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The NAAB is committed to continuous improvement through regular assessment and evaluation of its processes. Although evaluation and adjustment of our procedures occurs frequently, revisions to the Conditions are only made at five-year intervals. The next comprehensive review of the Conditions for Accreditation will take place at the 2019 Accreditation Review Conference (ARC19).

In preparing for this event, NAAB has accepted the challenge “to question everything”. We are therefore proposing to consider major changes to both the Conditions and Procedures for accreditation during ARC19. The over-arching goal is to identify the changes that have the potential to transform the existing NAAB process into a system for accreditation in architectural education that retains what was successful, reforms what was inefficient, and sets a pattern for consistency and fairness in processes that would also reduce effort and expense by programs; all without sacrificing rigor.

Three major initiatives have begun this process:

Team Composition & Qualifications Task Force

This group reviewed the team pool roster and its demographics. In addition, they made recommendations on the qualifications and training for team members. The result of this effort was twofold: first, a decision to conduct team member training with all approved teams face-to-face and second, action by the NAAB to manage the team pool differently, including setting limits on how long an individual would remain active in the pool.

Digital Accreditation Advisory Task Force

This group was formed in 2015 and included program administrators and experienced team chairs. Their charge was to develop guidelines for programs in preparing and presenting student outcomes in digital formats while advising teams regarding access and assessment issues. The final result of this task force’s deliberations was the publication in February 2017 of the Guidelines for Use of Digital Content in Accreditation Visits (attached).

The Accreditation Process Review Task Force

The Accreditation Process Review Task Force (APRTF) began its work in 2016 and included representatives from each collateral. It was charged with developing a comprehensive proposal rooted in best practices, and guided by objectives for improving, expanding, or eliminating services and procedural sequences in accreditation of professional degrees in architecture. As part of this effort they commissioned reports that assessed other accrediting bodies (attached).

Following the review of the reports and recommendations from all three groups, the board has taken the following positions on changes that fit into four categories:

- Process
- Visits
- Teams
- Evidence

In some areas, testing and implementation are already underway.
**Process: The NAAB is committed to being critically reflective of our process**

Scope of ARC19. To make the process more efficient, effective, and less costly to programs, the NAAB proposes to focus ARC19 on the Procedures and Conditions rather than on the SPC. Schools have just recently adjusted their curricula to the 2014 Conditions and in another five years, more data will be available to assess their efficacy.

Conditions I.1-I.2. The NAAB seeks to write Conditions and Procedures that complement the requirements of regional accreditors in the critical areas of planning and assessment. Social equity, learning culture, defining perspectives, and resources committed to accredited professional education in architecture remain central to the NAAB Conditions and Procedures.

**Visits: The NAAB believes that visits are essential to the process but need to be reconceived**

Change the Visit Schedule. The NAAB believes that visit schedules should be critically examined to align more closely with other peer accreditation processes and to reduce costs.

Revise/Refine the Exit Interview Sequence. The NAAB believes that exit interviews should be critically examined with a view toward increasing their appropriateness and value while reducing their redundancy.

**Teams: The NAAB believes that today’s team composition should change**

Asynchronous Teams. The NAAB will explore ways that teams can work asynchronously with a view toward reducing the number of onsite visitors and offsite reviewers. The specific number and composition of teams visiting programs on site will remain under review.

NOTE: Programs requesting continuing accreditation in the 2018 cycle will be invited to participate in a pilot of this in conjunction with the use of the Guidelines for Use of Digital Content in Accreditation Visits

Change the Composition of the Team Pool. The NAAB will establish new processes and criteria for team members, including direct recruiting of team members by the NAAB.

Reconsider the Role of Non-voting Team Members. The NAAB seeks to increase the objectivity of teams, and will initiate further discussion with collateral affiliates about the role and purpose of this individual on visiting teams.

Students on NAAB Visiting Teams. The NAAB supports the continued inclusion of a student member on visiting teams.

Term Limits on Visiting Team Members. In order to support our collaterals’ interest in infusing our teams with new professional and academic perspectives, the board has established term “limits” for our valued volunteers.

**Evidence: The NAAB endorses the transition to digital team rooms**

Digital Team Rooms: Over the last three years, many programs have requested and been approved to use digital evidence for their team “room”. The NAAB believes that this is a positive (and inevitable) transition and has sought to inform current teams and programs of this position.

Digital Student Portfolio. The NAAB endorses the strategy of reviewing student work off-site, in advance of the visit, through digital means and endorses the further study of portfolio-based review.

Increase Rigor and Objectivity in Selection of Student Work. The NAAB endorses the goal of increasing objectivity and rigor in the process. The NAAB, in collaboration with ACSA, seeks to explore means and methods for achieving the goal.
At the conclusion of the February meeting, NAAB President Judith Kinnard, FAIA, announced the membership of the task force responsible for leading and facilitating ARC19. Chaired by Helene Combs Dreiling, FAIA, the task force will include:

- John Cays, AIA
- Rocco Ceo, AIA, NCARB, LEED AP
- Ryan Cusak
- David Hinson, FAIA
- Kevin Flynn, FAIA
- Dale McKinney, FAIA
- Barbara Sestak, FAIA

Working from these NAAB position statements, ARC19 will be designed to focus attention on those Conditions for Accreditation related to:

- Mission, Identity, and Self-Assessment
- Resources
- Professional Degrees and Curriculum
- Preparatory Education
- Public Information

Further, ARC19 will review and refine those Conditions that duplicate the efforts of institutions and regional accrediting agencies, while still holding programs accountable for learning culture, social equity, defining perspectives, and program resources. Finally, ARC19 will ask participants to consider new approaches to process and procedures that reduce the efforts expended by programs, teams, and the board in preparing for and conducting a visit.

At this time, a final determination has not been made as to the scope of the review of Student Performance Criteria (SPC) at ARC19. The NAAB will continue to evaluate the 2014 SPC and the ARC19 Task Force will make a final recommendation later this year.

Over the visit cycles that remain between the release of this report and ARC19, the NAAB will test many new processes, review the history of SPC, and in collaboration with ACSA and others assess the effectiveness of other changes under consideration.

The reports of the Digital Accreditation Advisory Task Force and the APRTF are appended to this report. The timeline for ARC19 and the 2020 NAAB Conditions for Accreditation will be released later in 2017.
Guidelines for the Use of Digital Content in Accreditation Visits

Prepared by the Digital Accreditation Advisory Task Force

February 2017

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Guidelines for the Use of Digital Content in Accreditation Visits

The National Architectural Accrediting Board®

2017
Contents

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Introduction

Welcome to the first edition of the NAAB “Guidelines for the Use of Digital Content in Accreditation Visits.” In response to increased interest from programs that want to present digital content in visits, the NAAB appointed a task force to examine how accreditation agencies in other professions have worked to accommodate digital evidence as well as how the use of digital media might increase the value and effectiveness of the NAAB accreditation process. These guidelines represent the culmination of the task force’s work.

Although the inclusion of digital content is optional, the NAAB now requires programs that have decided to pursue digital content in their visits to follow these guidelines. This will ensure that our visiting teams receive adequate training and have a good understanding of how the digital content will be organized and presented. Programs that want to combine evidence in both digital and hard-copy format should follow these guidelines where applicable.

Programs that want to pursue the use of digital content in a visit should contact the NAAB in the early stages of visit planning, so the NAAB can prepare an appropriate team and the team chair can begin a conversation with the program administrator about expectations.

We hope you find these guidelines useful and thank you for helping to move the accreditation process forward! The NAAB welcomes your feedback on the guidelines (send to info@naab.org).
Why Digital?

When it established the Digital Accreditation Advisory Task Force, the NAAB sought to explore ways in which the use of digital content could create opportunities for programs to save time and money (and some trees in the process!) and allow teams to review student work before the on-site visit. Preparation of a traditional team room generates a mountain of paper, most of which is printed from a digital source. The goals of moving the accreditation process to digital content are to avoid costly printing, time spent “designing” a team room, and, eventually, time spent organizing files. The transition to a team room of digital content will no doubt present challenges. The hope is that these guidelines will help programs avoid confusion in preparing and organizing digital content.

In the process of creating these guidelines, the task force interviewed several program administrators and team chairs who already have experience with the use of digital content in visits. These interviews not only helped the task force draft the guidelines but also brought to light a potential conundrum for a profession dedicated to good design: bare walls in a team room. Programs may, of course, print student work to hang on the walls, but if files are properly prepared, a fully digital team room will be perfectly acceptable to the NAAB, and our teams will be instructed as such. Physical models may be photographed or displayed in the team room. Besides saving time by not “designing” a team room, the NAAB hopes that a digital visit will also require a much smaller room, lessening the burden on the program to dedicate valuable teaching space for a visit.
File Type, Size, and Legibility

File type
Files must be accessible on multiple operating systems and should not be in an editable form. All static documents, including text and images, must be presented as PDFs. Videos must be a file type that can be viewed on any machine and operating system.

File size
Because digital media types and their subsequent size requirements change rapidly, a maximum file size is not required. Instead, programs must consider this simple concept: speed of access is just as important as image quality. Files and their embedded images should not be slow to load, and downsizing files and images should not be at the detriment of legibility.

Best practices for file size
- Photoshop files should be flattened.
- Vector line files should not be rasterized for legibility sake.

Legibility
Image legibility and file size go hand in hand. As evidence for accreditation, it is imperative that all images, and enlarged detail images, are legible. Original file format plays a part in this. If an original file is formatted for 8 ½” x 11” paper, a reviewer won’t need to zoom in and out as frequently as an original file formatted for 34” x 44”. Viewing hardware is also important, as the same file on a small laptop screen will need to be zoomed in and out more often than if it is viewed on two large desktop monitors.

Best practices for legibility
- Can you see the parts and pieces of an image when its blown up on the screen?
- Are large drawings legible if zoomed to see the individual parts?

![Figure 1. Examples of legible and illegible JPEG details](image-url)
Digital Folder Structure for Accreditation Visits

1. A “base folder” titled “SPC” will contain all evidence in support of the Student Performance Criteria (figure 2).
2. The SPC Matrix will be provided as a PDF in the base folder.
3. The Architecture Program Report (APR) will be provided as a PDF in the base folder as well.
4. The base folder will contain one folder for each SPC.
5. Individual SPC folders will have three folders inside, labeled as follows:
   a. First_Course Number_Course Title
   b. Second_Course Number_Course Title
   c. Third_Course Number_Course Title
       • The “First” folder will contain course material with the best evidence to demonstrate the SPC; “Second” and “Third” course evidence is provided as needed.
       • If the team does not find evidence in three supported courses, the team chair will ask for additional work.
6. Label supporting files in each “Course Number_Course Title” folder as follows:
   a. Semester_High Pass_# (e.g., Spring 2016_High Pass_1)
   b. Semester_Minimum Pass_# (e.g., Fall 2017_Minimum Pass_3)
   c. If multiple PDFs are required for individual high- or minimum-pass work, folders shall be provided with the high-pass/minimum-pass designation, with PDFs located in those folders.
7. Loose PDFs in the folders should be labeled “Semester_High Pass_1_Identifying keyword” (e.g., Spring 2016_High Pass_1_structural study).

The program administrator and the team chair should mutually agree on how the content for review will be provided to the visiting team. Several options are available:

- Dropbox, Google Drive, or other third-party equivalent with a downloadable desktop app, so that files are accessible through Apple Finder or Windows Explorer
- Password-protected school-administered server (i.e., accessible via local area network [LAN] connection or privately hosted online and accessible through a web browser)
- External hard drives, formatted for all operating systems
Figure 2. Digital folder structure for an accreditation visit
Organizing Course Notebooks and Flagging Content

Course notebooks containing student papers, exams, and other assignments can be created digitally using Adobe Acrobat Pro or an equivalent software. In addition, specific evidence of how this student work meets an SPC can be flagged so that a visiting team member can quickly and efficiently identify the evidence and assess its contribution to meeting the SPC.

How to Assemble a PDF Notebook with Flags to Specific Content (using Adobe Acrobat DC)

1. Assemble all documents into a single PDF binder that has the course number and name as the file’s nomenclature. Binders can be created using the “Combine File” tool in Adobe Acrobat Pro. Avoid creating a “PDF Portfolio.”

2. The binder should be bookmarked into sections with the following titles (figure 4):
   a. Syllabus (if multiple semester syllabi are presented, they should be listed sequentially with the most recent first)
   b. Student Handouts provided by the Instructor
   c. Student Work Products (exams, quizzes, student papers, student projects, student presentations, etc.)
   d. Appendix

3. For each student work product used to present evidence of meeting an SPC, the faculty member preparing the binder should
   a. Highlight the area of text or question and answer that demonstrates accomplishment of the SPC. The highlighting pen is located in Adobe Acrobat’s Comment tool.
   b. Once the selection is highlighted, the author should place a comment using the Comment bubble. Write the SPC # in the comment dialog box, followed by a colon and the SPC title and ending with a parenthetical notation for high pass (HP) or minimum pass (MP). For example: “SPC A1: Professional Communication Skills (MP)” (figure 5)
   c. This should be done for each specific content area that relates to an SPC. Since some courses meet more than one SPC and an individual’s exam or work product might provide evidence of ability or understanding for more than one SPC, it will be necessary to highlight the appropriate text and assign a Comment balloon for every content area within one document in the binder.
UMD: They will be spearheading the fund raising effort for the Athletic Department. Our studio work will be an integral component of that effort. Our goal is to inspire our clients with the potential for development and provide a compelling argument to reconsider this core area of campus.

This project is being conducted at two scales – 1) a sector campus plan for the area between the Bob “Turtie” Smith Stadium and the Maryland Stadium. This area requires a new planning direction as a consequence of the Cole Fieldhouse Football Operations Facility project. The Cole Fieldhouse project will cause the football operations to be relocated to the west of Cole Fieldhouse. The client has expressed an interest in exploring the inclusion of new dormitories and a dining hall as part of the sector plan. We will look at this idea as well as the development of a major public space. 2) the design for the Bob “Turtie” Smith stadium that will investigate both renovation and tear down alternatives. The anticipated outcome of the studio is detailed designs and compelling visuals that communicate the potential for this area of campus.

To begin the semester you will meet with the client group and gain a better understanding of the project and functional requirements. You will also be introduced to the research conducted by Anthropology graduate students last semester on baseball at UMD. You will also receive some background information about the site and campus issues from the leadership in UMD Facilities Planning. Early in the semester, students will analyze the site and collect site information as well as identify code requirements for the project. After confirming the program with the stakeholders, students will explore alternative approaches with the clients as well as educate them on precedents that have addressed similar issues. We will seek alternatives that put different value propositions before the stakeholders so we can better understand their objectives and values for the project. Finally, after input from the client group, you will make a series of designs and prepare a presentation for their review. The purpose of this phase of work will be to provide materials for the client so they can decide on a direction for the project. This initial effort will be accomplished before Session Break.

Figure 4. Bookmarks for a binder

Figure 5. Highlighting SPC in student work product submission
4. To find evidence of a marked SPC as described above, all the reader need do is open the "Edit" dropdown window and select “Advanced Search” (figure 6). In the dialog box that is revealed, check "Bookmarks" and "Comments." The reader can then type in the desired SPC and a list of comments will appear where that SPC has been tagged (figure 7).

Figure 6. Advanced search

Figure 7. Search window
1. PowerPoint evidence should be converted to a PDF so it can be incorporated into the binder under the appropriate bookmark and in the correct sequence. After the conversion, follow the same process as described above for flagging content, using the Comment tool.
2. To indicate evidence of an SPC from student work in a studio course, follow the process described above of identifying an SPC through a Comment bubble. Place the bubble on the drawing to show the reviewer where to look for evidence (figure 8).

Figure 8. Notation on student design drawing from PDF presentation.
Team Room Requirements

Connectivity and Access
Internet connectivity—through a secure network—is required for all team member computers. The program should provide a printout of all logins and passwords needed for the team.

Hardware
Each team member will need a laptop or desktop station. The team chair and program administrator should discuss whether team members will use their own computers for the visit or whether the program will provide them. It is not necessary for the program to purchase computers specifically for the NAAB visit.

The team chair should be aware of team members’ fluency in iOS and Windows operating systems or Mac and PC machines. In addition, to ensure that PDFs load relatively quickly and efficiently, an evaluation of the computer’s capability (RAM and graphics card) is recommended.

All hardware provided by the program should be logged out of all accounts and have a clean desktop, downloads folder, search history, and browser history. A new user login is recommended for each station.

A second monitor shall be provided for each team member, along with sufficient ports if providing computers and necessary cords.
- Suggested ports: USB (two), HDMI, VGA, etc.
- Suggested cords: standard Apple dongles, HDMI, VGA, Ethernet, etc.

