## Commission and Team Decision Indicators

### Actions related to Reaffirmation of Accreditation

<table>
<thead>
<tr>
<th>Decision</th>
<th>2001 Handbook</th>
<th>Indicators: CPR</th>
<th>Indicators: EER</th>
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</table>
| Reaffirm: 7 → 8 → 9 → 10 years | • Meets all Standards at a substantial or exemplary level  
• Shows clear evidence of being able to sustain strengths for 10 years | • Mature development and integration of institutional mission into multiple aspects of the organization  
• Historically sound structures and processes for financial management, governance and leadership, short- and long-term strategic planning, policies, and institutional research  
• Broadly deployed, insightful, and sustained systems to obtain and use student achievement data  
• Adequate and qualified faculty and staff and related policies, including support for professional development  
• No problematic levels or trends in any capacity measures  
• Complete response to prior Commission concerns  
• Institutional leadership shows significant understanding of, and engagement with, the WASC Core Commitments to Capacity and Educational Effectiveness | • Extensive deployment of student learning outcomes at the course, program, and institutional levels  
• Institution-wide, systematic assessment of learning outcomes with documentation over time of learning results in most academic and student services units  
• Student achievement data systematically used by faculty to make effective improvements in learning, leading to cycles of improvement  
• Learning outcome indicators tracked, including graduation and retention rates. No problematic trends in such measures or promising plans to deal effectively with problematic trends  
• Complete response to CPR action letter issues  
• Institution can be designated within the region as exemplary in achieving and sustaining Core Commitments to Capacity and Educational Effectiveness |
| ↓ | • Recent or potentially tenuous status of compliance with any of the Standards. Some indications of fragility or partial understanding of key requirements, necessitating more frequent comprehensive review than ten years.  
• Pending or recent changes in leadership, governance, or organizational structures that have potential for unanticipated consequences  
• Several recent substantive changes with potential impacts that require evaluation or verification  
• Recent emergence from under a WASC sanction  
• New institution, recently granted Initial Accreditation, or other indications of limited familiarity with WASC | • Incomplete implementation of assessment of student learning outcomes and assessment plans at course, program, or institutional levels  
• Relatively recent or inconsistent use of achievement data to improve learning  
• Problematic findings or sanction from one or more programmatic accrediting agencies with no response plan or inadequate plan  
• Present or anticipated vacancies in key leadership positions, or patterns of instability in such roles  
• May be designated within the region as a promising institution that, with strong leadership and sustained commitments, will achieve exemplary status |
<p>| With Interim Report | • Issues or concerns that require monitoring and progress, which can be verified by means of a written report and /or supporting documentation, such as specific financial issues, leadership changes, agreements among key stakeholders, or specific planning issues. | |
| With Special Visit | • Issues or concerns that require monitoring and <strong>on-site verification</strong> to assess trends, culture, attitudes, and/or broad deployment of insights among many stakeholders, e.g., faculty engagement in assessment or program review; comprehensive enrollment management planning; general financial management practices; broad use of data (“culture of evidence”) among many units. | |</p>
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| **Impose a Formal Notice of Concern**  | “... in danger of being found in non-compliance with one or more Standards if current trends continue” OR “an institution on sanction has made substantial progress in addressing the issues that gave rise to the sanction but the issues have not been fully addressed.” | • Troubling trends in enrollments, retention, graduation, financial resources or management, or governance  
• Inadequate short- or long-term strategic planning, budget projections, or responses to capital campaigns  
• Instability or vacancies in critical leadership roles  
• Inadequate participation of key campus constituencies in WASC review process  
• Inadequate infrastructure to support assessment of student learning |
| **Issue a Warning**                    | “... fails to meet one or more of the Standards”                                | • Evidence in the team report, supported by cited CFRs, that the institution fails to demonstrate the Core Commitment to Capacity  
• Indications that the institution has resources and/or insights to solve the non-compliance issues in due time | • Evidence in the team report, supported by cited CFRs, that the institution fails to demonstrate the Core Commitment to Educational Effectiveness  
• Indications that institution has resources and/or insights to solve the non-compliance issues in due time |
| **Impose Probation**                   | “... serious issues of non-compliance with one or more Commission Standards”    | • Clear evidence in the team report, supported by several CFRs, that the institution falls significantly short of meeting the Standards relating to Capacity  
• Evidence that previous sanctions have not led to full-scale endeavors to address inadequacies—through lack of financial resources, institutional will, and/or understanding | • Evidence that the institution has not addressed at sufficient levels the issues identified in the CPR action  
• Clear evidence in the team report, supported by several CFRs, that the institution fails to meet the Standards relating to Educational Effectiveness  
• Evidence, supported by institutional history, of slow or poorly sustained responses to prior Commission actions |
| **Issue an Order to Show Cause**       | “... when placed on Warning or Probation ... has failed to make sufficient progress to come into compliance” | • History of continuing and significant non-compliance with multiple Standards along with a record of inadequate responses to previous Commission requirements  
• Significant inadequacies of resources, leadership, governance, systems, processes, policies or planning that will shortly lead to an unsustainable institution, which cannot serve its students and other stakeholders  
• The Commission can identify clear, decisive, urgent-yet-achievable steps that an institution can take in a short time to demonstrate why accreditation should not be terminated | |
| **Terminate Accreditation**            |                                                                                | • Continuing and serious failure to meet the Core Commitments and the Standards, even following very specific previous Commission actions  
• Serious lack of compliance with Standard One related to institutional integrity | |
| **Deferral of Action**                 |                                                                                | • Commission requires additional institutional information to make an informed decision on the status of an institution or expects action by a relevant agency, which action could materially impact the institution’s accredited status. (Commission sets a specific time limit for taking the requisite action, typically no more than one year, subsequent to receipt and analysis of the additional information.) |
### Actions Related to Candidacy and Initial Accreditation

