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National Commission for
Academic Accreditation & Assessment

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National Commission for Academic Accreditation & Assessment

Handbook for Quality Assurance and Accreditation in Saudi Arabia

PART 2

Internal Quality Assurance Arrangements

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INTRODUCTION

The National Commission for Academic Accreditation & Assessment (NCAAA) has been established in the Kingdom of Saudi Arabia with responsibility for determining standards and criteria for academic accreditation and assessment and for accrediting postsecondary institutions and the programs they offer. The Commission is committed to a strategy of encouraging, supporting, and evaluating the quality assurance processes of postsecondary institutions to ensure that quality of learning and management of institutions are equivalent to the highest international standards.

This Handbook has been prepared to assist institutions in introducing and developing internal quality assurance processes and in preparing for the external peer reviews that the Commission will conduct to verify the achievement of high standards of performance.

Part 1 of the Handbook is intended to give a general overview of the system for quality assurance and accreditation.

Part 2 of the Handbook focuses on internal quality assurance processes. It provides advice on establishing an institution's quality center, processes of planning, evaluation and internal reporting on educational programs, and self-study and improvement of institutional activities.

Part 3 of the Handbook provides details of what is required in preparation for and the conduct of external reviews.

The Handbooks should be read in conjunction with two other key documents, a *National Qualifications Framework* (NQF) setting out the learning expectations and credit requirements for levels of academic awards and two documents setting out standards for accreditation. The primary standards documents are *Standards for Quality Assurance and Accreditation of Higher Education Institutions* and *Standards for Quality Assurance and Accreditation of Higher Education Programs.* Both of these are accompanied by companion documents providing self-evaluation scales for assessment of performance in relation to the standards. These documents explain the standards expected by the Commission and are intended to serve as important guides for continuing improvements in quality. Additional standards and processes are available for distance education, technical training programs and
community colleges.

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CHAPTER 1—Administration of Quality Assurance Processes

The organizational procedures outlined in this chapter are effective in higher education institutions in many parts of the world. They should be implemented in flexible ways that take account of the differing size and complexity of institutions and the nature of programs offered. Innovative ideas consistent with what is generally considered good practice and planned with the goal of improving quality in all aspects of an institution's activities are encouraged.

Committed support and encouragement from the most senior levels of an institution are essential pre-requisites for an effective quality assurance system. This should include a commitment of support from the senior policy making body (Council, Board of Trustees, or a Board of Governors or equivalent body), leadership from the head of the institution (the Rector or Dean), and adequate support for the costs and services required for an effective quality assurance system. High quality cannot be achieved by the actions of leaders alone. A commitment to quality must be shared throughout the institution, with individual members of teaching and other staff, and organizational units throughout the institution, evaluating their own performance, doing their best to improve, and contributing cooperatively with others to institutional improvement as valued members of the institutional team.

1.1 Quality Assurance and Full Accreditation

Quality assurance is primarily an internal responsibility and depends heavily on the commitment and support of all of those involved in administration, management, and teaching in an institution. The procedures and standards outlined by the NCAAA are based on an expectation that institutions will accept that responsibility and take appropriate action to ensure high quality is achieved. This Handbook is intended to guide and support those processes.

The importance of the higher education system for students, their families, and the wider community is such that quality cannot simply be assumed. Quality must be verified by independent processes that can give confidence to everyone concerned that high levels of quality are being achieved. The NCAAA accreditation processes for higher education institutions and the programs provide this verification.

Accreditation can be granted at two stages: *Developmental* and *Full Accreditation*

First, when an institution or a new program is planned, the developmental process may begin immediately. During the developmental stage the institution or a new program designs, builds, and expands it growth and improvement according to the NCAAA standards, sub-standards, best-practices, templates, and processes. The basic concept is to utilize the NCAAA accreditation protocol as a development guide.

The institution or new program may decide to complete the developmental stage by hosting a mock accreditation review and site visit or it may decide to proceed with full accreditation without a mock visit. There are benefits to the developmental stage, including a thorough self-evaluation, quality assurance, learning process, and practical experience that enable significant improvements

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and adjustments to be implemented before the actual process starts. The developmental mock accreditation review and site visit are nearly identical to a full accreditation visit, except there is no accreditation decision. Strong recommendations are provided to direct and prepare for the next stage.

When the first group of students has completed the program and the full accreditation requirements are met and the process is complete, the institution and its programs can earn full accreditation. Accreditation is official certification by the NCAAA that its standards have been achieved. Afterwards there is a further independent evaluation by the NCAAA once every seven years to certify that the institution and its programs are keeping up to date with developments and quality is being maintained. The processes followed for accreditation are described below for evaluations of the institution or a program and in Part 3 of this Handbook

1.2 Criteria for Quality Evaluations

Evaluations of quality involve judgments about two main elements: 1.) the extent to which goals and objectives are achieved, and 2.) the consistency with generally accepted standards of performance in higher education.

The goals and objectives should be based on a clearly defined Mission Statement that is appropriate for an institution of its kind and circumstances. The mission and the goals and objectives derived from it are for an institution to determine.

The generally accepted standards defined by the Commission relate to inputs (the level and quality of resources available), processes followed, and outcomes or results achieved. In each case, judgments about quality are about available resources, processes followed, outcomes achieved, and also about how good these are compared with standards of performance at other good quality institutions of similar kind. Consequently, it is necessary to identify institutions with which comparisons on important matters can be made and make arrangements for collecting (or sharing) information so this can be done. The levels of performance identified in this way are benchmarks or indicators to be used in setting performance objectives or target benchmarks.

The Commission has identified a number of important items as Key Performance Indicators (KPIs) and is collecting information from institutions and programs relating to these indicators (See ATTACHMENT 2, D4, NCAAA Key Performance Indicators). Additional benchmarks should also be established by institutions, dealing with matters that are important to them in their own quality improvement strategies. These benchmarks can be based on institutions within Saudi Arabia or in other countries. However, because an important objective for Saudi Arabia is to demonstrate standards equal to good international standards, at least some of the important benchmarks should be based on performance at good international institutions.

1.3 Quality Planning and Review Cycle

The process of improving quality involves assessing current levels of performance and the environment in which the institution is operating, identifying strategic priorities for improvement

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and setting objectives, developing plans, implementing those plans, monitoring what happens and making adjustments if necessary, and finally assessing the results achieved. These steps involve a repeating cycle of planning and review. Major plans may involve a sequence of activities over a number of years, with a number of steps to be taken and results of each step assessed at stages within that longer term plan.

While the monitoring should be continuous, there are normally two time periods when more formal assessments take place; one is annual with monitored performance and adjustments made as required, and one on a longer cycle in which major reviews are undertaken. For issues relating to quality assurance and accreditation assessments, these should be planned to coincide with the seven-yearly external reviews for accreditation and re-accreditation conducted by the Commission.

This planning and review cycle is presented as a set of steps in a linear sequence with set timelines. In practice steps may be repeated or changed in a flexible way in response to feedback and changing circumstances. For example, a review of performance may lead to a conclusion that objectives need to be redefined and a new plan for development prepared.

In considering these steps, it should be recognized that they relate to a number of different levels of activity within an institution—to the institution as a whole, to academic and administrative units within it, and to individual programs or groups of programs managed by a department or college.

Planning and Review Cycle
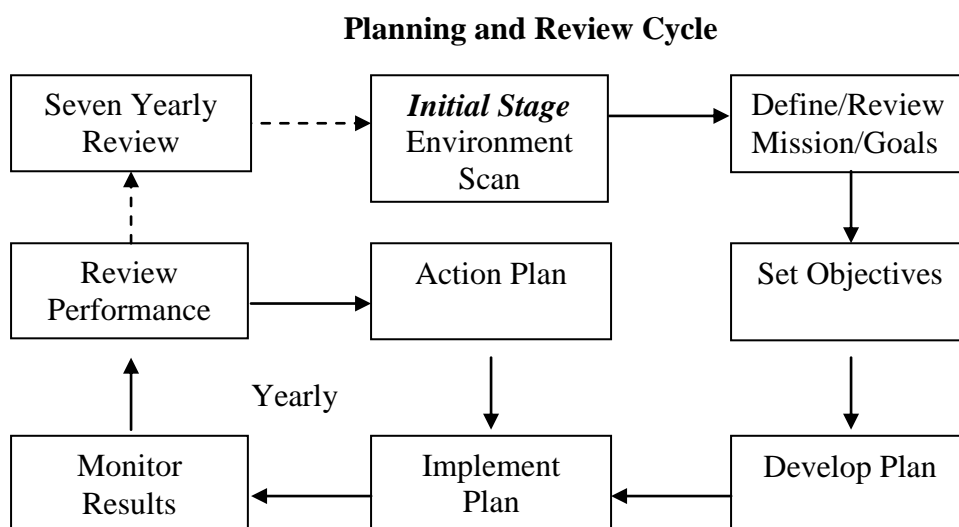
When applied to planning for quality improvement, some of the steps in this planning cycle have special meaning. For example, the scan of the internal and external environment at the initial stage should include a thorough assessment of current quality of performance and an analysis of constraints and opportunities for development. A SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) can be a useful planning tool at this stage.

A major development strategy will normally be phased in over a period of years with implementation, monitoring, and adjustments through action plans on an annual basis.

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It is important to periodically step back and carry out a thorough review of the relevance and effectiveness of an institution and to periodically review the appropriateness and effectiveness of a program.

A Self Study Report (SSR) of an institution (see ATTACHMENT 10, T11, Self Study Report for Institutions) should be comprehensive, and include a re-examination of the environment in which the institution is operating and any implications of changes or expected developments for the institution's activities. A self study of a program (see ATTACHMENT 9, T12, Self Study Report for Programs) should consider all aspects of the program delivery and supporting infrastructure, and the quality of learning by students. In any self study a report should be prepared that includes an analysis of variations in original plans that may have occurred over the period, evaluations of the degree of success in achieving objectives, assessments of strengths and recommendations for improvement that need to be addressed in future planning, and plans for responses to those assessments.

The primary purpose of a self study is to support the institution's own efforts at improvement and are also used as a basis for the external reviews by the Commission

1.4 Organizational Arrangements

1.4.1 Appointment of a Quality Director

A senior person responsible to the Rector or Dean or a senior Vice Rector should be appointed to lead the institution's quality assurance arrangements. The level of the appointment and the title used for the position depends on the size and complexity of the institution. The person appointed should have sufficient seniority to provide effective leadership within the total institution and ensure compliance with institutional quality assurance arrangements.

1.4.2 Establishment of a Quality Center

An organizational unit, commonly called a quality center, must be established within the institution's central administration. The unit or center should be directly responsible to the quality director referred to above and assist in coordinating institution-wide quality assurance activities.

1.4.3 Responsibilities of a Quality Center

Particular tasks should include matters such as:

- advising on institution-wide priorities and strategies for quality improvement;
- assisting internal academic and administrative units in the development of quality improvement strategies within their own areas;
- establishing and monitoring self-assessment processes and reporting requirements;
- providing training for faculty and staff in the institution together with advice and support as required;

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- developing a procedures manual describing the institution's structure and processes for quality assurance;
- specifying criteria for selection and formats for indicators, benchmarks, and objectives;
- preparing standard forms for matters such as student and graduate surveys;
- advising on operational procedures for the planning and implementation of quality processes;
- maintaining systematic collections of reports on performance, including data on indicators and benchmarks that will be required for analysis and reporting on trends in performance and changes in the environment within which the institution is operating;
- coordinating and leading the preparation of self studies for consideration within the institution and for use in external reviews.

1.4.4 Formation of a Quality Committee

A quality committee should be established with membership from all major academic and administrative units, including both colleges and other functional areas to work with the quality center in planning and carrying out responsibilities for quality assurance. A senior administrator, such as an academic Vice Rector, would normally chair the committee and work closely with the director of the quality center in leading and supporting the institutions quality assurance activities. The members of the committee should be informed about and committed to quality assurance and have capacity to provide leadership within their own areas of activity in the implementation of quality assurance processes.

1.4.5 Cross-Institutional Involvement in Quality Assurance

All organizational and administrative units should be involved in quality assurance, with performance monitored and plans for improvement made and implemented. Summary reports need to be prepared regularly so the institution's senior management and governing body are aware of what is occurring. These regular reports do not need to be large or complicated, but should include key performance indicators relating to the most important objectives, and an indication of whether the short term results on operational plans conform to what is required if the longer term strategic plans and objectives are to be achieved.

In many cases it has proved valuable to appoint quality assurance officers, establish a small quality unit and form sub-committees within colleges or large departments, or other organizational unite (e.g. libraries, and major administrative departments) to consider the programs and services they offer and provide assistance with quality improvement. It is extremely important that any units or committees of this kind cooperate closely with an institutional quality center and support any institution-wide quality improvement initiatives. The existence of units of this sort within colleges and other organizational units can give credibility to quality initiatives for faculty and staff who identify closely with their special academic field or area of activity and help to provide specialized assistance and resources or arrange training programs that deal with particular issues found in that area.

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1.4.6 Monitoring Performance

There should be an assessment of performance by academic and administrative units at least once per year. This need not be a major task, for example it could be simply a brief analysis of performance in relation to selected items from the self evaluation scales, a check on progress made in implementation of plans for development, or consideration of data on certain selected performance indicators. The choice of indicators will depend on the area of activity and the nature of the plan, but they should be things that allow progress to be monitored annually, even though a plan may take several years to complete, the analysis should include details of any adjustments that should be made in planning or corrective action required.

Templates have been developed by the Commission for this annual reporting on courses (Course Report, T5) and programs (Annual Program Report, T3). Other administrative and organizational units should complete their own quality assurance analysis, which will vary widely for different functions. Whatever format is used for this analysis and reporting, there should be some formality in requirements for analysis and reports to prevent the assessment being overlooked. The administrative reports should be prepared by those responsible for particular functions. If administration of a function is distributed to different parts of an institution, selected items of information should be provided from each distributed section so the overall quality of performance for that function can be monitored.

The Rector or Dean, and other senior administrators, should be aware of the goals and objectives of organizational units, the outcomes of their self evaluations, and of the priorities for improvement on the part of those delivering services. Consequently, brief reports should be prepared for them and for any institutional committees with responsibility for overseeing the function concerned.

Since comprehensive self studies followed by external reviews by the Commission will occur every seven years, there should be an internal review comparable to the preliminary self-evaluation during this period. An updated Self-Evaluation Scales Report (see NCAAA publications, D2.I or D2.P) is suggested for every two year period. Relevant surveys and other sources of information should be ongoing. Indicators or benchmarks should be selected, results reported, and plans for improvement reconsidered as part of an ongoing cycle.

1.5 Initial Quality Planning and Evaluation

1.5.1 Initial Quality Planning for a New Institution

(A new institution built on the foundation of an existing institution or formed by the merger of two or more existing institutions should follow the steps outlined below for existing institutions.)

In a totally new institution the plans for a quality assurance system should be prepared as an integral part of the general planning for the institution. It is recommended that these plans be included with other documentation and submitted to the Commission for initial review at the time the planners of the institution submit their plans to establish the institution to the Ministry of Higher Education for its approval

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1.5.2 Initial Quality Planning for an Existing Institution

As noted above (see 1.4, Organizational Arrangements), these processes should be followed for any existing campus or campuses as part of initial quality planning for a new institution that includes them.

There are two major tasks involved in initial quality planning for an existing institution. One is to establish a quality center and introduce systems to meet the quality assurance and accreditation requirements of the Commission. The second is to conduct an initial self evaluation, identify strengths and recommendations for improved quality provisions, and develop strategies and action plans for improvement.

For an existing campus or campuses that are being incorporated into a new institution, a committee should be established and staff appointed to lead a self evaluation of activities at the existing campus. Any improvements required should be incorporated into the planning arrangements for the new institution.

The Commission has developed a set of Key Performance Indicators (KPIs) for use in evaluating quality (see above 1.2 Criteria for Quality Evaluations and ATTACHMENT 2. D4). Each institution should add additional KPIs that are appropriate for its own mission and objectives, specify clearly the data requirements for them, and include these in its own evaluations.

1.5.3 Carrying Out an Initial Self Evaluation

The first stage in the process for each unit should be a frank assessment of existing performance. The scope of the initial evaluation should be comprehensive. It should deal with programs in all areas, and with facilities, equipment, services, and administrative processes.

The rating scales in the *Self Evaluation Scales for Higher Education Institutions* should be used. The information about current levels of performance will provide initial benchmarks against which future improvements can be assessed. It is suggested that a separate Self Evaluation Scales Report be done every two years.

Preparations

All members of faculty and other staff should be informed about the initial self-evaluation and their cooperation sought for the processes to be followed.

An announcement should be made to explain the main reasons why the evaluation is taking place as a basis for developing plans for quality improvement and accreditation and why that is important. Reasons would normally include benefits for students and faculty and other staff at the institution, for the wider community, and for national development. Information should be given about the processes to be used and opportunities for individuals to have input. This communication should emphasize that the objective is not to find fault or to adversely criticize, but rather to provide a realistic basis for improvement plans.

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A senior member of staff of the institution should be appointed to lead the process working with the assistance of a quality center. A planning or steering committee should be established and chaired by the person appointed to lead the process. This steering committee could be an existing quality committee, or a special committee could be appointed for this particular task.

The committee should prepare a strategy for carrying out the evaluation. This will normally involve appointment of sub-committees to carry out particular tasks related to the 11 standards identified by the Commission. Different procedures may be appropriate for different functions or organizational units within the institution.

1.5.4 Managing the Self Evaluation

Sub-committees should investigate and provide information and reports on one or more standards using the *Self Evaluation Scales for Higher Education Institutions* (see NCAAA publication, D2.I). The sub-committees should include representation from units responsible for functions considered and users of the service provided, and wherever possible someone independent of that function to ensure some independence and objectivity in the judgments made. Students should be included in sub-committees where appropriate.

The sub-committees should consult with those responsible for the function they are considering and with users of those services, and consider any evidence of quality that is available, including documents, surveys, and statistical data, such as information from the student record system. They should complete the Self Evaluation Scales Report (see NCAAA publications, D2.I or D2.P) using the starring system described, and indicate priorities for improvement where relevant.

This requirement to obtain information from different parts of an institution has particular relevance to programs, which are offered by colleges and departments throughout the institution. The quality of programs is a major issue in any educational institution. However, there may be many programs, so this could be a very large task. It is recommended that evaluations be done within each department, with results consolidated at the level of colleges, before being brought together for a summary evaluation in the total institution report. The summary evaluation should not be an "average" response for all programs, but one that identifies both common elements and significant variations. This approach should also be used in considering possible differences between sections for male and female students.

The self evaluation scales are intended to draw attention to processes and evaluative data that are needed, and to help identify, by a thorough analysis, priorities for improvement. It is not expected at this initial stage that an institution would satisfy all of these standards or follow all the processes that are included in the self evaluation scales. It is also likely that, for a number of items, valid evidence will not be available and benchmarks will not have been established. Because of this, reliance will have to be placed on opinions and limited data. If relevant evidence is not available, that in itself is a quality matter that should be stated clearly in reports prepared. Providing for the gathering of such evidence should be considered in suggesting priorities for improvement.

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Multiple opportunities to include comments and advice, over given time periods, should be provided for stakeholders or members of the university community, including users of various services who are not directly involved in the process.

Report on an Initial Self Evaluation

An initial report should be prepared on the outcomes of the self evaluation. Reports by sub-committees should be attached and summaries of their procedures and conclusions incorporated into a single document. The report should include recommendations about matters that are considered of highest priority in a plan for quality improvement.

Suggested Structure for an Initial Self-Evaluation Report

- Executive summary of the self study processes used and the major conclusions reached.

- Process followed in conducting the self evaluation, including the plan for conducting the self-evaluation study, membership and major responsibilities of committee and any sub-committees, processes for consultation, and major sources of evidence of quality used.

- Report on each of the eleven standards, indicating for each standard the process followed by the sub-committee, sources of evidence, and major conclusions including priorities for improvement.

- Concluding statement to summarize major conclusions and priorities for action that may be required for improving quality. This should take account of reports on quality, in relation to each of the standards, and the mission and strategic goals for development of the institution.

1.6 Developing a Strategic Plan for Quality Improvement

As strategic plan for quality improvement should include two major elements; planning to progressively implement arrangements to meet accreditation requirements, and planning to address with any problems identified in an initial self evaluation.

1.6.1 Quality Assurance Requirements for Accreditation

The timing for introduction of these requirements varies in response to the circumstances of different institutions. Subject to these variations, the following requirements must be met.

- Establishment of a quality center, appointment of a director for the center, and appointment of a quality committee chaired by a senior member of the institution's administration.
- Establishment of arrangements for quality assurance in each major organizational unit within the institution (for example, colleges or departments, deanship of research, organizations responsible for financial affairs, facilities and equipment). What is needed will vary according to the size and functions of organizational units. The arrangements will

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usually involve appointing an individual as a quality officer and establishing a committee to provide coordination, leadership and advice on what should be done within the unit.

- Preparation of program specifications and course specifications for each program. In most cases this is likely to be a staged process.

The development of program specifications must include checking for consistency with the *National Qualifications Framework* (NQF), and for meeting accreditation standards in professional fields.

Introduction of student evaluations of courses and programs

Introduction of course and program reports using the templates developed by the Commission (see ATTACHMENTS 4 and 6, T5 and T3).

Specification of performance indicators to provide evidence of quality in various areas of activity

Appropriate performance indicators should be specified for each major organizational unit. (See Key Performance Indicators identified by the Commission, ATTACHMENT 2, D4).

Identification of multiple performance benchmarks for assessment of quality relating to the main quality indicators specified

There should be both internal and external benchmarks. Benchmarks involve current performance, target performance, past performance, and appropriate comparisons with other programs or institutions.

Identification of relevant statistical information to provide evidence of quality of performance and establishment of arrangements for that information to be routinely provided to those who need it for their evaluation and planning activities

Provision of training programs for faculty and staff in matters relevant to the improvement of quality

1.6.2 Other Priorities for Improvement following an Initial Self Evaluation.

A number of issues identified in an initial self-evaluation will be addressed through the introduction of the quality processes described above. Others will require special attention through appropriate strategies for improvement.

In some cases, action will be needed on "the institution as a whole" basis to deal with any general problems or concerns affecting the institution as a whole. In other cases, action may be needed within individual organizational units or sections of the institution to deal with specific issues and concerns. The institutional strategic plan for quality improvement will give attention to issues affecting all or most parts of the institution but should also provide support for local internal

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initiatives where required. Internal organizational units are expected to develop plans that complement the institutional plan and also deal with specific issues relating to their particular area of activity.

1.6.3 Dealing with Uncertainties about Future Funding

Plans for improvement, whether supported from existing resources or extra funding, should have specific objectives, with timelines set and indicators of progress towards those objectives decided upon. These would normally be developed at two levels, strategic plans for development over a medium time period, such as five years, and annual operational plans with specific objectives that contribute to the staged development of the stategic goals and objectives.

The longer term plans may need to involve assumptions about the resources that will be available since funding will normally be allocated to institutions over shorter periods. Plans should include risk assessments dealing with this funding issue as well as other possible concerns applicable to different development strategies, and adjustments may need to be made in the light of later developments. Uncertainty about future funding is common to educational institutions and cannot be allowed to prevent effective long term planning.

1.6.4 Relationship of a Strategic Plan for Quality Improvement to General Strategic Planning

At the initial stage of preparing for the introduction of a quality assurance system, assessing current levels of quality, planning for quality improvement, and determining a strategic plan for quality improvement might be prepared as separate activities. Quality assurance represents one important element in a broader strategic plan for the entire institution. Consequently, the institutional quality assurance plan for improvement should be seen as one important component of a broader strategic plan, with goals defined and objectives established, and strategies for implementation described in a way that is comparable to other strategic planning priorities.

1.7 Other Issues

1.7.1 Relationships between Sections for Male and Female Students

Organizational difficulties in communication between sections for male and female students can arise. Arrangements must conform to cultural norms in the Kingdom and must not prevent full participation on committees and sub-committees by female members of faculty and staff using appropriate means of communication.

The objective must be to provide services and resources of equal quality for male and female students and faculty, to achieve equal standards of learning outcomes of for all students, and if this is not the case for particular reasons on a short term basis, action must have been initiated to overcome the problems as quickly as possible. Difficulties in variations of quality can occur for a number of understandable reasons, including; recruiting appropriately qualified staff, recent development of a section of a campus, or extension of a program with resources still to be fully provided. Variations such as these must be expected and will cause no difficulty in a review for accreditation provided they are recognized, acknowledged, and appropriate strategies are in place to overcome the problems.

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With respect to standards required for accreditation:

An institution or program with sections for male and female students is one institution or program and the standards apply equally to the institution as a whole.

This does not mean that any assessment for either the institution or a program is "averaged" across the two sections. Information about quality must be collected in common form for each section in any quality report (annual report or self-study), then combined into a single report that identifies any common strengths or recommendations for improvement, and any significant variations. If there are any significant variations in quality between the sections, the report should acknowledge this and include plans for responding constructively to the problems.

The requirement to combine information from different sections means that information must be collected in similar form using comparable standards of judgment. To help ensure that this can occur, both sections should participate on steering committees and subcommittees, and be involved in planning surveys and data collection, including the selection of quantifiable performance indicators.

1.7.2 Reporting on Programs in an Institutional Evaluation.

Institutional evaluations and reports must include all educational programs. They are the core function of the institution. The way this is done is a little different from other functions because there are other thorough processes for the evaluation of each program and each of the courses included in them.

What is needed in relation to programs in an institutional evaluation and report is an overview of all of the programs and a quality assurance process that includes all of them. The process is essentially one of combining certain selected information about all the programs and reporting on the overall result and significant variations from it. In situations where a number of programs are managed by departments or colleges, this should be a two-stage process with combinations at college level initially, and then further consolidation for the institution as a whole.

At the initial stage for institutional self assessments, the rating scales should be completed for all programs. These scales are supported by *Profile* information collected from all programs (see, Profile I, T2.I and Profile P, T2.P), or by student ratings of the quality of their programs through a variety of stakeholder surveys. The scales results can then be aggregated and significant variations in the ratings noted.

The planning process should allow for an appropriate balance of local flexibility and overall coordination. The requirements for effective learning and the environment affecting programs, varies for different fields of study. It is entirely appropriate for colleges (and programs) to have different priorities and there should be scope in planning for these priorities to be addressed.

The importance of learning and teaching, supported by research, is the central task of an educational institution. Therefore, it is likely that one of the major goals and strategic plans for the institution will focus on the development and improvement of programs across the institution. In addition, annual operational plans are normally prepared for the institution's programs by the institution.

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This means that, as well as providing for developments of departments and colleges in their particular spheres of activity, there must also be scope for total institutional priorities and for policies established for all programs throughout the institution. This should be done if general institutional policies are established for programs, or if any general weaknesses are found in all or most programs.

It is generally regarded as good practice for an institution to decide on certain characteristics (or attributes) of graduates that it wants to develop, and for action to be taken in all programs to develop those characteristics. For example, an institution may decide as an overall institutional policy that its graduates should be particularly skilled in information and communications technology or that they should be particularly good at applying their learning in creative problem solving. If this is done, attention should be given to these outcomes in all programs in addition to the outcomes sought in particular courses of study. Indicators of achievement relating to these special institutional student attributes should be developed and used throughout the institution.

While a lot of detail is needed for the annual reporting and planning within individual programs, this is not needed at the institutional level. Consequently, several key performance indicators should be selected for reporting within the institutional monitoring process. The indicators may vary according to the institutional mission and priorities, but should always include progress towards total institutional policy initiatives for programs and some general measures of quality of outcomes and processes that are directly related to them. To be consistent, these KPIs should also be used by programs for programmatic accreditation.

