



Self-Study Workshop Handouts Public and Non-Public Institutions

Self-Study Committee Task Sheet
Self-Study Format
Check List for Team Visit
Post-Secondary Educational Programs Charts*
Clock Hour/Credit Hour Chart*
Employer Program Verification Form*
Occupational Advisory Committee Minutes
Roster of Instructional Staff*
Roster of Administrative/Supervisory Staff*
Public Announcement Requirement

*These charts and forms are to be included in the Self-Study Report

SELF-STUDY COMMITTEE Task Sheet

TASK <i>Including Exhibits</i>	Person Responsible	Date for Rough Draft	Completed	Date for Final Draft	Completed
Institutional/Community Characteristics					
Conditions Checksheet					
Standard 1 – Institutional Mission					
Standard 2 – Educational Programs					
<i>(*List each secondary and postsecondary program)</i>					
Employer Program Verification Forms for Each Program					
Standard 3 - Program and Institutional Outcomes					
Standard 4 - Strategic Planning					
Standard 5 - Learning Resources					
Standard 6 - Physical Resources and Technical Infrastructure					
Standard 7 - Financial Resources					
Non-Public Institutions: Audited Financial Statement & COE Financial Questionnaire					
Standard 8 - Human Resources					
Standard 9 - Organizational Structure					
Standard 10 - Student Services and Activities					
Editing					
Document Reproduction (Printing – If Needed)					
Transmit Self-Study and Program Supplements to Team Leader (1 copy before preliminary visit)					
Transmit Self-Study and Program Supplements to Team Members (1 copy each before visit)					
Transmit Self-Study and Program Supplements to Council Office (1 electronic copy)					
Revise Educational Programs Chart (if needed)					
Target Date for Self-Study Completion					

** See Guidelines for Reporting Secondary Programs*

FORMAT FOR THE SELF-STUDY REPORT

1. Cover

The cover must include the name of the institution, the institution's address, the title of the document ("Self-Study Report"), and the year of the team visit.

2. Preface

The self-study must begin with a preface written by the chief administrator. It may contain, but need not be limited to, an appraisal of methods employed in conducting the self-study and the major benefits as viewed by the chief administrator and staff. It is suggested that the preface consist of 500 words or less.

3. List of Self-Study Committee Members

A list of self-study committee members must follow the preface. This list makes it easier for visiting team members to coordinate with those people directly responsible for each condition, standard, or program area.

4. Table of Contents

5. Institutional and Community Characteristics

This section includes the narrative descriptions of institutional and community characteristics as delineated in the section of this manual titled "Characteristics."

6. Conditions Check Sheet and Findings

The Conditions Check Sheet found at the front of the check sheets document provided on the Council's web site must be completed. For every "No" response on the check sheet, develop an explanation describing how the institution fails to comply with that condition. Collect appropriate exhibits to support the institution's assertion that each condition is met or that proposed solutions have been implemented to address each "No" response.

7. Standards

This section of the self-study document must contain the results of applying the criteria for each of the standards to an evaluation of the institution. **DO NOT include the check sheets for standards in the self-study document.** Rather, the format for each standard must be presented in narrative form and must include the following areas: **introduction, analysis, challenges, solutions, and summary.**

- a. The **introduction** should include general comments on the **standard** as it relates to the institution and the institution's commitment to compliance with the standard. The comments may include reference to the criteria of the standard, their applicability to the institution, and their importance in assuring educational quality. (See criteria of the standards in the *Handbook of Accreditation*.) It should also include the description of any unique circumstances or situations that might need to be explained to evaluators. A brief introduction must also be provided for **each program** that describes its history, relationship in the community, and any unique circumstances or situations that might need to be explained to evaluators.
- b. The **analysis** should present the results of the evaluation to determine compliance of the institution with the **specific criteria** of each standard. The results will include data and their interpretation that demonstrate compliance **or non-compliance** with the criteria. Specific practices that support the analysis will be cited in the narrative. The analysis should be well-organized, clearly written, and concise. These results should reflect the consensus of the standards' committees and the self-study steering committee. **IMPORTANT: The self-study must present a realistic assessment of compliance with the criteria. Do not avoid describing areas of non-compliance. An honest and realistic analysis facilitates the development of effective and realistic solutions in those areas in need of improvement.**
- c. The **challenges** should address any areas of non-compliance with specific criteria and/or areas where continued compliance may be difficult to maintain.
- d. **Solutions** must consist of courses of action that have been taken to address the challenges by the time of the team visit. Exhibits prepared to demonstrate the **implemented** solutions will be reviewed by the visiting team.
- e. The **summary** should provide an overview of findings that is a synthesis of the **introduction, analysis, challenges, solutions, and summary.**

Addressing Multi-Part (Compound) Criteria

Several criteria throughout the standards are compound statements that have been separated into their related parts. These criteria begin with a 'qualifier'. That is, if the response to the qualifier statement is negative (a 'NO'), the related parts of the criterion are disqualified.