A color printer should be provided for team use, with 11x17 capability preferred but not required. A single projector with a projection surface or large screen display for group viewing with all team members is recommended in addition to personal computer stations and monitors.

Software
The following programs are required:
- Adobe Acrobat Pro, or other equivalent software
- Microsoft Office Suite, Google Docs, or other equivalent software

Previsit Digital Checklist for Team Chairs
- Identify what hardware the school can provide for the team room, including computers, laptops, and monitors without undue burden to the program.
- Confirm team members’ basic computer proficiency.
- Identify which team members can bring adequate personal computers for use.
- Confirm team member access to software used in review and reporting.
- Identify how the program will provide digital access to evidence and course work.
Acknowledgments

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Report from the Accreditation Process Review Task Force

February 2017

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Accreditation Process Review Task Force – Final Report and Recommendations
INTRODUCTION AND BACKGROUND

The National Architectural Accrediting Board was founded in 1940 by the American Institute of Architects (AIA), the Association of Collegiate Schools of Architecture (ACSA), and the National Council of Architectural Registration Boards (NCARB)

“... to produce and maintain current a list of accredited schools of architecture in the United States and its possessions, with the general objective that a well-integrated and coordinated program of architectural education be developed that is national in scope and affords opportunity for architectural schools with varying resources and operating conditions to find places appropriate to their objectives and do high class work therein.”

The founding agreement of 1940 went on to establish the principle

“... not to create conditions, nor to have conditions created, that will tend toward standardization of educational philosophies or practices, but rather to create and maintain conditions that will encourage the development of practices suited to the conditions which are special to the individual school.”

In October 2015 NAAB President Scott Veazey, AIA, with a view toward increasing the value and effectiveness of the NAAB system as well as enhancing its efficiency, established the Accreditation Process Review Task Force (APRTF). The NAAB undertook this effort to demonstrate its commitment to continuous improvement rather than in response to a crisis or external threat. The group was charged with a “top-to-bottom” internal analysis of accreditation services and activities to identify best practices, objectives, and guidelines for improving, expanding, or eliminating services and procedural sequences in accreditation of professional degrees in architecture. In addition to three NAAB directors, the task force also included representatives from the AIA, AIAS, ACSA, and NCARB.

In embarking on its work, the task force agreed that all recommendations should respect and align with the core principles of accreditation:

- It is provided through private agencies
- It requires a significant degree of self-evaluation by the institution or program, the results of which are summarized in a report to the agency
- A team conducts a visit
- Recommendations or judgments about accreditation are made by expert and trained peers
- Institutions have the opportunity to respond to most steps in the process

The overarching goal is a system for accreditation in architecture education that retains what is successful, reforms what is inefficient, and sets a pattern for consistency and fairness in processes that would also reduce effort and expense by programs; all without sacrificing rigor.

The final result is a series of eleven recommendations that fit into four categories:

- Process
- Visits
- Teams
- Evidence
Within each category, the task force made specific recommendations, all of which are described in detail below. Each recommendation was initially assessed for feasibility, potential to affect effort or expense, and readiness to test in 2018.

The effectiveness of the current system of accreditation in architecture is evidenced in various ways. The NAAB system is cited by foreign accrediting councils or boards as a primary source for developing their own systems and criteria (e.g., Korean Architectural Accrediting Board and the Conselho de Arquitetura e Urbanismo do Brasil). Further, the NAAB is engaged in best practices discussions with other specialized accrediting agencies. Within the specific community of the architecture profession, however, the most convincing evidence may be found in the consistently higher pass rates achieved on the Architect Registration Examination® (ARE) by candidates with NAAB-accredited degrees. Candidates with NAAB-accredited degrees not only complete the ARE six months sooner than those without NAAB-accredited degrees but also outperform them on each division.

Finally, the attention consistently paid by the programs to weaknesses identified by NAAB visiting teams in periodic assessments and the corrective actions taken in response also show that the accreditation process strengthens architectural education in its fundamental effort to prepare individuals who will be skilled and knowledgeable practitioners. This progress is demonstrated through the increasing thoroughness of programs’ documentation of progress in Interim Progress Reports. This success can be traced largely to the NAAB’s focus on a program’s ability to demonstrate that each graduate has the knowledge and skills defined by the Student Performance Criteria (SPC).

The task force asserts that the recommendations in this report will further that success.

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1 Based on all ARE 4.0 divisions taken in 2015, candidates from NAAB-accredited programs had a 66 percent success rate versus a 60 percent success rate for candidates from non-accredited programs. The difference in pass rates was greatest in Building Systems with graduates from accredited programs outperforming graduates from non-accredited programs by 10 points (NCARB by the Numbers, June 2016).
I. PROCESS

Recommendation 1. Continuous Improvement: The NAAB will continuously improve its internal processes to simplify accreditation, making it as efficient and effective as possible to ensure enduring credibility and rigor.

In addition to the work of the task force, the NAAB has recently undertaken a number of steps to improve its internal processes. Training of team leaders and members has been re-emphasized. Program administrators are also offered team training and are encouraged to become team members on visits to other schools in order to gain a better understanding of how the accreditation process will apply to their schools. The NAAB has experimented with smaller teams and shorter visits. The time between accreditation visits has been lengthened from six years to eight years. The NAAB annually surveys both team leaders and program administrators who have recently hosted visits, and many of the measures already taken stem from these surveys. They should continue. The Assessment and Evaluation Committee oversees these as a standing committee of the board.

This past year, the NAAB engaged management consultants ICP International to conduct a review of the NAAB’s internal business processes. That review, presented to the NAAB Board in November 2016, necessarily also looked at processes related to accreditation and made the observations noted below. Several of these provide independent support for the APRTF recommendations; the Assessment and Evaluation Committee will consider the others in 2017:

“Programs invest varying amounts of faculty time to prepare the team room and to write the [Architecture Program Report], yet the outcome for a low time investment is the same as for a higher investment of time.

The NAAB-managed part of the process, i.e., beginning with the formation of a visiting team and ending with a decision letter, takes almost one year. We estimate the value-added time (from a Lean Six Sigma perspective) is in the range of 20–30 days; i.e. the time that teams, NAAB staff, and the NAAB board are actually working on the APR and the VTR.

The effectiveness of the visit—from a program’s perspective—is highly dependent on the approach and attitude of the chair.

The efficiency of the visit—from a team’s perspective—is highly dependent on the organizational skills of the chair.

The APR is complex, lengthy, and often confusing even for those who have completed one before. This affects a visiting team’s efficiency because a program’s interpretation of a condition may not coincide with a team’s, requiring additional time for clarification.

With the exception of some Student Performance Criteria (SPC), most of the APR can be assessed by a trained individual rather than by an architect, and much of the work can be done remotely.”

The task force understands that NAAB has already undertaken efforts internally to adjust a number of operating processes in order to achieve a higher level of efficiency. In addition to these efforts, the task

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² Comments from program administrators included the following: “Big things I remember are just that there are too many confusing points of reference for what should be in the APR and how one should approach it—I spent an inordinate amount of time cross referencing the guide, the conditions and the handouts from . . . PowerPoint presentations.” “Procedures poorly written, stuff not where it logically should be, documents have evolved over time. Could be clearer [procedures and conditions for accreditation documents].”
force also understands that the NAAB is committed to reviewing and consolidating instructions, templates, guidelines, and advisory materials into a single, web-based resource.

**Recommendation 2. ARC19: The 2019 Accreditation Review Conference will emphasize these and other recommendations to ensure that accreditation can be efficient and effective while maintaining its rigor.**

With modest adjustments, the wording and intent of the SPC have remained relatively stable for the last thirteen years. This task force believes the most productive use of ARC19 will be to address those Conditions and procedures that can make NAAB accreditation the most efficient and effective.

Unless major concerns about the 2014 SPC emerge, they will not be on the agenda for discussion or review at the 2019 conference.

**Recommendation 3. Reconsider Conditions I.1–I.2: At ARC19, the NAAB will radically reconsider the value and effectiveness of assessing programs' history, mission, culture, planning, self-assessment, and resources.**

Most accreditation systems in the United States, whether at the institutional level or at the program level, focus on inputs such as curriculum outlines, syllabi, faculty credentials, and resources such as facilities, financial support, and libraries. Few accreditors other than the NAAB seek to measure outcomes or student performance. The NAAB uniquely focuses on outcomes as demonstrated by student work. We recommend modernizing and sharpening this focus on educational outcomes in Recommendations 1 and 2. In Recommendation 3, we address those Conditions that may have outlived their usefulness in their present form.

Analysis of documents from early in the NAAB’s history reveals that several items began life as program characteristics that were to be evaluated on the basis of “quality.” Today, these are largely reflected in Conditions I.1.1–I.1.4 and I.2.1–I.2.5 (2014 Conditions). Teams are challenged to make a qualitative assessment of these items and are not prepared to do so. This level of qualitative assessment also risks introducing a high level of subjectivity into the process that may have served accreditation of professional architectural education at one time but may not serve it now.

During the next ARC, the NAAB will consider eliminating all of these items from the list of Conditions that must be presented by a program and commented on or evaluated by a team. Instead, these items could be presented in a new APR section titled “Program Description.”

None of the items addresses student outcomes, and therefore they should be revised as appropriate. If these Conditions were both reduced and reconfigured, substantial time and expense to the programs, to the NAAB, and to the visiting teams could be achieved. Greater focus would inevitably be shifted to assessing student outcomes.

The following should be considered in reviewing these Conditions for ARC19:

1. **1.2 Resources, should be further limited.** Other agencies assess these matters, including institutions themselves, regional accreditors, and, in some cases, peers also now review their programs. To be accredited in the U.S., a program now must be a stand-alone institution.

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3 This focus stems from what the NAAB has consistently said in its Conditions: “Since 1975, the NAAB Conditions for Accreditation have emphasized self-assessment and student performance as central elements of the NAAB model. . . .The following principles serve as a guide and inspiration to the NAAB. . . .Architecture degree programs are accountable for the learning of their students. Thus, accreditation by the NAAB is based both on educational outcomes and institutional commitment to continuous improvement. . . .Professional degree programs must demonstrate through the presentation of student work that all graduates of a particular degree program possess the knowledge and skills defined by the 26 student performance criteria.” (emphasis added)

4 There is reason to believe that findings on broader educational matters such as budgets, faculty salaries, library resources and the like may have been welcomed in the past in accreditation processes as a means of building external support for seeking more program resources from institutions. Although this may have been a successful
directly accredited by one of the regional accrediting agencies, or must be part of an institution accredited by such agencies. The regional accrediting agencies review, perhaps more effectively, most resource questions the NAAB now assesses. NAAB team members are not nor could they likely be trained to understand and assess financial resources of the institution and of the program within that institution to the same level as regional accreditors. This is only one example. In reviewing Condition I.2, Resources, the goal should be to avoid duplication of effort and eliminate the accompanying reporting by programs in the APR.

2. Although a program’s unique history or mission may be useful for understanding its context, the description of its history/mission should be as brief as possible.

3. Diversity and inclusion, currently in Condition I.3, Social Equity, is a core value for the profession, higher education, and the discipline. As such, it could be added to the list of Defining Perspectives.

4. Planning and self-assessment are two sides of the same coin. Self-assessment in light of a strategic plan is undoubtedly of great value to programs. One of the most useful activities leading to ARC19 might be a reformulation of Conditions I.1.5 and I.1.6 to reflect their value in assessment. Consideration should also be given to acknowledging the value of institution-required planning and assessment and allowing flexibility in reporting these activities to the NAAB.

Feasibility and Potential to Reduce Costs and Effort: As noted above, a rethinking of these Conditions could streamline both the assessment by the visiting team and the time, cost, and effort for preparing the APR. Greater clarity will reduce the chances of teams applying their own meanings and give greater credibility to the NAAB’s decisions on accreditation.

Readiness to Pilot Test in 2018: Any recommendations forthcoming from this effort will be for ARC19 consideration and will not be pilot-tested beforehand

II. VISITS

Recommendation 4. Change the Visit Schedule: The NAAB will adjust the visit schedule to make visits shorter through the use of a prescribed agenda.

For programs not submitting all student work digitally, visits will be limited to three days. All social events between visitors and institutional administrators and faculty will be discontinued.

Currently NAAB visits occur over a four-day period. The agenda for these visits is flexible and is negotiated between the team chair and the program head. While this has become a comfortable norm for programs and for team members, the time and cost burden on both can be excessive. The NAAB is committed to reducing both the cost and the burden of accreditation, and shortening and tightly structuring visits are key elements.

If visitors have had access to a NAAB-selected group of E-portfolios (Recommendations 10–11) with sufficient time to review them, time spent in the team room can be brief. While there may be some strategy in the past, it likely no longer is. Presidents and provosts are highly cost conscience and must manage numerous accreditations of their institution and its programs. There is a risk that any accreditation finding of inadequate resources which does not seriously impair a program and thus warrant likely withdrawal of accreditation could be used by the institution as a reason to consider terminating a program rather than adding resources to it.
displays that the team chair and the program head would negotiate, for the most part the visitors will have had adequate opportunity to assess student work in advance.

The current agenda includes an optional meeting with alumni and local firms/employers, typically held as an evening social event. These are important constituent groups to whom visitors should speak, and the visit agenda should include time to meet with them. However, a social setting may not be conducive to the purposes of the visit or the needs of the team. Going forward, the visit agenda will include formal meetings, one with alumni and one with local firms/employers, during which the visitors can ask questions and engage in a discussion about the program. All social engagements between visitors and campus representatives will be discontinued.

The current practice of observing classes and meeting with library staff can also be discontinued. The choice of which class to observe is invariably arbitrary and may not reflect the overall quality of the program. Materials submitted in support of a program’s access to information resources are included in the APR. There is little gained from these activities that improves the reliability of the process.

Feasibility: This is feasible, requiring changes in team training and notification to programs of the change.

Potential to Affect Expenses or Effort: Shortened visits will reduce costs by one (or two) night(s) of lodging and some number of meals.

Readiness to Pilot in 2018: Select programs could pilot test the new visit format in 2018.

Recommendation 5. Exit Interviews: Exit interviews will be reduced to one and be conducted by two people only.

The current NAAB practice is to conduct at least three exit interviews, including a final presentation to the entire program community. In the interest of reducing costs and also the work burden on both visitors and campus representatives, the number of exit interviews will be reduced to one. Attending the interview will be two representatives from the program and the two visiting team members (Recommendation 6).

The team leader will read from a brief prepared script, outlining the strengths of the program and the Conditions the team found to be not met. Once this is concluded, perhaps no more than 15 minutes, the team will leave the room and the campus to return home.

Feasibility: This requires only that visitors and program heads be notified of the change.

Potential to Affect Expenses or Effort: Visits can be shortened by reducing the number of exit interviews. An array of campus administrators, faculty, and students will go about their ordinary work and not be required to attend exit interviews.

Readiness to Pilot Test in 2018: This recommendation can be ready for pilot testing in 2018 with programs that volunteer to try it. Team training will be modified for the 2018 visitors so that their expectations will reflect this change. These teams will work from a NAAB-specified agenda in conjunction with the program head to ensure a smooth, efficient visit.
III. TEAMS

Recommendation 6. Asynchronous Teams: Teams will work asynchronously, and fewer individuals will conduct a visit.

In the current structure, programs that request continuing accreditation from the NAAB begin the process by submitting an APR to the NAAB. The NAAB selects a visiting team of four, including a student or recent graduate, all of whom must be reviewed by the program for conflicts of interest unknown to the NAAB. In addition, the program may seek approval from the NAAB for a non-voting member of the program's choosing.

Teams of four to six people review the APR before the visit and then travel to the program's location to conduct interviews and review student work. The programs bear the cost of the team’s travel, lodging, and meals.

The present plan relies entirely on team training for consistency of reviews across programs. Changing this structure so that teams examine several programs will bring greater uniformity and consistency to the process. It will also allow team members to focus their attention more directly on the Conditions for which they have been specifically trained.

Each program will be assigned a team of four: two academics and two practitioners. (See below for recommendations concerning student team members.) One academic and one practitioner, designated visitors, will be assigned to visit the program for continuing accreditation. They will focus on Part II, Section 1, the SPC, and evidence related to Condition II.3. The team chair will be one of the visitors and will be responsible for assembling and submitting the final report. The other two team members, designated readers, will review the APR and supplemental material. Their work should be completed and their portion of the final report submitted to the chair three weeks before the visit begins.