Some possible examples are:

- Current statistics and trends in student progression and completion rates (see Profile I, T2.I and Profile P, T2.P);

- Current statistics and trends in student assessments of teaching or quality of programs (see student and stakeholder survey information);

The indicators selected should include the KPIs required by the NCAAA.

1.7.3 Developing an Institutional Overview for Functions that are Decentralized

Quality assurance processes should be followed within all academic and administrative units in an institution. Where a unit provides services for the total institution, as is often the case for central administrative functions, the evaluation and reporting of unit and institutional performance are relatively straight forward, though it is important to include the perspectives of the recipients of the services as well as those of the providers.

When functions are decentralized and managed by different academic and administrative units, the evaluation and reporting processes should be followed in each unit and also consolidated to provide an overall picture of the quality of that function for the institution as a whole. For example, if some library facilities are managed within colleges it would be appropriate to consider the effectiveness

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of the library function within each college as part of the college's quality evaluation, and also to develop an overview of the quality of library provision for the institution as a whole.

Quality assurance processes must be carried out at the course and program level, and this is the primary focus for programmatic accreditation judgments. However, there also needs to be overall institutional consideration of the quality of its programs as a whole, and capacity to identify areas within the institution where improvements may be required.

In some cases, educational support functions are carried out within departments or colleges, and reports should be provided to those departments of colleges. In other cases, functions may be managed centrally for the total institution and the reports on those activities would be provided to the institution's central administration. There are also other functions where there is a combination of central administration and decentralization, with services provided locally within colleges or departments as well as centrally. Library services are sometimes managed in this way, with a central library and branch libraries in at least some colleges. However these functions are organized, it should be possible for the overall quality of the function within the institution to be monitored by those with ultimate responsibility – the institution's senior management and governing board.

If a particular function is managed centrally, as a service to the total institution, evaluations need only be done once at the institutional level. It is essential that the evaluations provide for input from the full range of stakeholders across the institution (The management of buildings and grounds is an example of such an activity).

If a particular function is fully or partly decentralized and managed by a number of different sections within the institution, the quality of provision of that function should be evaluated by those involved within each of those sections. It must be also be possible for information to be consolidated to provide an overall picture for that function for the whole institution, in a way that identifies areas within the institution where there are particular strengths, or areas for improvement that may require special attention.

Using the *Self Evaluation Scales for Higher Education Institutions* (see NCAAA publication, D2.I) should make it possible to aggregate assessments for the institution as a whole, and at the same time to identify organizational units within the institution where there are significant variations from the overall level of performance. For example:

(a) Where a function is managed once for the institution as a whole (for example: Governance); It is possible to use the rating scales for this function once in a single assessment for the total institution.

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(b) Where a function is decentralized and managed in different organizational units throughout the institution (for example: Learning and Teaching);

Ratings on Learning and Teaching Scales	College or Program 1	College or Program 2	College or Program 3	Etc.	Total Institution
4.1 Student Learning Outcomes	xxx	xxxx	xx		xxx
4.2 Educational Assistance for Students	xxxx	xxxx	xxx		xxxx
4.3 Quality of Teaching	xxx	xxxx	xx		xxx
4.4 Support for Improvements in Teaching	xx	xxx	xx		xx
4.5 Etc.					
Overall Assessment	xxx	xxxx	xx		xxx

In this example there is considerable variation between the evaluations for different parts of the institution. The overall assessment is much less important than the variations and it is those that should receive most attention. A thorough analysis of this kind of data is required in order to identify areas for improvement and to develop an institution wide strategy to improve specific program areas and to support improvements for the institution as a whole.

(c)   Where a function is partly managed centrally and partly decentralized to different organizational units can be structured for study and analysis as follows (for example: Learning Resources):

Ratings on Learning Resources	Central Library	College or Program 1	College or Program 2	Etc.	Total Institution
6.1 Planning and Evaluation	xxx	xxx	xx		xxx
6.2 Organization	xxxx	xxxx	xxxx		xxxx
6.3 Support for Users	xxxx	xxx	xx		xxx
6.4 Resources	xxxx	xxx	xx		xxx
Overall Assessment	xxxx	xxx	xx		xxx

1.7.4 Relationships with Community Colleges

A number of universities have established community colleges that offer programs of one or two year duration. The accreditation and quality assurance arrangements for these colleges must be considered from several different perspectives.

The perspective of the university is to accept ultimate responsibility for all of its activities

The university must have appropriate oversight of the community college's activities while allowing the degree of independence and flexibility necessary for its effective operations.

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The perspective of the community college is to meet appropriate quality standards in its administrative and service provision

The perspective of the programs offered by the community college is that they must meet relevant quality standards for the type and level of programs offered

The accreditation requirements for a university require that it establishes arrangements to ensure the activities of its community colleges are of high quality. This means that appropriate quality assurance arrangements must be in place, and the effectiveness of these arrangements will be evaluated in the university's external review for accreditation.

Programs offered by a community college may be technical training programs designed to provide the specific skills required for employment in particular industries, or may be designed to provide more general preparation for employment or further study in a higher education environment. The standards expected for these types of programs are significantly different. A community college could offer both types of program, but each program must be clearly identified as falling into one category or the other. Standards for both types of programs are available from the NCAAA.

1.7.5 Preparatory or Foundation Year Programs

A number of higher education institutions have introduced preparatory or foundation programs to ensure that students are adequately prepared for higher education studies.

Some institutions have arranged for the delivery of the preparatory or foundation studies to be outsourced to another provider with particular expertise in the studies provided. If these arrangements are properly managed they offer the possibility of significantly improving the efficiency and effectiveness of higher education programs. However, there are also concerns that have to be considered and some conditions that need to be satisfied.

Foundation or preparatory studies precede and are not part of a higher education program. They provide the knowledge and skills expected of students before they begin their higher education program. Examples include—general studies to overcome deficiencies in a secondary education program and English language studies in preparation for courses that will be taught in English.

A bachelor degree program must still meet MoHE and NQF requirements for a minimum number of credit hours and number of semesters in higher education studies for the kind of program concerned **after** completion of a foundation or preparatory program. Each program must also meet NCAAA accreditation requirements, for example, a bachelor degree program must include at least 120 credit hours with not more than 18 credit hours recognized in any one semester.

If an institution out-sources provision of a foundation or preparatory program to another provider, the institution must provide effective oversight and quality assurance of what is done. The institution is held accountable for all aspects of the program, including safety and security for students and the quality of education provided.

1.7.6 External or Remote Campuses

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A number of universities have established branch campuses in other locations, or in some cases, have acquired such campuses as a result of restructuring by the Ministry of Higher Education.

The quality of these campuses and the programs they offer are the responsibility of the university to which they belong and their quality and the university's systems for ensuring it is maintained are considered in that university's assessment for accreditation.

Self evaluation processes should be carried out for all campuses. Information for each branch campus should be retained for programmatic reporting as well as combined in a general institutional report that identifies any significant differences between campuses.

Programs offered on external, or remote campuses, are assumed to be the same programs as those carrying the same title offered elsewhere in the institution. This means that the standards of student achievement must be comparable and there must be some appropriate mechanisms for ensuring that this is the case. While some specific course requirements may differ with elective courses or tracks appropriate for the students enrolled in different locations, these should be treated as equivalent to the alternatives normally available within a normal on-campus program. It is expected that there may be some variations in facilities, equipment, and staffing provisions in the different locations; however, the quality standards specified by the NCAAA must be met in every location.

There are some special considerations that should be kept in mind.

During a period of restructuring in the higher education system some time must be allowed for administrative and quality assurance arrangements to be put in place. If a campus has been acquired by a university through a merger, within the previous two years, the university will not be held to account for the quality assurance arrangements in that campus in a review for accreditation. It is expected to have reviewed the quality of all elements of that campus, including programs offered there as part of its self evaluation and to have developed strategies for dealing with any recommendations for improvement or problems that were identified.

If a campus is established in another country, it is required to comply with any regulations established in the country where it is located. This may lead to some variations in specific processes followed. However, the standards specified by the NCAAA must still be met at that campus, except where specifically in conflict with local regulations. Where such conflicts exist, alternative mechanisms must be in place to ensure equivalent standards are maintained.

In all cases the academic awards carry the title of the university and their quality directly affects the university's reputation. Consequently, the standard of learning outcome performance for students must be equivalent to the standards of learning expected for similar programs at the parent university and there must be appropriate mechanisms in place to ensure that this is the case.

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1.7.7 Distance Education Programs

Distance education programs offer an alternative mode of flexible delivery. In addition, many institutions offer students the opportunity to take part of a program in this mode in combination with conventional face-to-face delivery while attending an institution's main campus.

A program offered under the same title through distance education processes and through face-to-face delivery is assumed to be the same program and program accreditation processes will require that the learning outcomes and standards of student achievement are the same. Programs offered through distance education must be approved by the senior academic committees within the institution in the same way as those offered face-to-face, and the approval and subsequent monitoring and quality assurance processes must ensure that this is the case.

There are important differences in the ways these kinds of programs are delivered, in facilities provided and in arrangements for student advice and support. The particular NCAAA requirements for distance education are set out in a modified set of program standards. These standards must be met for a program delivered by distance education, and in a program delivered by a combination of face-to-face and distance education modes. An institution seeking accreditation must have in place quality assurance processes that ensure that, if distance education programs are offered, they meet the standards required for distance education programs with learning outcomes equivalent to what are developed in comparable on campus programs. In the conduct of a self study, the distance education arrangements must be evaluated against the appropriate standards with comparable data provided for both modes of instruction in the same way as is done for programs offered in different sections (male and female, or on different campuses)

The Ministry of Higher Education has published regulations for the conduct of distance education programs. Institutions that offer distance education programs must meet these regulations by the Fall Semester 2015.

In addition to meeting the Ministry of Higher Education regulations for current student admissions and full implementation of its regulations by the Fall Semester 2015, the institution must have completed the self evaluation scales for distance education programs and have a strategic plan for meeting the NCAAA standards for those programs by the Fall Semester 2015. If these conditions are not met, the distance education activities will be excluded from consideration in the accreditation judgments. If accreditation is granted, it will be for the institution excluding its distance education activities.

During this transition period:

A program offered entirely by distance education will not be considered for accreditation unless all Ministry and NCAAA requirements are met.

If a program is offered through face-to-face delivery and also separately through distance education, the on campus component of the program may be considered for accreditation, but if accreditation is granted it will apply to the on campus component only.

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If a program is offered in a way that allows some courses or other portions of the program to be taken by distance education, the NCAAA may agree to consider it for accreditation provided its distance education standards are fully met for the elements of the program that can be taken by distance education.

1.8 Institutional Self Study (SSRI, T11)

An institutional self study (see SSRI, T11) is a comprehensive review of the quality of all aspects of an institution's activities. It is a central component of the internal quality assurance system, but also serves as the primary focus of external reviews by the Commission.

For a new institution, a self study should be carried out after the graduation of the first group of students, and prior to the Commission's external review for full accreditation.

For an existing institution, a self study should be carried out as soon as possible after its quality assurance system has been put in place. The Commission's external review for full accreditation will be conducted after that.

Institutional external reviews are carried out by the Commission every seven years and an institutional self study must be undertaken in preparation for each of those reviews.

1.8.1 Managing the Institutional Self-Study Process

The following organizational arrangements are suggested, assuming the above section 1.4 is complete. A plan for an institutional self study should be prepared by the quality center, discussed and approved by the quality committee, and adopted by the appropriate decision-making mechanism within the institution. This plan should include a description in broad terms of how the self study should be carried out, staff requirements and proposed committees and working parties, and a budget covering any additional costs. This plan should be prepared well before the proposed timing of external reviews by the Commission. The Commission will allow a minimum of 9 months for an institution to prepare for a review, but an institution may wish to initiate the process earlier than this. A preparation time of at least 12 to 18 months is recommended.

Arrangements should be made with the Commission for the external institutional review.   The Commission's capacity to respond to requests for particular dates will depend on the volume of activity at the time.

An announcement should be made throughout the institution, normally by the Rector or Dean, informing faculty and other stakeholders about the self study and anticipated external review; including information about opportunities to provide input. A number of sub-committees should be established to carry out the detailed analysis and planning required. Each should be chaired by a senior person knowledgeable about the area for consideration and about quality assurance processes. In order to provide some independence in evaluations, it is generally considered preferable that a major self study chair of the sub-committee not be the person with administrative responsibility for the function concerned.

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The number and range of responsibilities of the sub-committees and working parties may vary according to requirements and priorities of the institution, but they would normally include a small steering committee drawn from among the members of the quality committee. Each sub-committee should consider one or more of the sections in the *Standards for Quality Assurance and Accreditation of Higher Education Institutions* and the *Self Evaluation Scales for Higher Education Institutions*.

The steering committee, with the assistance of the quality center, should prepare specifications or terms of reference for the work to be done by the sub-committees, including timelines, formats and templates for the provision of information and reports, guidance on procedures to be followed, and timelines for completion of major tasks.

A full briefing should be provided for the people involved on the various responsibilities and a series of meetings scheduled for the chairs of the committees to review progress and discuss and resolve issues that may arise.

The process of review should include consideration of performance in relation to major policy objectives and completion of the rating scales in the *Self Evaluation Scales for Higher Education Institutions*. Information from surveys, focus group consultations, and examination of indicators and benchmarks should be considered. For a self study, it is particularly important to use independent or external evaluators to provide advice and to draw comparisons with other comparable institutions in order to verify conclusions about this evidence. The processes of doing this should be documented and include an independent report.

As the committees undertake their tasks, assistance should be provided as required by the quality center. For example, the center may help in finding appropriate persons external to the institution to provide independent comment on interpretations of evidence and conclusions drawn from it.
The reports from the various subcommittees should be brought together and reviewed by the coordinating committee with the assistance of the quality center. The information provided should be incorporated into an overall report that includes a description of the processes followed, a summary of independent external advice received and the institutions response to that advice, and recommendations for change and improvement. The quality committee should review the draft report for consistency and appropriateness in responding to information obtained and provides comments on priorities for improvement from a strategic institution-wide perspective. Its conclusions should be incorporated into the self study report (see, 1.8.2, T11 SSRI).

1.8.2 Matters for Inclusion in an Institutional Self-Study Report

(See template for institutional Self-Study Report, T11 SSRI)

The NCAAA templates are specifically designed to user friendly and to facilitate the descriptive requirements provided in the Guidebook. In this way the templates are prescriptive. They are also flexible in order to allow for descriptions, evidence, and analysis to be inserted. For example, compelling evidence could include statistical tables that summarize data and additional KPI tables to demonstrate scientific analysis of KPIs and benchmarking. NCAAA KPI tables are embedded in the Self Study Report (SSR) for both institutional and programmatic accreditation; located

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specifically at a given standard or sub-standard to indicate where a KPI is required. The KPI should align directly with the given standard or sub-standard.

Please note that it is extremely important to provide statistical data and hard evidence to support conclusions wherever possible, such as KPI tables and statistical summaries. Opinion statements and judgments about quality based on the starring system are useful, but of relatively little value in an accreditation assessment unless backed up by solid evidence and analysis.

Institutional Profile (see templates T11 and T2.I Profile I)

Mission, Goals and Objectives

The mission goals and strategic quality improvement objectives established by the institution are included with sections for performance on indicators and benchmarks selected to evaluate performance.

Special Focus in the Review

A statement of any particular aspects of the institution's operations to which the institution wishes to give particular attention during the self-study. These may reflect changes in the institutional or environmental context, development priorities at the institution, responses to internal quality assessments, government policies, or other matters.

Self-Study Process

Summary description (inserting flow charts and diagrams) of the structure and organization of the self study process

Institutional Performance Evaluation

Discussion of performance is included in relation to the institution's major strategic quality objectives, considering results as shown by indicators and benchmarks, and implications of those results for future planning.

Reports should be prepared on performance in relation to each of the eleven specified standards:

1. Mission and Objectives.
2. Governance and Administration
3. Management of Quality Assurance and Improvement
4. Learning and Teaching
5. Student Administration and Support Services
6. Learning Resources
7. Facilities and Equipment
8. Financial Planning and Management
9. Employment Processes
10. Research

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11. Institutional Relationships with the Community

Information on institutional performance and specific performance in relation to the standards should be supported by detailed information and compelling evidence, including additional KPIs tables (a NCAAA KPI Table template may be copied and applied throughout the SSRI).

The introductory section of the SSR on each standard ought to include any background information the steering committee believes should be drawn to the attention of an external review team. This should include a brief description of processes followed in relation to that standard and how the quality of performance was assessed; including evidence considered to document the standard is met. It might also include recent changes in arrangements or new strategies being introduced.
The reports on the standards should be considered as research reports on the quality of the institution and presented in a way that is comparable to other scientific research reports. For each standard there should be a brief statement on the processes followed for investigation and preparation of the report.

The most recently completed rating scales from the *Self Evaluation Scales for Higher Education Institutions* (not more than two years old) must be made available to the external review team.
Self study analysis is provided by identifying particular strengths and recommendations for improvement that are included in the SSR and should be noted with evidence cited in tables or other appropriate forms of presentation. Key performance indicators and benchmarks should be referred to wherever appropriate and reference should be made to other documents where more detailed information could be obtained.

For functions that are fully or partly decentralized and administered by units in different parts of the institution, consideration should be given to the overall level of performance, and also to variations in quality of performance in different parts of the institution. High levels of performance (verified by evidence) should be acknowledged, and problem areas should be identified. Where recommendations to solve problems are found these should be considered as opportunities for improvement and the SSR should indicate what is planned to deal with them. Trends and trend analysis in quality of performance should be noted and improvements in response to remedial action acknowledged.

Independent Evaluation

Summary of views of independent external evaluator(s)

This might be an overview of the views presented by evaluators to the sections of the evaluation above, comments by an external evaluator on the report as a whole, or a combination of these approaches.

Conclusion and Action Plan

- An overall summary of the results of the self study, noting areas of high achievement and areas of concern, which require attention, are listed.

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- A list is given, with a brief description of actions that are recommended at the level of the institution as a whole, in parts of the institution where recommendations for improvement have been identified, or where strategic priorities have been established for improvements. Matters that are regarded as the highest strategic priorities should be identified.

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CHAPTER 2 – Program Planning and Reporting

The recommendations made in this chapter are for use by institutions in their own internal quality assurance processes for educational programs. However, they also support the preparation for external reviews for the purposes of program accreditation and re-accreditation. Processes for quality assurance for administrative units and for whole of institutional evaluations are described in Chapter 3.

Criteria for Evaluation of Programs

The most important criterion for program evaluation is the learning achieved by students; student academic performance. Evaluations focus particularly on the quality and appropriateness of that learning, processes to verify standards of achievement, and the infrastructure and services provided to support and improve its quality. The most direct measure of students learning is the testing and assignments that they undertake. However, results on these have little meaning unless there are processes to verify:

- that the intended learning outcomes include what is necessary for a program in that field of study,
- that standards achieved are appropriate for the level of qualification to be granted, and,
- that standards for assessments by instructors are consistently and rigorously applied and comparable to those at other good quality institutions.

There are several sources of guidance on what should be included in programs in various fields of study. These include a *National Qualifications Framework* (NQF) that identifies broad domains of learning that should be developed in all programs, the requirements for program accreditation by specialist accrediting organizations in most professional fields, consideration of what is included in similar programs elsewhere, and an analysis of any particular requirements for professional practice in the environment for which students are being prepared. In addition, recent research and developments in the field concerned should be monitored on a continuing basis, and appropriate modifications made in programs to reflect these developments.

To assist institutions in specifying learning outcomes for programs, the NCAAA has, with the assistance of leading international experts and substantial consultation within KSA, prepared suggested learning outcomes for undergraduate programs in seven fields—Business Studies, Engineering, Teacher Education, Dentistry, Medicine, Pharmacy, and Nursing.

There are also a number of sources of guidance (and evidence) about the performance standards that are expected of students and it is important that these be used. The NQF gives descriptions of performance standards expected for different levels of qualifications. These are necessarily expressed in general terms. Other mechanisms are needed in applying those general descriptions and checking student performance standards in relation to appropriate quality indicators with analysis based on internal and external benchmarks.

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Mechanisms to verify standards of student learning achievement can include standardized tests in some areas of learning, but for many learning outcomes informed judgments must be made and it is necessary to take action to ensure those judgments are appropriate and consistent.

Direct and indirect verification methods are necessary to provide evidence for judgments. Commonly used practices include stakeholder opinion surveys as an indirect assessment method. Direct assessment methods available to measure student learning outcomes include locally developed exams that specifically track learning outcomes to student performance demonstrated by answers to specific exam questions, portfolios with rubrics, and capstone projects with rubrics.

It is sometimes suggested that, as an aspect of academic freedom, individual instructors should have the flexibility to vary the detailed content of courses and make their own judgments about standards for assessment. This is not correct. Some flexibility is desirable to meet varying needs of different groups of students. The institution must have effective mechanisms for ensuring that course expectations are met and that standards of student achievement are consistent and appropriate.

The program standard for learning and teaching specified by the Commission includes ten sub-standards and a number of specific practices relating to student learning outcomes, program planning and review, and student assessments. Satisfaction of these requirements is necessary for program accreditation.

There are also a number of other expectations relating to processes for improving the quality of learning and teaching, supporting services and facilities, and administrative and planning arrangements that are in the *Standards for Quality Assurance and Accreditation of Higher Education Programs*, and the *Self Evaluation Scales for Higher Education Programs*. Judgments for accreditation pay particular attention to the appropriateness and standards of students learning outcomes, but all of the specified standards must be met.

Integrated Planning for Educational Programs

An educational program should be considered as a coordinated package of learning experiences within which all the components contribute to the learning expected of students. It is not simply a collection of separate courses taught in relative isolation from each other. Each course should complement and reinforce what is taught in others, and this applies not only to the substantive content of the courses, but also to development and refinement of communication skills, interpersonal skills, capacity for leadership and so on. This means that each course must be planned as part of the total program package and delivered as proposed.

The planning must also provide for flexibility to take advantage of special skills of particular instructors, the experience and needs of different students, and to respond to changing circumstances. Consequently, there must be mechanisms and documents or templates used to monitor what happens when courses are taught, and if necessary, to make adjustments to ensure that the overall objectives of the program as a whole are met.

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2.1 Program Planning and Review Cycle

Details of what should be included in various specifications and reports are set out in Section 2.2 below. They are based on the following arrangements for quality planning and review applied to educational programs:

For each program a program specifications template (see ATTACHMENT 3. Program Specifications, T4) is prepared setting out the plans for development of the program. This specification, once prepared, is followed on a continuing basis, though it may be adjusted from time to time as a result of experience or changing circumstances.

Similar plans are developed for each course (see ATTACHMENT 5. Course Specifications, T6), so those who are to teach the course are clear about what is to be learned, what its contributions are to the overall program, and how its effectiveness should be assessed. The course specifications also apply on a continuing basis, subject to changes required as a result of experience. In programs with field experience components, such as an internship or cooperative program, field experience specifications (see ATTACHMENT 7. Field Experience Specifications, T8) are prepared in order to set out intended learning outcomes, planning and organizational arrangements, and processes for evaluation.

At the end of each year (or each time the course is taught) course reports (see ATTACHMENT 6. Course Report, T5) are prepared by the instructor for each course indicating what happened as it was taught and providing a summary of student results. These reports should be given to the program coordinator.

When the course reports are received, the program coordinator prepares an annual program report (see ATTACHMENT 4. Annual Program Report, T3) in order to record key information about the delivery of the program in the year concerned and noting any adjustments in the specifications that are needed.

If for any reason important components of the course could not be completed or there were any other unanticipated developments, details should be made known to the program coordinator so any necessary adjustments can be made in later courses to compensate. It is also possible that modifications may need to be made in the course for other reasons, and the program coordinator should be in a position to consider any suggestions of this sort, taking account of their impact on the overall program.

Any modifications in the program or the courses taught within it should be noted in the program and course specifications, with the reasons for the changes recorded.

The following diagram illustrates this planning and review sequence

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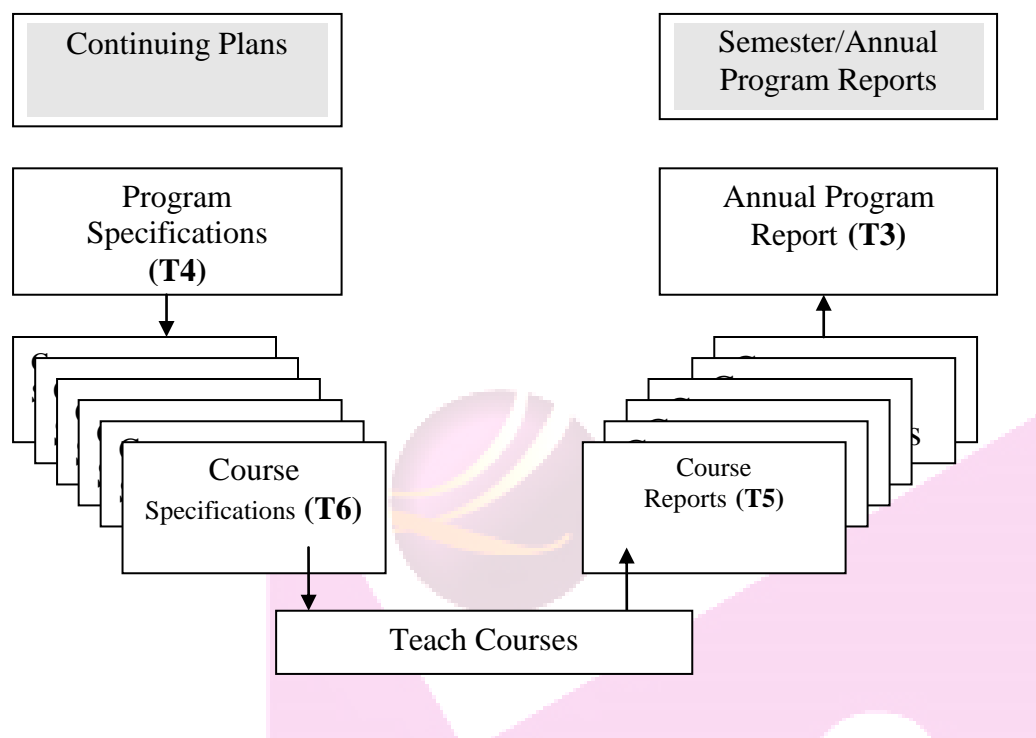
These documents, together with any other relevant material, such as course or program evaluations or information about other matters affecting the program, should be retained in course portfolios and a program portfolio.

In addition to this annual cycle, self studies of a program should be undertaken on a seven year cycle to coincide with requirements for re-accreditation by the Commission. These self studies involve stepping back from ongoing operations and reviewing all aspects of the program in the light of developments over a period of time and possible changes in the environment for which students are being prepared. Details of requirements for these self studies are included in Section 2.12 below.

2.2 Program and Course Specifications and Reports

2.2.1 Program Specifications (see, ATTACHMENT 3. T4)

The primary purpose of the program specification is to support the planning, monitoring, and improvement of the program by those responsible for its delivery. It includes information to demonstrate that the program meets the accreditation requirements in addition to guiding those teaching in the program.

Matters included in the program specifications are set out in detail in template T4. The specifications include general descriptive information about the program with emphasis on learning outcomes expected of students and the approach to teaching and student assessment strategies to develop those learning outcomes in different NQF domains of learning. The emphasis is on the program being an integrated package of learning experiences provided through the courses taught.

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The program specifications include plans for ongoing evaluation of its effectiveness and planning processes for improvement.

2.2.2 Course Specifications (see, ATTACHMENT 5. T6)

Individual course specifications must be prepared for each course in a program, and kept on file with the program specifications. The purpose is to make clear the details of planning for the course as part of the package of arrangements to achieve the intended learning outcomes of the program as a whole. Consequently, course specifications include the knowledge and skills to be developed in keeping with the NQF and the overall learning outcomes of the program, the strategies for teaching and assessment in sufficient detail to guide individual instructors. Course learning outcomes, teaching strategies, and teaching methods are to be in alignment.