These multi-part criteria are clearly identified in the Check Sheets for Accreditation Visiting Teams and are found in the following standards:

- Standard One - Institutional Mission
- Standard Two - Educational Programs / Programs and Instruction
- Standard Three - Program and Institutional Outcomes
- Standard Four - Strategic Planning
- Standard Five - Learning Resources / Media Services
- Standard Six - Physical Resources and Technical Infrastructure
- Standard Seven - Financial Resources
- Standard Ten - Student Services and Activities

POSTSECONDARY EDUCATIONAL PROGRAMS

DATA COMPILED AS OF (date): _____

Click

PROGRAM NAME / CIP Code (Use One Line For Each Program)	PROGRAM LENGTH		% of Program's Total Length Available Through Distance Education	INSTRUCTIONAL DELIVERY METHOD (Check One or More)			CREDENTIAL			PROGRAM START DATE (The date the program first enrolled students at the institution —not the start date of the latest term)	Number of STUDENTS ENROLLED on the date chart is completed		Number of INSTRUCTO RS ASSIGNED		
	Clock Hours	Credit Hours		Traditional	Hybrid	Distance Ed	Certificate	Diploma	Degree		Part-Time	Full-Time	Part-Time	Full-Time	
															Main Campus <input type="checkbox"/>

*Traditional Program – Program that requires all instructional hours to be completed on campus.
 Hybrid Program – Program in which less than 50% of the required instructional hours are available via distance education delivery methods.
 Distance Education Program – Program in which 50% or more of the required instructional hours are available via distance education delivery methods.*

CLOCK HOUR/CREDIT HOUR CHART

Program Name	CIP Code
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Instructions: Refer to the latest edition of the *Handbook of Accreditation* for definitions. For an institution's Self-Study Report, this form is to be completed only for programs measured in credit hours (both clock and credit hour information should be entered). For a New Program Application, this form is to be completed for programs measured in credit hours and those measured in clock hours. **LIST ALL COURSES OFFERED WITHIN THE PROGRAM.** Make additional copies of this page as needed.

Provide total program length in all categories that apply (be sure these numbers agree with the grand totals):

TOTAL REQUIRED CLOCK HOURS:	SEMESTER CREDIT HOURS:	QUARTER CREDIT HOURS:
Total number of clock hours available via distance education	Total number of semester hours available via distance education	Total number of quarter hours available via distance education

COURSE NAME (Use one line for EACH COURSE within the program.)	LECTURE		LABORATORY		WORK-BASED ACTIVITIES		Course Totals	
	Clock Hours	DE	Clock Hours	DE	Clock Hours	DE	Clock	Credit
TOTAL ALL COLUMNS								

The Grand Total number of credit hours will be rounded down in accordance with the latest edition of the *Policies and Rules of the Commission*. (March 2015)

GRAND TOTALS

**Commission of the Council on Occupational Education
EMPLOYER PROGRAM VERIFICATION FORM
for Postsecondary Programs**

INSTRUCTIONS:

- Complete **three** of these forms for **each** program at each campus.
- This form **must** be signed by a bonafide potential employer who is in a position to make hiring decisions.

Name of Institution	
Address	City/State/Zip
Name of Program	
Mode(s) of Delivery of Program (check ALL that apply):	
<input type="checkbox"/> 100% Traditional	<input type="checkbox"/> Hybrid
<input type="checkbox"/> Distance Education	

The length of this program is (indicate the number of hours in all boxes that apply):

<input type="text"/> Clock Hours	<input type="text"/> Semester Credit Hours	<input type="text"/> Quarter Credit Hours
----------------------------------	--	---

The amount of tuition and fees charged for the total program is: \$

EMPLOYER'S VERIFICATION STATEMENT

I have reviewed the **(name of program)**: _____
 program and recommended requirements for admissions, program content, program length, program objectives, competency tests, learning activities, instructional materials, equipment, method of evaluation, the skills and/or proficiency required for completion, and appropriateness of the instructional delivery method(s) for the program.

EMPLOYER

Name:	Title:
Company Name:	Phone Number/Extension:
Address:	City/State/Zip:
Verifiable range of remuneration based on yearly, full-time employment for those who enter this field upon completion of the program is from \$ _____ to \$ _____ annually.	
Signature:	Date:

(October 2016)

STANDARD 9 Form of Ownership

Check the appropriate box, complete the section of the form that applies to your institution, and provide any requested documentation. Include this form in the self-study.