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<tr>
<th>Decision</th>
<th>How to Become Accredited</th>
<th>Indicators: C&amp;PR → → → Indicators: EER</th>
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| Grant Candidacy | “Meets all or nearly all of the Standards at a **minimal** level” [must have students enrolled] | • Institution both understands and complies with WASC Standards at a minimal level  
• Many but not all units demonstrate engagement with Standards appropriate to their areas  
• Resources, leadership, and planning suggest the institution will likely achieve Initial Accreditation within the designated four-year time period |
| Deny Candidacy | | • Following both the CPR and EER for Candidacy, team reports substantiate that the institution **fails to meet all or nearly all** of the Standards even at a **minimal** level  
• No clear indications that the institution can achieve even **minimum** compliance with all or nearly all of the Standards within the four-year period designated for Candidacy |
| Grant Initial Accreditation (for either 5 or 7 years) | “Meets all or nearly all of the Standards at a **substantial** level” [must have graduates of at least one program] | • Responsiveness to prior Commission requirements  
• Stable and trusted leadership and sound governance structures; adequate and reliable resources; sustainability  
• Capacity to assess student and organizational learning and to use results for improvement  
• Time period: Strong on all indicators = 7 years; strong or somewhat strong in most indicators = 5 years |
| Deny Initial Accreditation | | • Following either the CPR or both the CPR and EER for Initial Accreditation, team report substantiates that the institution fails to meet one or more of the Standards at a **substantial** level  
• No clear indications that the institution can achieve **substantial** compliance with all or nearly all of the Standards within a foreseeable time period |
| Defer Commission Action | | Provides additional time and guidance so that the institution can make progress in one or more areas, with the goal of meeting the Standards at the required level for Candidacy or Initial Accreditation |

### Actions Following a Special Visit

The following actions may be taken following a Special Visit: continue accreditation, remove a Formal Notice of Concern or sanction, or impose a FNC or sanction. These actions may be coupled as appropriate with additional Special Visits or Interim Reports. See above for explanations of actions and methods of monitoring.

In making the evaluation of the institution’s status, the team and Commission should consider the following:

• Evidence of thorough response to the issues specified in the Commission’s requirement for the special visit
• Evidence of resource allocations for any needed changes
• Evidence that any required changes are embedded in institutional culture and processes, showing promise of their sustainability
• Evidence of articulated insight into the issues that necessitated the special visit
• Support for resulting progress confirmed from the institution’s highest needed levels of leadership or governance

Adopted for Circulation: July 15, 2008