The structure of course specifications is similar to that for a program as a whole.

2.2.3 Field Experience Specifications (see, ATTACHMENT 7. T8)

In many professional programs a field experience activity (which may be called a practicum, a cooperative program, an internship or another title) is one of the most valuable components of a program. Although normally offered off campus in an industry or professional setting and supervised at least in part by persons outside the institution, it should be considered as the equivalent of a course and planned and evaluated with considerable care.

A separate field experience specification (see, T8) should be provided to indicate as clearly as possible what is intended for students to learn and what should be done to ensure that learning takes place. This involves careful preparation of the students and planning in cooperation with the agencies where the field experience will occur. It must also involve some follow up activities with students to consolidate what has been learned and generalize that to other situations they are likely to face in the future.

2.2.4 Course Reports (see, ATTACHMENT 6. T5)

At the conclusion of each semester or year in which a course is taught the instructor should prepare a summary course report (see, T5) for the program coordinator. This should be attached to a copy of the course specifications, included in a subject file or portfolio, and used for consideration in the review of the program.

2.2.5 Field Experience Reports (see, ATTACHMENT 8. T7)

Field experience reports (see, T7) should be prepared each year to document what happened, how effective the program has been, and to review the results and make plans for any future adjustments to improve it. The main elements of the report are similar to those for regular courses though necessarily different in some respects because of the nature of the activity.

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2.2.6 Annual Program Reports (see, ATTAHCMENT 4. T3)

An annual program report (see, T3) is to be prepared at the end of each year after consideration of course reports and other information about the delivery of the program. The annual program report would normally be prepared by a program coordinator/director, reviewed by a program committee, and kept on file with the program specifications as an ongoing record of the development of the program.

The action plan section in the annual program report identifies particular priorities for development, and matters of concern that should be closely monitored on a continuing basis. Matters selected for continuing monitoring should be included with the annual program report.

The annual program report on quality in the program should be based on evidence. Evidence in the report includes a specific section for programs to provide direct assessments of program level, student learning outcomes. It is suggested that programs directly assess 1 to 3 student learning outcomes every year in a five-year cycle, such that over this period, all program level learning outcomes are directly assessed.

Procedures should be in place to ensure that course and program reports are completed as soon as possible so that any necessary responses can be implemented without undue delay.

Copies of the annual program report should be provided to the head of the college or department responsible for the program and to the institution's central quality center.

To enable senior institutional administrators responsible for academic affairs, the senior curriculum committee, and the quality committee to monitor quality of programs, information should be provided each year on key performance indicators applicable to all programs. A lot of this statistical information will automatically be available when institutions and programs annually update their *Profile* data (see, templates T2.I and T2.P) on the Commission interactive website. These multi-level KPIs should include those required by the Commission, together with any others identified by the institution to monitor performance or the progress on initiatives.

2.2.7 Initial Development of Program and Course Specifications

The logical sequence in developing a program and course specification and a set of courses and field experience activities, is to begin with a program mission and broad objectives. Examples of programs and courses offered elsewhere, and any special requirements and priorities for this particular program, should follow and then begin with a program specifications template.

A second task is to distribute responsibility for parts of that overall task to individual courses. This second task involves specifying the program level student learning outcomes to be included or assigned to different courses (via mapping of program learning outcomes to specific courses as course level learning outcomes), and also assigning responsibility for developing the more generic abilities. For example, generic abilities include communication skills and use of IT, independent study skills, and capacity to work effectively in groups and exercise leadership. Certain courses may be given the responsibility for initial development of these abilities, but they must be

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reinforced and progressively strengthened (known as scope and sequence) in other courses throughout a program. Program level student learning outcomes must be mapped in a matrix with specifically qualification leveled courses to demonstrate appropriate distribution.

This work should be done by a small program planning committee, and then discussed and agreed in a broader meeting with staff teaching in the program.

The program planning committee prepares the draft program specifications using the template provided by the Commission. Information in the sections of the template should be sufficiently detailed to communicate clearly with all members of teaching staff involved with the program.

Individuals or small sub-committees of teaching staff familiar with existing courses prepare draft specifications for their courses. They must indicate clearly any prerequisite learning that is necessary before students start the course, indicate how material taught could be utilized or further developed in later courses, and to make tough decisions about any content that could be omitted or new information or skills that should be included, taking into account the mission and learning outcomes specified in (i) above.

The program planning committee then reviews the suggested course specifications, making adjustments where necessary and assigning major responsibility for the development as needed (i.e., utilizing web based reference material, group processes, or use of IT for analysis and reporting). The course planning or mapping matrix summarizing program level student learning outcome distributions should be analyzed and attached to the program specification. Teaching staff that have been responsible for courses should be consulted about the distributions and amended course plans and assignments of responsibility. The final drafts discussed in a broader meeting of teaching staff and the program and course specifications must be formally approved by the relevant decision-making body.

One of the problems faced by program planners is that the amount of relevant knowledge in almost any field of study is continually increasing. Faculty members with expert knowledge in their specialized teaching field are likely to be aware of this and continually introduce new information. When this tendency is combined with demands to broaden approaches to teaching to include group processes, independent learning skills, open ended problem solving and communication skills, the expectations for students can become unrealistic, and some tough decisions have to be made about what is essential learning and what can be left out. There must be a strong mechanism for final decision- making to ensure that essential knowledge and skills are included, that total expectations for student learning are realistic and appropriate for the level of qualification concerned, and that students have the capacity, and the commitment to continue learning to keep up to date with developments in their field.

2.3 Initial Program Evaluation Using the Self Evaluation Scales (see D2.P)

It is important at an early stage in the implementation of program quality assurance arrangements to carry out an evaluation of the quality of the program using the rating scales provided in the *Self Evaluation Scales for Higher Education Programs*. An evaluation carried out in this way should reveal strengths and recommendations for improvement and draw attention to any important

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matters that may have been overlooked. Following that assessment, priorities should be determined and action plans developed for improvements where needed. This information should be kept on file in the program portfolio, and progress in implementation of plans for improvement relating to these matters monitored on an annual basis.

An initial program evaluation might be carried out as part of a broader institutional assessment, in which case the institution's quality center or quality committee may have developed some procedures or templates for presentation of results. Subject to any such requirements the following arrangements are suggested. They follow the same general steps as an institutional self evaluation, but on a smaller scale.

Form a small committee to plan for the evaluation. Depending on the numbers involved and the size of the program, this committee might function as a planning and steering committee with sub-committees carrying out detailed work, or might serve as a working party and undertake much of the work itself. If the program is offered in both male and female sections, there should be adequate participation from both sections. Inclusion of some students on relevant sub-committees is encouraged.

Make a general announcement about the evaluation to teaching and other staff, and to students, indicating why it is being done, explaining the procedures to be followed, and inviting participation. If there are other stakeholders they should be informed and invited to contribute.

Preliminary consideration should be given to the self evaluation scales for each of the standards to determine what evidence is available or could be obtained to support quality judgments. For some items the planning group will know whether a practice is followed or not, and will have an informed opinion about how well this is done. In other cases evidence may not be currently available, but could be obtained by examination of documents from student, or other records available, or through surveys or interviews with individuals or groups. There may also be cases where evidence is not available, and cannot be provided at the time to assist in the initial self evaluation.

The committee or sub-committees complete the self evaluation scales by drawing on the evidence that is available or that can be obtained. An important initial step should be to determine about what kind of evidence would be appropriate for each individual item. If evidence is not available, a plan to establish the required evidence should be initiated.

Evidence should include statistical data based on completed evaluation scales and informed opinion surveys by students, graduates, teaching staff or employers, or by people independent of those supplying a service. Evaluations require comparative analysis and judgments which could be based on comparisons with past performance, results in other parts of the institution or other good quality institutions that are similar. Scales must include and be completed for both male and female sections where relevant, using the same processes for collecting information. Where evidence on matters judged to be important is not available, this should be noted and consideration given to how evidence could be provided in future.

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The committee reviews the responses, noting any differences between sections, and either develops recommended priorities for improvement or further development, or reviews the recommendations of sub-committees to propose overall priorities.

The results of the self evaluation, including completed self evaluation scales and suggested priorities for improvement or development could then be the subject of a general meeting of teaching staff, during which opinions could be expressed about the evaluations and the recommendations.

Any recommendations arising from this process should be included in a (strategic) quality improvement plan for the program and should be considered by the appropriate administrators and committees within the department or institution.

These suggestions have been made for a department responsible for the administration of a program. They can be modified as appropriate for differing circumstances.

For example, if the process is followed for a college with a number of departments offering different programs, a steering committee could be established at the level of the college, with membership drawn from each of the departments. Detailed evaluations would then be carried out at department level, and an overview of the programs developed for the college using a procedure similar to that described in Section 1.6.3 in Chapter 1. In a college of education or a college of medicine, there may be a number of departments contributing courses to a single program. A similar process should be followed using a steering committee and sub-committee considering the quality of what is done in each department.

2.4 Quality Improvement Planning for a Program or Department

A quality improvement plan for a program or department should include both actions required to deal with problems found in an initial self evaluation (or to build on strengths) and any action needed to meet the requirements for accreditation of programs.

The exact requirements vary for different programs, but they will always include:

A program specifications report (see, T4) and course specifications reports (see, T6) for all courses, and a field experience specifications report (see, T8), if applicable, then too, preparation of course reports (see, T5) and annual program reports (see, T3).

The processes required for the standard for learning and teaching including those relating to consistency with the NQF, and relevant specialized accreditation requirements, mechanisms for verifying standards of student achievement and improving quality of teaching. Indirect student surveys and other direct forms of program evaluation are required and information must be provided on the Commission's Key Performance Indicators (see, D4).

The program should satisfy all of the Commission standards, specified for higher education programs and the major sub-standards of those standards. A high rating is not required on every single item within each sub-standard. Any recommendations for improvement should be identified and appropriate action should be being taken to deal with them.

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2.5 Verifying Consistency with the National Qualifications Framework

One of the requirements for accreditation of a program is that it is consistent with the NQF. It is important to ensure that a program is consistent with the qualifications framework for accreditation and it is necessary to provide direct evidence that the learning outcomes actually are achieved by students within the requirements of the framework.

Direct and indirect verification methods are necessary to provide evidence for judgments about program level student learning outcomes. Commonly used practices include stakeholder opinion surveys as an indirect assessment method. Direct assessment methods available to measure student learning outcomes include KPIs, benchmarking, and analysis with rubrics, locally developed exams that specifically track learning outcomes to student performance demonstrated by answers to specific exam questions, portfolios, and capstone projects.

Particular NQF requirements include:

- Use of qualification titles that clearly and consistently describe the education sector, the qualification level, and the field of study or specialization
- The minimum number of credit hours required for each qualification
- Appropriately specified learning outcomes in each of the domains of learning
- Direct and indirect evidence that required standards of learning outcomes for the qualification level concerned are achieved in each of those domains (see above section 2.5)

The following notes describe what must be done to meet NQF requirements for accreditation. Any program that does not fully satisfy these requirements will not be accredited.

Requirement 1. The title of the qualification must comply with the NQF.

Particular attention is drawn to the need to use the correct term for the qualification level concerned and the requirements for citing a field of study specialization. A technical training program should include the term "technical" and a higher education program should not. A qualification with the title Master or Doctor must meet all the requirements for such a title regardless of any differing practice in another country.

Requirement 2. The number of credit hours required for the qualification must be at least as specified in the framework.

When considering credit hours included in a program several important considerations should be kept in mind.

- The credit hours in a program must be in addition to any foundation or preparatory studies

- The Commission will recognize a maximum of 18 credit hours within a semester of full time study or work.

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The credit hour formula is based on a numbering system in which a full time student load is 15 to 18 credit hours in a semester and 120 to 138 credit hours in a four year degree. The credit hour formula is used as a surrogate for estimates of the amount of learning achieved. If a program has a high number of contact hours this formula can result in an unrealistically high number, which does not accurately represent the amount of learning that can reasonably be expected.

Requirement 3. The program objectives should develop learning outcomes in all of the required domains of learning. (Note that the domain of psychomotor skills is required for some but not all programs) To provide evidence that this is done:

- Learning objectives specified for the program should include outcomes in all of the domains.
- Responsibility for achieving these learning outcomes should be distributed appropriately across the courses within the program, demonstrated with a mapping matrix, and are included in course level learning outcomes which are aligned for direct assessment..
- Program and course specifications should include methods of teaching and student activities that are appropriate for the learning outcomes in each of the domains.
- Tests, examinations and other required assessment tasks should include appropriate forms of direct assessment of learning in each of the domains.
- Program evaluations, including student, graduate, employer surveys and/or other mechanisms should include attention to learning outcomes in each of the domains.

Requirement 4. The standards achieved in each of the domains must be consistent with the descriptions of characteristics of graduates and the descriptions of learning outcomes for the qualification level concerned.

Some learning outcomes can be assessed in tests and examinations or other assessment tasks within the program and others relate to characteristics of graduates after they have left the institution. A further complication is that some standards and learning outcomes are expressed in qualitative terms that require levels of judgment about standards achieved. Consequently, much of the evidence should utilize rubrics with KPIs to establish consistency with standards of achievement or they must rely on indirect measures and informed professional judgments. To satisfy requirements for accreditation, the sources of evidence should be included in program evaluations.

2.6 Using Programs Developed by another Organization

Arrangements are sometimes made for the development of programs by another organization. This could be done as a special task by a consulting organization or by another higher education institution, and may be part of an ongoing arrangement to provide assistance in program development and quality assurance. Arrangements of this sort can be helpful for an institution opening a new college or developing a program in a new field of study. There are a number of things that must be considered if the arrangement is to work effectively and meet local requirements.

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Development of a program by another organization does not remove responsibility for quality from the Saudi Arabian institution. In considering a program for accreditation, the Commission will regard the materials and advice provided as one source of external advice on the design of the program. However, the institution delivering the program and issuing the qualification is ultimately responsible for that design as well for all the resources and services associated with the teaching of the program.

All requirements for accreditation of the program in Saudi Arabia must be met, regardless of the standing or reputation of the organization that develops the program. Adopting a program that has been accredited elsewhere does not remove any of these requirements.

The requirements in Saudi Arabia include: consistency with the *National Qualifications Framework*, the standards for learning and teaching and other standards required by the Commission, presentation of the program and course designs in the format required for program and course specifications, and adaptation of any material developed elsewhere to meet any special needs in Saudi Arabia for a program of its type. An institution seeking help from another organization in developing programs is advised to provide details of all Saudi Arabian requirements to that other organization at an early stage in the development process.

2.7 Programs Offered in Different Locations

A program offered under the same title in different locations is the same program and is considered as a single program in any review for accreditation. This applies to sections for male and female students, to an institution's main campus and other branches, remote or distant campuses, including campuses in other countries. In conducting a self study in preparation for an accreditation review, quality data must be collected using the same processes in all locations. The information provided by the campus and by the program should be kept separate and aggregated for the program as a whole. Delivery arrangements may vary according to differing circumstances in different locations, but the overall standards for accreditation must be met in each location. Where areas for improvement are found, appropriate strategies must have been developed for remedying them.

While these requirements are generally applicable, there are several special circumstances that will be taken into account.

If an institutional merger has taken place within the two years prior to a review for accreditation, and an existing program on a newly acquired campus is in the process of modification to comply with the program specifications for the institution it has joined, then the program at the merging campus will be excluded from the review. However, the self evaluation scales must have been completed at the merging campus and there must be an appropriate strategic plan for any changes needed. If accreditation is granted, the program at the merging campus will be excluded. When the strategic plan has been implemented, a supplementary review may be conducted at the merging campus, and if accreditation standards are met, the accreditation may be extended to include the program at that location.

For accreditation of a program, the first group of students must have graduated, and the accreditation judgment will take into account the skills developed by the graduates. However, a

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situation may arise where a program from which students have graduated in one location is being introduced at another location, and thus, there are no graduates from that section or campus. In these circumstances the quality of the program at the locations where it is being introduced will be assessed using processes for a developmental review. This process considers the adequacy of plans for the program, and an evaluation of what has been done by the time of the review. Full accreditation may be granted for the sections of the program where students have graduated and for the locations where it is still being introduced. After the first students have graduated from that location, the NCAAA may conduct a supplementary assessment.

If a program is offered in another country, it will be expected to comply with the regulations that are in place in that location. This may necessitate some variations from the standards and processes required for accreditation in the Kingdom of Saudi Arabia. In this situation, the program can still be accredited in Saudi Arabia by the NCAAA, provided any conflicting regulations or requirements are clearly specified, that all NCAAA standards other than those that are in conflict are met, and that where conflicts exist quality assurance arrangements that are equivalent to those of the NCAAA are in place. The program must demonstrate directly that at least equivalent standards of learning outcomes are achieved.

2.8 Programs Offered in Community Colleges

A number of institutions have established community colleges with programs that may be either technical or higher education in nature. There are important differences in the nature of these different types of program and any program at a community college must be clearly and specifically identified as one or the other.

If a community college offers a technical training program, it will be assessed by the NCAAA according the standards it has defined for technical and vocational training programs. If the college offers a higher education program, that program will be evaluated according to the standards of higher education programs. This means that program and course specifications and reports and other requirements for higher education programs must be prepared.

Higher education programs offered by community education colleges normally lead to a diploma or associate degree as a qualification for employment or for admission with advanced standing to a degree program at a university or other higher education program. Both these objectives can be met, but they require different forms of evidence of quality. If an important objective is to prepare students for employment, the program must be able to demonstrate that it has consulted fully with employers in that field about the employment skills required, that its graduates have developed those skills to a satisfactory level, and that employers are satisfied with the result.

If an important objective is to prepare students for admission with advanced standing to other higher education programs, it must be possible to demonstrate that a significant proportion of graduates are admitted to those programs and that they have the knowledge and skills to proceed successfully to further study. This does not mean that such programs should duplicate exactly the first two years of study for a four year degree at a university. There should be sufficient grounding in core courses to provide a sound basis for further studies at a more advanced level.

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2.9 Preparatory or Foundation Year Programs

Many institutions have introduced preparatory or foundation year programs to ensure that students have the knowledge and skills to succeed in their higher education studies. These precede and are not part of a higher education program. The higher education program that follows must meet all the credit hour requirements for a program in that field, excluding any credits that may have been granted during the preparation or foundation program.

An important item in the standards for higher education programs is entry standards that ensure that students beginning a program have the necessary knowledge and skill to succeed in that program. Preparatory or foundation programs can help in meeting this requirement. However, time spent in such a program does not guarantee that those skills have been developed and progress into a degree program should not be automatic. Appropriate standards, for example in standardized English language tests or in mathematics, as required for different higher education programs, should be set, and admission to the higher education programs at the higher education institution should be conditional on those standards being met.

These requirements should not be common for all programs. For example, if a higher education program is to be taught in English, a higher standard of English should be set. If a program in engineering or science requires skills in mathematics, a higher standard could be required for entry to those programs than for one in humanities where the requirements for mathematical skills may not be as high.

2.10 Distance Education Programs

Programs offered through both on campus, face-to-face delivery and through distance education, which carry the same title, are considered as the same program. For such a program to be accredited, the learning outcomes for the programs and students standards of achievement must be equal.

The approach to a program self study for a program offered by distance education and by face-to-face delivery should be comparable to that for a program offered in different sections or locations. Evaluations should be carried out for both modes of delivery with any significant differences in the extent to which standards are met made clear in a combined report.

General academic accreditation standards for higher education programs, and a set of self evaluation scales based on those standards have been defined by the NCAAA. There are also separate documents that show the same general standards and self evaluation scales with additional items dealing with particular requirements for distance education programs. For a program offered only by distance education, the distance education documents should be used. For a program offered through both modes, both sets of documents should be used.

Reference is made elsewhere in this Handbook to program and course specifications and reports that show detailed plans for teaching and reports on the effectiveness with which those plans have been implemented. If a program is offered through both distance education and face-to-face delivery the strategies for teaching and processes for evaluation will be different.

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It was noted in Chapter 1 of this Handbook that the Ministry of Higher Education has introduced regulations for the delivery of distance education programs. All distance education programs must follow these regulations in order to earn NCAAA accreditation.

- A program offered entirely by distance education will not be considered for accreditation unless all the Ministry and NCAAA requirements are met.

- If a program is offered through face-to-face delivery and also separately through distance education, the on campus component of the program may be considered for accreditation, but if accreditation is granted it will apply to the on campus component only.

- If a program is offered in a way that allows some courses or other portions of the program to be taken by distance education, the NCAAA may agree to consider it for accreditation provided its distance education standards are fully met for the elements of the program that can be taken by distance education.

2. 11 Changes in Accredited Programs

It is expected that adjustments or improvements will be required in programs and courses from time to time in response to changing circumstances and results of course and program evaluations. If there is a major change to an accredited program it could affect the program's accreditation status and any such change should be notified to the Commission at least one full semester before it is introduced. Examples of major changes would be the addition or deletion of a major track within a program, the addition or deletion of a core course or a change in title that implied a new or different field of study or qualification in a different profession.

2. 12 Program Self Study (see, ATTACHMENT 9. SSRP, T12)

Self study reviews of a program can be undertaken by the institution, college or department at any time, but to coincide with requirements for program re-accreditation by the Commission, one should be undertaken in the sixth year after its initial accreditation, and after that on a seven year cycle

The self study examines the program in greater depth, re-evaluating the need for it, checking on how effectively it is achieving its mission and objectives, and planning for any changes that are needed. The course and program portfolios are important resources for this self study since they should contain details of development, the reasons for development, course and program evaluations, and the ideas of those who have had responsibility for teaching and learning.

The program SSR provides the basic resource for the external review for re-accreditation of a program. Internal processes for carrying out a self study and preparing a SSR are described below, and the external review procedures for accreditation and re-accreditation are described in Part 3 of this Handbook.

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Self studies involve stepping back from day to day operations and thoroughly reviewing all aspects of a program and the extent to which it is achieving its objectives.

The audience for program SSRs is primarily the Review Panel and the institution.

A self study is a major undertaking, however if it builds on the outcomes of continuing monitoring and planning, and if subject and program portfolios have been properly maintained, most of the necessary information will already be available (See, SSRP T12).

Programmatic self study will consider inputs, processes and outcomes, and these are all incorporated in the eleven accreditation standards. The most important of these considerations, and the ultimate test of the value of a program, is what students have learned and can do as a result of participating in it. Consequently special attention should be given to student learning outcomes, including standards of student achievement and how these standards are directly measured and verified.

Each program must have its own particular learning objectives relating to the field of study and/or profession for which students are being prepared. It must also deal with the range of domains of learning set out in the *National Qualifications Framework* (NQF) at the level of performance expected for the qualification that is being obtained. Consequently, particular attention in a program self study should be given to student learning across the range and levels of learning outcomes, the appropriateness of teaching and assessment strategies for those outcomes, and the effectiveness of coordination of students learning experiences across courses in the program. These components should all be in alignment.

2.13 Managing the Program Self-Study Process

A senior member of faculty should take responsibility for leading the self study with a small group of colleagues to plan and coordinate the process. The person might be the manager/coordinator of the program. However, it is generally considered preferable that a different person take on this role to ensure greater independence in the evaluations and recommendations that are involved.

Assistance and advice in developing the structure and processes of the review should be obtained from the institution's quality center or unit, and if one has been appointed, from a quality coordinator in the college or department. A comprehensive plan for carrying out the program self study should be developed before it begins.

In planning the self study a number of issues should be considered:

- **Scope and Special Emphasis**
  There may be a number of factors influencing the scope and extent of the review. For example, there may be parallel reviews in similar programs that require coordination of evaluations of core and elective subjects, there may have been significant developments in the profession or academic field of study that require investigation to assess implications for the program, and there may have been information from evaluations or changes within the

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institution that could mean additional collections of evidence, or affect other aspects of planning. Any matters of this sort will affect the way the review process is planned and coordinated, and the time required to carry it out.

- **Time Scale**

  Adequate time should be allowed for the planning and analysis involved in the self study. Although time required may vary according to the nature of the program, the issues to be addressed, and the availability of surveys used for program evaluation, it is usually expected that a periodic program self study could take up to nine months or more to complete. A plan for carrying out a self study should include time lines for carrying out stages of the process, and allow at least some time for unanticipated developments.

- **Administrative Arrangements**

  A small steering committee should be established to help with planning and monitoring the process, and to advise on developments. If a program is offered in male and female sections, representatives of both sections should be included. As for the person leading the process, it is important that these people be respected colleagues who are familiar with quality assurance processes, have at least a reasonable understanding of the program and what it is trying to achieve, but have sufficient independence to reliably evaluate evidence and draw potentially critical conclusions. If resources are available the appointment of an independent facilitator can be extremely beneficial.

  Small working groups should be established and asked to investigate and report on particular issues (for example, quality of teaching, developments in the professional or academic field, adequacy of learning resources). Students can often provide important contributions as members of these groups, but whether they are included as members or not, mechanisms to obtain their views should be built into the process. The use of working groups helps in providing for the participation of faculty as well as contributing to completion of the task. Membership of a group of this sort should also be regarded as a useful professional development exercise providing experience in quality assurance processes and insight into the effectiveness of their own activities as providers of elements of the program. The terms of reference for their activities should be clearly defined as part of the planning process and members should be fully briefed on their role. Members of the steering committee may take on the task of chairing one or more of these working groups. It is important to retain notes of meetings and of any special investigations or interviews conducted by these groups. These should be retained in a central file for the program and be available for subsequent reference if required.

- **Use of Evidence**

  It is extremely important that analyses and conclusions are based on valid evidence rather than subjective impressions. Much of the evidence required should be available from annual subject and program reports and these should be made freely available to those in need of that data. Performance indicators selected in advance are important and should be carefully considered. However, the self study should look beyond these to other sources, and may lead to a view that the selected indicators should be changed. An important part of

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the study will be to assess the responsiveness of the program to changing circumstances and to evaluations of quality in successive years. Consequently, particular attention should be given to such things as surveys and questionnaire reports, the appropriateness of indicators and benchmarks of performance, the validity of conclusions drawn from analyses of them, the appropriateness of action plans and the extent to which they have been implemented.

It is also likely that after reviewing the available evidence some additional evidence on particular matters may be required. This may require additional data collection and analysis and interpretations of that data in drawing conclusions. It is important to obtain independent verification of such evidence wherever possible, and to cite clearly the evidence on which conclusions are based.

- **Resources**
  The amount of effort required to complete a program self study will vary according to the scope of the review and any special circumstances that may exist. However, it will necessarily involve some faculty time, and it is likely that at least some special efforts will be required to investigate and find evidence relating to issues that may emerge. In planning, it is desirable that some time allowance be given for key members of faculty who will have a major role in the analysis and preparation of reports, and that some secretarial assistance is made available. Provision should be made for assistance with any special surveys or statistical analysis that is required.

- **Communication**
  The self study process should be open and transparent, with opportunities for faculty, students and other stakeholders to participate and offer suggestions. To achieve this result, information should be provided at an early stage to all stakeholders that the self study is being undertaken and inviting input. Any inputs should be acknowledged and considered by the relevant groups involved in the task, and there should be regular communications about stages of development. On completion of the self study, information should be made available about its main conclusions.

2.13.1 Independent Evaluation

It is important to arrange for independent analysis and comment on what has been done and the conclusions that have been drawn.

If an institution chooses to use an independent quality agency or specialized accreditor for this purpose, valuable advice can be obtained as a result. If such a body is not used, it is still important to obtain independent verification of the analysis and conclusions. This can provide advice on possible gaps in the analysis, other problems that might be noticed by an independent observer, and possible alternative solutions to problems that have been identified. A person or group selected for this role should have substantial experience in quality assurance processes and knowledge of the requirements of the field of study involved, and the confidence of those involved in the review.