Each visitor will be assigned to one program during a cycle, so no one will visit more than one program in a calendar year. Each reader will be assigned up to five programs. The two readers will collaborate electronically to develop the portion of each VTR for which they are responsible. Readers will be trained and reminded not to compare APRs or programs to each other, but to evaluate each program independently against the current edition of the *Conditions for Accreditation*. Because readers will be reviewing as many as five programs, they will bring a greater sense of consistency to the accreditation process. In addition, it is likely that the NAAB would be able to recruit a larger pool for doing this work. Individuals who currently are unwilling to participate on accreditation teams because of the travel demands on their personal and professional time may find it attractive to serve as readers, doing their work at their own desks, perhaps on weekends or evenings.

Team members report to the NAAB that they spend roughly 45 to 50 hours in preparation for a visit; team chairs report numbers of 55 to 65 hours. If a team member were to be a reader, and not also be expected to visit a program, then these 45 to 50 hours would be the total number required.

Feasibility: This is a highly feasible approach, requiring some modification to recruitment, assignment to teams, and team member training.

Potential to Affect Expenses or Effort: Travel costs will be cut in half. Effort for team members will remain approximately the same, although the work of the readers will be done where they work and live, not on-site at the schools. Only two individuals will be incurring travel-related expenses, thus dramatically reducing the costs borne by programs under review. A smaller pool of readers and visitors each year can be expected to reduce expenses related to training.
Readiness to Pilot Test in 2018: Programs requesting continuing accreditation will be invited to be part of a pilot project in 2018. New training protocols will be required in order for readers and visitors to understand their responsibilities.

Recommendation 7. Change Team Pool Composition: The NAAB will establish new processes and criteria for team pool nominees.

Currently, team members are recruited through the collateral organizations. NAAB sends requests for nominations and then adds the nominees to the pool. Those in the pool who are assigned to serve on a team are expected to undergo both digital and in-person training. In the past few years, the NAAB has received fewer and fewer nominations. The APRTF wishes to expand the pool and believes that making other changes found in these recommendations will increase the appeal of serving on a team. One of the hallmarks of a successful accreditation system is the ability to call upon a robust pool of candidates to serve on teams.

In preparation for the 2021 visit cycle, the NAAB will recruit for two pools, one of readers and one of visitors. The visitor pool will include any program head whose program is two years out from a visit for continuing accreditation. These individuals will be assigned to a team either one or two years before his/her program receives a visit.

The NAAB will accept nominations from the collaterals but will also more aggressively recruit on its own, e.g., from among previous board members and from individuals nominated by current and past board members. The NAAB will contact these people directly to invite them to consider serving as accreditation reviewers. Job descriptions for readers and for visitors, along with specifications for modified visits, will be included in these invitations.

Feasibility: This recommendation will require the NAAB to develop a recruitment plan, modify its training protocols, and notify program heads two years out that they are expected to participate. In addition, protocols must be developed to recruit nominees outside the current nomination-by-collateral system.

Potential to Affect Expenses or Effort: It is doubtful that there would be an appreciable reduction in costs or efforts as a result of the change in the recruitment/nomination process.

Readiness to Pilot Test in 2018: Given the number of changes in procedures that would be necessary, this may not be feasible for 2018 pilot testing.

Recommendation 8. Eliminate Non-voting Team Members (NVTMs): Beginning in 2018, NAAB teams will no longer include non-voting team members.

The present system allows programs with visits for continuing accreditation to choose and nominate a NVTM. This individual may participate in all aspects of a visit except the vote on the recommendation for continuing accreditation. Because NVTMs are identified by the program, they are often a program advocate. Levels of talent and enthusiasm for advocacy across NVTMs may have an impact on decisions on individual programs and thus result in a lack of confidence in the NAAB process.

Under the new system (Recommendation 6), only two NAAB-chosen team members will visit a program instead of the current four to six. The presence of an NVTM on a team of five may not greatly impact discussions during a visit. Making a NVTM one of three, however, might inordinately affect a final recommendation even though the NVTM does not vote.

A second argument for discontinuing the practice of appointing an NVTM concerns consistency across visiting teams. It is the goal of the NAAB to train individuals carefully (NVTMs are not required to go through training) so that programs are fairly and consistently assessed.

Nevertheless, the NAAB will reserve the privilege of appointing observers to NAAB teams for the sole purposes of training and orienting members of the board. These individuals will not participate in the core work of the visit; their only responsibility will be to observe the activities and deliberations of the team. NAAB directors will only be placed on teams as observers with the concurrence of the program
administrator and the team chair. Finally, the NAAB will be responsible for the expenses of these individuals.

Feasibility: This is feasible and can be accomplished by changing NAAB practices and notifying programs of the change.

Potential to Affect Expenses or Effort: Programs would not have to bear the cost of NVTMs going forward, thereby reducing visitor expenses by 16–20%.

Readiness to Pilot Test in 2018: This recommendation does not require pilot testing. Since not all programs currently use NVTMs, in essence the recommendation has been tested often.

Recommendation 9. Student Team Members: The NAAB will selectively appoint students or recent graduates to teams.

It is currently NAAB practice to appoint students to visiting teams. This is an opportunity for student professional growth and for strengthening the profession. The practice, however, does not necessarily offer benefits either to the program under review or to the NAAB, and student professional development is not a goal of the NAAB. Students contribute substantively to the process only if they are talented and committed upper-level students or recent graduates.

Beginning in 2019, the NAAB will no longer appoint students to visiting teams except in unusual circumstances. Much of what a student contributes to a visit depends on the status of that student vis-à-vis his/her program. Upper-level graduate students and recent graduates ordinarily bring more to the process than their less-advanced cohort members. Since only two individuals will be visiting members of any team (see Recommendation 6), a student, and a third member, could have an overly substantial influence or impact on the visit and the recommendation.

Under special circumstances the NAAB may choose to place a student on a team. These include: whether the student was an active participant in a team visit to his/her institution in the past three years; whether the student has been actively engaged in his/her campus student organization; whether the student has been actively engaged in the AIAS at the national level; and whether the student has attended both the digital and in-person training offered by the NAAB.

Student members of AIAS enrolled in the final two years of a B. Arch. program, and recent former members of the AIAS currently enrolled in accredited M. Arch. programs, will be invited to self-nominate. The NAAB understands that the opportunity for student participation in the accreditation process is of great benefit to all students who do participate. It is not, however, a primary responsibility of the NAAB to engage in student development activities.

Feasibility: The NAAB will discontinue recruiting and appointing students to teams except under the circumstances noted above. New recruitment protocols may be developed going forward.

Potential to Affect Expenses or Effort: Costs to programs under review will be reduced by the travel, hotel, and meal expenses of one individual.

Readiness to Pilot Test in 2018: No pilot testing is necessary.

IV. EVIDENCE

Recommendation 10. Electronic Portfolios: The NAAB will use electronic portfolios to better and more efficiently assess student work against the SPC.

Evidence of educational outcomes now depends on the visiting team’s assessment of a limited range of student work assembled in advance by the program in a team room. In addition to graphic material, the assembled student work includes notebooks documenting the syllabi and assignments for every required
course. Notebooks for non-studio courses must also include samples of student work (e.g., exams or papers). The notebooks may number in the dozens for five-year programs. Teams often divide responsibility for reviewing the notebooks among themselves, but even so they report there is rarely enough time to review the content thoroughly and accomplish all other responsibilities on the visit agenda. Most teams rely on the recommendation of one or two team members for assessing SPC documented in the notebooks.

The NAAB recommends that all student work from all courses be submitted in electronic portfolios (described below). Teams will review portfolios electronically for evidence that SPC are met. If adopted, this recommendation will remove a substantial burden from programs and visiting teams and allow teams to focus directly on whether graduates have the knowledge and skills defined by the SPC.

The NAAB can modernize, simplify, and improve its assessment of student work by adopting an approach that includes these elements:

a. The NAAB will require that digital accreditation portfolios (e-portfolios) of each student’s work—studio drawings, examination results, course papers, etc., all tagged to identify the SPC demonstrated by the project or assignment and the course for which it earned credit—be assembled by each student throughout his or her tenure in the program. These portfolios would be retained electronically by the program for at least three years following the student’s graduation.

b. Programs will be responsible for informing students of how and where the SPC must be reflected in their e-portfolios and for assisting them with collecting and curating these materials. Only work submitted for required course credit may be included in a student’s accreditation portfolio.

c. The current requirements for an SPC matrix, course notebooks, and a physical team room will be eliminated.

d. The NAAB will develop a platform for uploading e-portfolios selected for accreditation (see Recommendation 11) assessment. The NAAB will seek input from and share this platform with accredited programs to ease the programs’ and students’ efforts in compiling and retaining the e-portfolios. However, the programs may manage their own e-portfolio systems in any way that allows uploading of selected portfolios to the NAAB’s platform. Programs will remain autonomous in assisting students in collecting, curating, and developing their e-portfolios.

e. Visiting teams will review the selected e-portfolios before the visit.

f. If a team notes deficiencies in its initial review of e-portfolios, the NAAB will notify the program administrator and offer the opportunity promptly to supplement the e-portfolios with additional material. If the program cannot show evidence that students are achieving at the prescribed level, and if the team confirms that such significant deficiencies exist in the e-portfolios, then the SPC will be marked as “not met.”

Feasibility and Potential to Affect Costs and Effort: With appropriate pilot testing and phased implementation, this recommendation is feasible. Several advantages inure and accreditation is facilitated from this approach:

a. The program is spared the substantial time, expense, and disruption of creating the team room and copying and displaying student work. Many programs now collect student work in digital form just as most architecture firms collect and preserve architectural work digitally. More programs are increasingly following this approach as a matter of practice.

b. The team has more time to thoughtfully review student work off-site rather than on-site during a relatively short visit with numerous interruptions. The number of team members visiting the
program may be reduced or the number of visit days may be reduced, or both, with cost savings to the program.

c. Faculty will be spared the time, expense, and disruption of assembling the numerous course notebooks, and teams will be spared the time and effort of reviewing them on-site, leaving time for more useful exchanges with members of school communities during visits.

d. By focusing solely on student e-portfolios demonstrating that SPC have been learned, the NAAB will strengthen its longstanding tenet that architecture can be taught in different ways. Eliminating the notebooks will end the review of course content and teaching.

e. NAAB resources will be more clearly focused, first, on what matters most—that a program’s graduates demonstrate an understanding of what architects must know and do—and then, as warranted, on any programs that are outliers in this demonstration. As such, both the NAAB’s resources and the resources of programs will be better conserved.

f. The use of e-portfolios is consistent with current thinking on best “high impact practices” in higher education. (See “Reflective E-portfolios: One HIP to Rule Them All?” David Hubert et al., Peer Review 17, no. 4 [2015], https://www.aacu.org/peerreview/2015/fall/hubert.)

Readiness to Pilot Test in 2018: Programs scheduled for continuing accreditation visits in 2018 can be asked to voluntarily submit student work in electronic form. A few programs have already done this for 2016 visits. The NAAB should plan to develop and test a portal and platform to receive these materials in 2017. In addition to the APRTF, the NAAB has a second technical task force—the Digital Accreditation Advisory Task Force—reviewing possible NAAB platforms for receiving electronic submissions. That task force is scheduled to complete its work in early 2017.

This recommendation must be implemented with particular care. We believe that after successful testing by the NAAB, all new programs seeking accreditation can adhere to the e-portfolio requirements. After an appropriate phase-in period following ARC19, all programs seeking continuing accreditation can adhere to the requirements.

Recommendation 11. Sample Selection: The NAAB will determine the sample size and select the e-portfolios to be reviewed.

In preparing a team room, whether digital or physical, the NAAB requires that the work exhibited “must include examples of both the minimum passing assessment and high achievement.” Work has historically been selected and curated by the program. This is an established cultural norm that relies on good faith efforts by both programs and teams. Nevertheless, it does not promote objectivity and may call into question the credibility of the process. Therefore, we propose that responsibility for selecting work to be reviewed be shifted to the visiting team. Selection will be random, and sample sizes will be appropriate to a program’s enrollment.

1. The NAAB will select an appropriately sized, random sample of e-portfolios (see Recommendation 10) from those prepared by the program’s two most recent graduating classes. The program will then present the selected student work for team assessment.

2. With the sample size determined by a program’s enrollment and e-portfolios selected randomly from among a body of evidence organized by SPC, the team review and ultimate NAAB board decision can and should be more holistic. The assessment should focus on whether the work as a whole shows that graduates generally possess the knowledge and skills defined by the SPC.

3. To this end, as part of ARC19, the NAAB should consider revising the first sentence of Part II, Section 1, of the 2014 Conditions to something akin to: “The accredited degree program Professional degree programs must demonstrate, through the presentation of student work, that their graduates generally possess the knowledge and skills defined by Student Performance Criteria. the criteria below.”
Feasibility and Potential to Affect Costs and Effort: Implementation of this recommendation is feasible. Eliminating program self-selection mitigates any implication that the process can be manipulated. By strengthening accreditation's credibility, accreditation is more valuable to all programs achieving it. Over the years, numerous programs have inquired about what constitutes “low pass” and “high pass.” This distinction, and the time spent trying to discern their meanings, will be eliminated since a reasonable sample of recent graduates’ work will be assessed.

Readiness to Pilot Test in 2018: A simple random selection can be achieved by asking programs scheduled for continuing accreditation visits in 2018 to voluntarily allow the NAAB to select a reasonable sample of their students’ work to be reviewed by the team.
COST OF ACCREDITATION

The directors of the NAAB do not take lightly the relationship with the collateral organizations or their direct financial support. The nature of these relationships is grounded in the NAAB’s founding principles as well as in its tax-exempt status. In charging the task force, Mr. Veazey invited the group not only to think innovatively about the processes related to accreditation but also to consider both the expense and the value of accreditation.

Each year, the AIA, AIAS, ACSA, and NCARB provide approximately $1.575 million in direct financial support for accreditation operations. Under the terms of the multilateral agreement for financial support, the NAAB agrees to accredit all programs without reference to whether the institution or school is a member of ACSA. Further, the NAAB agrees not to charge any fees related to accreditation. Finally, programs are required to reimburse the NAAB for the direct expenses of visiting teams, and programs are responsible for any expenses incurred in their preparation for a visit.

“Costs of Accreditation:” Influence v. Control

The task force acknowledges that there is some agreement among the NAAB’s volunteer leaders, program administrators, and the leaders of collateral organizations that the “costs of accreditation are too high.”

This phrase has two different meanings:

Definition 1: The expense to schools and programs to prepare for a visit is too high.

Definition 2: The cost of operating the NAAB is too high.

These two definitions are often conflated, which clearly demonstrates the need to identify what expenses the NAAB can influence and what it can control.

CONTROL — “The NAAB Is Too Expensive”

In 2012 the IRS 990s of the Landscape Architecture Accrediting Board, Accrediting Council for Construction Education, ABET, Planning Accreditation Board, and the Council for Interior Design Accreditation were reviewed in an effort to determine the “per program cost” of accreditation. This analysis may not have adequately distinguished between the expenses incurred by schools and the actual cost to operate the organization.

In 2016 the APRTF undertook another comparison and analysis, this time comparing the NAAB with other learned professions including law, engineering, and pharmacy (see Appendix 2). This analysis focused on fees paid by institutions.

According to material provided, upon request, to ACSA member schools, each full and candidate member paid $4,756 as a portion of its ACSA dues in support of accreditation activities. A portion of that amount was sent to the NAAB in support of ACSA’s annual contributions, and the balance was used to support other accreditation-related activities conducted by ACSA on behalf of its members.

In addition, accredited programs pay the actual cost of NAAB visiting teams (four to five members) who visit the program every eight years (now typically a four-day visit). Reimbursements for airfare, lodging, and meals of the visiting team average $3,500 per team. In broad numbers, this adds up to $41,600 over an eight-year term.

The chart prepared by consultants to the APRTF in May 2016 (see Appendix 2) shows that the costs borne by the academic programs to maintain accreditation with selected other specialty accrediting organizations ranged annually from $24,000 (Accreditation Council for Pharmacy Education) at the high end to $1,500 (Landscape Architecture Accrediting Board) at the low end. Law schools pay between

5 See the ACSA web site and graph, December 12, 2015.
$15,100 and $24,500 annually, depending on their enrollment. Engineering schools pay a basic annual fee of $675 plus $675 per program per year, and because engineering schools typically have multiple programs, those costs mount up. For example, as noted in Appendix 2, in 2015 Georgia Tech paid annual fees to ABET of $8,100. ABET visit fees are, likewise, based on the number of programs: $3,200 base fee plus $3,200/program. For Georgia Tech, this adds up to $48,600 in a visit year for a total of $87,000 over a six-year cycle.

