL program, “is primarily designed to provide our students with instructional support that will enable them to participate fully in their educational experience in our school and in their social lives in the United States and/ or to improve personal prospects for business or personal reasons.” These new objectives were

not communicated to students or faculty during the on-site visit. In addition, the team report indicated that the performance objectives given to the students in syllabi differed from what was used by the instructors, and that these were only developed for the three combined classes being taught at the time of the on-site visit; consequently, the team was unable to verify the performance objectives in place for the levels not being taught (1, 4 and 6). In addition, the team report stated that written performance objectives given students do not all accurately reflect the sequential content taught at each level; for example, the objectives reviewed by the team stated that possessive adjectives were taught in Levels 3 and 4; that the 3<sup>rd</sup> person singular '-s' was introduced in Level 4; and that auxiliary verbs were covered in Level 6. However, the team verified that those language points are all taught in Level 1. Similarly, the performance objectives stated that the past continuous tense was in level 5; however, the team verified that it was taught in Level 3. The team also found that the speaking objective for the Advanced and Beginner levels was identically worded. Further, while the revised program objectives referenced developing proficiency in listening, speaking, reading and writing, the performance objectives for the Intermediate class did not include speaking objectives, and the only speaking objectives in the Beginner and Advanced classes are to perform oral presentations. The team also noted that performance objectives were not all measurable, using terms such as 'understand,' 'acquire,' and 'learn.' The report stated that Levels 5 and 6 used the same material/course book with no differentiation in the content, and students who successfully pass Level 6 can repeat the class, and cited student M. Yoo, who took Level 6 three times and Level 5 twice, thus covering the same material five times.

The institution's response indicated that the new program objectives, hastily created during the on-site visit, were reviewed at the February 25, 2014, staff meeting, for which minutes were included in the response. As part of this review, performance objectives were also revised, and copies of the six level syllabi were provided to evidence the revised performance objectives, along with the school's catalog and handbooks to show their consistency among these documents. A new text, *English in Common 6*, was selected for Level 6 so that students would not repeat the same materials. Per the response, the new Level 6 syllabus was implemented on March 3, 2014. In addition, the response stated that the institution will review its curriculum in February 2014. Instructors have been asked to complete an "Annual Needs Assessment," and student evaluations will be analyzed. A Curriculum Review Committee will be formed and will meet in September 2014 to "determine the effectiveness of the current curriculum and make decisions about the future." The response included copies of three grading rubrics, for evaluating written assignments, oral presentations, and homework. No narrative explanation was provided as to why these rubrics were submitted.

Upon its review, the Commission found that the syllabi presented in the response contained little information on actual performance outcomes. The "Student Outcomes" section was the same in every syllabus and consisted merely of the assessment tools to be used during the course. No evidence of the implementation of the revised syllabi was provided, nor was there evidence of the Annual Needs Assessment completed by faculty or any activities of the curriculum review process started in February. The planned activities for curriculum revision for later in 2014 have yet to occur and do little to assuage the Commission's current

concerns. More importantly, the institution has failed to demonstrate the systematic and effective implementation of the revised curriculum, which can only be evidenced in practice over time, and the curriculum as presented in the response fails to meet the requirements of the ACCET standard.

8. Standard IV-B: Program/Instructional Materials

The institution failed to demonstrate that program materials demonstrate the appropriate scope, sequence, and depth of each program or course in relation to the stated goals and objectives. The team report indicated that the primary course books did not fully support the original or the revised educational/curricular objectives. The books focused on grammar with numerous written grammar exercises. The former program objectives referenced academic skills and the improvement of “personal prospects for business or personal reasons,” but the texts did not contain material to develop students’ academic skills, such as writing academic essays or developing readings skills for academic texts. The course books also did not include business English or content focusing on language-related life skills. The revised objectives referenced above under Standard IV-A, state that the program will “develop basic interpersonal communication skills and ... proficiency in ... listening, speaking, reading and writing, to develop competence in intercultural interactions.” However, the texts provided only limited communicative practice.

The institution provided a copy of its further revised program objectives in its response and noted that “textbook contents support the full implementation of the educational objectives.” It indicated that the revisions have been updated in the catalog and in the faculty and student handbooks and have been communicated to faculty through the aforementioned correspondence boxes. This information was also provided at the March 11, 2014 teacher’s meeting, for which minutes were provided. Students received this information at the beginning of Session II. The response did not, however, provide any explanation to address the cited weakness that texts do not support the stated program objectives. While the new objectives contain the word “grammar”, the response does not demonstrate that instructional materials, and especially the course books, support the other elements of the program objectives. Lacking such an explanation, with observable evidence, the institution has failed to demonstrate that it has systematically and effectively implemented instructional materials that support the stated objectives of the curriculum, and therefore is not in compliance with this standard.