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The role of an independent evaluator is that of a critical partner. It is important for those responsible for the program and those conducting the self study not to be defensive, but to share issues and problems. The exercise is designed to find ways to improve the program, not to defend the status quo. It is also important for those providing comment and advice to do so in a constructive and cooperative manner. A summary of the report from an independent evaluator used in a self-study should be included in the report, and the full document made available.

Concluding Statement and Action Plan

A summary of major conclusions should be included in the SSR, indicating both successful achievements, and areas where deficiencies have been identified and need to be addressed. This summary should then be used as a basis for developing an action plan to address the most urgent and important priorities for development.

All significant problems should be clearly identified and recommendations for remedial action made, even if it may take some time for everything to be completed. On the other hand, proposed changes should be realistic, recognizing that there are limits to available resources, and that it would be unusual to find a situation where every desirable change could be made at once. Recommendations should be strategic, focusing initially on the most urgent priorities with a sequence of anticipated further actions in a continuing program of change and improvement.

2.13.2 Matters for Inclusion in a Program Self-Study Report (SSRP)

General information and *Profile* data (see, T2.P and T12) are included as part of the overall SSRP and are updated annually. Copies of the most recent version of the program specifications and two of the most recent annual program reports must be complete and submitted through the NCAAA accreditation management system, together with the program description in the form used for the bulletin or handbook. During the NCAAA Eligibility Visit these documents are reviewed.

Arrangements for the Self-Study

A description of organizational arrangements for the conduct of the self study, including establishment of a steering committee and any subcommittees that may be needed, dates and timelines, persons appointed, and processes followed. Terms of reference for working groups or committees or sub-committees should be inserted with a quality assurance flowchart.

Mission and Objectives

Mission, goals and objectives for development of the program, and indicators and benchmarks selected to provide evidence of performance are included in a SSRP table.

Program Context

Summary of any significant changes in the environment affecting the program since the program was introduced or since the last SSRP, must be provided. This should consider any important developments in research or professional practice, scientific or technological developments

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affecting the demand for graduates, the skills they need, and any other matters affecting the need for and the operations of the program. Implications for the program arising from this analysis should be indicated with a brief statement of any changes or new requirements from within the institution that have affected the program during the review period or that will affect it in the next planning period

Comment on any changes that have been made or that could be required as a result of the review of the context.

Program Developments

A description of how the program has developed over the period since the last self study, or if this is the first self study, since the program was introduced. This description should include any courses added or deleted, significant changes in objectives, approaches to teaching or student assessment, and an explanation of reasons for those changes. The role played by stakeholders, including students, graduates, and relevant professional groups in identifying need for change and responding to changes made or proposed should be indicated.

A summary of statistical information should be included on numbers of students enrolled and trends in progression, completion, and employment rates.

Program Evaluation

Description of results and actions taken to achieve goals and objectives for the development and improvement of the program are included.

Descriptive reports should be prepared on performance in relation to each of the eleven specified standards and each of the sub-standards. The template is designed for each of these sections to be complete and they are in alignment with the design used for the Review Panel Report (RPR see, T14.P).

Please note that it is extremely important to provide statistical data and hard evidence to support conclusions. Opinion statements and judgments about quality based on the starring system in the self evaluation scales are useful, but of relatively little value in an accreditation assessment unless backed up by solid evidence.

Special attention must be given to the KPI tables that are embedded throughout the Self Study Report (see, D4, NCAAA KPIs for specific instructions). KPI tables provide direct scientific evidence to support and validate that a given standard or sub-standard is met. Additional KPI table templates may be used whenever they may be of help.

The introductory section of the SSRP on each standard includes background information that should be drawn to the attention of an external review team. This might include recent changes in arrangements or new strategies being introduced within the program, or changes elsewhere in the institution that have a significant effect on the program.

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The SSRP on the standards should be considered as a scientific research report on the quality of the program and presented in a way that is comparable to other research reports. Particular strengths and recommendations for improvement should be inserted with evidence cited in tables or other appropriate fields provided for presentation. Key performance indicators and benchmarks should be referred to wherever appropriate and reference should be made to other documents where more detailed information could be obtained. Then too, trends in quality of performance should be noted and improvements in response to remedial action acknowledged.

Review of Courses

A program is made up of a number of courses, and in many cases, field experience activities. An important element in a program self study is a review of courses within it. The program SSRP should include summary information about what is done to review what happens in courses and consider any changes that might be necessary. This would normally involve consideration of course and field experience reports, data from student evaluations and consultations with graduates and employers, and developments in the field of study that might require changes in details of what is taught.

Suggestions for changes in courses based on this analysis including the addition or deletion of courses, changes in optional or required courses, and changes in course content.

2.14 Independent Evaluation

A summary of views of independent external evaluator(s), who might be colleagues from other departments or colleges familiar with this kind of program, or from other institutions, should be inserted in the SSRP. They offer important contributors to program self study. Since a number of different aspects of program development and delivery are involved, several different evaluators may be used for different issues considered.

There are sections for independent evaluation in both the Self Evaluation Scales (see, D2.P) and the Self Study Report (see, T12). Accordingly, it is expected that early in the self study an independent evaluation will take place and the finding are included in the Self Evaluation Scales. A second independent evaluation will normally take place toward of the completion of the SSRP. This process and time frame enables programs to document improvements made over the duration of self study process and to have them verified.

A full copy of the SSRPs should be available.

Conclusion and Action Plan

An overall summary of the results of the self study, noting areas of high achievement and areas of concern that require attention are located at the end of the SSRP.

Recommended action plan for achieving further improvements and overcoming problems that have been identified should be outlined. The action plan details are specified in the template.

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ATTACHMENT 1.

Suggestions for Establishing a Quality Assurance System

The following suggestions are based on ideas from experienced quality officers in higher education institutions. They are intended as practical advice for persons who have been given responsibility for leading the development of a quality assurance system.

1. Get central support and keep everyone informed.

Get support from the head of the institution (Rector, Dean). Ask for an announcement indicating how important it is for the institution to have an effective quality assurance system and that everyone is expected to be involved. The announcement could include reference to the introduction of quality assurance systems, similar to most other countries, and the importance for all nations of high quality.

Ask that the announcement include reference to a quality committee; and the establishment of a quality unit or center to help plan, coordinate, and assist.

2. Get a good team to work with.

Make sure the members of the committee are chosen carefully. Talk to the person nominated to chair the committee about how it is to be appointed. The chair will have good advice, and will want to influence who is selected and how it is done.
If the members are to be nominated by deans or heads of departments, talk to them individually first. Make sure they realize how important it is to have people who are committed to improving quality, who can give sound advice, and who can give leadership in their own department or college.

3. Do some research.

Talk with colleagues at other institutions. What are they doing? How did they start? Don't necessarily follow what they did; your situation may be different. But get their ideas, collect their materials and think about what would work at your institution.

Look at some websites to see the many examples of guidelines and procedures for academic quality assurance. Do not copy what may have been developed for a different situation; rather choose ideas that may work and build your own stystem. Study the NCAAA guidelines and templates. Pilot some of templates.

4. Evaluate the current situation.

Think carefully about the current state of affairs in quality assurance within the institution. Get whatever evidence that is available about the situation before starting, in order to have a basis for planning and benchmarks against which to measure future performance.

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What evidence of quality is available? How reliable is it? What strengths and weaknesses are there? Are there any parts of the institution where people have been doing interesting quality assurance activities that might provide a base for development elsewhere?

Use the self evaluation scales as a preliminary guide. Keep the process non-threatening and as simple as possible.

Ask some of the deans about what quality assurance things happen in their colleges. Ask them about the attitudes of faculty? Are they likely to be cooperative or will they resist? Is the organizational climate one in which faculty and staff will help each other?

5. Define goals and objectives.

Think carefully about what the institution or program wants to achieve. Base it on the mission and goals for the institution and on student-needs.

6. Develop a strategy.

Work out a strategy for development by working with the NCAAA quality assurance framework and documents. Do not try to do everything at once. Some key starting points include: establishing a data-base bank, identifying essential KPIs, designing a quality assurance plan that is integrated into the institutional strategic plan, and initiating stakeholder surveys.

Early successes will be important, so choose an area where the quality unit can try out ideas and have a good opportunity for success, and where other groups may be interested in the results.

While thinking about what may be the best place to start, think about things what might be barriers to change, and about things that might support the quality unit in introducing it? For example, barriers to change may be lack of time or money to take on new tasks or worries about possible criticism by students. Factors supporting change may be the support of the Rector and a belief on the part of faculty that improving quality is important. Make a list of these barriers and possible supporting factors and think about how barriers could be overcome or supporting factors added to or strengthened.

Meet often with the quality unit committee, get their advice, and see whether they agree with strategic ideas or have better ideas. Everyone needs to work out together the best way to proceed.

7. Try out ideas.

Try out the plan to use student surveys or other evaluation devices on the quality unit committee first. If they develop a questionnaire, try it on their own classes. How does the unit feel when they look at what the students have said? It will help to prepare the unit for how others will feel when they are asked to do the same thing, and it will help persuade them, if the unit has done it first. Talk to students directly and ask them whether the questionnaire let them say what they really thought.

8. Conduct pilots.

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Arrange a pilot development plan for the areas that are selected to start with. Use the NCAAA templates, forms, and processes for planning and evaluation from the beginning. Have the people responsible for the area selected for the pilot study do the work, but work closely with them and keep notes on what happens. The quality unit will need to learn as much as it can from that activity so they can introduce the system to others. For these pilot studies, use an external evaluator who can also work as coach. The right person will be able to give advice on how the processes could be improved, as well as commenting on the evaluations and interpretations in the pilot project. Keep the committee informed about what happens, and prepare a progress report for the Rector or Dean.

9. Extend the system.

Plan for wider implementation, building on what quality unit has learned from pilot schemes. If things go well they may expand the system semester by semester, so that more and more groups become involved, and more of the evaluating and planning processes are introduced. The quality unit will need to proceed in stages and modify plans as experience and confidence is gained in the new procedures.

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ATTACHMENT 2

D.4 NCAAA Key Performance Indicators

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The KPIs listed below are provided as guidelines for developing evidence to support that a given standard or sub-standard is met. Most KPIs can be utilized at all levels. The KPIs are organized according to standards that best align with the evidence it provides, although in some applications a KPI can be used as evidence for more than one standard. Some KPI statistical data is included in the NCAAA Profile information that is required annually for institutions and bi-annually for programs.

It is recommended that an NCAAA KPI table template be used for each KPI and inserted directly in the SSR at the point where the KPI evidence demonstrates that the standard or substandard is met. The KPI table template provides a framework for benchmarking and analysis (a NCAAA KPI table template is attached below). The NCAAA SSR templates already have some KPI table templates inserted at locations where they are required.
It is recommended that additional KPIs and templates be used throughout the SSR as documented scientific evidence.

Direct assessment of each program level intended student learning outcomes is required by NCAAA. There are several direct assessment methods available (For example: locally developed final exams, national standardized tests, student learning portfolios together with rubrics, and tracking each learning outcome to specific exam questions or capstone projects). It is recommended that programs organize direct student learning outcome assessment data by utilizing the NCAAA KPI table template for each program learning outcome. It is also recommended to augment the direct assessment of student learning outcomes with indirect methods (for example: exit, alumni, and employer surveys).

NCAAA requires that 70% of the 33 KPIs listed below be used by institutions and programs. Institutions should complete not less than 23 and program not less than 17 of the following KPIs.

NCAAA Standards	KPI Code #	Key Performance Indicator	Level
Standard 1 Mission & Objectives	**S1.1**	1. Stakeholders' awareness ratings of the Mission Statement and Objectives (Average rating on how well the mission is known to teaching staff, and undergraduate and graduate students, respectively, on a five- point scale in an annual survey).	Program College Institution
Standard 2 Governance Administration	**S2.1**	2. Stakeholder evaluation of the Policy Handbook, including administrative flow chart and job responsibilities (Average rating on the adequacy of the Policy Handbook on a five-point scale in an annual survey of teaching staff and final year students).	Program College Institution

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Standard 3 Management of Quality Assurance and Improvement	**S3.1**	3. Students' overall evaluation on the quality of their learning experiences. (Average rating of the overall quality on a five point scale in an annual survey of final year students.)	Program College Institution
	S3.2	4. Proportion of courses in which student evaluations were conducted during the year.	Program College Institution
	S3.3	5. Proportion of programs in which there was an independent verification, within the institution, of standards of student achievement during the year.	College Institution
	S3.4	6. Proportion of programs in which there was an independent verification of standards of student achievement by people (evaluators) external to the institution during the year.	College Institution
Standard 4 Learning and Teaching	**S4.1**	7. Ratio of students to teaching staff. (Based on full time equivalents)	Program College Institution Separate data for male and female sections and combined for all.
	S4.2	8. Students overall rating on the quality of their courses. (Average rating of students on a five point scale on overall evaluation of courses.)	Program College Institution Separate data for male and female sections and combined for all.
	S4.3	9. Proportion of teaching staff with verified doctoral qualifications.	Program College Institution Separate data for male and female sections and combined for all.
	S4.4	Retention Rate; 10. Percentage of students entering programs who successfully complete first year.	Program College Institution Separate data for male and female sections and combined for all.
	S4.5	Graduation Rate for Undergraduate Students: 11. Proportion of students entering undergraduate programs who complete those programs in minimum time.	Program College Institution Separate data for male and female sections and combined for all.
	S4.6	Graduation Rates for Post Graduate Students: 12. Proportion of students entering post graduate programs who complete those programs in specified time.	Program College Institution Separate data for male and female sections and combined for all.
		13. Proportion of graduates from undergraduate	Program College

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	S4.7	programs who within six months of graduation are: (a) employed (b) enrolled in further study (c) not seeking employment or further study	Institution Separate data for male and female sections and combined for all.
Standard 5 **Student** **Administration** **and Support** **Services**	**S5.1**	14. Ratio of students to administrative staff.	Institution
	S5.2	15. Proportion of total operating funds (other than accommodation and student allowances) allocated to provision of student services.	Institution
	S5.3	16. Student evaluation of academic and career counselling. (Average rating on the adequacy of academic and career counselling on a five- point scale in an annual survey of final year students.)	Program College Institution
Standard 6 **Learning** **Resources**	**S6.1**	17. Stakeholder evaluation of library and media center. (Average overall rating of the adequacy of the library & media center, including: a) Staff assistance, b) Current and up-to-date c) Copy & print facilities, d) Functionality of equipment, e) Atmosphere or climate for studying f) Availability of study sites, and g) Any other quality indicators of service on a five- point scale of an annual survey.) .	Program Institution Separate data for male and female sections and combined for all.
	S6.2	18. Number of web site publication and journal subscriptions as a proportion of the number of programs offered.	Institution College
	S.6.3	19. Stakeholder evaluation of the digital library. (Average overall rating of the adequacy of the digital library, including: a) User friendly website b) Availability of the digital databases, c) Accessibility for users, d) Library skill training and e) Any other quality indicators of service on a five- point scale of an annual survey.)	Institution College Program Separate data for male and female sections and combined for all.
Standard 7 **Facilities and** **Equipment**	**S7.1**	20. Annual expenditure on IT budget, including: a) Percentage of the total Institution, or College, or Program budget allocated for IT; b) Percentage of IT budget allocated per program for institutional or per student for programmatic; c) Percentage of IT budget allocated for software licences; d) Percentage of IT budget allocated for IT security; e) Percentage of IT budge allocated for IT maintenance.	Institution College Program

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	S7.2	21. Stakeholder evaluation of the IT services (Average overall rating of the adequacy of on a five- point scale of an annual survey).
		    a) IT availability,
		    b) Website,
		    c) e-learning services
		    d) IT Security,
		    e) Maintenance (hardware & software),
		    f) Accessibility
		    g) Support systems,
		    h) Hardware, software & up-dates, and Web-based electronic data management system or electronic resources (for example: institutional website providing resource sharing, networking & relevant information, including e-learning, interactive learning & teaching between students & faculty).
			Program
			College
			Institution
			Separate data for male and female sections and combined for all.

	S7.3	22. Stakeholder evaluation of facilities & equipment:
		    a) Classrooms,
		    b) Laboratories,
		    c) Bathrooms (cleanliness & maintenance),
		    d) Campus security,
		    e) Parking & access,
		    f) Safety (first aide, fire extinguishers & alarm systems, secure chemicals)
		    g) Access for those with disabilities or handicaps (ramps, lifts, bathroom furnishings),
		    h) Sporting facilities & equipment.
			Institution
			College
			Program

Standard 8 Financial Planning and Management	**S8.1**	23. Total operating expenditure (other than accommodation and student allowances) per student.	Institution
Standard 9 Faculty and Staff Employment Processes	**S9.1**	24. Proportion of teaching staff leaving the institution in the past year for reasons other than age retirement.	Program College Institution
	S9.2	25. Proportion of teaching staff participating in professional development activities during the past year.	Program College Institution
Standard 10 Research	**S10.1**	26. Number of refereed publications in the previous year per full time equivalent teaching staff. (Publications based on the formula in the Higher Council Bylaw excluding conference presentations)	Program College Institution
	S10.2	27. Number of citations in refereed journals in the previous year per full time equivalent faculty members.	Program College Institution
	S10.3	28. Proportion of full time member of teaching staff with at least one refereed publication during the previous year.	Program College Institution
	S10.4	29. Number of papers or reports presented at academic conferences during the past year per	Program College

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		full time equivalent faculty members.	Institution
	S10.5	30. Research income from external sources in the past year as a proportion of the number of full time faculty members.	Program College Institution
	S10.6	31. Proportion of the total, annual operational budget dedicated to research.	Institution
Standard 11 Community Service	**S11.1**	32. Proportion of full time teaching and other staff actively engaged in community service activities.	Program College Institution
	S11.2	33. Number of community education programs provided as a proportion of the number of departments.	College Institution
11 Standards and 33 KPIs		**Programs and Institutions are to complete 70% of the NCAAA KPIs.**	

Glossary

Full time equivalent (FTE) for faculty members: (FTE means "full-time equivalent" according to MOE definitions, see the by-laws regulating university staff and faculty members).

Full time equivalent (FTE) of teaching staff: (FTE means "full-time equivalent" according to MOE definitions, see the by-laws regulating university staff and faculty members).

Note: Teaching staff include teaching assistants, language instructors, lecturers, and assistant, associate and full professors. This does not include research or laboratory assistants. Academic staff who oversee the planning and delivery of teaching programs are included (e.g., head of department, dean for a college, rector and vice rectors).

Initial Cohort: All students who enter an academic Program as first-time, full-time, degree seeking undergraduate students for the given Fall Semester.

Completion rate/Graduation rate for undergraduate students: The percentage of the cohort class in a given Fall Semester who graduated within a designated period of time. For example, in a four-year program, the "Four-Year Graduation" rate for the Fall Semester 2008 cohort class is the percentage of the Fall Semester 2008 cohort class who graduated from the institution before Fall Semester 2012.

Completion rate for postgraduate students: The proportion of students entering postgraduate programs who complete those programs in specified time.

Stakeholders: Stakeholders may include undergraduate and graduate students, teaching staff, researchers, supporting staff, alumni, and employers.

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Explanatory Notes

Evidence of quality of performance can be obtained from a wide range of sources including measurable objective data and other sources of feedback that are relevant to the matters being considered. Performance indicators are specific pieces of evidence that are normally pre-selected and used consistently over time so progress can be assessed and comparisons made with past performance, with other programs, departments, colleges or sections within an institution, or between institutions.

Certain items that are regarded as particularly important are described as key performance indicators (KPIs). They may be identified for use within or by agreement between institutions, or for use within a higher education system as a whole.

The KPIs listed in this document have been identified by the National Commission for Academic Accreditation & Assessment in the Kingdom of Saudi Arabia for use within institutions (additional KPIs may be identified and used as desired) to provide a set of information that can be useful for internal evaluations and to establish national benchmarks as a basis for comparisons for individual institutions.

If the KPIs are to be useful for this purpose they must be calculated in consistent ways and the notes provided here are designed to help ensure that this is done.

Levels at Which Data is Required

Data is required at all levels. The list of KPIs refers to several different levels at which data should be obtained, the level of individual programs or departments, different colleges, and institutions as a whole. To meet these requirements information should be provided for each program individually, aggregated to give a figure for each college, and then aggregated again so that figures are available for a total institution. When this is done it is possible for comparisons to be made between different programs or colleges within an institution or with equivalent programs or colleges elsewhere, as well as between institutions as a whole.

All NCAAA KPIs serve at the institutional level. Most KPIs are utilized at all levels, provided the interpretation is aligned with the level. Some KPIs serve best at the program level. In some instances, a college may also be an institution and in other cases a college may be a program, therefore these KPIs and guidelines are intended to be flexible.

Interpretations of Indicators

Indicators are a form of evidence, but in themselves they are not proof of many important quality issues. In conducting evaluations the data on the indicators must be interpreted taking into account the particular circumstances of what is being looked at. For example a particular figure may be a good result if it shows improvement over previous figures and a matter of concern if it is falling. Differences in ratios are to be expected for different fields of study and comparisons should be of like with like. Figures must also be interpreted in relation to the mission and objectives of an

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institution or program. For example a much higher level of research output would be expected for an established university with a mission to make a major research contribution than for a newly established institution or a college with a commitment to high quality undergraduate teaching. However consistently calculated figures are important sources of data that can be analyzed and used in evaluations that take different circumstances into account.

KPI Tables

KPI tables are located in the SSRI and SSRP documents. They are specifically placed in order to align the KPI with a general standard as a whole or for a specific sub-standard. The KPI is to provide direct scientific evidence and reasonable analysis to support that the standard or sub-standard is met.

NCAAA requires institutions and programs to utilize 70% of the above KPIs. Additional KPIs are encouraged and should be used. The KPI table template can be copied, completed, and inserted into self-study reports.

KPI Table Template

Choose **ONE OR MORE** KPIs that best supports that the program meets this standard. Each KPI should use a separate KPI table. Insert the KPI in the table below, add the actual KPI benchmark with the other benchmarks, and provide an analytical interpretation that describes the outcome results or illustrated data (most benchmarks are numerical and others may be descriptions that verify quality using a rubric).

NCAAA KPI Reference Number: _____ Institutional KPI Reference Number: _____ KPI:				
Actual Benchmark	**Target Benchmark**	**Internal Benchmark***	**External Benchmark****	**New Target Benchmark**
Analysis (list strengths and recommendations):				

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> * **Explain:**
> **1. Why this internal benchmark provider was chosen?**
> **2. How was the benchmark calculated?**
> **3. Name of the internal benchmark provider.**
>
> ** **Explain:**
> **1. Names of external benchmark providers and the reasons for choosing each provider.**
> **2. How was the benchmark calculated?**

KPI Table Glossary

NOTE: The following definitions are provided to guide the completion of the above table for KPIs and assessment. The basic premise is that a KPI is a performance indicator that is part of an assessment process that includes multiple benchmarks, analysis, and an action plan that is designed for improvement. The KPI table is designed to include a KPI and several benchmarks with a section for analysis.

KPI: Refers to a "*key performance indicator*" that identifies evaluative criteria for scientific assessment of an educational objective or student learning outcome performance. A KPI must be measurable or written in a way that is designed for assessment. When benchmarking and analysis are used with it, together they provide evidence for assessment to guide decision-making and judgments. For example," student to teacher ratio" is a valid KPI because it indicates a measurable criterion that is used to calculate the number of students per teacher.

Benchmark: Refers to a performance level of achievement for a given KPI or performance indicator. There are many kinds of benchmarks that align with KPIs, therefore it is necessary to qualify benchmarks in order to understand their relationship to a given KPI. Benchmarks may be internal or external.

Target Benchmark: Refers to the anticipated performance level or desired outcome (goal or aim) for a KPI. For example, if the KPI is "student to teacher ratio" then the target benchmark might be 12 students per 1 teacher. A target benchmark is also an internal benchmark.

Finding Benchmark: Refers to the actual outcome determined when the KPI is measured or calculated. It represents the actual reality of the present situation. For example, if the actual" student to teacher ratio" is determined to be 24 students per 1 teacher it is the finding benchmark. A finding benchmark is also an internal benchmark.

Internal Benchmarks: Refer to benchmarks that are based on information from inside the program or institution. Internal benchmarks include target or finding benchmark data results from previous years. For example, a previous year's benchmark for "student to teacher ratio" could have been 15 students to 1 teacher and the finding benchmark for that year might have been 28 students per 1 teacher.

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External Benchmarks: Refer to benchmarks from similar programs or institutions that are outside the program or institution. For example, external benchmarks for "student to teacher ration" could be 6 students to 1 teacher from a different program within the institution or another program outside the institution, or for institutions, it refers to other institutions (national or international).

KPI Analysis: Refers to a comparison and contrast of the benchmarks to determine strengths and recommendations for improvement. This is sometimes called "benchmarking." For example, KPI analysis could compare and contrast "student to teacher ratio" target and actual benchmarks from both internal and external data banks to determine strengths and recommendations for improvement.

New Target Benchmark: Refers to the establishment of a new or desired performance level or goal for the KPI that is based on the outcome of the KPI analysis. For example, the new target benchmark for the "student to teacher" KPI might be 10 students to 1 teacher.

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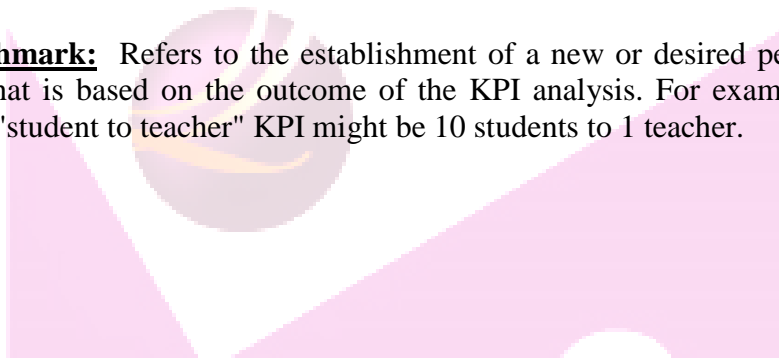
ATTACHMENT 3.

T4. Program Specifications

For guidance on the completion of this template, please refer to Chapter 2, of Part 2 of Handbook 2 Internal Quality Assurance Arrangement and to the Guidelines on Using the Template for a Program Specification in Attachment 2 (b).

1. Institution   Date
2. College/Department
3. Dean/Department Head
4. Insert program and college administrative flowchart
5. List all branches offering this program Branch 1. _____ Branch 2. _____ Branch 3. _____ Branch 4. _____

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A. Program Identification and General Information

1. Program title and code
2. Total credit hours needed for completion of the program
3. Award granted on completion of the program
4. Major tracks/pathways or specializations within the program (eg. transportation or structural engineering within a civil engineering program or counselling or school psychology within a psychology program)
5. Intermediate Exit Points and Awards (if any) (eg. associate degree within a bachelor degree program)
6. Professional occupations (licensed occupations, if any) for which graduates are prepared. (If there is an early exit point from the program (eg. diploma or associate degree) include professions or occupations at each exit point)

7. (a) New Program [   ]   Planned starting date [   ]

   (b) Continuing Program [   ]   Year of most recent major program review [   ]

   Organization involved in recent major review (eg. internal within the institution),

   Accreditation review by _____? Other_____?

8. Name of program chair or coordinator. If a program chair or coordinator has been appointed for the female section as well as the male section, include names of both.