**INFLUENCE — “Accreditation Costs Too Much”**

In response to requests from the task force and the NAAB directors, the staff has taken a hard look at the Conditions, Procedures, all training materials for teams and programs, handbooks, and other advisory materials and has come to the following conclusions about what programs spend in preparation for visits:

- The expenses incurred do not correlate to outcome. Programs are not accredited on the basis of the expense incurred in preparing an APR or curating a team room. Further, programs have control over these expenses.

- The NAAB, however, does have indirect influence on these expenses through the advice it gives on writing APRs and preparing team rooms.

Programs are now required to use NAAB templates for APRs, résumés, and course descriptions. The templates have reduced the size of APRs significantly, as has the inclusion of hot links to related and supplemental material. Nearly all the APRs submitted for 2017 visits were 100 pages long (down from the average 250 pages in previous years). We anticipate these changes, made in 2015, will continue to reduce the effort and expense incurred in APR preparation.

Finally, in advance of the 2017 visit cycle, the NAAB has refocused its training and advising activities to emphasize how programs can fulfill the objectives of a team room or a report without having to spend significant sums. In addition, the NAAB has begun advising programs that preparing the team room as if it will be used later for a formal, celebratory exhibit is the program’s choice and not related to accreditation.

These changes are still in their early implementation stages, and the effect on effort and expense will be evaluated as part of the NAAB’s annual assessment of each visit cycle.
CONCLUSION

In summary, the Accreditation Process Review Task Force (APRTF) recommends the following modifications to the current procedures and processes for accreditation:

I. PROCESS

Recommendation 1. Continuous Improvement: The NAAB will continuously improve its internal processes to simplify accreditation, making it as efficient and effective as possible to ensure enduring credibility and rigor.

Recommendation 2. ARC19: The NAAB will conduct the 2019 Accreditation Review Conference with emphasis on these and other recommendations to ensure accreditation can be efficient and effective while maintaining rigor.

Recommendation 3. Reconsider Conditions I.1–I.2: At ARC19, the NAAB will radically reconsider the value and effectiveness of assessing programs’ history, mission, culture, planning, self-assessment, and resources.

II. VISITS

Recommendation 4. Change the Visit Schedule: The NAAB will adjust the visit schedule to make visits shorter through the use of a prescribed agenda.

Recommendation 5. Exit Interviews: Exit interviews will be reduced to one and be conducted by two people only.

III. TEAMS

Recommendation 6. Asynchronous Teams: Teams will work asynchronously, and fewer individuals will conduct a visit.

Recommendation 7: Change Team Pool Composition: The NAAB will establish new processes and criteria for team pool nominees.

Recommendation 8. Eliminate Non-Voting Team Members (NVTMs): Beginning in 2018, NAAB teams will no longer include non-voting team members.

Recommendation 9. Student Team Members: The NAAB will selectively appoint students or recent graduates to teams.

IV. EVIDENCE

Recommendation 10. Electronic Portfolios: The NAAB will use electronic portfolios to better and more efficiently assess student work against the SPC.

Recommendation 11. Sample Selection: The NAAB will determine the sample size and select the e-portfolios to be reviewed.

It is the strong belief of the APRTF that immediate benefit will result as these recommendations are tested, and that their comprehensive adoption will be transformational for all stakeholders in the accreditation process. Again, all were carefully viewed through the lens of consistency and fairness, with an eye toward reducing effort while maintaining rigor.

With this, the members of the APRTF, acknowledged below, respectfully request favorable consideration of the report and recommendations by the NAAB Board of Directors, along with action to move forward with such recommendations.
ACKNOWLEDGMENTS – MEMBERS OF THE APRTF

W. Lynn McKinney, Cochair, NAAB Director
Daniel Taylor, Cochair, NAAB Director
Helene Combs Dreiling, FAIA – NAAB Director
Jori Erdman, AIA, NOMA, LEED AP – NAAB Director
Kevin G. Montgomery, FAIA, NOMA, LEED AP BD+C – NCARB
Stephen Parker, AIA – AIAS
Michael Stanton, FAIA – AIA
Christine Theodoropoulos, AIA – ACSA
Thomas R. Wood, AIA – NAAB Director
Cassandra Pair – Staff Liaison
Janet Rumbarger – Staff Liaison
Andrea S. Rutledge – Staff Liaison
APPENDICES

Appendix 1. Methodology
Appendix 2. Bibliography
APPENDIX 1.

METHODOLOGY

In October 2015, NAAB President, Scott Veazey, AIA, with a view toward both increasing the value and effectiveness of the NAAB system, established the Accreditation Process Review Task Force (APRTF) and charged it with a “top-to-bottom” internal analysis of accreditation services and activities to identify best practices, objectives, and guidelines for improving, expanding, or eliminating services and procedural sequences in accreditation of professional degree in architecture.

The task force was chaired by the NAAB’s two public members: W. Lynn McKinney and Daniel Taylor, and included the three directors whose terms began in October 2015: Jori Erdman, AIA, NOMA, LEED AP; Tom Wood, AIA; and Helene Combs Dreiling, FAIA. In addition, all four collateral organizations were invited to name representatives to the task force:

From the AIA: Michael Stanton, FAIA
From the AIAS: Stephen Parker, AIA
From the ACSA: Christine Theodoropoulos, AIA
From the NCARB: Kevin G. Montgomery, FAIA, NOMA, LEED AP BD+C

The task force’s work was divided into distinct phases of research/review, idea generation, and idea development.

The first phase of research and review was to engage consultants to survey the practices of other accrediting agencies of similar scope and size to the NAAB. Simultaneously, the task force reviewed the policies and procedures from the International Union of Architects Validation Council (UIA), the U.S. Department of Education, and the Council on Higher Education Accreditation, and also reviewed the practices of other systems of accreditation in professional architecture education.

A number of recommendations were put forward by the consultants in their final reports (see Appendix 2). Several have been incorporated into the final recommendations in this report; others were considered by the task force, but not pursued.

Next, there were two cycles of idea generation and idea development. The first was based on a charrette exercise, conducted in May 2016, designed to solicit ideas that could lead to an imagined, future perfect state for accreditation of first professional degrees in architecture. These were expected to be ideas that would make the system effective and operationally efficient, would clarify minimum requirements for conducting and hosting visits, and would fully integrate digital tools into the process at each stage. The charrette generated several groups of questions and ideas, which included:

- Portfolio-based review:
  - Shifting away from program-level review to student-level review
  - Engaging students in their own learning
  - Separating SPC review from other program-level review (e.g., finance or human resources)
  - Eliminating the “faculty filter” from the team room

- Doing more in advance

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1 Building Construction (ACCE), Engineering (ABET), Landscape Architecture (LAAB), Planning (PAB), Law (ABA), Pharmacy (ACPE), Physical Therapy (CAPTE), Veterinary Medicine (AVMA)
2 The recommendations on board composition and decision-making processes were not pursued by the task force but were considered by another task force focused on NAAB composition and governance.
- Getting APRs to teams earlier for advance work
- Expanding the types of evidence that goes into binders
- Embracing technology like Blackboard or other portals for submitting and reviewing student work

- Peer-Review Option
  - How would this work procedurally?
  - What is the perceived value to the program for taking this option?
  - How would you create and sustain the feedback loop?

- Other ideas that emerged
  - Restructuring the exit interview sequence
  - Whether teams should make recommendations at all or whether the recommendation should be presented at the meeting rather than with the VTR

At the conclusion charrette, the chairs established groups to study further three of the ideas that emerged from the charrette:

**Deconstructing the Team and their Work**: who does what when; exit interviews; off-site review of digital material; on-site review of culture and Realms B and C.

**Re-think the Team Room**: student-level portfolio review

**Four-Year Peer Review Option**: Peer review of programs as an option for interim reporting and follow up

The second cycle of idea generation and idea development included a review of costs related to supporting NAAB operations and fee structures used by other specialized and professional accrediting agencies, a review of instructions and advice documents, and a reconsideration of the role and purpose of the current conditions related to history and mission, learning culture, and resources.

Finally, the task force met face-to-face to review all the materials developed and presented over the course of the year-long effort. The result of the final meeting was to refine and organize the recommendations that would be presented to the NAAB directors for consideration. These recommendations would include an initial assessment of their complexity, feasibility, likelihood to reduce expense and effort by programs, and whether they could be tested in the next two years.
APPENDIX 2.

BIBLIOGRAPHY


“Reflective E-portfolios: One HIP to Rule Them All?” David Hubert, Jason Pickavance, and Amanda Hyberger, Peer Review 17, no. 4 (2015).


Policy Priorities for Accreditation Put Quality College Learning at Risk: A Message from AAC&U President Carol Geary Schneider, December 2, 2015 (AAC&U).


Recognized and Institutional Accreditors: Federal Postsecondary Education and Student Aid Data, National Advisory Committee on Institutional Quality and Integrity, June 22, 2016.


Recommendations to the National Architectural Accrediting Board Following a Review of Accrediting Agencies Outside of Architecture

May 2016

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RECOMMENDATIONS TO THE NAAB
FOLLOWING A REVIEW OF ACCREDITATION AGENCIES OUTSIDE OF ARCHITECTURE

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Prepared for the National Architectural Accrediting Board, Inc. (May 2016)

The work of eight accrediting agencies was reviewed to develop a set of recommendations for the National Architectural Accrediting Board (NAAB), with an eye toward reducing the financial and human capital burdens that are experienced (or perceived) as a result of the current accreditation conditions and procedures for professional programs in architecture. The team’s recommendations seek to lessen the burdens for both programs under review and the NAAB as the accrediting agency. It is understood that not all recommendations may be appropriate for the NAAB at this time, but each should become a part of the conversation as changes to the procedures for accreditation are being considered.

Of the eight (8) accrediting agencies reviewed, four (4) are in closely related design/industry disciplines while the remaining four (4) are distinctly removed from the realm of architecture, design, and construction. By examining procedures inside and outside of our typical realm, patterns for successful accreditation may emerge that are independent of design-based education. The agencies were evaluated through a review of their public documents, conditions and procedures of accreditation, and through interviews with agency staff and/or “clients” in the academic community who deal directly with the accrediting agencies. The disciplines are:

- Building Construction (ACCE)
- Engineering (ABET)
- Landscape Architecture (LAAB)
- Planning (PAB)
- Law (ABA)
- Pharmacy (ACPE)
- Physical Therapy (CAPTE)
- Veterinary Medicine (AVMA)

The team’s recommendations fall broadly into four categories: (1) changes in board leadership to strengthen the accreditation process, (2) administrative reforms to enhance NAAB’s operations, (3) ongoing reporting processes to streamline the work for both the NAAB and programs, and (4) logistics
related to the on-site review that mainly assist programs in reducing costs. These recommendations are briefly outlined here and will be expanded upon later in the document.

Changes in Board Leadership

- Increase the Terms of Service (p. 3)
- Strengthen Decision-Making Ability (p. 3)
- Varying Terms of Accreditation (p. 3)
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- Use of Interim/Annual Reports as Additional Measures (p. 5)
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Administrative Reforms

- Strengthen Training for the Board, Team Members, and Programs (p. 8)
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- Develop Templates for Reporting Mechanisms (p. 14)
- Alter Team Composition (p. 14)
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- Rethink the Team Room and Evidence of Student Outcomes (p. 16)
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The team recognizes that some of these recommendations would be a significant impact on the NAAB and architecture programs should they be adopted. In our recommendations, we have considered strategies that could be put into place rather quickly, but others that will require significant discussion as to their viability and ultimate impact on accreditation in the field of architecture.
Changes in Board Leadership

Many of the accrediting agencies emphasize how critical the role of the Board can be in an effective system of review. Empowering the Board as the chief decision-making body in accreditation reinforces the quality of the processes and also ensures consistent results and decisions, both within a given year and across a number of years.

Increase the Terms of Service

Expanding the terms of service for Board members is one strategy for increasing consistency longitudinally. Of the eight accrediting bodies, those in health-related fields had longer terms of service for their board members. Veterinary Medicine (AVMA) and Pharmacy (ACPE) both have six-year terms of service, while Physical Therapy (CAPTE) has a four-year term of service.¹ Law (ABA) and Building Construction (ACCE) have three-year terms of service, but allow for reappointment of an additional term. Planning (PAB) and Landscape Architecture (LAAB) have three-year terms of service.

Strengthen Decision-Making Ability

The Board can also be empowered by expanding and strengthening their decision-making abilities. In the accreditation of Law programs (ABA), the decision on accreditation rests solely with the Accreditation Committee. The visiting site team reports on facts and observations, but the evaluation report cannot contain any conclusions regarding compliance with accreditation standards or make any recommendations for action by the Committee. This is also the case with Physical Therapy (CAPTE), where the visiting team is prohibited from making any recommendation on accreditation.

Varying Terms of Accreditation

Other accrediting agencies empower their decision-making bodies allowing for varying terms of accreditation based on the thorough review of the Board. In Landscape Architecture (LAAB), the length of accreditation varies from one (1) to six (6) years and is at the discretion of the Board. The outcome letter

¹ Note that there may be shorter terms of service for public members.
provided to the program is explicit and gives clear reasons for the Board’s decision. The accreditation process in Planning (PAB) also allows for variable terms, from three (3) to seven (7) years, which is based on the degree to which the program meets substantial compliance. Variable terms are a change from PAB’s earlier practice, which had been to grant a full seven-year cycle but with the requirement of Interim Progress Reports. It was determined that these progress reports were not actionable in that the Board had no redress for programs who were not addressing the concerns laid out during the review process. In allowing for shorter terms, PAB has given more direct authority to its Board. To make this change effective, the decision letters have needed to become more thorough, with the Board following up on each of the team’s findings and identifying whether the Board agreed or disagreed with those findings (and why). The letters are also very clear on the requirements to the programs moving forward. Since 20018, the average term of accreditation has been five (5) years. Thirty-one percent (31%) of programs have received a seven-year term since 2014-15. The PAB board does review annual reports and may find that a program has shown progress on the conditions that will allow the Board to extend the term for the full seven (7) years.\footnote{In such a case, the seven (7) year term begins at the point in which the program had received its shorter term.} One ongoing concern is how the Board can develop tools to assist in the consistency of their term decisions. Currently, they consult a matrix after decisions have been made to assess their process and the outcomes. They are looking, however, to develop a matrix to assist their work while the decisions are being made, but have received very little feedback from other accrediting agencies regarding best practices.

\textit{Clarity in Outcome Letters Regarding Accreditation}

The importance of a clearly articulated outcomes letter cannot be overstated. The PAB has found that the increased clarity of the letters has limited concerns or complaints from programs that have received a shorter accreditation term. Physical Therapy (CAPTE) has also developed a template for their letter of accreditation that clearly summarizes the actions necessary and the timeframe in which the program must become in compliance for each action.
Use of Interim/Annual Reports as Additional Mechanisms

Still, there may be instances in which an accrediting agency becomes concerned about the ability for a program to maintain compliance after the Board’s decision has been rendered. In some cases, this may be based on failure of the program to submit required reports or pay required fees. In these cases, several agencies use an Administrative Warning, with notification to the program, institute officials and the general public, to call attention to a potential problem. In other situations, material submitted in an annual or interim progress report may raise concerns with the Board. In these cases, several of the agencies have developed mechanisms to more closely monitor the situation. In Building Construction (ACCE), the Accreditation Committee can require Supplemental Progress Reports in addition to the program’s regularly scheduled reports that pertain to specific areas of concern or for a clarification of responses provided by the program. For Physical Therapy (CAPTE), the Board also has the ability to request more information or a focused visit based on the material presented in annual reports. Additionally, the Board has the ability to grant a shortened cycle and also reserves the right to make unannounced visits to the program. It should be noted that CAPTE has the longest accreditation cycle, ten (10) years, with no ability to grant a shorter cycle at the time of reaffirmation.

Annual and interim reports are only effective when they can support the program’s continual improvement and emphasis on quality and/or the accrediting agency’s ability to provide valuable information to the public and other constituencies. If the Board has no ability to take action based on the contents of these reports, the question must arise as to whether these reports should be required. The accrediting body in Engineering (ABET) has a range of clearly articulated outcomes based on the numbers of deficiencies and weaknesses identified by the Commission. Programs in full compliance gain a full six-year term and are not required to submit another report until their next request for review. For programs with weaknesses or deficiencies, ABET identifies the appropriate level of response necessary for the program. If the Commission determines that the program has made satisfactory remedial action, it can extend the program’s accreditation to the full term.

3 For ABET, a deficiency is defined as a condition not satisfied; a weakness is defined as lacking “the strength of compliance.” Interim Reports and/or Visits are extended to programs with one or more weaknesses. A Show Cause Reports and/or Visits are extended to programs with one or more deficiencies.
**Checks on the System**

To alleviate concerns that the Board may be given too much power in its accreditation decisions, there is a need to develop checks in the system. In Landscape Architecture (LAAB), programs have the ability to apply for an accreditation review at any time before its term expires. Programs that have taken action to remedy weaknesses can seek to extend their term in this way. Building Construction (ACCE) has a similar mechanism. Programs who have received a shortened term may request an extension to the full six-year term if the institution believes that it has met all requirements for a full six-year term. In both cases, a visiting team conducts an on-site review and the program bears all costs associated with the visit and any administrative fees.