Check the appropriate box; complete that section of the form; and provide any requested documentation. *(Only one box should be checked.)*

PUBLIC

Governing Board (Public Institution) [Click](#)

Name [Click](#)

Chairman and/or Executive Director [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Provide a copy of the institution's legislative authorization.

NON-PROFIT CORPORATION

Has the corporation been officially recognized by the Internal Revenue Service as an exempt organization under Section 501(c)3 or Section 501(c)6 of the IRS Code?

Yes No

If yes, attach a copy of the determination letter from the IRS.
If no, attach an explanation.

Provide a copy of the corporate charter.

Corporate Name [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Email Address [Click](#) Registered Agent [Click](#)

List names and titles of all officers:

NAME	TITLE	HOURS PER WEEK SPENT AT THE INSTITUTION
Click	Click	Click
Click	Click	Click
Click	Click	Click

Provide a roster of all members of the board of directors listed by name, title, professional/business affiliation, and address.

**PRIVATELY HELD BUSINESS CORPORATION**

If the institution is a unit or subsidiary of a corporation or corporate division whose stock is privately held, list the appropriate corporate officer or operating division head.

Provide a copy of the corporate charter.

Corporate Officer/Operating Division Head [Click](#)

Corporate Name [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Email Address [Click](#)

List names and titles of all owners and officers (including minority stock holders):

NAME	TITLE	PERCENT OF STOCK HELD	HOURS PER WEEK SPENT AT THE INSTITUTION
Click	Click	Click	Click
Click	Click	Click	Click
Click	Click	Click	Click
Click	Click	Click	Click

**LIMITED LIABILITY CORPORATION**

If the institution is a unit or subsidiary of a corporation or corporate division whose stock is privately held, list the appropriate corporate officer or operating division head.

Provide a copy of the corporate charter.

Corporate Officer/Operating Division Head [Click](#)

Corporate Name [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Email Address [Click](#)

List names and titles of all owners and officers (including minority stock holders):

NAME	TITLE	PERCENT OF STOCK HELD	HOURS PER WEEK SPENT AT THE INSTITUTION
Click	Click	Click	Click
Click	Click	Click	Click
Click	Click	Click	Click
Click	Click	Click	Click

PUBLICLY HELD BUSINESS CORPORATION

If the institution is a unit or subsidiary of a corporation or corporate division whose stock is publicly held, list the appropriate corporate officer or operating division head.

Provide a copy of the corporate charter.

Corporate Officer/Operating Division Head [Click](#)

Name of Parent Corporation [Click](#)

Name of Operating Division [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Email Address [Click](#)

Is the stock traded: NYSE | AMEX | NASDAQ | OTC Reg. Exchange

Name of the corporate official to whom the chief on-site administrator of the school reports:

Name [Click](#) Title [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

PARTNERSHIP

Name of Partnership [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Email Address [Click](#)

List names and titles of all owners and officers:

NAME	TITLE	PERCENT OF OWNERSHIP	HOURS PER WEEK SPENT AT THE INSTITUTION
Click	Click	Click	Click
Click	Click	Click	Click
Click	Click	Click	Click
Click	Click	Click	Click

LIMITED LIABILITY PARTNERSHIP

Name of Partnership [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Email Address [Click](#)

List names and titles of all owners and officers:

NAME	TITLE	PERCENT OF OWNERSHIP	HOURS PER WEEK SPENT AT THE INSTITUTION
Click	Click	Click	Click
Click	Click	Click	Click
Click	Click	Click	Click
Click	Click	Click	Click

SOLE PROPRIETORSHIP

Name of Proprietor [Click](#)

Address [Click](#)

City [Click](#) State [Click](#) Zip [Click](#)

Telephone [Click](#) FAX [Click](#)

Email Address [Click](#)

Traverse Career College
8500 Clairmont Road, Decatur, GA 30035
(800) 555-1234

**Program Advisory Committee Members
Business Office Technology
2015-2016**

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8500 Clairmont Road, Decatur, GA 30035
(800) 555-1234

Program Advisory Committee: Business Office Technology

7:00 p.m., April 7, 2015

Business Department Conference Room
Traverse Career College, Decatur, GA

AGENDA

1. Call to order and roll call
2. Old Business
 - A. Evaluation of BOT programs objectives
 - B. Evaluation of BOT outcomes data for FY2014
3. New Business
 - A. Update of new program implementation: Dahlonega Campus
 - B. Review of Campus Health & Safety Plan
 - C. Internship placement prospects for Fall Quarter 2015
 - D. New program proposal: Legal Office Assistant
 - E. Nominations/Recommendations for 2016-2017 committee membership
4. Open Discussion
5. Adjournment