9. Date of approval by the authorized body (MOE).

Campus Location	Approval By	Date
Main Campus:		
Branch 1:		
Branch 2:		
Branch 3:		
Branch 4:		

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B. Program Context

1. Explain why the program was established.

a. Summarize economic reasons, social or cultural reasons, technological developments, national policy developments or other reasons.

b. Explain the relevance of the program to the mission and goals of the institution.

2. Relationship (if any) to other programs offered by the institution/college/department.

a. Does this program offer courses that students in other programs are required to take?   Yes ☐   No ☐

   If yes, what has been done to make sure those courses meet the needs of students in the other programs?

b. Does the program require students to take courses taught by other departments?   Yes ☐   No ☐

   If yes, what has been done to make sure those courses in other departments meet the needs of students in this program?

3. Do students who are likely to be enrolled in the program have any special needs or characteristics? (eg. Part time evening students, physical and academic disabilities, limited IT or language skills).

☐ Yes   ☐ No

4. What modifications or services are you providing for special needs applicants?

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C. Mission, Goals and Objectives

1. Program Mission Statement (insert).
2. List Program Goals (eg. long term, broad based initiatives for the program, if any)

3. List major objectives of the program within to help achieve the mission. For each measurable objective describe the measurable performance indicators to be followed and list the major strategies taken to achieve the objectives.

Measurable Objectives	Measurable Performance Indicators	Major Strategies
1.	1. 2. 3.	1. 2. 3.
2.	1. 2. 3.	1. 2. 3.
3.	1. 2. 3.	1. 2. 3.
4.	1. 2. 3.	1. 2. 3.

D. Program Structure and Organization

1. Program Description: List the core and elective program courses offered each semester from Prep Year to graduation using the below Curriculum Study Plan Table (A separate table is required for each branch IF a given branch offers a different study plan).

A program or department manual should be available for students or other stakeholders and a copy of the information relating to this program should be attached to the program specification. This information should include required and elective courses, credit hour requirements and department/college and institution requirements, and details of courses to be taken in each year or semester.

Curriculum Study Plan Table

 * **Prerequisite** – list course code numbers that are required prior to taking this course.

Level	Course Code	Course Title	Required or Elective	* Pre-Requisite Courses	Credit Hours	College or Department
Prep Year						
		Prerequisite				

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Level 1					
Level 2					
Level 3					
Level 4					
Level 5					
Level 6					
Level 7					
Level 8					
	Include additional levels if needed (ie. summer courses).				

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2. **Required Field Experience Component (if any) (Eg. internship, cooperative program, work experience)**

Summary of practical, clinical or internship component required in the program. Note: see Field Experience Specification
a. Brief description of field experience activity
b. At what stage or stages in the program does the field experience occur? (eg. year, semester)
c. Time allocation and scheduling arrangement. (eg. 3 days per week for 4 weeks, full time for one semester)
d. Number of credit hours (if any)

3. **Project or Research Requirements (if any)**

Summary of any project or thesis requirement in the program. (Other than projects or assignments within individual courses) (A copy of the requirements for the project should be attached.)
a. Brief description
b. List the major intended learning outcomes of the project or research task.
c. At what stage or stages in the program is the project or research undertaken? (eg. level)
d. Number of credit hours (if any)
e. Description of academic advising and support mechanisms provided for students to complete the project.
f. Description of assessment procedures (including mechanism for verification of standards)

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4. Learning Outcomes in Domains of Learning, Assessment Methods and Teaching Strategy

Program Learning Outcomes, Assessment Methods, and Teaching Strategy work together and are aligned. They are joined together as one, coherent, unity that collectively articulate a consistent agreement between student learning and teaching.

The *National Qualification Framework* (NQF) provides five learning domains. Learning outcomes are required in the first four domains and some programs may also require the Psychomotor Domain.

On the table below are the five NQF Learning Domains, numbered in the left column.

First, insert the suitable and measurable learning outcomes required in each of the learning domains. **Second**, insert supporting teaching strategies that fit and align with the assessment methods and intended learning outcomes. **Third**, insert appropriate assessment methods that accurately measure and evaluate the learning outcome. Each program learning outcomes, assessment method, and teaching strategy ought to reasonably fit and flow together as an integrated learning and teaching process.

	NQF Learning Domains and Learning Outcomes	Teaching Strategies	Assessment Methods
1.0	**Knowledge**		
1.1			
1.2			
1.3			
1.4			
2.0	**Cognitive Skills**		
2.1			
2.2			
2.3			
2.4			
3.0	**Interpersonal Skills & Responsibility**		
3.1			
3.2			
4.0	**Communication, Information Technology, Numerical**		
4.1			
4.2			
5.0	**Psychomotor**		
5.1			
5.2			

Program Learning Outcomes Mapping Matrix

Identify on the table below the courses that are required to achieve the program learning outcomes. Insert the program learning outcomes, according to the level of instruction, from the above table below and indicate the courses and levels that are required to teach each one; use your program's course numbers across the top and the following level scale. Levels: I = Introduction   P = Proficient   A = Advanced (see help icon)

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Course Offerings NQF Learning Domains and Learning Outcomes	A-100	A-101	A-102	A-103	A-104	A-105	A-106	A-107	A-108	A-109	A-110	A-111	A-112
1.0 Knowledge													
1.1													
1.2													
1.3													
1.4													
2.0 Cognitive Skills													
2.1													
2.2													
2.3													
2.4													
3.0 Interpersonal Skills & Responsibility													
3.1													
3.2													
4.0 Communication, Information Technology, Numerical													
4.1													
4.2													
5.0 Psychomotor													
5.1													
5.2													

5. Admission Requirements for the program

Attach handbook or bulletin description of admission requirements including any course or experience prerequisites**.**

6. Attendance and Completion Requirements

Attach handbook or bulletin description of requirements for:
a. Attendance.
b. Progression from year to year.
c. Program completion or graduation requirements.

E. Regulations for Student Assessment and Verification of Standards

What processes will be used for verifying standards of achievement (eg., verify grading samples of tests or assignments? Independent assessment by faculty from another institution)   (Processes may vary for different courses or domains of learning.)

F Student Administration and Support

1. Student Academic Counselling

Describe arrangements for academic counselling and advising for students, including both scheduling of faculty office hours and advising on program planning, subject selection and career planning (which might be available at college level).

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2. Student Appeals

Attach regulations for student appeals on academic matters, including processes for consideration of those appeals.

G. Learning Resources, Facilities and Equipment

1a. What processes are followed by faculty and teaching staff for planning and acquisition of textbooks, reference and other resource material including electronic and web based resources?

1b. What processes are followed by faculty and teaching staff for planning and acquisition resources for library, laboratories, and classrooms.

2. What processes are followed by faculty and teaching staff for evaluating the adequacy of textbooks, reference and other resource provisions?

3. What processes are followed by students for evaluating the adequacy of textbooks, reference and other resource provisions?

4. What processes are followed for textbook acquisition and approval?

H. Faculty and other Teaching Staff

1. Appointments

Summarize the process of employment of new faculty and teaching staff to ensure that they are appropriately qualified and experienced for their teaching responsibilities.

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2. Participation in Program Planning, Monitoring and Review

a. Explain the process for consultation with and involvement of teaching staff in monitoring program quality, annual review and planning for improvement.

b. Explain the process of the Advisory Committee (if applicable)

3. Professional Development

What arrangements are made for professional development of faculty and teaching staff for:

a. Improvement of skills in teaching and student assessment?

b. Other professional development including knowledge of research?

4. Preparation of New Faculty and Teaching Staff

Describe the process used for orientation and induction of new, visiting or part time teaching staff to ensure full understanding of the program and the role of the course(s) they teach as components within it.

5. Part Time and Visiting Faculty and Teaching Staff

Provide a summary of Program/Department/ College/institution policy on appointment of part time and visiting teaching staff. (ie. Approvals required, selection process, proportion of total teaching staff etc.)

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I. Program Evaluation and Improvement Processes

1. Effectiveness of Teaching

a. What QA procedures for developing and assessing learning outcomes?
b. What processes are used for evaluating the skills of faculty and teaching staff in using the planned strategies?

2. Overall Program Evaluation

a. What strategies are used in the program for obtaining assessments of the overall quality of the program and achievement of its intended learning outcomes:
(i) from current students and graduates of the program?
(ii) from independent advisors and/or evaluator(s)?.
(iii) from employers and other stakeholders.

Attachments:

1. Copies of regulations and other documents referred to in template preceded by a table of contents.

2. Course specifications for all program courses including field experience specification if applicable.

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Authorized Signatures

Dean/Chair	Name	Title	Signature	Date
Program Dean or Program Chair Main Campus				
Branch 1				
Branch 2				
Branch 3				
Branch 4				

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ATTACHMENT 4.

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T3. ANNUAL PROGRAM REPORT
(APR)

Program Eligibility: The program is to submit the two most recent APRs as part of the requirements for program eligibility using the NCAAA Template.

Post Accreditation: The program is required to annually complete an APR. The APR is to document a complete academic year.

APR's are prepared by the program coordinator in consultation with faculty teaching in the program. The reports are submitted to the head of department or college, and used as the basis for any modifications or changes in the program. The APR information is used to provide a record of improvements in the program and is used in the Self Study Report for Programs (SSRP) and by external reviews for accreditation.

Annual Program Report

1. Institution Date:		
2. College/ Department		
3. Dean		
4. List All Campus Branch/Locations (approved by Ministry of Higher Education or Higher Council of Education).		
Campus Branch/Location	Approval By	Date
Main Campus:		
1:		
2:		
3:		
4:		

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A. Program Identification and General Information

Program title and code
Name and position of persons completing the APR
Academic year to which this report applies.

B Statistical Information

1. Number of students who started the program in the year concerned: ☐
2. (a) Number of students who completed the program in the year concerned: ☐ Completed the final year of the program: Completed major tracks within the program (if applicable) ☐ Title………………………………………………….No ☐ Title………………………………………………….No ☐ Title………………………………………………….No ☐ Title……………………………………………… .No ☐ 2. (b) Completed an intermediate award specified as an early exit point (if any) ☐
3. Apparent completion rate. (a) Percentage of students who completed the program, ☐ (Number shown in 2 (a) as a percentage of the number that started the program in that student intake.) (b) Percentage of students who completed an intermediate award (if any) ☐ (e.g. Associate degree within a bachelor degree program) (Number shown in 2 (b) as a percentage of the number that started the program leading to that award in that student intake). Comment on any special or unusual factors that might have affected the apparent completion rates (e.g. Transfers between intermediate and full program, transfers to or from other programs).

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4. Enrollment Management and Cohort Analysis (Table 1)

Cohort Analysis refers to tracking a specific group of students who begin a given year in a program and following them until they graduate (How many students actually start a program and stay in the program until completion).

A **cohort** here refers to the total number of students enrolled in the program at the beginning of each academic year, immediately after the preparatory year. No new students may be added or transfer into a given cohort. Any students that withdraw from a cohort may not return or be added again to the cohort.

Cohort Analysis (Illustration):   **Table 1** provides complete tracking information for the most recent cohort to complete the program, beginning with their first year and tracking them until graduation (students that withdraw are subtracted and no new students are added). The report is to cover the past four years. Update the years as needed.

Enrollment Management and Cohort Analysis Table 1.

Years → Student Categories	*PYP	4 Years Ago	3 Years Ago	2 Years Ago	1 Year Ago	Current Year
1. Total cohort enrollment	*PYP					
2. Retained till year end						
3. Withdrawn						
4. Cohort graduated successfully						
5.Total graduated successfully						
Provide a summary cohort analysis for each of the above cohorts by listing strengths and recommendations for improvement.						

 *** PYP - Preparatory Year
 Program**

7. Destination of graduates as shown in survey of graduating students (Include this information in years in which a survey of employment outcomes for graduating students is conducted).

Date of Survey [   ]

Number Surveyed [   ]   Number Responded [   ]   Response Rate % [   ]

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Destination	Not Available for Employment		Available for Employment		
	Further Study	Other Reasons	Employed in Subject Field	Other Employment	Unemployed
Number					
Percent of Respondents					

Analysis: List the strengths and recommendations

C. Program Context

1. Significant changes within the institution affecting the program (if any) during the past year.

Implications for the program

2. Significant changes external to the institution affecting the program (if any) during the past year.

Implications for the program

D. Course Reports Information Summary

1. Course Reports Results. Describe and analyze how the individual NCAAA course reports are utilized to assess the program and to ensure ongoing quality assurance (eg. Analysis of course completion rates, grade distributions, and trend studies.)

(a.) Describe how the individual course reports are used to evaluate the program.

(b.) Analyze the completion rates, grade distributions, and trends to determine strengths and recommendations for improvement.

    i.   Completion rate analysis:

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ii.   Grade distribution analysis:

iii.   Trend analysis (a study of the differences, changes, or developments over time; normally several years):

---

2. Analysis of Significant Results or Variations (25% or more).

List any courses where completion rates, grade distribution, or trends are significantly skewed, high or low results, or departed from policies on grades or assessments. For each course indicate what was done to investigate, the reason for the significant result, and what action has been taken.

a. Course	Significant result or variation
Investigation undertaken	
Reason for significant result or variation	
Action taken (if required)	

b. Course	Significant result or variation
Investigation undertaken	
Reason for significant result or variation	
Action taken (if required)	

c. Course	Significant result or variation
Investigation undertaken	

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Reason for significant result or variation
Action taken (if required)

(Attach additional summaries if necessary)

4. Delivery of Planned Courses

(a) List any courses that were planned but not taught during this academic year and indicate the reason and what will need to be done if any compensating action is required.		
Course title and code	Explanation	Compensating action if required

(b) Compensating Action Required for Units of Work Not Taught in Courses that were Offered. (Complete only where units not taught were of sufficient importance to require some compensating action)		
Course	Unit of work	Reason
Compensating action if required		

Course	Unit of work	Reason
Compensating action if required		
Course	Unit of work	Reason

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Compensating action if required
_____

Course	Unit of work	Reason

Compensating action if required
_____

E Program Management and Administration

List difficulties (if any) encountered in management of the program.	Impact of difficulties on the achievement of the program objectives.	Proposed action to avoid future difficulties in response.

F. Summary Program Evaluation

1. Graduating Student Evaluations (surveys)

Date of Surveys [   ]

Attach survey reports.

a. List most important recommendations for improvement, strengths and suggestions	Analysis (e.g. Assessment, action already taken, other considerations, strengths and recommendation for improvement.)
b. Changes proposed in the program (if any) in response to this analysis and feedback.	

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2. Other Evaluation (e.g. Evaluations by employers or other stakeholders, external review)

Describe evaluation process.

Attach review/survey report.

a. List most important recommendations for improvement, strengths and suggestions for improvement.	(e.g. Analysis of recommendations for improvement: Are recommendations valid and what action will be taken, action already taken, or other considerations?)

b. Changes proposed in the program (if any) in response to this feedback.

3. Ratings on Sub-Standards of Standard 4 by program faculty and teaching staff; 4.1 to 4.10.

(a) Standard 4 Sub-Standards. Are the "Best Practices" followed; Yes or No? Provide a revised rating for each sub-standard. Indicate action proposed to improve performance (if any).

Standard 4 Sub-Standards	Best Practices Followed (Y/N)	5 Star Rating	List priorities for improvement.
4.1			
4.2			
4.3			
4.4			
4.5			
4.6			
4.7			
4.8			
4.9			
4.10			

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Analysis of Sub-standards. List the strengths and recommendations for improvement of the program's self-evaluation of following best practices.

G. Program Course Evaluation

1. List all program courses taught during the year. Indicate for each course whether student evaluations were undertaken and/or other evaluations made of quality of teaching. For each course indicate if action is planned to improve teaching.

Course Title/Course Code	Student Evaluations		Other Evaluation (specify)	Action Planned	
	Yes	No		Yes	No

(Add items or attach list if necessary)

2. List courses taught by this program this year and for this program that are in other programs.

Level	Course Code	Course Title	Number of Sections	Credit Hours	College or Department
Level 1					
Level 2					
Level 3					

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Level 4					
Level 5					
Level 6					
Level 7					
Level 8					
Include additional levels if needed					

3. Program Learning Outcomes Assessment.   Provide a report on the program learning outcomes assessment plan using an assessment cycle (a four to six-year cycle is recommended). All program learning outcomes are to be directly assessed at least once during the cycle. By the end of the cycle each program learning outcome will be assessed and recorded using a separate *KPI Assessment Table* (see below);

KPI #	NQF Learning Domains and Learning Outcomes	Method of Assessment for LOs	Date of Assessment
1.0	**Knowledge**		
1.1			
1.2			
1.3			
1.4			
2.0	**Cognitive Skills**		
2.1			
2.2			
2.3			
2.4			

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3.0	**Interpersonal Skills & Responsibility**		
3.1			
3.2			
4.0	**Communication, Information Technology, Numerical**		
4.1			
4.2			
5.0	**Psychomotor**		
5.1			
5.2			

Provide an analysis of the Program Learning Outcome Assessment Cycle (List strengths and recommendations for improvement).

Provide "direct assessments" for the current year's program learning outcomes, according to the dates provided above (G.2). A *KPI Assessment Table* is provided below. Each learning outcome should utilize a separate KPI table. Over the four (five/six) year cycle, all program learning

Provide "direct assessments" for the current year's program learning outcomes, according to the dates provided above (G.2). A *key performance indicator* (KPI) table is provided below. Each learning outcome should utilize a separate KPI table. Over the four (five/six) year cycle, all program learning outcomes are to be assessed and reported in the *Annual Program Report*(s).

Note: Programs are to provide their own KPIs for directly measuring student performance.

The *KPI Assessment Table* is used to document directly assessed program learning outcomes. Each program learning outcome should use a separate table. Direct assessments methods may include: national or international standardized test results, rubrics, exams and learning outcome grade analysis, or learning achievement using an alternative scientific assessment system (copy the *KPI Assessment Table* and paste to make additional tables as needed).

KPI Assessment Table

KPI Code # _____ Program KPI: _____
_____

Assessment Year _____ Program Learning Outcome: _____
_____
_____

NQF Learning Domain	
KPI Target Benchmark	
KPI Actual Benchmark	
Internal Benchmarks	
External Benchmarks	

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Analysis: (List strengths and recommendations)
New Target Benchmark	

---

4. Orientation programs for new teaching staff
Orientation programs provided? Yes [   ] No [   ]   If offered how many participated? [   ]
a. Brief Description
b. List recommendations for improvement by teaching staff.
c. If orientation programs were not provided, give reasons.

---

5. Professional Development Activities for Faculty, Teaching and Other Staff a. Activities Provided	How many Participated	
	Teaching Staff	Other Staff
b. Summary analysis on usefulness of activities based on participant's evaluations or other evaluation methods.		

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H. Independent Opinion on Quality of the Program (e.g. head of another similar department / program offering comment on evidence received and conclusions reached).

1. Matters Raised by Evaluator Giving Opinion	Comments by Program Coordinator
2. Implications for Planning for the Program	

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Program KPI and Assessment Table

KPI #	KPI	KPI Target Benchmark	KPI Actual Benchmark	KPI Internal Benchmarks	KPI External Benchmarks	KPI Analysis	KPI New Target Benchmark
1							
2							
3							
4							
5							
6							
Whole Program Analysis of KPIs and Benchmarks: (list strengths and recommendations)							

NOTE   The following definitions are provided to guide the completion of the above table for Program KPI and Assessment.

KPI refers to the key performance indicators the program used in its SSRP. This includes both the NCAAA suggested KPIs chosen and all additional KPIs determined by the program (including 50% of the NCAAA suggested KPIs and all others).

Target Benchmark refers to the anticipated or desired outcome (goal or aim) for each KPI.

Finding Benchmark refers to the actual outcome determined when the KPI is measured or calculated.

Internal Benchmarks refer to comparable benchmarks (actual findings) from inside the program (like data results from previous years or data results from other departments within the same college).

External Benchmarks refer to comparable benchmarks (actual findings) from similar programs that are outside the program (like from similar programs that are national or international).

KPI Analysis refers to a comparison and contrast of the benchmarks to determine strengths and recommendations for improvement.

New Target Benchmark refers to the establishment of a new anticipated or desired outcome for the KPI that is based on the KPI analysis.

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Program Action Plan Table

Directions: Based on the *"Analysis of KPIs and Benchmarks"* provided in the above Program KPI and Assessment Table, list the recommendations identified and proceed to establish a continuous improvement action plan.

No.	Recommendations	Actions	Assessment Mechanism or Criteria	Responsible Person	Start Date	Completion Date
1						
2						
3						
4						
5						
6						
Action Plan Analysis (List the strengths and recommendations for improvement of the Program Action Plan).						

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I. Action Plan Progress Report

1. Progress on Implementation of Previous Year's Action Plans				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
a.				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
b.				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
c.				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
d.				

Program Chair/ Coordinator Name:_____

Signature: _____   **Date Report Completed:** _____

Received by: _____   **Dean/Department Head**

Signature: _____   **Date:** _____

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ATTACHMENT 5.

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T6. Course Specifications (CS)

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Course Specifications

Institution	Date
College/Department	

A. Course Identification and General Information

1. Course title and code:
2. Credit hours
3. Program(s) in which the course is offered. (If general elective available in many programs indicate this rather than list programs)
4. Name of faculty member responsible for the course
5. Level/year at which this course is offered
6. Pre-requisites for this course (if any)
7. Co-requisites for this course (if any)
8. Location if not on main campus
9. Mode of Instruction (mark all that apply) a. traditional classroom ☐   What percentage? ☐ b. blended (traditional and online) ☐   What percentage? ☐ c. e-learning ☐   What percentage? ☐ d. correspondence ☐   What percentage? ☐ f. other ☐   What percentage? ☐   Comments:

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B Objectives

1. What is the main purpose for this course?
2. Briefly describe any plans for developing and improving the course that are being implemented. (e.g. increased use of IT or web based reference material, changes in content as a result of new research in the field)

C. Course Description (Note: General description in the form used in Bulletin or handbook)

Course Description:

1. Topics to be Covered		
List of Topics	No. of Weeks	Contact hours

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2. Course components (total contact hours and credits per semester):						
	Lecture	Tutorial	Laboratory or Studio	Practical	Other:	Total
Contact Hours						
Credit						

3. Additional private study/learning hours expected for students per week.	

4. Course Learning Outcomes in NQF Domains of Learning and Alignment with Assessment Methods and Teaching Strategy

On the table below are the five NQF Learning Domains, numbered in the left column.

First, insert the suitable and measurable course learning outcomes required in the appropriate learning domains (see suggestions below the table). **Second**, insert supporting teaching strategies that fit and align with the assessment methods and intended learning outcomes. **Third**, insert appropriate assessment methods that accurately measure and evaluate the learning outcome. Each course learning outcomes, assessment method, and teaching strategy ought to reasonably fit and flow together as an integrated learning and teaching process. (Courses are not required to include learning outcomes from each domain.)

Code #	NQF Learning Domains And Course Learning Outcomes	Course Teaching Strategies	Course Assessment Methods
1.0	**Knowledge**		
1.1			
1.2			
2.0	**Cognitive Skills**		
2.1			
2.2			
3.0	**Interpersonal Skills & Responsibility**		
3.1			
3.2			
4.0	**Communication, Information Technology, Numerical**		
4.1			
4.2			
5.0	**Psychomotor**		
5.1			
5.2			

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	Assessment task (i.e., essay, test, quizzes, group project, examination, speech, oral presentation, etc.)	Week Due	Proportion of Total Assessment
1			
2			
3			
4			
5			
6			
7			
8			

5. Schedule of Assessment Tasks for Students During the Semester

D. Student Academic Counseling and Support

1. Arrangements for availability of faculty and teaching staff for individual student consultations and academic advice. (include amount of time teaching staff are expected to be available each week)

E Learning Resources

1. List Required Textbooks

2. List Essential References Materials (Journals, Reports, etc.)

3. List Electronic Materials, Web Sites, Facebook, Twitter, etc.

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4. Other learning material such as computer-based programs/CD, professional standards or regulations and software.

F. Facilities Required

Indicate requirements for the course including size of classrooms and laboratories (i.e. number of seats in classrooms and laboratories, extent of computer access etc.)
1. Accommodation (Classrooms, laboratories, demonstration rooms/labs, etc.)
2. Computing resources (AV, data show, Smart Board, software, etc.)
3. Other resources (specify, e.g. if specific laboratory equipment is required, list requirements or attach list)

G Course Evaluation and Improvement Processes

1 Strategies for Obtaining Student Feedback on Effectiveness of Teaching
2 Other Strategies for Evaluation of Teaching by the Instructor or by the Department
3 Processes for Improvement of Teaching
4. Processes for Verifying Standards of Student Achievement (e.g. check marking by an independent member teaching staff of a sample of student work, periodic exchange and remarking of tests or a sample of assignments with staff at another institution)

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5 Describe the planning arrangements for periodically reviewing course effectiveness and planning for improvement.

Name of Instructor: _____

Signature: _____   Date Report Completed: _____

Name of Field Experience Teaching Staff _____

Program Coordinator:_____

Signature: _____   Date Received: _____

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T5. COURSE REPORT
(CR)

A separate Course Report (CR) should be submitted for every course and for each section or campus location where the course is taught, even if the course is taught by the same person. Each CR is to be completed by the course instructor at the end of each course and given to the program coordinator

A combined, comprehensive CR should be prepared by the course coordinator and the separate location reports are to be attached.

Course Report

For guidance on the completion of this template refer to the NCAAA handbooks.

Institution	Date of CR
College/ Department	

A Course Identification and General Information

1. Course title Code # Section #	
2. Name of course instructor Location	
3. Year and semester to which this report applies.	
4. Number of students starting the course? ☐ Students completing the course? ☐	
5. Course components (actual total contact hours and credits per semester):	

	Lecture	Tutorial	Laboratory/ Studio	Practical	Other:	Total
Contact Hours						
Credit						

B- Course Delivery

1. Coverage of Planned Program			
Topics Covered	Planned Contact Hours	Actual Contact Hours	Reason for Variations if there is a difference of more than 25% of the hours planned

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2. Consequences of Non Coverage of Topics

For any topics where the topic was not taught or practically delivered, comment on how significant you believe the lack of coverage is for the course learning outcomes or for later courses in the program. Suggest possible compensating action.

Topics (if any) not Fully Covered	Effected Learning Outcomes	Possible Compensating Action

3. Course learning outcome assessment.

	List course learning outcomes	List methods of assessment for each LO	Summary analysis of assessment results for each LO
1			
2			
3			
4			
5			
6			
7			
8			

Summarize any actions you recommend for improving teaching strategies as a result of evaluations in table 3 above.

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4. Effectiveness of Planned Teaching Strategies for Intended Learning Outcomes set out in the Course Specification. (Refer to planned teaching strategies in Course Specification and description of Domains of Learning Outcomes in the National Qualifications Framework)			
List Teaching Methods set out in Course Specification	Were They Effective?		Difficulties Experienced (if any) in Using the Strategy and Suggested Action to Deal with Those Difficulties.
	No	Yes	

Note: In order to analyze the assessment of student achievement for each course learning outcome, student performance results can be measured and assessed using a KPI, a rubric, or some grading system that aligns student work, exam scores, or other demonstration of successful learning.

C. Results

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1. Distribution of Grades

Letter Grade	Number of Students	Student Percentage	Analysis of Distribution of Grades
A			
B			
C			
D			
F			
Denied Entry			
In Progress			
Incomplete			
Pass			
Fail			
Withdrawn			

2. Analyze special factors (if any) affecting the results

---

3. Variations from planned student assessment processes (if any) (see Course Specifications).

a. Variations (if any) from planned assessment schedule (see Course Specifications)

Variation	Reason

b. Variations (if any) from planned assessment processes in Domains of Learning (see Course Specifications)

Variation	Reason

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4. Student Grade Achievement Verification (eg. cross-check of grade validity by independent evaluator).