With some accrediting agencies, the check comes before the accreditation decision is made. For Physical Therapy (CAPTE) and Planning (PAB), programs are afforded the opportunity to provide an updated institutional response prior to the Board’s deliberations. In the case of Planning (PAB), the report is due no later than two (2) weeks before the board meeting and is limited to less than one (1) page per criterion. The PAB also requires the program administrators to appear in person before the Board to respond to questions from the report. For accreditation in Veterinary Medicine (AVMA), in the event that the Council votes in a way that may result in an adverse accreditation action, the decision is deferred and the program has an opportunity to respond in writing prior to a final decision being rendered. This delay in action may be based on the fact that the only option for a shortened term is a one-year term (as opposed to the full, seven-year term).

Another way in which the work of the Board can be kept in check is to establish an audit panel that autonomously reviews the Board’s decisions and reports back on issues such as consistency. In Pharmacy (ACPE), there is a 3-5 person Public Interest Panel that is not linked to the profession. For the most recent year, there were four members, all local to the agency headquarters. Two were theologians, one was a lawyer, and one was an education consultant. An external audit of this sort has helped the Board improve its decision-making ability, but has also afforded external validation to its decisions.
Engage Board Members More Directly with the Accreditation Process

Making Board members active participants in the accreditation process keeps them engaged with the member programs and the concerns they may have regarding the standards and procedures. It also brings their expertise directly to the process, rather than solely as after-the-fact deliberators. Board members can be involved before site visits by assisting candidate programs in their preparation. In Building Construction (ACCE), all candidate schools are appointed a mentor who provides advice, reviews the program’s self-study, and determines whether the program is ready for an initial site visit. The mentor must first determine that a program is ready before the entire Accreditation Committee will confirm an initial visit. Additionally, ACCE can assign mentors to already accredited programs at the discretion of the Accreditation Committee. In Engineering, ABET uses a Readiness Review to determine whether a program is prepared to submit a Request for Evaluation. The Readiness Review helps to ensure that a program will not expend unnecessary resources before it is prepared as well as contain the amount of resources that ABET commits.

Board members can also be tasked to serve as members of the on-site visit team. Visit teams in Veterinary Medicine (AVMA) are required to have one or two current Council of Education (COE) members serving as non-voting members. Additionally, AVMA assigns two current COE members to be primary and secondary readers to each accreditation review. These members play an active role in preparing for the visit by leading a conference call two to three weeks before the scheduled visit. In this call, the site team, staff, and program administrators will discuss any issues from the self-study and provide an opportunity for the program to prepare additional documentation, if necessary. Following the visit, the primary reader conducts an in-depth review of the visiting team’s report and is required to prepare a draft, written summary of the findings. The reader then leads the Council discussion of the report and his/her summary and also makes a recommendation on the accreditation status of the program.

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4 While these mentors are not required to be active members of the Accreditation Committee, they must be active members of ACCE and undergo additional mentor training.

5 The Readiness Review is only required for programs that do not have other ABET-accredited programs already reviewed by the same Commission. For example, if an institution already has an accredited mechanical engineering program and wishes to now accredit an electrical engineering program, no Readiness Review is required since they are reviewed by the same Commission. If the same institution were wishing to add computer science, there would be a required Readiness Review, as the two programs are reviewed by different Commissions.
program. It should be noted that AVMA has 21 active COE members who can be asked to participate in site visits. Should the NAAB consider this level of Board involvement, some consideration should be made to the current size of the Board and its capacity to engage in this level of work.

After the visit, but prior to decisions being rendered, several agencies ask Board members to act as an additional level of review. In Building Construction (ACCE), one staff and one Accreditation Committee member review each visiting team report prior to sending it to the program for their corrections and comment. Doing this Board-level review helps to create consistencies in the team reports. In Engineering, ABET has two groups of Commission members review all team reports for consistency across all of the programs being reviewed in a given year. In Veterinary Medicine (AVMA), two members of their COE (Board) serve as reviewers for each of the programs under review (as noted above).

**Administrative Reforms**

The NAAB has several opportunities to create efficiencies and consistencies in the accreditation process by making administrative changes. These can include preparation before visits, evaluation of the process once completed, and budget considerations.

**Strengthen Training for the Board, Team members, and Programs**

While some agencies feel that all training should be conducted in person, such as law school visitors (ABA), there are some who use a blended format. Landscape Architecture (LAAB) uses a combination of face-to-face and webinar training, which has helped to make training more consistent. They still continue to conduct workshops at their constituent conferences (ASLA and CELA). Veterinary Medicine (AVMA) has an online component, but also requires all site visitors and new Council members to participate in face-to-face training, which is held only once per year over a two-and-a-half day period, helping to ensure consistency of training. Building Construction (ACCE) has a different approach to training. Potential site visitors receive two hours of face-to-face training, followed by participation in a site visit as a Member-in-Training. After this visit, they participate in three additional hours of face-to-face training. Because they place great value in the on-site experiences gained as a Members-in-Training,
ACCE does not engage in any online training. It should be noted that the costs for Members-in-Training are paid through the annual dues structure (see more below).

Additionally, some agencies are improving their training to programs to increase the quality and impact of the self-study and on-site reviews. Both Pharmacy (ACPE) and Physical Therapy (CAPTE) conduct self-study workshops that are voluntary for programs. The CAPTE workshops cost $1,500 and are conducted in a one-on-one format with an individual program. The ACPE workshop is conducted once per year over a two-day period. In the workshop, which costs $500 for up three program representatives, ACPE shares best practices for both the self-study and the site visit.

**Engage Third Parties for Public Comment**

By collecting public comments prior to an on-site visit, accrediting agencies are able to provide visiting teams with a greater amount of information prior to the on-site review. In some cases, these comments come from the general public through a solicitation on the agency’s website. In other situations, they are actively solicited by the agency. They can either frame the conversation during the site visit or actually remove a meeting from the team’s schedule.

Pharmacy (ACPE), Physical Therapy (CAPTE), and Veterinary Medicine (AVMA) invite public comments for programs to be evaluated in the coming cycle. The list of upcoming reviews and the comment period is posted on the agency website. Knowing that many student comments are directed to the programs themselves, AVMA also requires that all student suggestions, comments, and complaints regarding the program’s compliance toward accreditation must accompany any report provided by the program (e.g., self-study or interim report). For law programs, the ABA allows for the filing of comments or complaints at any time from third parties against approved programs through a form available on their website. Any complaints and comments are provided to the site evaluation team prior to the visit.

Prior to the on-site visit to Planning programs, PAB surveys both the local APA chapter and the Student Association. Given that the visiting team meets with both of these groups on-site, these surveys help to frame the conversation. There has been recent discussion as to whether the local APA responses can stand alone, thus eliminating the requirement to meet with them on-site. In Physical Therapy, CAPTE
requires the on-site team to meet with third party groups, including alumni and employers. During these meetings, the site team utilizes an interview protocol where they ask the same questions of all groups. Since this is done across all programs being visited, there is a greater consistency between how third parties are being asked to assess the programs.

**Conduct Thorough Post-Visit Evaluations**

The accrediting agencies agree that post-visit evaluations are critical in improving the quality of the accreditation process. Some, such as Planning (PAB), ask team members to evaluate one another regarding their effectiveness. Staff at PAB follows up on any questions that arise through this process to clarify the evaluator’s responses. In Veterinary Medicine (AVMA), the review is more comprehensive. Following a site visit, the program administrator provides faculty members, students, and administrators information on how to access the online AVMA evaluation form. Site team members also complete the evaluation form. In Engineering, ABET gathers together accreditation officers from different universities to discuss the Commission’s effectiveness over time. For example, in 2016, the Commission for engineering programs is gathering together the “Big Ten Plus” (the traditional Big Ten schools along with Carnegie Mellon, Cornell, Georgia Tech, MIT, UC Berkeley, Stanford, and Texas) to discuss the successes and failures over the last four years.

**Utilize Two Review Cycles per Year**

The current process of conducting all on-site reviews in the spring (with some exceptions) can be seen to create specific points of burden for the staff and Board. Schools share deadlines for reporting (e.g., Architecture Program Report, Interim Progress Reports, Annual Statistical Reports). There are certainly benefits in having clear deadlines that run across all programs. The NAAB may wish to consider, however, conducting on-site visits in two cycles: fall and spring. One benefit may be that a site visit team member may be able to participate in two reviews per year, if needed. Utilizing two cycles might also spread the work of the Board over the entire year. In Physical Therapy (CAPTE), it has been necessary to utilize a two-cycle based on the number of programs they visit in a given year. For candidate programs,
they utilize a three-cycle schedule. Building Construction (ACCE) also utilizes a two-semester cycle to spread the work of the staff and Accreditation Committee. Once a program as been assigned to a seasonal cycle, they remain in that cycle unless the program requests a change. They have two separate sets of deadlines for programs, allowing the staff and the Board to review these submissions with greater detail. There have not been concerns from programs that one cycle has an advantage over the other.

Reconsider the Costing Structure

The costs of accreditation among the eight disciplines studied vary widely. For more detail on the costs, please refer to the matrix included in this report.

Of the eight agencies reviewed, three (3) require programs to pay directly for all site visit costs: Law (ABA), Planning (PAB), and Veterinary Medicine (AVMA). For Planning, having the programs pay for the site visits directly is appropriate given that the APA matches program annual fees to cover administrative costs; changing that structure would be burdensome to the agency and the programs. Two of the agencies assess a standardized fee to cover the costs of the site visit: Engineering (ABET) and Pharmacy (ACPE). The remaining three agencies have established a costing structure where site visits are covered through annual fees: Building Construction (ACCE), Landscape Architecture (LAAB), and Physical Therapy (CAPTE). For Building Construction and Landscape Architecture, the cost for the initial accreditation visit is higher (with Landscape Architecture also billing the program for the direct costs of that visit). It should be noted that CAPTE provides an honorarium to its site visitors that is also paid out of the program’s annual fees: $175/day for the team leader and $150/day for team members.

For institutions that have multiple programs under review, Engineering (ABET), Physical Therapy (CAPTE), and Planning (PAB), assess additional fees per program. CAPTE assesses an additional 60% for each additional program under review. PAB assesses an additional amount of approximately 30% for institutions with two programs. ABET charges a flat fee for the institution plus an additional fee for each program under review. They use the same model in establishing the standardized fee for the site visit.  

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6 As an example, Georgia Tech’s College of Engineering has 11 programs accredited by the ABET Engineering Accreditation Commission. They pay an annual fee of $8,100 ($675 base fee + $675 per program) and a visit fee of $48,600 ($3,200 base fee + $3,200 per program) for a total of $87,000 over the six-year accreditation cycle. The GT
Changes to Reporting Processes

The need for concise, clearly written reports from programs is important in streamlining the accreditation process. Clear guidelines provide the programs with the proper framework to begin their self-study. Concise reporting also makes the work of the staff and Board more efficient. Several of the accrediting agencies have recently upgraded their database/software systems to streamline the reporting process. Landscape Architecture (LAAB) has begun using a new cloud-based system through CiviCore, which makes annual reporting more streamlined and has also increased the accuracy of the data submitted.

Provide Templates to Clarify Expectation in Content and Length

For programs beginning their self-study, several agencies provide templates and instruments to assist them. Veterinary Medicine (AVMA), Pharmacy (ACPE), and Physical Therapy (CAPTE) all place clear page limits or word-counts on various aspects of the self-study. AVMA places a premium on brevity, dictating that self-studies are limited to 50 pages (with its accompanying appendices also limited to 50 pages). ACPE has established page limits in the self-study and programs are given 10,000 characters (approximately four pages) to comment on each standard. Comments on charts or tables are limited to 1,000 characters (approx. 170 words). CAPTE limits the narrative for each criterion to 5,000 characters.

In Pharmacy (ACPE), programs are provided with a Self-Assessment Instrument that identifies the documents, data, and descriptive text that will need to be provided for evaluation during the on-site visit. The instrument also requires programs to self-assess on each standard for accreditation using the following scale: Satisfactory, Needs Improvement, and Unsatisfactory. The programs are required to make a final evaluation of one of the following: Compliant, Compliant with Monitoring, Partially Compliant, or Non-Compliant. As the final component of the self-assessment, programs make a recommendation on the types of further monitoring that would be appropriate. The visiting team uses an equivalent instrument (the “Rubric”) to validate (or contradict) the program’s self-study report and is the basis for the Evaluation.
Team Report. Requesting the programs to make such evaluations brings accreditation into the program and allows faculty to take some ownership over the accreditation process.

Pharmacy (ACPE) also assists the programs in the development of their self-study by working with the American Association of Colleges of Pharmacy to develop surveys to capture data required in the self-study. The use of these surveys across the Pharmacy community ensures that self-studies will be consistent and clear.

Agencies also provide templates for the submission of progress reports in an effort to increase the quality and consistency of the reports. In Building Construction, ACCE limits updates on each weakness and concern to 1,200 characters. Programs are also required to provide clear, measurable plans when weaknesses or concerns have not yet been alleviated. These plans must include assumptions, timetables, and needed resources.

**Allow for Reporting Times Closer to the On-Site Visit**

In the NAAB schedule, Architecture Program Reports (APRs) are due by September 7th in the semester preceding a spring visit, well over 120 days of the scheduled visit. While it does provide time to address any concerns or issues, it serves to de-couple the on-site visit from the self-assessment. As a result, the on-site visit is often perceived as being a summative evaluation rather than being one aspect of a larger formative, and on-going, evaluation. While Physical Therapy (CAPTE) requires the self-study at least 60 days before the visit, Landscape Architecture (LAAB) and Veterinary Medicine (AVMA) require that the self-study be submitted at least 45 days before the actual visit. Setting visit dates well in advance is critical in helping schools meet these variable deadlines.

**Develop Templates to Standardize the Reporting of Public Information**

Planning (PAB) maintains an online data library that allows the public to gain information for all programs on one website. Landscape Architecture (LAAB) requires all schools to develop a “Public Information” page on their website that includes information on enrollment statistics, costs, demographics, progress, recognition, graduation, time to degree, and alumni achievement. LAAB also provides a link
directly to these pages from their website (in addition to the program’s main website). ABA-accredited law programs are required to disclose quantitative data to provide greater transparency, including admissions data, tuition and fees, living costs, financial aid, enrollment data, faculty and staff data, class sizes, employment outcomes, bar passage, etc. Programs must maintain this information on their websites, but the ABA also makes the data publicly available through a searchable database on their website.

**On-Site Review Reforms**

*Develop Templates for Reporting Mechanisms*

As discussed earlier, Pharmacy (ACPE) provides a rubric for visiting teams that aligns closing with the Self-Assessment Instrument completed by the program. Because they dovetail together closely, the visiting team is able to complete their review with greater efficiency. It also stands as the foundation for the written report. Closely connected documents such as this can help to make the overall on-site visit and reporting more seamless. For Law programs, the ABA has developed a Site Evaluation Questionnaire (SEQ) that consists of a series of questions the team is asked to respond to. The SEQ provides the foundation for the Council’s decision in a clear and concise manner.

*Alter Team Composition*

Based on the review of other agencies, the team recommends that the NAAB consider altering the composition of the on-site team. Most notably, the Board should consider eliminating the student member representing AIAS. In part, this recommendation is to better align with the practices of other accrediting bodies. Another consideration is whether the student member has the adequate background or experience, especially if the NAAB visiting teams are being reduced from four members to three. Of the eight agencies reviewed, none engage student members on their on-site teams. Additionally, they do not provide for student representation on their Boards. The NAAB is in a unique position, in that the AIAS is a collateral organization that supports their work and they may wish to have continued representation from AIAS on the Board. In Planning, the PAB does seek input from students in the program through a survey before the review visit, in addition to having an on-site meeting with them. Should the NAAB choose to
eliminate student participation on visiting teams, it should consider ways in which student input could be more actively and effectively sought.

Some disciplines encourage participation from the professional community. In Building Construction (ACCE), all programs are required to have an industry advisory board. In addition, a local industry member (who is not a member of the industry advisory board) serves as an observer to the team. Providing this local perspective is incredibly important to the work of the visiting team, who may be unfamiliar with the local area.\(^7\) In Planning (PAB), the local APA chapter is surveyed prior to the visit and also meets with the team to gain a local perspective, but no local members participate as team members or observers.