Traverse Career College
8500 Clairmont Road, Decatur, GA 30035
(800) 555-1234

Advisory Committee Minutes: Business Office Technology

April 7, 2015

Business Division Conference Room
Traverse Career College, Decatur, GA

Members Present:

Mr. Bernard Malcomb (Committee Chair)
Ms Dolores Cruz
Mr. Anthony Watkins
Ms Patricia Meyers

Members Absent:

Dr. Suzanne Bailey

Also Attending:

Dr. Dan Willoughby, Business Dept. Chairperson
Ms Dana Chennault, BOT Instructor
Ms Laura Pressley, BOT Instructor

Guest:

Ms Celia Johnson, Director, TCC Dahlonega Campus

.....

The **meeting was called to order at 7:05 p.m.** by the Chair. Ms Chennault called the roll and a quorum was declared.

OLD BUSINESS

The committee conducted an **evaluation of the Business Office Technology programs objectives**, including Business Office Technology Diploma; Administrative Assistant Certificate; Medical Secretary Certificate; Microsoft Office Business Applications Certificate; and Medical Billing & Coding Certificate. The current objectives were found to be acceptable, although Mr. Watkins and Ms Meyers both recommended that the topic of “customer service” be explicitly cited in the “client relationships” objective for the BOT Diploma, Admin. Assistant Certificate, and Medical Secretary Certificate. Dr. Willoughby stated that he would make this addition to the published objectives of these programs.

Program outcomes data (completion and job placement rates) for FY 2014 were reviewed and evaluated. Although program completion rates for the fiscal year ending June 30, 2014 were well above the institution’s and COE benchmark

rates, the recession has had a significant impact on job placement for graduates of the BOT programs. For the first time in school history the job placement rates for three of the five BOT programs are below their rates from the previous year. Only Medical Secretary Certificate and Medical Billing & Coding Certificate showed job placement rates higher than their FY2013 job placement rates. In spite of this decline, however, the consolidated FY2014 job placement rates for the combined BOT programs are still higher than the minimum benchmark rate established for the institution by COE. Mr. Malcomb and Ms Meyers suggested that the college consider augmenting its medical office programs and perhaps curtailing advertisement and enrollment in the traditional office programs. Dr. Willoughby stated that he would mention this recommendation at the next Leadership Council meeting to be held May 6.

NEW BUSINESS

Ms Celia Johnson, TCC Dahlongega Campus Director, gave an **update of enrollment and implementation of the Medical Secretary and Microsoft Office Business Applications programs that were recently started at the Dahlongega Campus**. Ms Johnson stated that there are currently 38 students (17 full-time and 21 part-time) enrolled in the Medical Secretary Certificate and 16 students (3 full-time and 13 part-time) in the Microsoft Office Certificate. Ms Johnson feels that the disparity in enrollment reflects the current job market trends where more employment is coming in the health care industry at the expense of traditional office careers.

The 2015 version of the **Campus Health & Safety Plan** was distributed by Dr. Willoughby for review and discussion by the Committee. Dr. Willoughby pointed out that the campus crime statistics (required to be published annually by the ED) show that the main and branch campuses of TCC continue to be safe environments for students and staff alike. At Mr. Watkin's request, Ms Pressley gave her assessment of the health and safety plan from a student's perspective. She did suggest that the school should have emergency drills for the night students as well as for the day students. Dr. Willoughby acknowledged this request and indicated his intention to make this recommendation to the school's director.

Ms Cruz led a discussion of **internship placement prospects** for BOT students in the upcoming Fall 2015 Quarter. Since the medical office certificate programs were generating more enrollment than the diploma and office technology certificate programs, it was recommended that the school expand its internship outreach to Scottish Rite Children's Hospital, Grady Healthcare Center, and

Dekalb General Hospital. Ms Chennault, internship coordinator for all the BOT programs, gave an assessment of local business needs for interning students, and stated that she would contact the medical institutions recommended by the Committee for future intern placement.

Discussion for a new Legal Office Assistant certificate program was tabled until the next meeting since Dr. Bailey is spearheading the curriculum development of this program. The Chair agreed to place this item on the agenda of the next meeting.