9. Standard IV-C: Performance Measurements

The institution failed to demonstrate that it has a sound, written assessment system that contains a set of defined elements, such as a 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 report indicated that there were no guidelines for assessing classwork and homework, and the advanced level oral presentation grading rubric had no numeric values. As a result, instructors were unable to objectively and consistently evaluate students within and between classes. In some cases, the homework

score was found to be unreliable; for example, advanced students were told that the homework answers were in the back of the book. The report stated that mid-term tests were created by teachers without formal or consistent guidelines, and no rubrics were provided for speaking and writing assessment, and grades were therefore inconsistently given. Finally, the report stated that the externally validated proficiency exam had only been recently implemented, and no analysis of any correlation between it and internal assessment systems had been completed.

The institution's response include guidelines for the creation of mid-term exams as well as copies of newly-created rubrics for assessing homework, classwork, written assignments, and oral presentations. These were presented to instructors at the March 11, 2014 teachers meeting, for which minutes were provided. However, the test guidelines and grading rubrics have only been recently developed, precluding the demonstration of their systematic and effective implementation in practice over time required to evidence compliance with this standard. Further, the institution did not address the cited weakness relative to the implementation and analysis of results of the standardized proficiency exam (Michigan test). Therefore, the institution has failed to demonstrate compliance with this standard.

#### 10. Standard V-A: Instructional Methods

The institution failed to demonstrate that its instructional methods encourage active and motivated responses from participants or that it has written policies and procedures 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 the institution had no policy and procedures to ensure that the curricula are followed and consistently applied by instructors. The team report stated that the instructors employed repetition through written grammar exercises, rather than the communicative method as noted in the institution's stated methodology. There was a teacher-centered focus with minimally interactive activities, and teacher talk time was greater than student talk time. There was little use of visual materials and no kinesthetic or tactile activities. In addition, the team report indicated that the lessons observed by the team did not meet the original or the revised broad curricular objectives, as noted under Standard IV-A, as they did not contain any academic or business-related content.

The institution stated in its response that it created a "Curriculum Policy and Procedures" to ensure that curricula are consistently followed, noting that it mistakenly believed it had such a policy in its review and revision policy. The institution indicated that students in the classes observed by the team, "were a little nervous, thus isolated and less communicative than they usually are...[.]" The response, however, also stated that, "the school accepts the valuable recommendations of the team for making the classes more communicative and interactive..." and provided a narrative description of several interactive activities designed to make classes more communicative. It also noted that all units of its texts contain sections on "Reading, Writing, Listening, Speaking, Pronunciation and Vocabulary," and conjectured that the team did not observe classes when the more interactive sections were being covered. The response further stated that instructors have observed classes at an ACCET-accredited school, Columbia West College, as noted above under Standard II-C. Finally, the response argued

that its classes did provide academic activities, just not in the amount expected by the team, and that its texts contain activities such as essay writing that prepare students for academic pursuits.

However, the institution's response failed to take into account the examples given in the team report of classes observed, which described other activities besides grammar exercises, yet were all described as teacher centered rather than student centered. The response did not provide any evidence of instructors putting the interactive activities into place, nor did it demonstrate the systematic and effective implementation of any higher level analysis and corrective action to address the systemic issue of non-communicative, teacher-centered instruction, and provided unsubstantiated assertions that the team missed seeing interactive, student-centered classes because the texts contain activities for varying language skills. Further, effective implementation and observable results of the new Curriculum Policy and Procedure were not in evidence. Therefore, the institution has failed to demonstrate that it systematically and effectively implements policies and procedures that govern the oversight of the delivery of its curriculum, which can only be evidenced in practice over time.

#### 11. Standard VI-C: Supervision of Instruction

The institution failed to demonstrate that it develops and 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 there was no evidence of professional development for instructors other than monthly teacher meetings at which teachers shared ideas. The institution became a NAFSA member in November 2013, but no staff or faculty member had attended any professional development offered by it or any other external organization. In addition, the team report indicated that there was no documented evidence of orientation for new teachers. The information purportedly communicated to teachers in the orientation was not all understood or retained by the teachers, citing the example of a recently-hired substitute teacher who did not know how many weeks each course had, was not aware of the performance objectives for the class, was not accurate in her understanding of how students qualified to progress to the next level, and was unaware that she should be assessing class work and homework, among other examples noted in the report.