There is also a desire for visiting teams to have the perspective of an academic administrator. For Law, ABA indicates that the chair of the visiting team is usually a dean at another institution, in addition to another academic administrator on the team. Pharmacy (ACPE) and Landscape Architecture (LAAB) also place academic administrators on visiting teams.

For Physical Therapy (CAPTE), one member of the visiting team must be a non-physical therapist to gain a perspective outside the discipline. This person may be a basic scientist, an educator from another health discipline, or an academic administrator.

Pharmacy (ACPE) and Veterinary Medicine (AVMA) also require staff participation on visiting teams. Each visiting team for AVMA is accompanied by an AVMA staff member, who serves as a non-voting member of the team. ACPE requires that either an ACPE staff member or former board member act as a full team member on every program visit. ACPE sees a large benefit in this practice, despite the cost and criticism.

*Tighten Visit Schedule*

Shortening the schedule of visits from four to three days will certainly save programs money and may alleviate some of the other burdens related to a longer visit. Of the eight agencies examined, seven

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\(^7\) As an observer, the local industry member participates in all meetings, except for those in which the team is deliberating on the recommendation. The observer is responsible for all travel and living costs.
have a standard visit length of three days.\textsuperscript{8} With a shortened time frame, however, it is critical to rethink the flow and expectations of these visits to ensure that the visiting team has the time it needs to conduct a thorough and proper review. Planning (PAB) has several practices that should be considered. The first is that PAB does not allow programs to have receptions during the site visit. Although they do provide an opportunity for local professionals and alumni to engage with the team, it was concluded that receptions actually take time away from the team’s review and work. Eliminating these kinds of social functions also cuts down on the costs of the visit incurred by the program. The second is that PAB’s required read-out meeting is conducted with only administrators and university officials. They do not hold a public meeting in addition to the formal read-out, thereby eliminating one slot in the schedule. Third, in an effort to streamline the review of student work, there are two time slots reserved in the schedule, the first of which includes a presentation by the program administrator on the program’s approach to the assessment of student learning and achievement.

PAB adjusted its schedule to begin at noon on the first day (a Sunday), which allows for local practitioners to come in on Sunday afternoon to meet with the team. This added a half-day to the schedule and there have been complaints by team members on this extension. As a result, PAB has considered reducing the schedule in several ways: 1) eliminating the requirement that teams meet with each faculty member individually, but rather by meeting in small groups; 2) eliminating the requirement to meet with external constituents since they have already been surveyed prior to the visit; and 3) reviewing student work in advance digitally.

\textit{Rethink the Team Room and Evidence of Student Outcomes}

Programs continue to focus on the Team Room as an opportunity for an exhibition, rather than as a way to provide evidence on student outcomes. One way to eliminate this aspect of the team room is to make the shift to an entirely digital review format. Such a digital format would also allow team members to engage in a preparatory review in advance the visit, thus allowing for a tightened schedule on-site.

\textsuperscript{8} The exception is Veterinary Medicine (AVMA), which has a standard visit length of 4.5 days. Engineering (ABET) allows for visits to be shortened or expanded, based on individual circumstances. These might include: two programs in close alignment (shortened), a single program to accredit (shortened), a large number of programs to review (expanded), and a program with multiple sites or non-traditional delivery formats (expanded).
Another alternative is to change the way in which programs present the work. Organizing the work by learning outcome rather than by the course in which the work was completed makes the assessment of each outcome more streamlined. Building Construction (ACCE) requires programs to compile one notebook on each learning outcome and asks for 3-5 examples of student work that ranges from high pass to low pass. These learning outcome notebooks (prepared digitally) could be provided to visiting team members in advance. Should a more detailed assessment need to occur, it can happen on-site.

Empower Faculty to Evaluate Student Outcomes

Architectural accreditation emphasizes a blend of social and technical skills that are an important part of the architectural profession. Some of these skills may not be easily demonstrated by the work presented in a student's final project, paper, or examination. Oftentimes, evidence of their performance comes in the context of a classroom or site visit that cannot be measured after the fact. One example is in Physical Therapy (CAPTE), where students participate in clinical rotations and are evaluated on over 300 measures. CAPTE does not attempt to have the visiting team members assess the student’s competency. The clinical faculty of the institution evaluates each student on the clinical performance indicators through an online tracking sheet. The visiting team assesses the program on its ability to maintain standards for the learning outcomes, but does not make the assessment of competency. Ensuring that the program makes use of an effective system to assess its students’ learning outcomes and competency may be a more streamlined approach to the site visit than requiring teams to make judgments on student outcomes.

Summary

The above recommendations are respectfully submitted following a thorough review of eight other professional accrediting agencies. The team recognizes that not all disciplines are the same and that some recommendations may appear to be easier fits than others. We encourage, however, for the NAAB Board to look at each recommendation, first weighing the benefits and disadvantages of each on their individual merits. A second layer of evaluation would be to examine the recommendations when used in
tandem with others that are presented here. As with any system of accreditation, there are opportunities for continual improvement that may be found either within the recommendations put forth here or from conversations that may derive from them.
BUILDING CONSTRUCTION

Accrediting Agency: American Council for Construction Education (ACCE)
Website: http://www.acce-hq.org/

Headquarters
825 W. Bitters Road
Suite 103
San Antonio, TX 78216

Michael M. Holland, CPA, AIC, President
mholland@acce-hq.org

Billye Hall, Executive Assistant
bhall@acce-hq.org

History:
Organized in 1975 by the American Institute of Constructors, the constructor’s professional organization, and the Associated Schools of Construction, ACCE enjoys the support of the principal building and contracting national associations and academic institutions seeking to satisfy the needs for well educated and trained entrants into the construction profession.

About:
The mission of the ACCE is to be a leading global advocate of quality construction education and to promote, support, and accredit quality construction education programs. ACCE’s Board of Trustees is made up of a minimum of 15 Trustees, with the goal (but not a requirement) of an equal number of educators and practitioners and at least one Public Interest Trustee and at least one At-Large Trustee. For ACCE, accreditation serves the following purposes: 1) assuring quality, 2) engendering employer confidence, and 3) easing transfer. ACCE offers three levels of accreditation: associate degree, baccalaureate degree, and master’s degree. The Accreditation Committee of the Board of Trustees is responsible for considering all accreditation reports and making recommendations to the Board of Trustees. They also review progress reports submitted by the programs on a periodic basis.

Number of Programs:
Currently, there are 93 of accredited programs (13 associate, 76 baccalaureate, 4 master’s programs). Additionally, there are 12 accreditation candidates (3 associate and 9 baccalaureate).
ENGINEERING

Accrediting Agency: Accreditation Board for Engineering and Technology (ABET)
Website: http://www.abet.org/accreditation/

Headquarters:
ABET
415 N. Charles Street
Baltimore, MD  21201
Phone: 410.347.7700
accreditation@abet.org

Michael K.J. Milligan, Executive Director and CEO

History:
ABET was established in 1932 as the Engineers’ Council for Professional Development (ECPD) by seven engineering societies: The American Society of Civil Engineers (ASCE), the American Institute of Mining and Metallurgical Engineers (now the American Institute of Mining, Metallurgical, and Petroleum Engineers (AIME)), the American Society of Mechanical Engineers (ASME), the American Institute of Electrical Engineers (now the Institute of Electrical and Electronics Engineers (IEEE)), the Society for the Promotion of Engineering Education (now the American Society for Engineering Education (ASEE)), the American Institute of Chemical Engineers (AIChE), and the National Council of State Boards of Engineering Examiners (now the National Council of Examiners for Engineering and Surveying (NCEES)). ECPD changed its name to the Accreditation Board for Engineering and Technology, Inc. in 1980.

About:
ABET is the recognized U.S. accreditor of college and university programs in applied science, computing, engineering, and technology. ABET is a federation of 32 professional and membership societies. There are four accrediting commissions (Applied Science, Computing, Engineering, and Engineering Technology) through which ABET conducts its work. Licensure, registration, and certification all require graduation from an ABET-accredited program as a minimum qualification. ABET accreditation is a form of quality assurance for programs in the areas of applied science, computing, engineering, and engineering technology. The accreditation process typically takes 18 months to complete.

Number of Programs:
ABET accredits approximately 3,600 programs at over 700 colleges and universities in 29 countries.
LANDSCAPE ARCHITECTURE

*Accrediting Agency:* Landscape Architectural Accreditation Board (LAAB)

*Website:* [https://www.asla.org/accreditationlaab.aspx](https://www.asla.org/accreditationlaab.aspx)

**Headquarters**
The American Society of Landscape Architects
636 Eye Street, NW
Washington, DC 20001-3736
Phone: 202-898-2444

**Kristopher Pritchard,** Accreditation and Education Programs Manager
kpritchard@asla.org
(202) 216-2359

**About:**
The official scope of LAAB accreditation is "...first professional programs at the bachelor's or master's level." Others, such as pre-professional and advanced professional programs, lie outside LAAB's scope. LAAB reviews eligible programs in the United States and its territories. The Landscape Architectural Accreditation Board (LAAB) accreditation process evaluates each program on the basis of its stated objectives and compliance to externally mandated minimum standards. The program conducts a self-study to evaluate how well it is meeting its educational goals. LAAB then provides an independent assessment, which determines if a program meets accreditation requirements. Programs leading to first professional degrees at the bachelor or master levels in the United States are eligible to apply for accreditation from LAAB.

**Number of Programs:**
Presently, 70 institutions have 100 accredited undergraduate and graduate programs.
Accrediting Agency: American Bar Association, Section of Legal Education and Admissions to the Bar
Website: http://www.americanbar.org/groups/legaleducation/resources/accreditation.html

Headquarters
321 North Clark Street
Chicago, IL 60654
312-988-5000

Barry Currier, Managing Director
barry.currier@americanbar.org
312.988.6746

Stephanie Giggetts, Assistant Consultant
Stephanie.Giggetts@americanbar.org
312.988.5210

History:
The ABA in 1879 established the Standing Committee on Legal Education and Admissions to the Bar as one of the ABA’s first committees. In 1893, the Section of Legal Education and Admissions to the Bar was established as the Association’s first section. Recognizing the need to take further steps to improve legal education, the Section leadership played the major role in creating the Association of American Law Schools (AALS) in 1900. The AALS is not an accrediting agency. In 1921 the American Bar Association promulgated its first Standards for Legal Education. At the same time, the ABA began to publish a list of ABA-approved law schools that met the ABA Standards.

Role of the ABA Section of Legal Education and Admissions to the Bar:
Under Title 34, Chapter VI, §602 of the Code of Federal Regulations, the Council and the Accreditation Committee of the ABA Section of Legal Education and Admissions to the Bar are recognized by the United States Department of Education (DOE) as the accrediting agency for programs that lead to the J.D. degree. In this function, the Council and the Section are separate and independent from the ABA, as required by DOE regulations.

The Council of the Section promulgates the Standards and Rules of Procedure for Approval of Law Schools with which law schools must comply in order to be ABA-approved. The Standards establish requirements for providing a sound program of legal education. The law school approval process established by the Council is designed to provide a careful and comprehensive evaluation of a law school and its compliance with the Standards.

The Council is comprised of 21 voting members, no more than 10 of who may be law school deans or faculty members. Other members of the Council include judges, practicing attorneys, one law student, and at least three public members. By tradition, the Chair rotates among a judge, an academic, and a practicing lawyer.

Number of Programs:
A total of 207 institutions are ABA-approved: 206 confer the first degree in law (the J.D. degree); the other ABA approved school is the U.S. Army Judge Advocate General's School, which offers an officer's resident graduate course, a specialized program beyond the first degree in law. Five of the 207 law schools are provisionally approved.
PHARMACY

Accrediting Agency: Accreditation Council for Pharmacy Education
Website: https://www.acpe-accredit.org/

Headquarters
135 S. LaSalle Street, Suite 4100
Chicago, Illinois 60603-4810
Phone: (312) 664-3575
Fax: (312) 664-4652 or (312) 664-7008

Cynthia W. Avery, MS, Director, Operations
cavery@acpe-accredit.org

Greg Boyer, PhD. Assistant Executive Director and. Director, Professional Degree Program
gboyer@acpe-accredit.org

History:
Founded as the American Council on Pharmaceutical Education (ACPE) in 1932, the agency's name was changed to the Accreditation Council for Pharmacy Education in 2003. ACPE initially established standards for the baccalaureate degree in pharmacy, and then added the doctor of pharmacy standards as an alternative and in 2000 announced the conversion to the doctor of pharmacy (PharmD) as the sole entry-level degree for the profession of pharmacy. In 1975, ACPE developed standards for the approval (now, accreditation) of providers of continuing pharmacy education and in 1999 developed additional standards for the CE providers who were conducting certificate programs in pharmacy.

About:
ACPE is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. ACPE was established in 1932 for the accreditation of preservice education, and in 1975 its scope of activity was broadened to include accreditation of providers of continuing pharmacy education.

Number of Programs:
Presently, there are 135 accredited programs of ACPE; an additional seven have candidate status and three have pre-candidate status.
PHYSICAL THERAPY

Accrediting Agency: Commission on Accreditation in Physical Therapy (CAPTE)
Website: http://www.capteonline.org/home.aspx

Sandra Wise, Ph.D., Senior Director
sandrawise@apta.org
703.706.3240

Location:
APTA Headquarters
Accreditation Department
1111 North Fairfax Street
Alexandria, VA 22314

History:
The Commission on Accreditation in Physical Therapy Education (CAPTE) is the only accreditation agency recognized by the U.S Department of Education and the Council for Higher Education Accreditation to accredit entry-level physical therapist and physical therapist education programs. CAPTE has been recognizes as an independent agency since 1977 and has been the only recognized agency to accredit physical therapy programs since 1983.

About:
CAPTE is made up of at least 31 members (PT and PTA clinicians, PT and PTA educators, basic scientists, higher education administrators and the public. They are divided into three panels: a Physical Therapist Review Panel, a Physical Therapist Assistant Review Panel, and a Central Panel. The term of service is usually four (4) years. There is a support staff of nine (9) individuals. CAPTA has a cadre of more than 250 volunteers who are trained to conduct on-site reviews of physical therapy programs. They visit approximately 70 programs annually and reviews information from approximately one-third of all accredited programs annually.

Graduation from a CAPTE-accredited program is required for eligibility to sit for the licensing exam. It is also required to provide physical therapy services to patients/clients on Medicare.

Number of Programs:
CAPTE currently accredits over 200 physical therapist education programs and over 250 physical therapist assistant education programs in the U.S. and three physical therapist education programs in other countries (Canada and Scotland).
PLANNING

Accrediting Agency: Planning Accreditation Board (PAB)
Website: http://www.planningaccreditationboard.org

Shonagh Merits, Executive Director
smerits@planningaccreditationboard.org
773.334.7200

Jesmarie Soto Johnson, Associate Director
jjohnson@planningaccreditationboard.org
773.334.7210

Planning Accreditation Board (PAB)
2334 W. Lawrence Avenue
Suite 209
Chicago, IL  60625

History:
The Planning Accreditation Board began its accreditation activities in 1984, succeeding a planning degree recognition program started in 1960 by the National Education Development Commission (NEDC) of the American Institute of Planners (AIP). The recognition program was begun to assess graduates’ qualifications to take the AIP examination, but expanded into assessing the quality of planning education.

About:
Accreditation is a system for recognizing educational institutions and professional programs for performance, integrity, and quality. The PAB accredits university programs in North America leading to bachelor’s and master’s degrees in planning. PAB standard are developed with input from the public and our sponsoring organizations: the American Planning Association (APA), APA’s American Institute of Certified Planners (AICP), and the Association of Collegiate Schools of Planning (ACSP).

The PAB has eight members. The President of ACSP appoints four members – three planning educators and one higher education administrator. The President of AICP appoints three planning practitioners, one of whom has recently been a student. The President of APA appoints one public member. They serve three-year terms of office.

Number of Programs:
The PAB currently accredits 71 master’s and 15 bachelor’s programs at 75 North American universities (one accredited institution is located in Canada).
VETERINARY MEDICINE

Accrediting Agency: American Veterinary Medical Association
Website: https://www.avma.org/ProfessionalDevelopment/Education/Accreditation/Pages/default.aspx

Headquarters
1931 North Meacham Road, Suite 100
Schaumburg, IL 60173-4360
800.248.2862
Fax: 847.925.1329

Karen Martens Brandt, Director
AVMA Education and Research Division
(847) 285-6674
kbrandt@avma.org

Malathi Raghaven, Assistant Director
AVMA Education and Research Division
(847) 285-6674

History:
The AVMA was founded in 1863. In 1890 it established a Committee on Intelligence and Education and in 1906 the Committee took steps to initiate a college evaluation program. All of the colleges of veterinary medicine in the United States (US) and Canada were notified that during the next two years the AVMA would undertake a classification of the colleges considering curriculum, faculty, and physical equipment. It was planned that the colleges would be assigned an A, B, or C classification according to the quality identified by an evaluating committee.