Method(s) of Verification	Conclusion

D Resources and Facilities

1. Difficulties in access to resources or facilities (if any)	2. Consequences of any difficulties experienced for student learning in the course.

E. Administrative Issues

1 Organizational or administrative difficulties encountered (if any)	2. Consequences of any difficulties experienced for student learning in the course.

F Course Evaluation

1 Student evaluation of the course (Attach summary of survey results)
a. List the most important recommendations for improvement and strengths
b. Response of instructor or course team to this evaluation
2.   Other Evaluation (eg. by head of department, peer observations, accreditation review, other stakeholders)
a. List the most important recommendations for improvement and strengths
b. Response of instructor or course team to this evaluation

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G Planning for Improvement

1. Progress on actions proposed for improving the course in previous course reports (if any).

Actions recommended from the most recent course report(s)	Actions Taken	Action Results	Action Analysis
a.			
b.			
c.			
d.			

2. List what other actions have been taken to improve the course (based on previous CR, surveys, independent opinion, or course evaluation).

3. Action Plan for Next Semester/Year

Actions Recommended for Further Improvement	Intended Action Points (should be measurable)	Start Date	Completion Date	Person Responsible
a.				
b.				
c.				
d.				
e.				

Name of Course Instructor: _____

Signature: _____   Date Report Completed: _____

Program Coordinator: _____

Signature: _____   Date Received: _____

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ATTACHMENT 7.

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T8. Field Experience Specification

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Handbook for Quality Assurance and Accreditation Part 2, Version 3, Muharram 1437H, October 2015.

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Field Experience Specifications

For direction on the completion of this template, refer NCAAA guidebooks.

Institution	Date of Report
College	Department
Program	Track

A. Field Experience Course Identification and General Information

1. Field experience course title and code
2. Credit hours (if any)
3. Name and title of faculty or teaching staff member responsible for the field experience.
4. Dates and times allocation of field experience activities. a. Dates: _____ b. Times: _____
5. Level or year of the field experience.
6. List names, addresses, and contact information for all field experience locations.

	Name and Address of the Organization	Name of Contact Person	Contact Information (email address or mobile
a.			
b.			
c.			
d.			
e.			

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B. Learning Outcomes

Learning Outcomes for Field Experience in Domains of Learning, Assessment Methods and Teaching Strategy

Program Learning Outcomes, Assessment Methods, and Teaching Strategy work together and are aligned. They are joined together as one, coherent, unity that collectively articulate a consistent agreement between student learning and teaching.

The *National Qualification Framework* provides five learning domains. Learning outcomes are required in the first four domains and sometimes are also required in the Psychomotor Domain.

On the table below are the five NQF Learning Domains, numbered in the left column.

First, insert the suitable and measurable learning outcomes required in each of the learning domains (see suggestions below the table). **Second**, insert supporting teaching strategies that fit and align with the assessment methods and intended learning outcomes. **Third**, insert appropriate assessment methods that accurately measure and evaluate the learning outcome. Each program learning outcomes, assessment method, and teaching strategy ought to reasonably fit and flow together as an integrated learning and teaching process.

	NQF Learning Domains and Learning Outcomes	Teaching Strategies	Assessment Methods
1.0	**Knowledge**		
1.1			
1.2			
2.0	**Cognitive Skills**		
2.1			
2.2			
3.0	**Interpersonal Skills & Responsibility**		
3.1			
3.2			
4.0	**Communication, Information Technology, Numerical**		
4.1			
4.2			
5.0	**Psychomotor**		
5.1			
5.2			

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C. Description of Field Experience Activity

1. Describe the major student activities taking place during the field experience.
2. List required assignments, projects, and reports.
a.
b.
c.
d.
3. Follow up with students. What arrangements are made to collect student feedback?
4. Insert a field experience flowchart for responsibility and decision-making (including a provision for conflict resolution).

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5. Supervisory Responsibilities.

	Student	Field Teaching Staff	Program Faculty and Teaching Staff
Student Activities			
a. transport to and from site			
b. demonstrate learning outcome performance			
c. completion of required tasks, assignments, reports, and projects			
Supervision Activities			
a. field site – safety			
b. student learning activities			
c. learning resources			
d. administrative (attendance)			
Planning Activities			
a. student activities			
b. learning experiences			
c. learning resources			
d. field site preparations			
e. student guidance and support			
Assessment Activities			
a. student learning outcomes			
b. field experience			
c. field teaching staff			
d. program faulty and teaching staff			
e. field site			
f. learning resources			

b. Explain the student assessment process.

c. Explain the resolution of differences process (If the field teaching staff and the program faculty and teaching staff share responsibility for student assessment, what process is followed for resolving differences between them?)

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D Planning and Preparation

1. Identification of Field Locations

List Requirements for Field Site Locations (IT, equipment, labs, rooms, housing, learning resources, clinical)	List Safety Standards	List Specialized Criteria
a.		
b.		
c.		
d.		
e.		
Explain the decision-making process used to determine appropriate field experience locations.		

2. Identification of Field Staff and Supervisors

List Qualifications	List Responsibilities	List Training Required
a.		
b.		
c.		
d.		
Explain the decision-making process used to determine appropriate field staff and supervisors.		

3. Identification of Students

List Pre-Requisite Requirements	List Testing Requirements	List Special Training Required
a.		
b.		
c.		
d.		
Explain the decision-making process used to determine that a student is prepared to enroll in field experience activities.		

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4. Safety and Risk Management.

List Insurance Requirements	List Potential Risks	List Safety Precautions Taken	List Safety Training Requirements
a.			
b.			
c.			
d.			
Explain the decision-making process used to protect and minimize safety risks.			

5. Resolution of Differences in Assessments. If supervising staff in the field location and faculty from the institution share responsibility for student assessment, what process is followed for resolving any differences between them?

E. Evaluation of the Field Experience

1. Describe the evaluation process and list recommendations for improvement of field experience activities by:

a. Students
    Describe evaluation process

    List recommendations for improvement

b. Supervising staff in the field setting
    Describe evaluation process

    List recommendations for improvement

c. Supervising faculty from the institution
    Describe evaluation process

    List recommendations for improvement

e. Others—(e.g. graduates, independent evaluator, etc.)
    Describe evaluation process

    List recommendations for improvement

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2. Action Plan for Next Semester/Year				
Actions Recommended for Further Improvement (list from E.1. above)	Intended Action Points (should be measurable)	Start Date	Completion Date	Person Responsible
a.				
b.				
c.				
d.				
e.				

Name of Instructor: _____

Signature: _____   Date Report Completed: _____

Name of Field Experience Teaching Staff _____

Program Coordinator:_____

Signature: _____   Date Received: _____

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T7. Field Experience REPORT

To be completed by the faculty or teaching staff member at the end of each field experience.

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Field Experience Report

Field Experience encompasses fieldwork, professional or clinical placements, internships and other forms of placement learning and applied learning that are part of the formal curriculum within the educational program. For direction on the completion of this template, refer NCAAA guidebooks.

Institution	Date of Report
College	Department
Program	Track

A. Field Experience Course Identification and General Information

1. Field experience course title and code
2. Credit hours (if any)
3. Name and title of faculty or teaching staff member responsible for the field experience.
4. Dates and times allocation of field experience activities. a. Dates: _____ b. Times: _____
5. Level or year of the field experience.
6. List names, addresses, and contact information for all field experience locations.

	Name and Address of the Organization	Name of Contact Person	Contact Information (email address or mobile
a.			
b.			
c.			
d.			

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B. Field Experience Modifications or Adaptations from Planned Field Experience Specifications

	Reason for Modification	Action Taken	Responsibility	Implications for Future
Student Enrollment				
Field Teaching Staff				
Program Faculty or Teaching Staff				
Organizational Arrangements				
Required Activities				
Student Guidance and Support				
Learning Outcomes				
Other				

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C. Results

1. Number of students starting field experience: ☐   Student completing ☐

2. Distribution of Grades

Letter Grade	Number of Students	Student Percentage	Analysis of Distribution of Grades
A			
B			
C			
D			
F			
Denied Entry			
In Progress			
Incomplete			
Pass			
Fail			
Withdrawn			

3. Analyze special factors (if any) affecting the results

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D Administrative Issues

1. Organizational or administrative difficulties encountered (if any)	2. Consequences of any difficulties experienced for student learning in the field experience.

E Evaluation of Field Experience Activity

1. Student evaluation of the field experience (Attach summary of survey results).
a. List the most important recommendations for improvement and strengths
b. Response of instructor and field staff to this evaluation
2. Other Evaluation (eg. by head of department, peer observations, accreditation review, other stakeholders)
a. List the most important recommendations for improvement and strengths
b. Response of instructor and field staff to this evaluation

G Planning for Improvement

Actions recommended from the most recent field experience report(s)	Actions Taken	Action Results	Action Analysis
1. Progress on actions proposed for improving the field experience in previous field experience reports (if any).			
a.			

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b.			
c.			
d.			

2. List what additional actions have been taken to improve the field experience (based on previous experience, reports, surveys, independent opinion, or evaluation).

3. Action Plan for Next Semester/Year				
Actions Recommended for Further Improvement	Intended Action Points (should be measurable)	Start Date	Completion Date	Person Responsible
a.				
b.				
c.				
d.				
e.				

Name of Instructor: _____

Signature: _____   Date Report Completed: _____

Name of Field Experience Teaching Staff _____

Program Coordinator: _____

Signature: _____   Date Received: _____

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ATTACHMENT 9.

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T12. Self-Study Report for Programs (SSRP)

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Introductory Comments

A program self-study is a thorough examination of the quality of a program. The mission and objectives of the program and the extent to which they are being achieved are thoroughly analyzed according to the standards for quality assurance and accreditation defined by the NCAAA.

A Self Study Report for Programs (SSRP) should be considered as a research report on the quality of the program. It should include sufficient information to inform a reader who is unfamiliar with the program about the process of investigation and the evidence on which conclusions are based to have reasonable confidence that those conclusions are sound.

Conclusions should be supported by evidence, with verification of analysis and advice from others able to offer informed and independent comments.

This SSRP should include all the necessary information for it to be read as a complete self contained report on the quality of the program.

The main branch/location campus must complete the entire SSRP together with the required information from all branch/location campuses that offer the program.

Each branch/location campus must complete an abridged, short version, of the SSRP; including the *Periodic Program Profile,* Profile sections (A-H) and standards 3, 4, and 11. After analysis and inclusion of required information, the main branch campus will submit the complete SSRP with the abridged versions to NCAAA.

The Self Study Report for Programs template is for an Undergraduate Program. For guidance on the completion of this template, please refer to the *Handbook for Quality Assurance and Accreditation* and to the *Guidelines for Using the Template for a Program Self-Study*.

A GENERAL INFORMATION   **DATE:** _____

Institution
Title of College and Department in which the program is offered
Title of Program
Date of Report
Name and Contact details for Dean
Name of Person Responsible for Preparation of Report (Head of Department)
Name and contact details for person to contact for further information about matters discussed in the

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report and for arrangements for an external review visit. (if different from above)

B. PROGRAM PROFILE INFORMATION

Annual Program Profile: NCAAA requires all programs to annually update their profile information using the Annual Program Profile, template T1.P. Institutional profile information is provided on the Annual Institutional Profile, template T1.I. This information is considered part of the SSRP and is available to the public on the NCAAA website.

Historical Summary

Provide a brief historical summary of the program including such things as:
- when and why it was introduced
- student enrollment history
- relationships with industry or professional advisory groups
- graduate employment outcomes
- major program changes.

Include brief comments about what are believed to be the programs main strengths and accomplishments and any significant problems or concerns that are being addressed.

Preparatory or Foundation Program

Do you offer a preparatory program   **Yes** ☐   **No** ☐

If yes, is the preparatory program offered out-sourced?   **Yes** ☐   **No** ☐

If a preparatory or foundation year program is provided prior to entry to this program, are all students required to take that program? **Yes** ☐   **No** ☐

If yes, how many Academic credits are granted into the program and included in the * GPA

> **What is the total number of credits required by the program?** _____

NOTE: * Credits granted into the program must be included in the GPA

List the courses that are granted into the program.

_____

_____

Statistical Summary

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C. PROGRAM PROFILE ANALYSIS INFORMATION

FOR ALL ANALYSIS SECTIONS A SEPARATE TABLE MUST BE USED FOR EACH BRANCH/LOCATION CAMPUS.

Program profile information and data require analysis and projections that provide predictive knowledge. By anticipating and projecting future information and data, quality improvement can be sustained through appropriate interventions and action plans.

1. Student Enrollment Analysis and Projections					
	Two Years Ago	Past Year	Current Year	Next Year	Five Year Projection
Total Enrolment					
Strengths					
Recommendations for Improvement					
Predictions					
Interventions					
Action Plans					

2. PhD Faculty Analysis and Projections					
	Two Years Ago	Past Year	Current Year	Next Year	Five Year Projection
Total PhD Faculty					
Strengths					
Recommendations for Improvement					
Predictions					
Interventions					
Action Plans					

3. Faculty Teaching Analysis and Projections (Calculate the average number of credit hours taught by the **full-time faculty** and calculate the average number of students enrolled per class taught).					
	Two Years Ago	Past Year	Current Year	Next Year	Five Year Projection
Average Class Size					
Average Teaching					

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Load					
Strengths					
Recommendations for Improvement					
Predictions					
Interventions					
Action Plans					

Average Credit Workload – Add the total number of credit hours taught by each individual teaching faculty member, add them all together, and divide by the full-time or part-time number of faculty members.

Average Class Enrollment – Add the total number of students enrolled in all of the classes taught by each individual teaching faculty member and divide the total by the number of classes taught. Add all the totals together and divide by the total number of faculty members.

4. Faculty to Student Ratio Analysis and Projections					
	Two Years Ago	**Past Year**	**Current Year**	**Next Year**	**Five Year Projection**
PhD per Student					
Male Student to Faculty					
Female Student to Faculty					
Total Student to Faculty					
Strengths					
Recommendations for Improvement					
Predictions					
Interventions					
Action Plans					

5. Student Completion Rate/Graduation Rate Analysis and Projections					
	Two Years Ago	**Past Year**	**Current Year**	**Next Year**	**Five Year Projection**
Female Four Year Program					

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Female Five Year Program					
Female Six Year Program					
Male Four Year Program					
Male Five Year Program					
Male Six Year Program					
Total Four Year Program					
Total Five Year Program					
Total Six Year Program					
Strengths					
Recommendations for Improvement					
Predictions					
Interventions					
Action Plans					

6. Number of Graduates Analysis and Projections					
	Two Years Ago	**Past Year**	**Current Year**	**Next Year**	**Five Year Projection**
Diploma					
Bachelor					
Higher Diploma					
Master					
Ph.D.					
Total					
Strengths					
Recommendations for Improvement					
Predictions					

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Interventions
Action Plans

7. Student Mode of Instruction Analysis and Projections

	Two Years Ago	Past Year	Current Year	Next Year	Five Year Projection
On Campus Female					
Distance Education Female					
On Campus Male					
Distance Education Male					
Total On Campus					
Total Distance Education					

Strengths
Recommendations for Improvement
Predictions
Interventions
Action Plans

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D. PROGRAM FACULTY PROFILE TEMPLATE B: COLLEGE DATA

College: _____ Department: _____ Program: _____

*(On Campus Programs, Distance Learning)

No.	Faculty/ Teaching Staff Names			Nationality	Academic Rank	General Specialty	Specific Specialty	Institution Graduated From	Degree	*Study Mode	List Courses Taught This Academic Year	Full or Part Time	
	Name	M	F									F/T	P/T
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Strengths													

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Recommendations for Improvement	
Predictions	
Interventions	
Action Plans	

NOTE: The number of faculty and teaching academic staff should include:

- Faculty: Assistant, Associate and Full Professors whether involved with teaching, research or both teaching and research.
- Teaching staff: Lectures, Teaching Assistants, Practical Preceptors
- The number should not include Technicians and Laboratory Assistants.

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E Self-Study Process

Provide the following:
- A summary description of the procedures followed and administrative arrangements for the self-study.
- A quality assurance organization flowchart.
- Description of membership and terms of reference for committees and /or working parties.

F. MISSION, GOALS AND OBJECTIVES

1. Mission Statement of the Program (Insert the Mission Statement).

Use the following table and write clear, measurable goals and objectives of the program and align each one with quality performance indicators and the target benchmark.

NOTE: A SEPARATE TABLE MUST BE USED FOR EACH BRANCH/LOCATION CAMPUS
(This table is not referring to NCAAA KPIs or the program KPIs).

2. Goals	3. Objectives for each goal	4. Performance Indicators	5. Target Benchmarks

Provide a list of the strengths and recommendations for improvement based on an assessment of this data.

GOALS refer to the major program aims, ambitions, and purposes (**What** the program is attempting to accomplish?)

OBJECTIVES refer to specific action points the program has in place to achieve each goal (**How** is the program attempting to accomplish the goals).

PERFORMANCE INDICATORS refer to the measurement criteria used to evaluate each objective.

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TARGET BENCHMARK refers to the intended or desired outcome that is anticipated when each goal is complete.

SUMMARY ANALYSIS refers to a study comparing all the target benchmarks with the actual outcomes determined by the performance indicators (Examine all the goals/objectives together and compare and contrast the expected target results with the actual results provided by the performance indicators.). The summary analysis is an overall assessment of the success that the program in achieving its goals/objectives.

2. Program Evaluation in Relation to Goals and Objectives for Development of the Program

NOTE:
I.   Reports on these items should be expanded as necessary to include tables, charts or other appropriate forms of evidence, including trends and comparisons with past performance, or with other institutions where relevant.)
II.   Information should be provided on performance indicators that relate directly in alignment with the mission, goals and objectives

---

1.State goal/objective

Target benchmark or standard of performance

Result achieved or actual benchmark

Comments and analysis

---

2. State goal/objective

Target benchmark or standard of performance

Result achieved or actual benchmark

Comments and analysis

---

3 State goal/objective

Target benchmark or standard of performance

Result achieved or actual benchmark

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Comments and analysis
4 State goal/objective
Target benchmark or standard of performance
Result achieved or actual benchmark
Comments and analysis

5 State goal/objective
Target benchmark or standard of performance
Result achieved or actual benchmark
Comments and analysis

G. PROGRAM CONTEXT

1. Describe the significant elements in the external environment (including any important recent changes)

2. Enrollment Management and Cohort Analysis (complete tables on the following pages)

Cohort Analysis refers to tracking a specific group of students who begin a given year in a program and following them until they graduate (How many students actually start a program and stay in the program until completion).

A **cohort** refers to the total number of students enrolled in the program at the beginning of each academic year, immediately after the preparatory year. No new students may be added or transfer into a given cohort. Any students that withdrawal or fail to academically progress with the original cohort are subtracted from the cohort and may not return or be added again to the cohort.

Cohort Analysis Table 1 provides complete tracking information for the most recent cohort to complete the program, beginning with their first year and tracking them until graduation (students that withdraw are subtracted and no new students are added).

Cohort of Academic Year tables refer to current student cohort tracking that is in progress and have not

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graduated. A separate cohort tracking table should be provided for each year of enrolment (i.e., if the program is a 2, 4, or 5 year diploma program then there should be a table for each year, beginning with Table 1).

Enrollment Management and Cohort Analysis (Table 6) provides a summary of the cohort data given in each of the cohort analysis tables. Based on an assessment of all the data combined from each of the cohorts currently enrolled, there is space given to provide a critical analysis of the strengths or areas of concern identified for the whole program.

3. **Cohort of the Academic Year Table 1: 2010 – 2011** (Table assumes 5 academic years are required for this batch to graduate, excluding the Prep Year, PYP)

Student Category	2009 - 10	2010 -11	2011- 12	2012 - 13	2013 - 14	2014 - 15
Total cohort enrollment	*PYP					
Retained till year end						
Withdrawn during the year and re-enrolled the following year						
Withdrawn for good						
Graduated successfully	0	0	0	0	0	

Provide a Cohort Analysis of the Academic Years (for the last 5 years).

Cohort of the Academic Year Table 2: 2011 – 2012 (Table assumes 5 academic years are required for this batch to graduate, excluding the Prep Year, PYP)

Student Category	2009 - 10	2010 -11	2011- 12	2012 - 13	2013 - 14	2014 - 15
Total cohort enrollment	0	PYP				
Retained till year end	0					
Withdrawn during the year and re-enrolled the following year	0					
Withdrawn for good	0					
Graduated successfully	0	0	0	0	0	0

Provide a Cohort Analysis of the Academic Years (for the last 4 years).

Cohort of the Academic Year Table 3: 2011 – 2012 (Table assumes 5 academic years are required for this batch to graduate, excluding the Prep Year, PYP)

Student Category	2009 - 10	2010 -11	2011- 12	2012 - 13	2013 -	2014 - 15

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Student Category					14	
Total cohort enrollment	0	0	PYP			
Retained till year end	0	0				
Withdrawn during the year and re-enrolled the following year	0	0				
Withdrawn for good	0	0				
Graduated successfully	0	0	0	0	0	0

Provide a Cohort Analysis of the Academic Years (for the last 3 years).

Cohort of the Academic Year Table 4: 2011 – 2012 (Table assumes 5 academic years are required for this batch to graduate, excluding the Prep Year, PYP)

Student Category	2009 - 10	2010 -11	2011- 12	2012 - 13	2013 - 14	2014 - 15
Total cohort enrollment	0	0	0	PYP		
Retained till year end	0	0	0			
Withdrawn during the year and re-enrolled the following year	0	0	0			
Withdrawn for good	0	0	0			
Graduated successfully	0	0	0	0	0	0

Provide a Cohort Analysis of the Academic Years (for the last 2 years).

Cohort of the Academic Year Table 5: 2011 – 2012 (Table assumes 5 academic years are required for this batch to graduate, excluding the Prep Year, PYP)

Student Category	2009 - 10	2010 -11	2011- 12	2012 - 13	2013 - 14	2014 - 15
Total cohort enrollment	0	0	0	0	PYP	
Retained till year end	0	0	0	0		
Withdrawn during the year and re-enrolled the following year	0	0	0	0		
Withdrawn for good	0	0	0	0		
Graduated	0	0	0	0	0	0

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successfully							
Provide a Cohort Analysis of the Academic Years (for the last year).							

Enrollment Management and Cohort Analysis Table 6: (Table 6 assumes 5 academic years and 5 batches of students are enrolled to graduate, excluding the Prep Year) Transfer the cohort data from each of the above batches onto Table 6 using the vertical columns for each given academic year.

Student Category	2010 -11 Table 1	2011- 12 Table 2	2012 – 13 Table 3	2013 – 14 Table 4	2014 – 15 Table 5	Totals
Total cohort enrollment						
Retained till year end						
Withdrawn during the year and re-enrolled the following year						
Withdrawn for good						
Graduated successfully		0	0	0	0	
Provide a comprehensive Cohort Analysis based on all cohort batches currently enrolled.						

NOTE: SEPARATE SETS OF TABLES MUST BE USED FOR EACH BRANCH OR LOCATION CAMPUS. THE ABOVE TABLES SHOULD BE THE DATA FOR THE MAIN CAMPUS.

G PROGRAM DEVELOPMENTS

1. Provide a list of changes made in the program in the period since the previous self-study or since the program was introduced. This should include such things as courses added or deleted or significant changes in their content, changes in approaches to teaching or student assessment, or program evaluation processes etc.

2**. Comparison of planned and actual enrollments table**.

Year	Planned Enrollment	Actual Enrollment

Provide analysis and an explanation report if there are significant differences between planned and actual numbers.

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H. Evaluation in Relation to Quality Standards (Refer to *Standards for Quality Assurance and Accreditation of Higher Education Programs*)

NOTE FOR SECTION H

Response reports should be provided under each of the quality sub-standards set out in the *Standards for Quality Assurance and Accreditation of Higher Education Programs*.

NOTE: Programs are required to use 75% or more of the suggested NCAAA KPI's. KPI tables are provided throughout the SSRP and directly apply to the entire standard or a specific sub-standard, depending on where they are located. Copy additional KPI tables as needed and paste them under the standard or sub-standard where the evidence applies.

Standard 1. Mission and Objectives (Overall Rating_____ Stars)

The mission of the program must be consistent with that for the institution and apply that mission to the particular goals and requirements of the program concerned. It must clearly and appropriately define the program's principal purposes and priorities and be influential in guiding planning and action.

Provide a description of the process for investigation and preparation of report on this standard.

Provide an explanatory report about the development and use of the mission for each of the following sub-standards:

1.1 Appropriateness of the Mission

1.2 Usefulness of the Mission Statement

1.3 Development and Review of the Mission

1.4 Use Made of the Mission

1.5 Relationship Between Mission, Goals, and Objectives

Choose **ONE OR MORE** KPIs that best supports that the program meets this standard. Each KPI should use a separate KPI table. Insert the KPI in the table below, add the actual KPI benchmark with the other

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benchmarks, and provide an analytical interpretation that describes the outcome (most benchmarks are numerical and others may be descriptions that verify quality using a rubric).

KPI Table

KPI: **NCAAA KPI Reference Number:** _____

Institutional KPI Reference Number: _____

Actual Benchmark	Target Benchmark	Internal Benchmark*	External Benchmark**	New Target Benchmark

Analysis (list strengths and recommendations):

*   Explain:

1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:

1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

Overall Evaluation of Quality of Mission, Goals and Objectives. Refer to evidence obtained and ***provide a report*** based on that evidence; including a list of particular strengths, recommendations for improvement, and priorities for action.

Standard 2. Program Administration (Overall Rating_____ Stars)

Program administration must provide effective leadership and reflect an appropriate balance between accountability to senior management and the governing board of the institution within which the program

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is offered, and flexibility to meet the specific requirements of the program concerned. Planning processes must involve stakeholders (e.g. students, professional bodies, industry representatives, teaching staff) in establishing goals and objectives and reviewing and responding to results achieved. If a program is offered in sections for male and female students resources for the program must be comparable in both sections, there must be effective communication between them, and full involvement in planning and decision making processes. The quality of delivery of courses and the program as a whole must be regularly monitored with adjustments made promptly in response to this feedback and to developments in the external environment affecting the program.

Provide a description of the process for investigation and preparation of the report.

Provide an explanatory report about the development and use of the program administration for each of the following sub-standards

2.1 Leadership

2.2 Planning Processes

2.3 Relationship Between Sections for Male and Female Students

2.4 Integrity

2.5   Internal Policies and Regulations

Overall Evaluation of Quality of Mission, Goals and Objectives: Refer to evidence obtained and **provide a report** based on that evidence; including a list of particular strengths, recommendations for improvement, and priorities for action.

Overall Evaluation of Quality of Program Administration. Refer to evidence obtained and **provide a report** based on that evidence; including a list of particular strengths, recommendations for improvement, and priorities for action.

Standard 3. Management of Program Quality Assurance (Overall Rating_____ Stars)

Teaching and other staff involved in the program must be committed to improving both their own performance and the quality of the program as a whole. Regular evaluations of quality must be undertaken within each course based on valid evidence and appropriate benchmarks, and plans for improvement made and implemented. Central importance must be attached to student learning outcomes with each course contributing to the achievement of overall program objectives.

Provide a description of the process for investigation and preparation of report.

Provide an explanatory report that describes and analyzes the quality assurance processes used in the

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program, particularly relating to indicators and benchmarks of performance and verification of standards for each of the following sub-standards.

3.1 Commitment to Quality Improvement in the Program

3.2 Scope of Quality Assurance Processes

3.3 Administration of Quality Assurance Processes

3.4 Use of Performance Indicators and Benchmarks

3.5 Independent Verification of Evaluations

Choose **ONE OR MORE** KPIs that best supports that the program meets this standard. Each KPI should use a separate KPI table. Insert the KPI in the table below, add the actual KPI benchmark with the other benchmarks, and provide an analytical interpretation that describes the outcome (most benchmarks are numerical and others may be descriptions that verify quality using a rubric).