The institution stated in its response that peer observations had been a regular practice, the results being discussed at the monthly faculty meetings. Two completed Peer Observation forms were included as exhibits. In addition, the response again indicated that its instructors went to an ACCET-accredited school, Columbia West College, to observe its instructors. A copy of the registration form for the May 25-30, 2014, NAFSA conference, was included as an exhibit, as were registrations for events to be held by CAPPs and CATESOL. However, these events have yet to take place, so there is no demonstrable evidence of their impact on instruction at the institution. Further, the response failed to demonstrate the implementation of the peer observation process in practice over time, and no information was provided to give the Commission confidence that the institution has implemented systematic and effective policies and procedures for the ongoing and consistent professional development of its faculty.

12. Standard VII-D: Student Services

The institution failed to demonstrate that it provides student services consistent with its mission and learning objectives. The team report indicated that the institution offered few activities which would benefit students culturally, socially, and personally. The report noted that the institution planned to hold one field trip each term, but the last field trip had occurred three months prior to the on-site visit.

The institution stated in its response that it has drafted a schedule of upcoming field trips and activities and included a copy as an exhibit along with the meeting minutes at which it was created and a photo of people at a restaurant to show that the first event, a trip to a restaurant, had taken place. In addition, it noted that the team had interviewed the Student Services Assistant, as the Student Services Officer was out sick during the visit, and was misinformed about the schedule of past events. A photo of people at the Natural History Museum was included, labeled Getty Museum Trip, to show that the field trip had taken place. Neither photo was dated, nor were sign-up sheets or flyers provided to corroborate that the events were school sponsored. The confusion of museum names notwithstanding, the narrative explanation and documentation submitted fail to provide compelling evidence of the systematic and effective implementation in practice over time of the institution's policies and procedures relative to student services.

13. Standard VIII-A: Student Progress

The institution failed to demonstrate that it effectively monitors, assesses, and records the progress of participants utilizing a sound assessment system with a set of defined elements that are appropriately related to the performance objectives of the programs or courses, or that it documents progress consistently in accordance with institutionally established performance outcomes communicated to all participants. The team report indicated that the written SAP policies were not consistent among the ASER, catalog, and student handbook, and that the policy did not state that a student could not study longer than 36 months. The report noted that there was no documentation of mid-term progress assessments or report, or of counseling and/or warning letters and documented learning plans for students who fail a course/level, citing students M. Yoo and J. Kim as examples. Only blank counseling forms were found in the files. M. Yoo had no documentation in her file at all for the monitoring of her academic progress.

The institution provided a revised SAP policy in its response, adding the stipulation that a student may not study longer than 36 months. This was discussed at the March 3, 2014 staff meeting, for which minutes were included. It also stated that the revised policy has been published in the student handbook, which was distributed to students. As for the mid-term progress reports, the response indicated that, since the institution's sessions are only two months long, no documentation was kept; rather, results were communicated verbally to students. Per the response, "the instructors will distribute a progress report every mid-term." A blank Midterm Progress Report form was included. Finally, relative to students facing

academic issues or failing classes, the response stated that the CAO counsels such students after each session, and the “team must not have been able to find any counseling documents in the student files because the CAO has been keeping the counseling documents in the Document Cabinet in the Admission Office instead of in the student files.” A sample counseling document for one student, dated February 27, 2014, was included as an exhibit. However, the response did not include any completed Mid-Term Progress Reports to evidence implementation, and the single counseling form, completed after the on-site visit took place and thus precluding the team’s ability to review it at that time, does not demonstrate the consistent monitoring of student progress required by this standard. Consequently, the institution has failed to demonstrate the systematic and effective implementation of policies and procedures relative to monitoring student progress, which can only be evidenced in practice over time

14. Standard VIII-B: Attendance

The institution failed to demonstrate that it has implemented written policies and procedures for monitoring and documenting attendance, or that its policy is effective in ensuring that student participation and preparation are consistent with the expected performance outcomes of the course or program. The team report indicated that the institution’s attendance policy was not consistently presented among the ASER, catalog, and student handbook, and only the ASER’s policy contained criteria for tardies and early departures in accordance with ACCET Document 35. Probationary status for not meeting the attendance requirements was not defined completely in any of these documents.

The institution’s response indicated that its attendance policy has been revised and included meeting minutes for its March 5, 2014 staff meeting. An updated policy was also included, as were copies of the catalog and student handbook. The response stated that the attendance minimum is 85% and that, “the 90% in the ASER was a typo,” and that, “every necessary part of attendance policy” has been included in the revised version. However, the response did not evidence that tardies and early departures are tracked and what impact they have on attendance, nor was there any evidence that students have been informed of and are complaint with the updated policies on attendance and attendance probation. Consequently, the institution failed to demonstrate that it has systematically and effectively implemented the revised attendance policies, 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](http://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

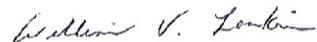
submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny or withdraw 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.

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,



William V. Larkin, Ed.D.

Executive Director

WVL/sef

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