After several years of struggling with the problem, the effort to classify the schools on a purely subjective basis was abandoned, and in 1921 the first detailed list of “Essentials of an Acceptable Veterinary School” was adopted by the AVMA. Since then the “essentials” statement has been revised many times, and a system of accreditation, rather than classification, has been used. In 1946 the entire structure of the AVMA was reorganized and the Council on Education (COE) was formed to replace the Committee on Intelligence and Education. Since that time the COE has conducted the AVMA accreditation program. In the year 2000, the term “essentials” was changed to “standards.”

About:
The AVMA Council on Education is recognized by the Council for Higher Education Accreditation (CHEA) as the accrediting body for schools and programs that offer the professional Doctor of Veterinary Medicine (DVM) degree, or its equivalent in the United States and Canada. The Council may also approve foreign veterinary colleges.

Accreditation is a process by which an educational institution or program submits to a voluntary, non-governmental review to determine whether it meets accepted standards of quality. Within veterinary medicine, the AVMA COE develops standards and conducts reviews of DVM or equivalent educational programs, while the AVMA CVTEA develops standards and reviews programs in veterinary technology. An institution or program is considered fully accredited when it is found to meet these standards.

Number of Programs:
Presently, there are 28 accredited programs of AVMA and two in the process of becoming accredited. AVMA also accredited approximately 220 Veterinary Technician programs.
<table>
<thead>
<tr>
<th>Accrediting Body</th>
<th>Req’d for Licensure?</th>
<th>Time to Initial Accred.</th>
<th>Terms of Accreditation</th>
<th>Costs</th>
<th>Site Visit</th>
<th>Reporting Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Initial</td>
<td>Full Term</td>
<td>Partial Term</td>
<td>Cost to Init. Accred.</td>
<td>Annual Cost to Maintain Accred.</td>
<td>Cost of Visit</td>
</tr>
<tr>
<td>National Architectural Accrediting Board (NAAB)</td>
<td>Yes</td>
<td>from 2-6 years</td>
<td>3 years 8 years 4 years</td>
<td>actual cost of visit</td>
<td>4 days 3</td>
<td>1 educator, 1 practitioner + 1 student</td>
</tr>
<tr>
<td>Accreditation Board for Engineering and Technology (ABET)</td>
<td>Yes</td>
<td>18 months</td>
<td>6 years 6 years 2 years</td>
<td>$1,000 per program &amp; $675 + $675 per program</td>
<td>$3,200 + $3,200 per Program Evaluator</td>
<td>3 days 1 chair + 1 evaluator per program</td>
</tr>
<tr>
<td>Accreditation Council for Pharmacy Education (ACPE)</td>
<td>Yes</td>
<td>4-5 years</td>
<td>2 years 8 years</td>
<td>$5840.00 (consulting fee) &amp; $24,000.00</td>
<td>$8,000.00</td>
<td>2-3 days 5</td>
</tr>
<tr>
<td>American Bar Association (ABA) Section of Legal Education &amp; Admissions to the Bar</td>
<td>No, though most states require</td>
<td>4-5 years</td>
<td>3 years 7 years n/a</td>
<td>$100,000 application per program &amp; $15,100-$24,500 (based on enrollment)</td>
<td>actual cost of visit</td>
<td>3 days 6-7</td>
</tr>
<tr>
<td>American Council for Construction Education (ACCE)</td>
<td>No</td>
<td>up to 5 years</td>
<td>5 years 6 years 3 years</td>
<td>$5,000 &amp; $2,750 covered in annual fees</td>
<td>3 days 3</td>
<td>at least 1 academic + 1 professional; may also include members-in-training</td>
</tr>
<tr>
<td>American Veterinary Medical Association (AVMA)</td>
<td>No, but recommended</td>
<td>4-5 years</td>
<td>up to 7 years</td>
<td>1 year (if issues are present) based on type of program &amp; $5,000 (matched by AVMA)</td>
<td>actual cost of visit</td>
<td>4.5 days 5</td>
</tr>
<tr>
<td>Commission on Accreditation in Physical Therapy (CAPTE)</td>
<td>Yes</td>
<td>4 years</td>
<td>5 years 10 years</td>
<td>varies (probation is up to 2 years) based on type of program</td>
<td>$17,500 $4,000 covered in annual fees</td>
<td>3 days 3</td>
</tr>
<tr>
<td>Landscape Architecture Accrediting Board (LAAB)</td>
<td>Varies by state</td>
<td>up to 6 years</td>
<td>1-6 years 1-6 years</td>
<td>$3500 fee + actual costs for visit &amp; $1,500 covered in annual fees</td>
<td>3 days 3</td>
<td>1 educator, 1 practitioner, + 1 academic administrator</td>
</tr>
<tr>
<td>Planning Accreditation Board (PAB)</td>
<td>No, though required for AICP</td>
<td>up to 2 years</td>
<td>7 years 7 years 3 years</td>
<td>$2,500 &amp; $1,925-$2,500 &amp; $250 + actual cost of visit</td>
<td>3 days 3</td>
<td>2 educators + 1 practitioner</td>
</tr>
</tbody>
</table>

ARC19: NAAB Positions Report Page 70
The team has conducted an assessment of the Academic Program Review process of our home institutions: Georgia Institute of Technology (GT) and University of Illinois at Urbana-Champaign (UIUC). Both of these institutions are publicly funded and have earned the “Highest Research Activity” classification by the Carnegie Institute in 2015. It is important to note that not all accredited architecture programs fall into these categories, and that expectations for internal program review will vary significantly. The team recommends that the NAAB conduct further research on different institutional types to better understand the range of internal program reviews that are expected of architecture programs.

As with accreditation through the NAAB, internal program reviews at UIUC and GT involve a self-study, whereby the program outlines the state of the program under review as well as the trends and challenges moving forward. In the latter sense, both institutions request a formative evaluation of the programs: How do they seek to mesh with the objectives of the institution? What are the program’s goals in moving forward? The focus in each is on the strategic direction of the program in the coming years. The programs are asked to provide their self-assessment based on a narrative as well as a set of common data provided by the institution. For both, the self-study is evaluated by an external panel of experts, who report their findings to the senior administration at the institution.

One key difference of the two institutions is that the review conducted at University of Illinois is at the departmental level. The self-study and external team evaluates all degree programs in the unit regardless of whether any programs have been accredited by external agencies. The advantage to this approach is that the academic programs are seen as a collective and the work of the unit is evaluated on their ability to provide the suite of programs.\(^1\) At Georgia Tech, the state requires that all programs be

\(^1\) At UIUC, the accredited M.Arch. program is reviewed as part of the internal review process.
reviewed, but stipulates that external accreditation may, in part, fulfill the academic program review requirement.²

It should also be noted that the review cycle may vary by program. At the University of Illinois, all academic units must be reviewed every eight (8) years. At Georgia Tech, undergraduate programs must be reviewed at least every seven (7) years and graduate programs must be reviewed at least every (10) years. These variations in cycle can create complications as to how it meshes with the NAAB accreditation cycle for each program.³ For programs that must undergo internal review alongside an external accreditation, it is unclear how these schedules align and how the requested materials can complement one another.

While the team values the internal accreditation process as a way in which to more closely align with institutional objectives, we do not feel that it can serve as a substitute for an interim (or full) review by the NAAB. The data used by each institution varies, as does the time schedule. It should be noted that, anecdotally, not all institutions require an external committee to conduct the internal review. The processes and evaluative tools vary widely from institution to institution. The team would not recommend that these institutional reviews replace the requirements of NAAB reporting. The NAAB should, however, seek to work with schools with such internal reviews in place to determine how these reports might best support the NAAB reporting requirements. Given the variance that may exist, this may require negotiations between the NAAB and each individual institution.

See Appendices:

University of Illinois at Urbana-Champaign Academic Program Review
Georgia Institute of Technology Academic Program Review

² If the external accreditation does not meet all of the criteria outlined by the Board of Regents, an internal Academic Program Review must be conducted. These programs must still submit an annual report that provides follow-up to the external accreditation report and findings. As a result, the internal review evaluates the B.S. in Architecture, the M.S. in Architecture, and the Ph.D. in Architecture; it does not review the M.Arch. program that is accredited through the NAAB.
³ At Georgia Tech, the industrial programs are accredited by NASAD on a ten-year cycle. As a result, they must engage in an internal review on an internal ten-year cycle such that the programs are reviewed once every five years. The challenge is how to negotiate the requirements of the internal review with the mid-cycle reporting required by NASAD. So far, the institution has taken the lead in determining how best to mesh the internal audit to the external accrediting requirements.
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
ACADEMIC PROGRAM REVIEW

Lee W. Waldrep, Ph.D.
Prepared for the National Architectural Accrediting Board, Inc. (May 2016)

The University of Illinois Academic Program Review\(^1\) process will provide each academic unit the opportunity to examine its strengths, deficiencies, and strategic goals in a systematic way. The evaluation of the programs will be conducted through a self-study process, culminating in an external peer review. The Program Review process aligns with the campus strategic goal of ensuring excellence in the academic programs, and will allow us to:

- guide the future direction and priorities for the programs and the institution
- identify areas for improvement and development
- promote goal setting within the departments as well as across departments
- identify potential opportunities to redirect existing resources
- identify potential opportunities to generate and use incremental resources
- fulfill accreditation and state requirements
- assure institutional quality to students, faculty, parents, alumni, and other stakeholders

STANDARDS

Key Performance Indicators

Division Management Information (DMI) will provide a list of common data to be used for each review including the following with benchmark data where possible. The common data set is a combination of information from [DMI Campus Profile](https://provost.illinois.edu/programreview/index.html), the budget office, and Academic Analytics. An outline of what is provided is listed below:

1. **Program At-a-Glance**
   An overview of the complete data set with key elements pulled out for a quick review of information.

2. **Financial Resources Overview**
   This section has data on the department's financial status.

3. **Demographics**
   This section has demographic information for faculty, staff and students. The headcounts are

\(^1\) [https://provost.illinois.edu/programreview/index.html](https://provost.illinois.edu/programreview/index.html)
broken down by percentages of women and underrepresented groups for faculty and staff. For students percentages of women and underrepresented are listed as well as non-resident and international.

4. **Student Background & Experience**
   In this section, students ACT and high school rank is included. The section also provides data on degrees granted and mean terms to degree.

5. **Education and Teaching**
   In this section, students ACT and high school rank is included. The section also provides data on degrees granted and mean terms to degree.

6. **Research**
   Academic Analytics is shown in this section as well as information about grants, including faculty research grant amounts.

**PROCEDURES**

**Reports and Evaluations:**

*Self-Study:* This self-study should respond to the questions in the template in a succinct way, so as to create a reflective report that is ten to twelve pages long. The self-assessment reports on four areas: the overall goals, trends, and challenges for the department; the academic/student experience for major or graduate students in the department; the research vitality of the department; and the human, physical and financial resources of the department. In addition to the self-study, departments are asked to respond to a short questionnaire.

**Academic Program Review Self-Assessment:**

*Overall Goals / Trends / Challenges*

The purpose of this section is to provide an overview of the goals and challenges in the unit as well as to reflect on the trends in the discipline. These questions serve as guidance in this area.

1. What are the goals and measures of the unit?

2. What are the emerging trends within the discipline of the unit? What is being done address and/or take advantage of these trends within the unit?
3. Who are your benchmark peers and in which areas are you stronger and weaker? How has this changed over time?

4. What are the key challenges that face the unit? What is being or needs to be done to address these challenges?

**Academic/Student Experience**

A central role in the academic unit is to support students’ academic experiences, and this section involves reporting on the quality of those experiences by looking at enrollment, learning objectives, and learning outcomes of the unit’s students. Use these questions as a guide.

1. What are the enrollment trends in your programs and to what degree will the enrollment change over time?

2. What significant undergraduate initiatives are either underway or planned and what is their desired effect?

3. How do the faculty in the program support student professional development at the undergraduate and graduate levels?

4. To what degree are graduate students successfully placed upon graduation?

5. When did you last conduct a rigorous review of your program? What changes ensued as a result of that review?

6. What are the objectives of the undergraduate, masters, and doctorate degree programs housed in your unit?

7. What methods are used to evaluate the extent to which students are meeting the learning goals of your unit? How has the information from this evaluation been used to improve or confirm current learning techniques?

As shown in the Self-Assessment in the appendix, additional questions on Research and Human, Physical and Financial Resources are included.

**Annual Report:** To not overburden the units, this process will occur in tandem with the Annual Reports. These College-level reports will identify units to be reviewed for the following year and will report on progress after past reviews. These sections of the Annual Reports will be shared with the Review Council.
FREQUENCY AND SCOPE:

Programs will be reviewed on an eight (8) year cycle. Units will complete the process in the equivalent of one semester, allowing for two rounds of reviews per academic year. The timeline for the review will proceed as follows:

Timeline for Program Review

May (or November):
- Departments who will be reviewed will be notified, given performance indicators, asked to submit list of issues and list of potential external reviewers by end of summer or by the end of the calendar year.
- Provost Office representatives meet with units to answer questions/Orientation

September
- Appointment of Review Council

August (or December)
- Finalize external reviewers for the current year reviews

October (or March)
- Departments submit a Self-Study Report

November (or April)
- External reviewers visit, and within 14 days of visit written reports are submitted by external reviewers. Both the College and the Provost's Office will receive the report.

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2 https://provost.illinois.edu/programreview/timeline.html
**December (or May)**

- Implementation meetings with Deans/Unit Heads/central administration occur to develop implementation agreement.

**Following Spring**

- Units provide written report of progress to date for College Annual Review.

**External Review Guidelines**

The external review is a crucial element of the program review that allows for the external reviewers to provide feedback to the unit about what the unit is doing effectively and to identify areas for improvement.

**External Review Guide**

1. To what degree are the goals and measures appropriate for the unit? If they are not appropriate for the unit, how could they be modified?

2. To what degree are the strengths and weaknesses of the unit aligned with their self-assessment?

3. Assuming that the only incremental financial resources that the unit receives are self-generated, how should these be invested and/or redirected?

4. How well positioned is the unit to take advantage of the current and emerging areas of scholarship?

5. How well prepared are the students upon graduation?

6. Are the student-learning outcomes appropriate for the type of work done in the unit and the areas in which students might work?

7. What are the units’ greatest opportunities and how best can they capitalize upon them?

8. To what degree will this unit be able to maintain or achieve a level of excellence amongst its peers?

9. Over the next 3-5 years, what five actions must be taken by the unit?

**Reviewer Selection**

The names of several external reviewer nominees will be sent to the College from the department. The nominees should be of the stature who can review the unique aspects of the department and who are notable experts in the field. The College will verify the fit of the external reviewers, examine the reviewers’
backgrounds to assure objectivity, and submit the names to the Provost’s office by August 1st or December 1st depending on which semester review takes place. These reviewers will be sent a formal invitation to participate by the Provost office. This contact will include expectations of the review, the timeline, and the stipend.

Reviewer Information

Shortly after the self-studies are completed (by October or March). The reviewers will receive the following information: the self-study document, the questionnaire responses, and the program review common data.

Reviewer Visit

The units along with the Colleges are responsible for setting the agenda for the review. The review visits will be about two days long, and the reviewers should have the opportunity to meet with the Dean of the College, the Provost, Graduate and Undergraduate students, as well as faculty and staff within the unit. A sample agenda is included in the Appendix.

Reviewer Report

Time should be allotted for the reviewers to meet and to draft a preliminary report that identifies suggestions for improvement. At the end of the visit, the reviewers should have time to orally share their report with the Provost’s office and Dean in an exit interview. The final report is due in 14 days. The Dean and faculty have an opportunity to respond to the report.

For questions about Program Review, please contact Staci Provezis - sprovez2@illinois.edu
Georgia Tech’s Academic Program Review (APR) process is a strategic evaluation of each academic program approximately every five years. The Georgia Board of Regents (BOR) requires a comprehensive review of all academic programs,¹ as does the Georgia Tech statutes and the Southern Association of Colleges and Schools Commission of Colleges (SACSCOC). For programs that receive specialized or professional accreditation, this external review process may serve as the external review component of the program’s APR, provided that the external review meets the BOR and institutional requirements (e.g., the components of the review align, the term of accreditation does not exceed the requirements stated above, etc.).² ³

Academic Program Review is comprised of the following six components:

1. A self-study by the faculty and approved by the College Dean;
2. Visit and review by an external review committee, followed by a written report from the team;
3. Read-out by the Dean to the program faculty discussing the external review committee’s report;
4. Review and comment of the self-study, visiting team report, and related materials by the appropriate Vice Provost(s);
5. Response plan developed by the program outlining upcoming actions based on the review; and
6. An annual progress report.