Overall Evaluation of Quality of Mission, Goals and Objectives. Refer to evidence obtained and *provide a report* based on that evidence; including a list of particular strengths, recommendations for improvement, and priorities for action.

KPI Table

KPI:	NCAAA KPI Reference Number: _____
	Institutional KPI Reference Number: _____

Actual Benchmark	Target Benchmark	Internal Benchmark*	External Benchmark**	New Target Benchmark

Analysis (list strengths and recommendations):

*   Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:

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1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

Standard 4. Learning and Teaching. (Overall Rating_____ Stars)

Student learning outcomes must be clearly specified, consistent with the National Qualifications Framework and requirements for employment or professional practice. Standards of learning must be assessed and verified through appropriate processes and benchmarked against demanding and relevant external reference points. Teaching staff must be appropriately qualified and experienced for their particular teaching responsibilities, use teaching strategies suitable for different kinds of learning outcomes and participate in activities to improve their teaching effectiveness. Teaching quality and the effectiveness of programs must be evaluated through student assessments and graduate and employer surveys with evidence from these sources used as a basis for plans for improvement.

Provide an explanatory report about the organizational framework and process arrangements followed to demonstrate that the sub-standards are met (For example, use information provided in reports of survey summaries, KPIs and benchmarking analysis, indirect and direct learning outcome assessments or in annual program reports).

Provide a description of the quality assurance response processes used to verify the organizational framework and processes for learning and teaching are valid (For example if steps were taken to check the standards of student achievement against appropriate external benchmarks, what was done, and what conclusions were reached?).

Subsection 4.1 Student Learning Outcomes (Overall Rating_____ Stars)

Describe the processes used for ensuring the appropriateness and adequacy of intended student learning outcomes from the program.   Include action taken to ensure consistency of the intended student learning outcomes with professional or occupational employment requirements as indicated by expert advice or requirements of professional bodies or relevant accrediting agencies with the National Qualifications Framework. (Note that evidence on the standards of student achievement of these intended learning outcomes should be considered in sub-standard 4.4 below)

Use the below table to *provide all the program learning outcomes* required for graduation with the appropriate assessment methods and teaching strategies in alignment. Use the learning outcomes in the NQF domains of learning, assessment methods, and teaching strategies identified in the Program Specifications. If there are no learning outcomes required for the psychomotor domain then omit the fifth learning domain.

		NQF Learning Domains and Learning Outcomes	Teaching Strategies	Assessment Methods
1.0		Knowledge		
1.1				
1.2				
2.0		Cognitive Skills		

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2.1			
2.2			
3.0	Interpersonal Skills and Responsibility		
3.1			
3.2			
4.0	Communication, Information Technology, Numerical		
4.1			
4.2			
5.0	Psychomotor (if applicable)		
5.1			
5.2			

Describe the general performance of the program learning outcomes; including external KPIs with benchmarks and analysis assessments from students and employer surveys and a summary of the direct assessment of student learning achievements (How well are the students learning?).

Describe the process and steps used by the program learning outcome assessment system; including a description of the leaders, faculty, committees and responsibilities and the names of people who serve on each committee.

Describe the results and provide an analysis for the complete assessment of all program learning outcomes (see the Annual Program Reports for the past four years).

List the strengths and recommendations for improvement of the learning outcome assessment process (Based on the student performance results, how can the program improve?) (See *Annual Program Reports* for detailed data).

Evaluation of intended student learning outcomes. Refer to evidence about the appropriateness and adequacy of the intended learning outcomes for students in this program and ***provide a report*** including a list of strengths, recommendations for improvement, and priorities for action.

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Subsection 4.2 Program Development Processes (Overall Rating _____ Stars)

Describe the processes followed for developing the program and implementing changes that might be needed.

Evaluation of program development processes. Refer to evidence and <u>provide a report</u> including a list of strengths, recommendations for improvement, and priorities for action.

Subsection 4.3 Program Evaluation and Review Processes (Overall Rating _____ Stars)

Describe the processes followed for program evaluation and review.

Evaluation of program evaluation and review processes. Refer to evidence and *provide a report* including a list of strengths, areas recommendations for improvement, and priorities for action.

List the conclusions that were reached about the quality of the program as a result of using the program evaluation and review processes. Reference should be made to data on indicators and survey results as appropriate.

Subsection 4.4 Student Assessment (Overall Rating _____ Stars)

Describe the strategies for student assessment in the program and the processes used to verify standards of student achievement.

Evaluation of student assessment processes. Refer to evidence about effectiveness of student assessment processes. *Provide an evaluation report* of the processes followed for this sub-standard; include evidence about the standards of student learning outcomes achieved in comparison with appropriate benchmarks, and how the results of evaluations were used as input for the continuous improvement of the program. The report on this sub-standard should include a list of strengths, recommendations for improvement, and priorities for action.

Subsection 4.5 Educational Assistance for Students (Overall Rating _____ Stars)

Provide a summary report of what assistance is provided in relation to the matters listed in this sub-standard (e.g. orientation programs, office hours, identification and assistance for students in need, referrals to support services etc.).

Provide an evaluation report of processes for educational assistance for students. Refer to evidence about the appropriateness and effectiveness of processes for assistance of students in this program (e.g. Is the assistance what is needed for these students, is it actually provided as planned, and how is it evaluated by students?). The report should include a list of strengths, recommendations for improvement, and priorities for action.

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Subsection 4.6 Quality of Teaching (Overall Rating _____ Stars)

Provide information about the planning of teaching strategies to develop the intended learning outcomes of the program, for evaluating quality of teaching, and processes for preparation and consideration of course and program reports. This section should include a table indicating the proportion of teaching staff whose teaching is regularly assessed in student surveys (or by other mechanisms).

Choose **ONE OR MORE** KPIs that best supports that the program meets this standard. Each KPI should use a separate KPI table. Insert the KPI in the table below, add the actual KPI benchmark with the other benchmarks, and provide an analytical interpretation that describes the outcome (most benchmarks are numerical and others may be descriptions that verify quality using a rubric).

KPI Table

KPI:	NCAAA KPI Reference Number: _____			
	Institutional KPI Reference Number: _____			
Actual Benchmark	**Target Benchmark**	**Internal Benchmark***	**External Benchmark****	**New Target Benchmark**

Analysis (list strengths and recommendations):

* Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

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Evaluation of quality of teaching. Refer to evidence about teaching quality and provide a report including a list of strengths, recommendations for improvement, and priorities for action. The report should include a summary of data from student surveys used for course and overall program evaluations, with information provided about sample size and response rates on those surveys. Comparative data from other similar surveys should be included.

Subsection 4.7 Support for Improvements in Quality of Teaching (Overall Rating _____ Stars)

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Provide a report that describes the strategies for the improvement of teaching. Include a table showing staff participation in training and/or other activities designed for the improvement of teaching and other related professional development activities. The description should include processes used for investigating and dealing with situations where evidence suggests there may be problems in teaching quality, and arrangements for recognizing outstanding teaching performance.

Evaluation of arrangements for supporting improvements in quality of teaching. Refer to evidence about the effectiveness of strategies used and <u>provide a report</u> including a list of strengths, recommendations for improvement, and priorities for action. This evidence could include matters, such as, trend data and analysis from student course evaluations and survey responses from staff participating in programs offered.

Subsection 4.8 Qualifications and Experience of Teaching Staff (Overall Rating _____ Stars)
Provide an analysis report on the qualifications and experience of teaching staff relating to program requirements (Refer to the *Periodic Program Profile Template B*).

Evaluation of qualifications and experience of teaching staff. Refer to evidence and ***provide a report*** including a list of strengths, recommendations for improvement, and priorities for action.

Choose **ONE OR MORE** KPIs that best supports that the program meets this standard. Each KPI should use a separate KPI table. Insert the KPI in the table below, add the actual KPI benchmark with the other benchmarks, and provide an analytical interpretation that describes the outcome (most benchmarks are numerical and others may be descriptions that verify quality using a rubric).

KPI Table

KPI:	NCAAA KPI Reference Number: _____ Institutional KPI Reference Number: _____			
Actual Benchmark	**Target Benchmark**	**Internal Benchmark***	**External Benchmark****	**New Target Benchmark**
Analysis (list strengths and recommendations):				
* Explain: 1. Why this internal benchmark provider was chosen? 2. How was the benchmark calculated? 3. Name of the internal benchmark provider.				
** Explain:				

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1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

Subsection 4.9 Field Experience Activities (if used in the program) (Overall Rating_____ Stars)

Describe the processes for planning field experience activities and planning for improvement.

Provide an evaluation report of field experience activities including evaluation of processes for planning and managing them. Refer to evidence and provide a report including a list of strengths, recommendations for improvement, and priorities for action.

Subsection 4.10 Partnership Arrangements With Other Institutions (it these exist) (Overall Rating_____ Stars)

If partnerships have been established with other institutions to assist with the planning and or delivery of the program, *describe what is done* through those partnerships and explain what has been done to evaluate the effectiveness of those activities.

Evaluation of partnership arrangements (if any). Refer to evidence and *provide a report* including a list of strengths, recommendations for improvement, and priorities for action.

Choose **ONE OR MORE** KPIs that best supports that the program meets this standard. Each KPI should use a separate KPI table. Insert the KPI in the table below, add the actual KPI benchmark with the other benchmarks, and provide an analytical interpretation that describes the outcome (most benchmarks are numerical and others may be descriptions that verify quality using a rubric).

KPI Table

KPI: NCAAA KPI Reference Number: _____
Institutional KPI Reference Number: _____

Actual Benchmark	Target Benchmark	Internal Benchmark*	External Benchmark**	New Target Benchmark

Analysis (list strengths and recommendations):

*   Explain:

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1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:

1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

Standard 5. Student Administration and Support Services (Overall Rating_____ Stars)

Admission processes must be efficient, fair, and responsive to the needs of students entering the program. Clear information about program requirements and criteria for admission and program completion must be readily available for prospective students and when required at later stages during the program. Mechanisms for student appeals and dispute resolution must be clearly described, made known, and fairly administered. Career advice must be provided in relation to occupations related to the fields of study dealt with in the program.

Much of the responsibility for this standard may be institutional rather than program administration. However, the program is responsible to assessing the quality of this standard.   In this standard analysis should be made not only on what is done within the department or program, but also on how the services provided elsewhere in the institution affect the quality of the program and the learning outcomes of students.

Describe the processes used to evaluate performance in relation to this standard.

Provide an explanatory report about the student administration arrangements and support services for each of the following sub-standards:

5.1 Student Admissions

5.2 Student Records

5.3 Student Management

5.4 Student Advising and Counselling Services

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Choose **ONE OR MORE** KPIs that best supports that the program meets this standard. Each KPI should use a separate KPI table. Insert the KPI in the table below, add the actual KPI benchmark with the other benchmarks, and provide an analytical interpretation that describes the outcome (most benchmarks are numerical and others may be descriptions that verify quality using a rubric).

KPI Table

KPI:	**NCAAA KPI Reference Number:** _____ **Institutional KPI Reference Number:** _____			
Actual Benchmark	**Target Benchmark**	**Internal Benchmark***	**External Benchmark****	**New Target Benchmark**

Analysis (list strengths and recommendations):

* Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

Evaluation of student administration arrangements and support services for students in the program. Refer to evidence about the standard and sub-standards within it and **_provide a report_** including a list of strengths, recommendations for improvement, and priorities for action.

6**. Learning Resources (Overall Rating_____ Stars)**

Learning resource materials and associated services must be adequate for the requirements of the program and the courses offered within it and accessible when required for students in the program. Information about requirements must be made available by teaching staff in sufficient time for necessary provisions to be made for resources required, and staff and students must be involved in evaluations of what is provided. Specific requirements for reference material and on-line data sources and for computer terminals and assistance in using this equipment will vary according to the nature of the program and the approach to teaching.

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Describe the processes followed to investigate this standard and summarize the evidence obtained.

Provide an explanatory report about processes for provision of learning resources for the program, including opportunities provided for teaching staff or program administrators to arrange for necessary resources to be made available, information about services provided and times available, equivalence of provisions for different sections, etc. Complete this section using the following sub-standards:

6.1 Planning and Evaluation

6.2 Organization

6.3 Support for Users

6.4 Resources and Facilities

Choose **ONE OR MORE** KPIs that best supports that the program meets this standard. Each KPI should use a separate KPI table. Insert the KPI in the table below, add the actual KPI benchmark with the other benchmarks, and provide an analytical interpretation that describes the outcome (most benchmarks are numerical and others may be descriptions that verify quality using a rubric).

KPI Table

KPI:	NCAAA KPI Reference Number: _____			
	Institutional KPI Reference Number: _____			
Actual Benchmark	**Target Benchmark**	**Internal Benchmark***	**External Benchmark****	**New Target Benchmark**

Analysis (list strengths and recommendations):

* Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

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3. Name of the external benchmark provider.

Evaluation of learning resources for students in the program. Refer to evidence about the standard and sub-standards within it and *provide a report* including a list of strengths, recommendations for improvement, and priorities for action.

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7. Facilities and Equipment (Overall Rating_____ Stars)

Adequate facilities and equipment must be available for the teaching and learning requirements of the program. Use of facilities and equipment should be monitored and regular assessments of adequacy made through consultations with teaching and other staff and students.

Much of the responsibility for this standard may be institutional rather than program administration. However, the program is responsible to assessing the quality of this standard.   In this standard analysis should be made on matters that impact on the quality of delivery of the program. These matters would include, for example, adequacy of classroom and laboratory facilities, availability and maintenance of equipment, appropriateness for the program of scheduling arrangements, and availability, maintenance, and technical support for IT equipment in meeting program needs.

Describe the processes used to evaluate the quality of provision of facilities and equipment for the program.

Provide an explanatory report about arrangements for provision of facilities and equipment for the following sub-standards:

7.1 Policy and Planning

7.2 Quality and Adequacy of Facilities and Equipment

7.3 Management and Administration of Facilities and Equipment

7.4 Information Technology

Choose **ONE OR MORE** KPIs that best supports that the program meets this standard. Each KPI should use a separate KPI table. Insert the KPI in the table below, add the actual KPI benchmark with the other benchmarks, and provide an analytical interpretation that describes the outcome (most benchmarks are numerical and others may be descriptions that verify quality using a rubric).

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KPI Table				
KPI:		**NCAAA KPI Reference Number:** _____ **Institutional KPI Reference Number:** _____		
Actual Benchmark	**Target Benchmark**	**Internal Benchmark***	**External Benchmark****	**New Target Benchmark**

Analysis (list strengths and recommendations):

* Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

Evaluation of facilities and equipment for the program. Refer to evidence about the standard and sub-standards within it and *provide a report* including a list of strengths, recommendations for improvement, and priorities for action.

---

8. Financial Planning and Management   (Overall Rating_____ Stars)

Financial resources must be sufficient for the effective delivery of the program. Program requirements must be made known sufficiently far in advance to be considered in institutional budgeting. Budgetary processes should allow for long term planning over at least a three year period. Sufficient flexibility must be provided for effective management and responses to unexpected events and this flexibility must be combined with appropriate accountability and reporting mechanisms.

Much of the responsibility for this standard may be institutional rather than program administration. However, the program is responsible to assessing the quality of this standard.   In this standard the effect of financial planning and management arrangements on the program should be analyzed, as well as matters that are carried out by program administrators themselves.

Describe the processes used to consider quality of performance in relation to this standard.

Provide an explanatory report about recruitment and other employment activities for the following sub-

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standards:

8.1   Financial Planning and Budgeting

8.2   Financial Management

Evaluation of employment processes for the program. Refer to evidence about the standard and sub-standards within it and provide a report including a list of strengths, recommendations for improvement, and priorities for action

.

9. **Employment Processes (Overall Rating_____ Stars)**

Teaching and other staff must have the knowledge and experience needed for their particular teaching or other responsibilities and their qualifications and experience must be verified before appointment. New teaching staff must be thoroughly briefed about the program and their teaching responsibilities before they begin. Performance of all teaching and other staff must be periodically evaluated, with outstanding performance recognized and support provided for professional development and improvement in teaching skills.

Much of the responsibility for this standard may be institutional rather than program administration. However, the program is responsible to assessing the quality of this standard. In this standard analysis should be made on employment matters that affect the quality of the program. These matters include the appointment of appropriately qualified faculty, their participation in relevant professional development and scholarly activities, and their preparation for participation in the program.

Describe the processes used to consider quality of performance in relation to this standard.

Provide an explanatory report about recruitment and other employment activities for the following sub-standards:

9.1 Recruitment

9.2 Personal and Career Development

Evaluation of employment processes for the program. Refer to evidence about the standard and sub-standards within it and *provide a report* including a list of strengths, recommendations for improvement, and priorities for action.

10. **Research   (Overall Rating_____ Stars)**

All staff teaching higher education programs must be involved in sufficient appropriate scholarly activities to ensure they remain up to date with developments in their field, and those developments should be reflected in their teaching. Staff teaching in post graduate programs or supervising higher

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degree research students must be actively involved in research in their field. Adequate facilities and equipment must be available to support the research activities of teaching staff and post graduate students to meet these requirements in areas relevant to the program. Staff research contributions must be recognized and reflected in evaluation and promotion criteria.

Expectations for research vary according to the mission of the institution and the level of the program (e.g. college or university, undergraduate or postgraduate program). In this standard an analysis should be made on the extent and quality of research activities of faculty teaching in the program, and on how their research and other current research in the field is reflected in teaching.

Describe the processes used to evaluate performance in relation to this standard:

Provide an explanatory report about nature and extent of research activities associated with the program or carried out by staff teaching in it for the following sub-standards:

10.1   Teaching Staff and Student Involvement in Research

10.2   Research Facilities and Equipment

Choose **ONE OR MORE** KPIs that best supports that the program meets this standard. Each KPI should use a separate KPI table. Insert the KPI in the table below, add the actual KPI benchmark with the other benchmarks, and provide an analytical interpretation that describes the outcome (most benchmarks are numerical and others may be descriptions that verify quality using a rubric).

KPI Table

| KPI: | NCAAA KPI Reference Number: _____ |
| | Institutional KPI Reference Number: _____ |

Actual Benchmark	Target Benchmark	Internal Benchmark*	External Benchmark**	New Target Benchmark

Analysis (list strengths and recommendations):

*   Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

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2. How was the benchmark calculated?

3. Name of the external benchmark provider.

Evaluation of research activities associated with the program and of staff teaching in it.

Provide a report about the standard and sub-standards within it. Tables should be provided indicating the amount of research activity and other participation in scholarly activity and comparisons with appropriate benchmarks. The report should include a list of strengths, recommendations for improvement, and priorities for action.

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Program Research Information Table
(For all individual branch/location campuses)

Complete the *Program Research Information Table* for each branch/location campus that offers the specific program. FTE (full-time equivalent) is calculated as 12 credit hours and should not include research, teaching or laboratory assistants.

Program Branch/ Location Campus (City)	Annual Research Budget Total Amount	Annual Research Budget Actual Expenditure	Publications Per FTE Faculty Member Per Year (male)	Publications Per FTE Faculty Member Per Year (female)	Research Conference Presentations Per FTE Faculty Per Year (male)	Research Conference Presentations Per FET Faculty Per Year (female)	Describe Research Activity (past 2 years)
Main Campus							
Branch/ Location 1							
Branch/ Location 2							
Branch/ Location 3							
Branch/ Location 4							
Program Totals							

1. Attach the research approval flowchart

2. Attach the program research strategic plan

3. Attach the research policy manual (including research ethics policy)

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11. **Relationships with the Community (Overall Rating_____ Stars)**

Significant and appropriate contributions must be made to the community in which the institution is established drawing on the knowledge and experience of staff and the needs of the community for that expertise. Community contributions should include both activities initiated and carried out by individuals and more formal programs of assistance arranged by the institution or by program administrators. Activities should be documented and made known in the institution and the community and staff contributions appropriately recognized within the institution.

Describe the processes used to evaluate performance in relation to this standard and summarize the evidence obtained.

Provide an explanatory report about community activities carried out in connection with the program for the following sub-standards.

11.1 Policies on Community Relationships

11.2 Interactions with the Community (Report description should include reference to interactions with the community by faculty)

Choose **ONE OR MORE** KPIs that best supports that the program meets this standard. Each KPI should use a separate KPI table. Insert the KPI in the table below, add the actual KPI benchmark with the other benchmarks, and provide an analytical interpretation that describes the outcome (most benchmarks are numerical and others may be descriptions that verify quality using a rubric).

KPI Table

KPI:	NCAAA KPI Reference Number: _____
	Institutional KPI Reference Number: _____

Actual Benchmark	Target Benchmark	Internal Benchmark*	External Benchmark**	New Target Benchmark

Analysis (list strengths and recommendations):

*   Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

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3. Name of the internal benchmark provider.
** Explain: 1. Why this external benchmark provider was chosen?   2. How was the benchmark calculated?   3. Name of the external benchmark provider.
Evaluation of the extent and quality of community activities associated with the program and of staff teaching in it. ***Provide a report*** about the standard and sub-standards within it including tables showing the extent of community activities and a list of strengths, recommendations for improvement, and priorities for action

H Review of Courses

1. **Describe the processes** followed in reviewing courses (e.g. Surveys of graduates, faculty, or members of the profession, analysis of student course evaluations, review of course and program reports, interviews with faculty, comparison with similar programs elsewhere, consultancy advice, etc.).
2. Course Evaluations   Provide a list report on the strengths and recommendations for improvement in courses and any other conclusions from the processes described directly above.

I Independent Evaluations

1. <u>Describe the process</u> used to obtain independent analysis on the quality of the program and the reliability and validity of analyses carried out in the report. Processes may include a review of documentation by an experienced and independent person familiar with similar programs at other institutions and who could comment on relative standards, consultancy advice or a report by a review panel, or even the results of an accreditation review by an independent agency. An independent evaluation may be conducted in relation to the total self-study, or involve a number of separate comments by different people on different issues.
2. Summary of matters raised by independent evaluator(s). ***Provide a response report*** to each of the recommendations provided by the independent evaluators
3. **Provide an analysis report** on matters raised by independent evaluator(s) (Agree, disagree, further consideration required, action proposed, etc.).   Attach or hyperlink the independent evaluation report and CVs.

J Conclusions

1. **List and briefly describe** aspects of the program that are particularly successful or that demonstrate high quality.   2. **List and briefly describe** aspects of the program that are less than satisfactory and that need to be improved.

K1. Action Proposals

List: Action proposal should be based on the matters identified in sections F, G, H, and I and indicate recommendations for improvement proposed to deal with the most important priorities for action identified in those sections.

---

1. **Changes in Course Requirements (if any)**

List and briefly state reasons for any changes recommended in course requirements, e.g.
   - Courses no longer needed;
   - New courses required;
   - Courses merged together or subdivided;
   - Required courses made optional or elective courses made compulsory;
   - Changes in pre-requisites or co-requisites
   - Changes in the allocation of responsibility for learning outcomes as shown in the course planning matrix.

2. **Action Recommendations**.
Recommendations for improvement are made for action to be taken to overcome problems or weaknesses identified. The actions recommended should be expressed in specific, measurable for terms for assessment, rather than as general statements. Each action recommendation should indicate who should be responsible for the action, timelines, and any necessary resources.

Action Recommendation 1
Person (s) responsible
Timelines (For total initiative and for major stages of development)
Resources Required

Action Recommendation 2.
Person(s) responsible
Timelines
Resources Required

Continue for further action recommendations.

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K2   Program KPI and Assessment

KPI #	List of Program KPIs Approved by the Institution	KPI Target Benchmark	KPI Actual Benchmark	KPI Internal Benchmarks	KPI External Benchmarks	KPI Analysis Complete (Y or N)	KPI New Target Benchmark
1							
2							
3							
4							
5							
6							
Analysis of KPIs and Benchmarks (comprehensive analysis of all program KPIs):							

NOTE   The following definitions are provided to guide the completion of the above table for Program KPI and Assessment.

KPI refers to the key performance indicators the program used in the SSR and approved by the institution (if applicable at this time). This includes both the NCAAA suggested KPIs chosen and all additional KPIs determined by the program (including 50% of the NCAAA suggested KPIs and all others).

Target Benchmark refers to the anticipated or desired outcome (goal or aim) for each KPI.

Actual Benchmark refers to the actual outcome determined when the KPI is measured or calculated.

Internal Benchmarks refer to comparable benchmarks (actual benchmarks) from inside the program (like data results from previous years or data results from other departments within the same college).

External Benchmarks refer to comparable benchmarks (actual benchmarks) from similar programs that are outside the program (like from similar programs that are national or international).

KPI Analysis refers to a comparison and contrast of the benchmarks to determine strengths and recommendations for improvement.

New Target Benchmark refers to the establishment of a new anticipated or desired outcome for the KPI that is based on the KPI analysis.

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Student Learning Outcome Assessment
Use the rating scale with 5 reflecting the higher value and 1 the lowest value

	Learning Domains for Learning Outcomes Rating Scale	1	2	3	4	5
1.0	Knowledge Content – Assessment					
	Do the knowledge content requirements align with the requirements normally expected by a professional society or employers?					
2.0	Cognitive Skills – Assessment					
	Do the cognitive skill requirements align with the requirements normally expected by a professional society or employers?					
3.0	Interpersonal Skills and Responsibility – Assessment					
	Do the interpersonal skills and responsibility requirements align with the requirements normally expected by a professional society or employers?					
4.0	Communication, Information Technology, Numerical -- Assessment					
	Do the communication, information technology, and numerical requirements align with the requirements normally expected by a professional society or employers?					
5.0	Psychomotor Skills – Assessment					
	Do the psychomotor skills requirements align with the requirements normally expected by a professional society or employers?					
	Total Scores					
	Composite Score					

Analysis of Student Learning Outcomes (Provide strengths and recommendations for improvement):

Strengths

Recommendations for Improvement

ADDITIONAL DETAILS AND IMPORTANT NOTES

The following documents should be provided as **ONE** hard copy and also in an electronic format using a USB or CD. This information must be submitted to the NCAAA at least four months prior to the date of the review.

The SSRP should be on A4 paper, unbound, printed on one side, page numbered, and with a table of contents for reference. A list of acronyms used in the report should be included as an attachment.

ATTACHMENTS – IMPORTANT NOTES
Where evidence is provided for each section of the SSRP, such as attachments, it is recommended that these documents be contained in the NCAAA portal and hyperlinked to the relevant section in the document.

ENSURE THAT THE ATTACHMENTS PROVIDED ARE RELEVANT AND RELATED TO THE SSRP.

- *Attachments must be current and not less than 2 years old*

- *Use a short descriptive file names to identify the contents of each attachment.*

- *Photos, excessive letters, emails, notes, memos , surveys and files are not encouraged. These types of documents can be shown when the review team arrives at the institution.*

It is important that the following documents are submitted as a minimum with the SSRP.

(i)   *Annual Program Report –* provide two reports for the last two years
(ii) A brief summary of the outcomes of **previous accreditation processes or Mach Review** (if any) including program accreditations and any special issues or recommendations emerging from them.
(iii) A copy of the program description from the **bulletin** or **handbook,** including descriptions of courses, program requirements and regulations.
(iv) Three samples of *Course Specifications* for each level; three for each year or twelve altogether.

DURING THE REVIEW
The following documents should be available for the review panel during the visit. Members of the panel may ask for some of it to be sent to them in advance.

(v)   All *Course Specifications*, *Field Experience Specifications*, *Annual Course Reports* and *Annual Program Reports*.
(vi)   Faculty handbook or similar document with information about faculty and staffing policies, professional development policies and procedures and related information.
(vii) CVs for faculty and staff teaching in the program and a listing of courses for which they are responsible.

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(viii)   Copies of survey responses from students and other sources of information about quality such as employers, alumni, other faculty, etc.