Two of the five members of the BOT Advisory Committee (Ms Cruz and Mr. Watkins) are completing their second two-year term on the Committee. Mr. Malcomb opened the floor for **nominations or recommendations for two new members** to replace Ms Cruz and Mr. Watkins. Ms Cruz recommended that a school representative contact a colleague of hers, Ms Neezy Crume in the Training Division of AT&T Product Services Group. Ms Crume has worked with educational institutions in the areas of internship development and contract training, and she has indicated an interest in collaborating with TCC. Dr. Willoughby agreed to contact Ms Crume in the coming week, and thanked Ms Cruz for the referral. Ms Chennault recommended the school contact Mark Johnson of Pike Nurseries (Corporate Office) to discuss a position on the Committee. Mr. Johnson is a neighbor of Ms Chennault and an alumnus of TCC (Marketing Management Diploma, 2009) and has often discussed with enthusiasm his interest in staying involved with the college. Dr. Willoughby agreed to contact Mr. Johnson within the next week and thanked Ms Chennault for the recommendation.

OPEN DISCUSSION

There were no discussion items from the floor.

The Chair announced that the next Committee meeting would take place at noon on July 14, 2015 at the Student Center Concourse of TCC.

The meeting was adjourned at 8:48 p.m.

Minutes recorded and prepared by Dana Chennault.

TOP 10 RECOMMENDATIONS GIVEN BY VISITING TEAMS

1. At least every two years, three bonafide potential employers review each educational program and recommend admission requirements, program content, program length, program objectives, competency tests, instructional materials, equipment, method of evaluation and level of skills and/or proficiency required, and appropriateness of the delivery mode for the program. STANDARD TWO
2. Occupational advisory committees appointed for each program or program area are used to ensure that desirable, relevant, and current practices of each occupation are being taught. Each committee (a) consist of a minimum of least three members who represent the geographical service area covered by the program area; (b) have expertise in the occupational areas taught by the program; (c) meet at least twice annually; (d) have at least two members physically present at each meeting; and, (e) keeps minutes to document their activities and recommendations. STANDARD TWO
3. The institution has a written plan to ensure that follow-up is systematic and continuous, and includes the following elements: (9) Placement and follow-up information made available at least on an annual basis to all instructional personnel and administrative staff. STANDARD THREE
4. The strategic plan is reviewed by the faculty, administration, and institutional advisory committee and revised as necessary at least annually. STANDARD FOUR
5. The institution has a written plan for its media services which is appropriate for the institution and includes the following: (8) Evaluation of the effectiveness of media services and utilization of the results to modify and improve media services. STANDARD FIVE
6. An appropriate plan for assuring the health and safety of the institution's employees, students, and guests has been developed; includes a system for reporting and investigating accidents; is in use; has been distributed to employees; is available to students; and is regularly evaluated/ revised with appropriate input from employees and students. STANDARD SIX

7. Appropriate procedures have been developed for the continuous evaluation of the performance and effectiveness of all institutional employees, with at least an annual written formal review and evaluation. STANDARD EIGHT
8. The institution plans, provides, supports, and annually documents professional growth opportunities for and participation by all faculty members. STANDARD EIGHT
9. The institution has a written plan for determining the effectiveness of student personnel services, for documenting an annual evaluation of these services, and disseminating the results to the staff so that pertinent information can be used to improve the student personnel services. STANDARD TEN
10. The institution demonstrates that it is following a written plan for placement services... STANDARD TEN

Digital Document Format

For the purpose of transmitting the self-study to the team and to the Council office, the entire self-study document and all program supplements must be printed to an Adobe PDF file. Some versions of Adobe Acrobat software allow the user to compress PDF files so that emailing rather large files is a better possibility. The Council's email service can accept one or more attachments that total up to 5MB per email. In some instances, the self-study document may be too large to attach to an email, and in those instances, the document can be saved on a flash drive or CD-ROM and physically mailed to the team and Council office. Certain Adobe Acrobat versions also allow the creation of bookmarks (or tabs) within digital documents. It is important to save each PDF file with clear file names so that team members and Council staff can easily identify each file and find information (example: *School Name - 2013 Self Study Part 1* and *School Name - Practical Nursing Program Supplement*).

Council on Occupational Education

Public Announcement Requirement

The institution seeking initial/reaffirmation accreditation should place an ad in the Public Service Announcements section of a local newspaper. The ad should announce the institution's intention to seek initial or reaffirmation of accreditation with the Commission of the Council on Occupational Education. The ad needs to run only once, and a copy of the ad in the publication should be included in the exhibits available for review by the COE accreditation team.

The ad should read as follows:

(Name of School and address) is applying for (initial or reaffirmation) of accreditation with the Commission of the Council on Occupational Education. Persons wishing to make comments should write to the Executive Director of the Commission, Council on Occupational Education, 7840 Roswell Road, Bldg. 300, Suite 325, Atlanta, GA 30350. Persons making comments must provide their names and mailing addresses.