¹ The BOR requires a program review of undergraduate programs at least every seven (7) years and every graduate program at least every ten (10) years. The review requires: (a) a program self-study; (b) external review by qualified peers; (c) evaluation of the program review by peers at the institution; and (d) compliance with the institutional effectiveness criteria of SACSCOC. There are five (5) areas of institutional effectiveness identified by SACSCOC: (a) Student learning outcomes; (b) Administrative support services; (c) Academic and student support services; (d) Research within its educational mission; and (e) Community/public service within its educational mission.

² BOR policy states that specialized or professional accreditation reports may not be substituted in whole for academic program reviews. BOR and SACSCOC standards not covered by the specialized accrediting organization must be included in the program’s processes and added to self-study materials submitted for Institute review.

³ For the College of Design, the following programs are accredited by external agencies: Master of Architecture (NAAB; 8 years), MS in Building Construction and Facility Management (IFMA; one component of the MS degree), Master of City and Regional Planning (PAB; 7 years), and BS/MS in Industrial Design (NASAD; 10 years).

The following degree programs must undergo an APR: Architecture (BS, MS, MSUD, Ph.D. + minors and certificates), Building Construction (MS + certificate), City and Regional Planning (MS-GIST, Ph.D. + minors and certificates), Industrial Design (BS, MS, MS-HCI + minors; mid-cycle of NASAD review), and Music Technology (BS, MS, Ph.D.).
The Associate Vice Provost for Academic Effectiveness (AVPAE) manages the APR process across the Institute and serves as a resource for the programs. The Associate Deans in the colleges are the primary contacts for the APR process. School/program Chairs are responsible for other aspects of the review.

The External Review Team

The number of external reviewers is decided by the College Dean or program chair – four to six reviewers is standard and the recommended minimum is three (3) team members. The composition of the review team should ensure that a review of all program disciplines and degree programs will occur. Attention should be paid to the technical expertise of the team members, the ability to evaluate curricula and assessment procedures, familiarity with large research universities, administrative experience, diversity, and organizational representation (i.e., industry, government, and academia). While an honorarium is not required by the Institute guidelines, many colleges do so.4

It is preferred that the Office of the Dean coordinates the final selection of external reviewers with the Office of the Provost. The scheduling of the visit should also be coordinated with the Office of the Provost to ensure the availability of the Provost and the appropriate Vice Provost(s).

The Self-Study

The self-study and associated support materials provide the basis for the external review in preparation for the team’s visit. It should be an honest appraisal of the program under review. Prior to writing the self-study, programs will have available the following materials:

- Previous APR materials;
- Specialized accrediting review reports (if applicable);
- On-line Assessment Tracking System (OATS); and
- Data portfolio prepared by Institutional Research and Planning (IRP) – (see appendix for data provided in this document)

4 The College of Design provides and honorarium of $1,500 per member; the College of Engineering provides $1,000 per member.
The Board of Regents (BOR) and SACSCOC identifies specific components that must be included in the program self-study. Please see the footnotes for these requirements.

The Self-Study is organized into ten (10) required sections. Additional sections may be added at the discretion of the School/program Chair. The sections highlighted with an asterisk (*) below indicate those sections that should constitute the bulk of the report. The data are presented as an appendix, with only pertinent information being reported in the body of the report.

A. **Executive Summary***

Notes significant and noteworthy results that have occurred since the last program review as well as thoughts on the outcomes of the self-study. The summary provides the opportunity for the program leadership to communicate information to the external reviewers that will help to establish the goals for and focus of the upcoming on-site review.

B. **Overview of the Program***

Describes the program in terms of its role and placement within the Institute, connection to the institutional mission, and stature within its peer community. Major, recent events that may have a significant bearing on the future direction of the programs should be considered for inclusion here.

C. **Vision and Strategic Direction***

Presents a summary of the vision and strategic direction for the unit's programs. Explicit reference should be made to the unit's and/or Institute's strategic plan as it has guided departmental planning and decision making. The unit’s strategic plan should be made available to the external review committee as an appendix.

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5 The Board of Regents (BOR) identifies four (4) required elements: (a) Review of USG general education requirements offered by the academic unit; (b) Establishment and evaluation of goals for the diversity of students, faculty, and staff; (c) Establishment of a culture of evidence whereby indicators or outcomes are collected, tracked, and analyzed to improve program quality; (d) Evidence that on-line programs are reviewed by the same review guidelines and criteria as on-site programs.
D. Actions in Response to Recommendations of the Previous Self-Study and External Review Committee Report*

Includes each of the recommendations of the previous self-study and external review committee report along with the unit’s follow-up actions, any resulting program improvements, and documented student academic achievements as a result of those improvements.

E. Programs, General Education Curriculum, and Institutional Effectiveness

As outlined by the BOR, programs must be evaluated on their the “viability, productivity, and quality.” A key portion of the self-study process is to examine multiple years of internally collected data, including the data portfolio provided by IRP and program assessment data in the OATS system. This section should include:

1. A review of each major relevant program and minor as well as each certificate program included in the program;
2. An overview of each undergraduate and graduate assessment plans, findings reported as a part of annual assessment updates, discernable trends, and improvements implemented based on assessment results;
3. A description and assessment of all courses offered by the unit that are approved by the BOR as Georgia Tech’s General Education requirements; and
4. A review of the unit’s/college’s diversity goals, including how goals were met and/or are being addressed by the unit.

F. Research and Scholarship

Presents the research activities and accomplishments of the unit, including evidence to support the impact of research and scholarship. Among the areas to consider are the research areas and directions, distribution and nature of research support (e.g., facilities, support personnel), quality of research, and faculty and student scholarship and leadership in their fields.

G. Economic Development and Community/Public Service

Describes the program’s contributions to economic development as well as its outreach (e.g., to pre-college students, non-traditional students, and practicing professionals). Among the areas to consider are contributions to patents, invention disclosures, new products and services, start-up companies,
and consulting and technical advisement. Outreach can include pre-college recruitment, off-campus degree programs, and continuing education and short courses. Community/public service that relates directly to the educational experience and involve the unit’s faculty and students should be included.

**H. Organization and Facilities**

Describes the state of each program’s leadership and administrative organization. It should include findings that affect the success of the program. Program facilities include assigned and allocated space of all instructional facilities both on and off the GT Atlanta campus. Consideration may be given to address the adequacy of Institute facilities as well as academic support and service offices essential to the academic unit fulfilling its educational mission as it relates to the program in review.

**I. Future Opportunities**

Summarizes future opportunities in education, research, and outreach as a result of this self-study and how the unit presently plans to address them. This section should state the goals and vision of where the academic program expects to be going between the present and the next program review.

**J. Additional Supporting Materials**

The data portfolio should be the first appendix to the self-study. Other appendices include the program strategic plan; annual reports; advisory committee studies or reports; recruitment material; development reports; related program web materials; and student, faculty, and staff handbooks. Appendices can be included as web links.

The final version of the self-study is required to be submitted at least two (2) weeks prior to the visit. A hard copy and electronic copy of the self-study should be provided to the external reviewers typically about one (1) month prior to the visit, but no less than two (2) weeks before the visit.
The External Review On-Site Visit

The external team visit is typically two or three days, depending upon the number of programs being evaluated. The visit schedule is determined by the Dean, School/program Chair, and the chair of the external review committee (typically identified by the Dean). There must be at least one opportunity during the visit to meet with program faculty without the leadership present. Day One is typically a travel day for the reviewers and a business dinner meeting to outline and start the review. Day Two is a full day of meetings with the college and program leadership, faculty, students, and administrators that includes a tour of the program/Institute facilities, as well as time in the evening to draft recommendations and prepare for the next day’s exit meeting. Day Three allows time for the team to finalize its recommendations and findings. At the required exit meeting, the external review committee will deliver its advisory report orally and will include findings and recommendations. In addition to the Dean, Associate Dean, and School/program Chair, the Provost and Vice Provost(s) will attend the exit meeting conducted by the external review committee scheduled at the end of their campus visit.

The Written Report

When possible, the external review committee should draft its written report on the evening of Day Two along with its oral presentation for the next day’s exit meeting with the Provost, Dean, and selected leaders. The team’s written report is due three (3) weeks following the campus exit meeting. The report is sent to the Provost with a copy to the Dean (or as decided at the exit meeting).

Closure of the Review

Following receipt of the visiting team’s report, the Dean meets with the program faculty to discuss the team’s findings and recommendations. Although, the Dean is responsible for providing a written response to the Visiting Team’s Report, it is often tasked to the School/program Chair and the faculty to develop. The written plan summarizes the program’s action plan moving forward. The AVPAE schedules a facilitates a meeting with the Provost, appropriate Vice Provost(s), Dean, Associate Dean, and the School/program Chair to discuss the program’s action plan.
Institute Progress Reporting

An annual progress report is due at the end of the spring semester each year that outlines the program’s continual progress on the action plan.

Schedule

<table>
<thead>
<tr>
<th>APR Schedule</th>
<th>Actions</th>
<th>Responsible Parties</th>
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</thead>
<tbody>
<tr>
<td>Spring of preceding year</td>
<td>Planning Meeting</td>
<td>AVPAE, Associate Dean, School/program Chair</td>
</tr>
<tr>
<td>Summer</td>
<td>Confirm dates and list of proposed external reviewers</td>
<td>School/program Chair and faculty</td>
</tr>
<tr>
<td>Summer</td>
<td>External reviewers invited</td>
<td>Dean’s Office</td>
</tr>
<tr>
<td>Summer</td>
<td>Data portfolio prepared and forwarded to program</td>
<td>Institutional Research and Planning (IRP)</td>
</tr>
<tr>
<td>Summer and Early Fall</td>
<td>Preparation of Self-Study</td>
<td>School/program Chair and faculty</td>
</tr>
<tr>
<td>Mid-November</td>
<td>Self-Study due</td>
<td>Dean’s Office</td>
</tr>
<tr>
<td>January to mid-March</td>
<td>Visit by external review committee and report</td>
<td>Dean’s Office</td>
</tr>
<tr>
<td>Three (3) weeks following visit</td>
<td>External Team’s written report due</td>
<td>Dean’s Office</td>
</tr>
<tr>
<td>Following written report</td>
<td>Follow-up meeting</td>
<td>AVPAE</td>
</tr>
<tr>
<td>May</td>
<td>Program improvement plan due</td>
<td>Dean, School/program Chair</td>
</tr>
</tbody>
</table>
I. ADMISSIONS (by level – undergraduate, Masters, or Ph.D.)

a. PROGRAM/DEPARTMENT
   i. Admissions Data for Students – This table provides data on students who applied, were accepted, and enrolled by program. This includes the acceptance rate, yield rate, and applied to enrolled percentage. Information is provided for each term with a cross tabulation by race/ethnicity and gender.
   ii. Applied, Accepted, and Enrolled for Programs by Degree and Term (graph) – This graph examines the number of applicants per program, the number accepted, and the number enrolled over time.
   iii. Applicants by Gender and Term (Graph) – This graph looks at the gender makeup of applicants for programs over time.
   iv. Accepted Students by Gender and Term (Graph) – This graph looks at the gender makeup of admitted students by program over time.
   v. Enrolled Students by Gender and Term (Graph) – This graph looks at the gender makeup of enrolled students by program over time.
   vi. Academic Preparation for Entering Students – This table presents information on standardized test results for enrolled students by program. Information is provided for each term with a cross tabulation by race/ethnicity and gender.
   vii. Average Standardized Test Scores for Entering Students (Graph) – This graph examines changes in the average standardized test score of enrolled student over time by gender.

b. COLLEGE
   i. Admissions Data for Students (College of Design) – This table provides data on students for the College of Design who applied, were accepted, and enrolled by program. This includes the acceptance rate, yield rate, and applied to enrolled percentage. Information is provided for each term with a cross tabulation by race/ethnicity and gender.
   ii. Academic Preparation for Entering Students (College of Design) – This table presents information on standardized test results for enrolled students in the College of Design. Information is provided for each term with a cross tabulation by race/ethnicity and gender.

II. INSTITUTE
   i. Admissions Data for Students (GT) – This table provides data on students for the Georgia Tech who applied, were accepted, and enrolled by program. This includes the acceptance rate, yield rate, and applied to enrolled percentage. Information is provided for each term with a cross tabulation by race/ethnicity and gender.
   ii. Academic Preparation for Entering Students (GT) – This table presents information on standardized test results for enrolled students in the Georgia Tech. Information is provided for each term with a cross tabulation by race/ethnicity and gender.
   iii. Comparison of Average Standardized Test Score for Entering Students (Graph) – This graph presents comparison information for the average standardized test score entering students by program, by college, and for Georgia Tech.
III. ENROLLMENT

a. PROGRAM/DEPARTMENT
   i. Total Enrollment Data – This table provides a cross tabulation of total enrollment by race/ethnicity and gender for the previous fall terms.
   ii. Enrollment Data by Program – This table separates enrollment by degree program, looking at race/ethnicity and gender for the different types of students. For example, MS is separated from PhD.
   iii. Enrollment Data by Class – This table separates enrollment by class, looking at race/ethnicity and gender for the different types of students. For example, Freshmen are separated from Sophomores.
   iv. Total Enrollment by Gender and Term (Graph) – This graph looks at total enrollments over time by gender and program.

b. COLLEGE
   i. Enrollment Data (College of Design) – This table provides a cross tabulation of enrollment by degree level for the College of Design by race/ethnicity and gender for the previous fall terms.

c. INSTITUTE
   i. Enrollment Data (GT) – This table provides a cross tabulation of enrollment by degree level for Georgia Tech by race/ethnicity and gender for the previous fall terms.
   ii. Total Enrollment by Term (Graph) – This graph looks at changes in enrollment over time across the different colleges at Georgia Tech.

IV. DEGREES AWARDED

a. PROGRAM/DEPARTMENT
   i. Degrees Awarded by Program – This table looks at the number of degrees awarded by program with a cross tabulation for race/ethnicity and gender.
   ii. Degrees Awarded by Degree (Graph) – This graph shows the number of degrees awarded over time by degree type.

b. COLLEGE
   i. Degrees Awarded by Race and Gender (College of Design) – This table looks at the number of degrees awarded by level for the College of Design with a cross tabulation for race/ethnicity and gender.

c. INSTITUTE
   i. Degrees Awarded by Race and Gender (GT) – This table looks at the number of degrees awarded by level for Georgia Tech with a cross tabulation for race/ethnicity and gender.
   ii. Total Degrees Awarded by Term (Graph) – This graph looks at changes in degrees awarded over time across the different colleges at Georgia Tech.
V. SEMESTER CREDIT HOURS

a. COLLEGE
   i. Semester Credit Hours by Department (College of Design) (Graph) – This graph plots the total number of credit hours by department over time within the College of Design.
   ii. Semester Credit Hours by Degree (College of Design) (Graph) – This graph plots the number of semester credit hours at each level for the departments within the College of Design.

b. INSTITUTE
   i. Semester Credit Hours by College and Level (GT) – This table provides the number of credit hours for the different colleges at Georgia Tech at the lower, upper, and graduate levels with a total count by fiscal year.
   ii. Semester Credit Hours by College (GT) (Graph) – This graph plots the number of semester credit hours for the different colleges at Georgia Tech by level.
   iii. Total Semester Credit Hours by College (GT) (Graph) – This graph plots the total number of semester credit hours for the different colleges at Georgia Tech.

VI. FACULTY & STAFF

a. Employee Profile – Faculty – This table presents race/ethnicity and gender information for tenure/tenure-track faculty by title.

b. Employee Profile – Staff – This table presents race/ethnicity and gender information for staff by title.

c. Employee Profile – Student Employees – This table presents race/ethnicity and gender information for tenure/tenure-track faculty by title.

d. Employee Profile – Faculty – This table presents race/ethnicity and gender information student employees by title.

e. Teaching Load – This table provides the teaching load information in credit hours by faculty member, title, and teaching level.

VII. SPACE UTILIZATION

a. Space Utilization – This table provides a description of the assignable space utilized.

VIII. BUDGET INFORMATION

a. Budget Summary – This table provides the budget amount, encumbrances, and expenditures for sponsored and state budgets for the department.

b. Budget by Department (Graph) – This graph displays the total budget amount, encumbrances, and expenditures for the department over time.

c. Instructional Expenses (College of Design) – This table provides the total amount of instructional expenses for the College of Design by financial unit.

d. Instructional Expenses (College of Design) (Graph) – This graph provides the total amount of instructional expenses for the College of Design by financial unit.