(ix)   Statistical data summarizing responses to these surveys for several years to indicate trends in evaluations.

(x)   Statistical data on employment of graduates from the program.

(xi)   Representative samples of student work and assessments of that work (Course file).

If the program is one that is offered by a private institution and that has provisional accreditation a supplementary report should be attached listing requirements of the Ministry or other organization to which it is responsible for special accreditation, and providing details of the extent to which those requirements have been met.

Authorized Signatures

Dean / Program Chair	Name	Title	Signature	Date
Program Dean or Chair, Chair of the Board of Trustees Main Campus				
Vice Rector				

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ATTACHMENT 10.

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T11. Self Study Report for Institutions (SSRI)

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Self Study Report for the Institution

An institutional self-study is a thorough examination of the quality of an institution. The mission and objectives of the institution and the extent to which they are being achieved are thoroughly analyzed according to the standards for quality assurance and accreditation defined by the NCAAA.

A Self Study Report for the Institution (SSRI) should be considered as a research report on the quality of the institution. It should include sufficient profile information to inform a reader about the process of investigation and the evidence on which conclusions are based to have reasonable confidence that those conclusions are sound. Conclusions should be supported by evidence, with verification of analysis and advice from others able to offer informed and independent comments.

This SSRI should include all the necessary information for it to be read as a complete self contained report on the quality of the institution.

The SSRI template includes sections, headings, and tables to assist in preparing the report. Throughout the report evidence should be presented in tables or other forms of data presentation to support conclusions, with comparative data and reference made to other reports or surveys.

Key performance indicators (KPIs) are integral to the SSRI.

Institutional KPIs for the SSRI have two purposes. The first purpose is to provide reasonable and scientific evidence that the institution meets NCAAA standards. The second purpose is for the institution to identify specific KPIs that are utilized to demonstrate quality assurance for each of its programs.

First, in order to successfully demonstrate that the institution meets NCAAA standards, KPI tables with benchmarking and analysis, are located throughout the SSRI. The KPI tables are aligned with specific NCAAA sub-standards and are used to show evidence that the institution meets or exceeds the expected quality assurance level. Institutions are required to use 75% or more of the suggested NCAAA KPIs and are encouraged to develop a reasonable number of their own KPIs that scientifically validate compliance to standards or a given sub-standard. Additional KPIs and KPI tables may be used as evidence to demonstrate quality performance throughout the SSRI (copy and paste a complete KPI table wherever it is appropriate).

Second, the institution is required to demonstrate that it has developed an administrative quality assurance system for all of its programs as part of the institutional requirements for Standard 3. In order to complete this requirement, institutions are to select 6 to 8 KPIs, with target benchmarks, that it requires all of its programs to separately complete by providing their own internal benchmarking and analysis. Each program is to return its KPI report to the institution's quality assurance unit to be aggregated, analyzed, and included in the SSRI, Standard 3.

Further details and instructions are in the SSRI template.

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The SSRI should be provided as a single page numbered document, single sided, with a table of contents. A list of acronyms used in the report should be attached.

For further guidance on the completion of this template, please refer to the NCAAA guidebooks and the Accreditation Management System (AIMS).

A. General Information

1. Name of Institution	
2 Name of Rector	**3. Contact Information** **Address** **Telephone** **Email**
4 Name of Vice Rector/s	**5. Contact Information** **Address** **Telephone** **Email**
	Contact Information **Address** **Telephone** **Email**
	Contact Information **Address** **Telephone** **Email**
	Contact Information **Address** **Telephone** **Email**
6. Name of Dean of Quality Assurance	**7. Contact Information** **Address** **Telephone** **Email**

B. Institutional Profile

The Institutional Profile is a summary of information and statistical data that provides a clear picture of the institution.

1. A brief summary of the institution's history, brief description of branch campuses/ locations, total number of colleges, programs, institutes, research units /research chair /research centers, medical hospitals and centers, plus descriptions of scale and range of activities
2. A description of the management and organizational structure using an organizational chart
3. Summary information about the institution's accreditation status including the outcomes of any previous institutional reviews, and any conditions that were established
4 A description of the institution's quality assurance arrangements, priorities for development, and any special issues affecting its operations

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5	A summary of the institution's strategic plan (a copy of the actual strategic plan should be available**)**
6.	A list of the institution's achievements, awards, and significant accomplishments

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Periodic Institutional Profile Template A1: Programs Data

Institution _____ **College** _____ **Date** _____

NCAAA requires each college within the applying institution to complete Template A1 and A2 as part of the accreditation eligibility process.

No.	Program Name	Start Date	Total Student Enrollment		No. of Ph.D. Faculty				No. of Teaching Staff				Ratio of Total Students to Teaching Faculty	Ratio of Male Students to Teaching Faculty	Ratio of Female Students to Teaching Faculty	Average Class Size		Average Teaching Load	
					Saudi		Others		Saudi		Others								
			M	F	M	F	M	F	M	F	M	F				M	F	M	F
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			

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Periodic Institutional Profile Template A2: Programs Data

Institution _____ **College** _____ **Date** _____

Preparatory or Foundation Programs

Streams or Sections	Male Students	Female Students	Total Students	Number of Teaching Staff (full time equivalent equals teaching 15 credit hours per week)

Number of Graduates in the Most Recent Year

	Undergraduate Students	Post Graduate Masters Students	Post Graduate Ph.D. Students
Male			
Female			
Totals			

Mode of Instruction – Student Enrollment (excluding preparatory program)

Students	On Campus Programs			Distance Education Programs		
	Full time	Part time	FTE	Full time	Part time	FTE
Male						
Female						
Totals						

Note: FTE (FTE means "full-time equivalent" according to MOE definitions, see the by-laws regulating university staff and faculty members).

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Mode of Instruction – Teaching Staff (excluding preparatory program)

Number of Teaching Staff	On Campus Programs			Distance Education Programs		
	Full time	Part time	FTE	Full time	Part time	FTE
Male						
Female						
Totals						

Note: Teaching staff includes tutors, lectures, and assistant, associate and full professors. This does not include research, teaching, or laboratory assistants. Academic staff who oversee the planning and delivery of teaching programs are included (e.g. head of department, dean for a college, rector and vice rectors).

Apparent Student Completion Rate: The number of students who graduated in the most recent year as a percentage of those who commenced those programs in that cohort four, five, or six years previously (e.g. for a four year program the number of students who graduated as a percentage who commenced the program four years previously).

Students	Undergraduate Programs			Postgraduate Programs	
	Four Years	Five Years	Six Years	Master	Doctor
Male					
Female					
Totals					

Land and Building Summary

	Total Land Area (Square Meters)	Land Area per Student (Square Meters)	Total Building Space (Square Meters)	Building Space per Student (Square Meters)
Main Campus				
a. Branch/Location				
b. Branch/Location				
c. Branch/Location				
d. Branch/Location				

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e. Branch/Location				
f. Branch/Location				
g.Branch/Location				
Totals				

C. Self-Study Process

Provide a brief description of procedures followed and administrative arrangements for the self-study. Include an organization flowchart. Membership and terms of reference for committees and /or working parties should be attached.

D. Context of the Self Study

1. Environmental Context.

Provide a summary of significant elements of the external environment in which the institution is operating and changes that have occurred recently or are expected to occur (e.g. economic or social developments, population changes, government policies, developments at other institutions with implications for this institution's programs).

2. Institutional Context.

Provide a brief summary of recent developments at the institution with implications for the review.

E. Mission, Goals and Strategic Objectives for Quality Improvement

1. Mission of the Institution (Insert the Mission Statement)

2.Provide a summary for the Strategic Plan for Quality Improvement and complete the below table.

Summary:

Use the following table and write clear, goals and measurable objectives and align each one with quality performance indicators and the target benchmark.

Major Goals	Strategic Objectives	Performance Indicators	Target Benchmarks	Actual Benchmarks
a.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
b.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
c.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
d.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

| Analysis (List the strengths and recommendations for improvement of the Strategic Plan). | |

F. Progress towards Quality Objectives

Provide an assessment of institutional performance in relation to plans or any major quality improvement initiatives in the period under review. These may have been undertaken in response to a previous self-study, recommendations or requirements following an external review, or for other reasons.

G. Evaluation in Relation to Quality Standards

The main branch/location campus must complete the entire SSRI together with the required information from all branch/location campuses.

Response reports should be provided under each of the quality sub-standards set out in the *Standards for Quality Assurance and Accreditation of Higher Education Institutions*.

- To ensure a full understanding of the SSRI an explanatory report should be included; giving background information or explanations of processes relevant to the standard concerned.

- The reports should summarize the processes followed in investigating performance in relation to each standard and sub-standard.

- A vital element of the SSRI is to provide specific data, show trends, support conclusions, and make appropriate comparisons with other institutions selected to provide benchmarks for evaluation of performance. This data can include key performance indicators, other statistical information, figures derived from survey results, student results or anything that provides clear evidence about the matter being evaluated. A simple assertion that something is good, or needs improvement, is not sufficient without evidence to back it up.

---

1. Mission and Objectives (Overall Rating _____Stars)

The institution's mission statement must clearly and appropriately define its principal purposes and priorities and be influential in guiding planning and action within the institution.

Provide an explanatory report about the development and use of the mission.

Provide a description of the process for the preparation on this standard.

Report on sub-standards

1.1 Appropriateness of the Mission

1.2 Usefulness of the Mission Statement

1.3 Development and Review of the Mission

Complete the KPI Table for sub-standard 1.3.

KPI Table

KPI:		NCAAA KPI Reference Number: _____		
		Institutional KPI Reference Number: _____		

Actual Benchmark	Target Benchmark	Internal Benchmark*	External Benchmark**	New Target Benchmark

Analysis (list strengths and recommendations):

* Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

1.4 Use Made of the Mission Statement

1.5 Relationship Between Mission, Goals, and Objectives

Overall Evaluation of Quality Standard 1. Refer to evidence obtained and *provide a report* based on that evidence; including a list of particular strengths, recommendations for improvement, and priorities for action.

2. Governance and Administration (Overall Rating _____Stars)

The governing body must provide effective leadership in the interests of the institution as a whole and its clients, through policy development and processes for accountability. Senior administrators must lead the activities of the institution effectively within a clearly defined governance structure. If there are separate sections for male and female students resources must be comparable in both sections, there must be effective communication between them, and full involvement in planning and decision making processes Planning and management must occur within a framework of sound policies and regulations that ensure financial and administrative accountability, and provide an appropriate balance between coordinated planning and local initiative.

Provide an explanatory report about aspects of governance and administration that are relevant to the matters referred to in this standard and are not already explained in the institutional profile.

Provide a description of the process for the preparation on this standard.

Report on sub-standards

2.1 Governing Body

2.2 Leadership

Complete a KPI Table for sub-standard 2.2.

KPI Table

KPI:	NCAAA KPI Reference Number: _____
	Institutional KPI Reference Number: _____

Actual Benchmark	Target Benchmark	Internal Benchmark*	External Benchmark**	New Target Benchmark

Analysis (list strengths and recommendations):

* Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

2.3 Planning Processes

Complete a KPI Table for sub-standard 2.3.

KPI Table

KPI:		NCAAA KPI Reference Number: _____ Institutional KPI Reference Number: _____		
Actual Benchmark	**Target Benchmark**	**Internal Benchmark***	**External Benchmark****	**New Target Benchmark**
Analysis (list strengths and recommendations):				
* Explain: 1. Why this internal benchmark provider was chosen? 2. How was the benchmark calculated? 3. Name of the internal benchmark provider.				
** Explain: 1. Why this external benchmark provider was chosen? 2. How was the benchmark calculated? 3. Name of the external benchmark provider.				

2.4 Relationship Between Sections for Male and Female Students

2.5 Institutional Integrity

2.6 Internal Policies and Regulations

2.7 Organizational Climate

2.6 Associated Companies and Controlled Entities (if applicable)

Overall Evaluation of Quality of Standard 2. Refer to evidence obtained and *provide a report* based on that evidence; including a list of particular strengths, recommendations for improvement, and priorities for action.

---

3. Management of Quality Assurance and Improvement   (Overall Rating _____Stars)

Quality assurance processes must involve all sections of the institution and be effectively integrated into normal planning and administrative processes. Criteria for assessment of quality must include inputs, processes and outcomes with a particular focus on outcomes. Processes must be established to ensure that teaching and other staff and students are committed to improvement and regularly evaluate their own performance. Quality must be assessed by reference to evidence based on indicators of performance and challenging external standards.

Provide a description of the process for the preparation on this standard.

Provide a summary explanation of arrangements for quality assurance including major committees and organizational unit(s) and activities carried out at different levels of the institution (including colleges or departments).

Provide a complete list of the institutional KPIs that are utilized in the SSRI to demonstrate that the institution meets NCAAA standards. Institutions are required to use 75% or more of the suggested NCAAA KPIs. Detailed individual KPI tables are located throughout the SSRI for institutions to demonstrate scientific evidence that a given standard or sub-standard is met.

KPI No.	Standard / Sub-Standard the KPI applies to:	KPI

Provide a summary and analysis of the institutional KPI outcomes (list strengths and recommendations for improvement based on an assessment of all the KPIs).

Institutional KPIs for all Programs

Institutions are required to demonstrate that they have developed an administrative quality assurance system for all of their programs as part of the institutional requirements for Standard 3. In order to complete this requirement, institutions are to select 6 to 8 KPIs, with target benchmarks, that it requires for all of its programs to separately complete by providing their own internal benchmarking and analysis. Each

program is to return its KPI report to the institution's quality assurance unit to be aggregated, and analyzed.

For the purpose of the SSRI, institutions should report a **sample** of the administrative quality assurance system results. The institution should collect and report sample KPI tables from at least 2 of the programs from each of its colleges. For example, if an institution has 12 colleges and 10 programs in each college, all 12 colleges must complete KPI table reports from at least 2 of their 10 programs. Therefore the sample will include all 12 colleges and 24 programs out of a possible 120 programs at the institution.
Institutions must provide KPI samples for standards 3, 4, 10, and 11.

Provide detailed KPI summary information for each of your internal quality assurance KPIs by using the below template.

Institutional KPI Table for all Programs
(data table for aggregated program data and analysis)

KPI:	NCAAA KPI Reference Number: _____ Institutional KPI Reference Number: _____			
Actual Benchmark (average result from sample programs)	**Target Benchmark** (for all programs)	**Internal Benchmark*** (actual sample program benchmarks)	**External Benchmark**** (actual average result from a similar institution)	**New Target Benchmark** (for all programs—based on the analysis)

KPI Analysis (list strengths and recommendations):

* Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

Report on subsection-standards

3.1 Institutional Commitment to Quality Improvement

3.2 Scope of Quality Improvement Processes

3.3 Administration of Quality Assurance Processes

3.4 Use of Indicators and Benchmarks

3.5 Independent Verification of Standards

Overall Evaluation of Quality Standard 3. Refer to evidence obtained and ***provide a report*** based on that evidence; including a list of particular strengths, recommendations for improvement, and priorities for action.

4. Learning and Teaching. (Overall Rating _____Stars)

The institution must have an effective system for ensuring that all programs meet high standards of learning and teaching through initial approvals on their plans, monitoring of performance, and provision of institution-wide support services. In all programs student learning outcomes must be clearly specified, consistent with the National Qualifications Framework and (for professional programs) requirements for employment or professional practice. Standards of learning must be assessed and verified through appropriate processes and benchmarked against demanding and relevant external reference points. Teaching staff must be appropriately qualified and experienced for their particular teaching responsibilities, use teaching strategies appropriate for different kinds of learning outcomes, and participate in activities to improve their teaching effectiveness. Teaching quality and the effectiveness of programs must be evaluated through student assessments and graduate and employer surveys, with feedback used as a basis for plans for improvement.

Note: See *Periodic Program Profiles*, *Program Specifications*, and *Annual Program Reports*. The institution should demonstrate that these reports are complete and current. Based on a summary and analysis of these documents, the institution should proceed to complete its report on this standard and the sub-standards.

Note: For Standard 4 the institution must provide 5 or more KPI tables to demonstrate quality assurance. KPI tables are required for sub-standards 4.2, 4.5, and 4.7. Copy and paste additional tables and place them in the SSRI in the appropriate sub-standard.

Provide a description of the process for the preparation on this standard.
Report on sub-standards

(In sub-standard 4.1 a description should be given of the institution's processes for oversight of quality of learning and teaching. In each other sub-standard include an explanatory statement describing what is done throughout the institution. If common procedures are not followed this should be indicated and an explanation given of major variations and how the institution as a whole monitors quality of performance.)

4.1 Institutional Oversight of Quality of Learning and Teaching

4.2 Student Learning Outcomes (for all Programs)

Complete a KPI Table for sub-standard 4.2.

KPI Table

KPI:	NCAAA KPI Reference Number: _____ Institutional KPI Reference Number: _____			
Actual Benchmark	**Target Benchmark**	**Internal Benchmark***	**External Benchmark****	**New Target Benchmark**
Analysis (list strengths and recommendations):				
* Explain: 1. Why this internal benchmark provider was chosen? 2. How was the benchmark calculated? 3. Name of the internal benchmark provider.				
** Explain: 1. Why this external benchmark provider was chosen? 2. How was the benchmark calculated? 3. Name of the external benchmark provider.				

4.3 Program Development Processes

4.4 Program Evaluation and Review Processes

4.5 Student Assessment

Complete a KPI Table for sub-standard 4.5.

KPI Table

| KPI: | NCAAA KPI Reference Number: _____ |
| | Institutional KPI Reference Number: _____ |

Actual Benchmark	Target Benchmark	Internal Benchmark*	External Benchmark**	New Target Benchmark

Analysis (list strengths and recommendations):

* Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

4.6 Educational Assistance for Students

4.7 Quality of Teaching

Complete a KPI Table for sub-standard 4.7.

KPI Table

| KPI: | NCAAA KPI Reference Number: _____ |
| | Institutional KPI Reference Number: _____ |

Actual	Target	Internal	External	New Target

Benchmark	Benchmark	Benchmark*	Benchmark**	Benchmark

Analysis (list strengths and recommendations):

* Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

4.8 Support for Improvements in Quality of Teaching

4.9 Qualifications and Experience of Teaching Staff

4.10 Field Experience Activities

4.11 Partnership Arrangements with Other Institutions (If applicable)

Overall Evaluation of Quality of Standard 4. Refer to evidence obtained and *provide a report* based on that evidence about the extent to which the requirements of the standard of learning are met throughout the institution. The evidence of performance should be summarized and referred to in other documents; including KPIs, survey summary reports and other relevant sources of evidence.

Provide a general conclusion that includes a list of particular strengths, recommendations for improvement, and priorities for action.

5. Student Administration and Support Services (Overall Rating _____Stars)

Administration of admissions and student record systems must be reliable and responsive, with

confidentiality of records maintained in keeping with stated policies. Students' rights and responsibilities must be clearly defined and understood, with transparent and fair procedures available for discipline and appeals. Mechanisms for academic advice, counselling and support services must be accessible and responsive to student needs. Support services for students must go beyond formal academic requirements and include extracurricular provisions for religious, cultural, sporting, and other activities relevant to the needs of the student body.

Note: **For Standard 5 the institution must provide 3 or more KPI tables to demonstrate quality assurance. A KPI table is required for sub-standard 5.4. Copy and paste additional tables and place them in the SSRI in the appropriate sub-standard.**

Provide an explanatory report about the student administration arrangements and support services, including functions carried out centrally and those managed in colleges or departments. For those managed in departments or colleges, refer to any relevant institution-wide policies or regulations and describe the processes used by the institution to monitor how effectively local services are provided.

Provide a description of the process for the preparation on this standard.

Report on sub-standards

5.1 Student Admissions

5.2 Student Records

5.3 Student Management

5.4 Planning and Evaluation of Student Services

Complete a KPI Table for sub-standard 5.4.

KPI Table

KPI:	NCAAA KPI Reference Number: _____ Institutional KPI Reference Number: _____			
Actual Benchmark	**Target Benchmark**	**Internal Benchmark***	**External Benchmark****	**New Target Benchmark**
Analysis (list strengths and recommendations):				
* Explain: 1. Why this internal benchmark provider was chosen? 2. How was the benchmark calculated?				

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3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

5.5 Medical and Counseling Services

5.6 Extra-Curricular Activities for Students

Overall Evaluation of Quality Standard 5. Refer to evidence obtained and **provide a report** based on that evidence; including a list of particular strengths, recommendations for improvement, and priorities for action.

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6. Learning Resources (Overall Rating _____Stars)

Learning resources including libraries and provisions for access to electronic and other reference material must be planned to meet the particular requirements of the institution's programs and provided at an adequate level. Library and associated IT facilities must be accessible at times to support independent learning, with assistance provided in finding material required. Facilities must be provided for individual and group study in an environment conducive to effective investigations and research. The services must be evaluated and improved in response to systematic feedback from teaching staff and students.

Provide an explanatory report about the provision of learning resources within the institution. This should include information about the extent to which library services are provided centrally or within colleges. If they are provided in different locations, descriptions should be given of any overall institutional coordination and performance monitoring.

Provide a description of the process for the preparation on this standard (if library services are provided in different locations this investigation should deal with provisions throughout the institution and draw conclusions about overall performance and variations between different locations).

Report on sub-standards

6.1 Planning and Evaluation

Complete a KPI Table for sub-standard 6.1.

KPI Table

KPI:	NCAAA KPI Reference Number: _____
	Institutional KPI Reference Number: _____

Actual Benchmark	Target Benchmark	Internal Benchmark*	External Benchmark**	New Target Benchmark

Analysis (list strengths and recommendations):

*   Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

6.2 Organization

6.3 Support for Users

6.4 Resources and Facilities

Complete a KPI Table for sub-standard 6.4.

KPI Table

KPI:	NCAAA KPI Reference Number: _____ Institutional KPI Reference Number: _____			
Actual Benchmark	**Target Benchmark**	**Internal Benchmark***	**External Benchmark****	**New Target Benchmark**
Analysis (list strengths and recommendations):				
* Explain: 1. Why this internal benchmark provider was chosen? 2. How was the benchmark calculated? 3. Name of the internal benchmark provider.				
** Explain: 1. Why this external benchmark provider was chosen? 2. How was the benchmark calculated? 3. Name of the external benchmark provider.				

Overall Evaluation of Quality of Standard 6. Refer to evidence obtained and ***provide a report*** based on that evidence; including a list of particular strengths, recommendations for improvement, and priorities for action.

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7. Facilities and Equipment   (Overall Rating _____Stars)
Facilities must be designed or adapted to meet the particular requirements for teaching and learning in the programs offered by the institution, and offer a safe and healthy environment for high quality education. Use of facilities must be monitored and user surveys used to assist in planning for improvement. Adequate provision must be made for classrooms and laboratories, use of computer technology and research equipment by faculty and student and appropriate provision   made for

associated services such as food services, extra-curricular activities, and where relevant, student accommodation.

Note: For Standard 7 the institution must provide 2 or more KPI tables to demonstrate quality assurance. A KPI tables is required for sub-standard 7.2. Copy and paste additional tables and place them in the SSRI in the appropriate sub-standard.

Provide an explanatory report about the administration of arrangements for planning, development and maintenance of facilities and equipment. This should include cross references to other more detailed facilities planning documents.
Provide a description of the process for the preparation on this standard.

Report on sub-standards

7.1 Policy and Planning

7.2 Quality and Adequacy of Facilities and Equipment

Complete a KPI Table for sub-standard 7.2.

KPI Table

KPI:	NCAAA KPI Reference Number: _____
	Institutional KPI Reference Number: _____

Actual Benchmark	Target Benchmark	Internal Benchmark*	External Benchmark**	New Target Benchmark

Analysis (list strengths and recommendations):

* Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

7.3 Management and Administration

7.4 Information Technology

7.5 Student Residences

Overall Evaluation of Quality of Standard 7. Refer to evidence obtained and **provide a report** based on that evidence; including a list of particular strengths, recommendations for improvement, and priorities for action.

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8. Financial Planning and Management (Overall Rating _____Stars)

Financial resources must be adequate for the programs and services offered and efficiently managed in keeping with program requirements and institutional priorities. Effective systems must be used for budgeting and for financial delegations and accountability providing local flexibility, institutional oversight and effective risk management.

Provide an explanatory report describing budgeting, financial planning and funding submission processes and arrangements for an audit. The explanation should include a list of financial reports that are prepared. Information should be given about levels of financial delegation within the institution with reference to other documents that set out institutional policies and regulations relating to these delegations.

Provide a description of the process for the preparation on this standard.

Report on sub-standards

8.1 Financial Planning

Complete a KPI Table for sub-standard 8.1.

KPI Table

KPI:		NCAAA KPI Reference Number: _____ Institutional KPI Reference Number: _____		
Actual Benchmark	**Target Benchmark**	**Internal Benchmark***	**External Benchmark****	**New Target Benchmark**
Analysis (list strengths and recommendations):				

* Explain:

1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:

1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

8.2 Financial Management

8.3 Auditing and Risk Management

Overall Evaluation of Quality of Standard 8. Refer to evidence obtained and ***provide a report*** based on that evidence; including a list of particular strengths, recommendations for improvement, and priorities for action.

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9. Employment Processes (Overall Rating _____Stars)

Teaching and other staff must have the qualifications and experience for effective exercise of their responsibilities and professional development strategies must be followed to ensure continuing improvement in faculty and staff expertise. Performance of all faculty and staff must be evaluated, with outstanding performance recognized and support provided for improvement where required. Effective, fair, and transparent processes must be available for the resolution of conflicts and disputes involving faculty and or staff.

Provide an explanatory report about the processes for employment and professional development of teaching and other staff. The explanation should include a description of how colleges and departments are involved in the selection of teaching staff, a description of institutional policies on staff development and promotion, and indicators used for monitoring the quality of staff management processes throughout the institution,

Provide a description of the process for the preparation on this standard.

Report on sub-standards

9.1 Policy and Administration

Complete a KPI Table for sub-standard 9.1.

KPI Table

| KPI: | NCAAA KPI Reference Number: _____ |
| | Institutional KPI Reference Number: _____ |

Actual Benchmark	Target Benchmark	Internal Benchmark*	External Benchmark**	New Target Benchmark

Analysis (list strengths and recommendations):

*   Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

9.2 Recruitment

9.3 Personal and Career Development

9.4 Discipline, Complaints and Dispute Resolution

Overall Evaluation of Quality Standard 9. Refer to evidence obtained and **provide a_report** based on that evidence; including a list of particular strengths, recommendations for improvement, and priorities for action.

10. Research   (Overall Rating _____Stars)

All staff teaching higher education programs must be involved in sufficient appropriate scholarly activities to ensure they remain up to date with developments in their field, and those developments should be reflected in their teaching. Staff teaching in post graduate programs or supervising higher degree research students must be actively involved in research in their field. Adequate facilities and equipment must be available to support the research activities of teaching staff and post graduate students to meet these requirements. In universities and other institutions with research responsibility, teaching staff must be encouraged to pursue research interests and to publish the results of that research. Their research contributions must be recognized and reflected in evaluation and promotion criteria. The research output of the institution must be monitored and benchmarked against that of other similar institutions. Clear and equitable policies must be established for ownership and commercialization of intellectual property.

Provide an explanatory report describing the nature and extent of research involvement of the institution and of teaching staff within it. The explanation should include a description of organizational arrangements for developing and monitoring research activity across the institution; including any research centers and activities to encourage research by individual staff members. Indicators used for monitoring research performance should be listed.

Provide a description of the process for the preparation on this standard.

Report on sub-standards

10.1 Institutional Research Policies

10.2 Faculty and Student Involvement in Research

Complete a KPI Table for sub-standard 10.2.

KPI Table

KPI: NCAAA KPI Reference Number: _____ Institutional KPI Reference Number: _____				
Actual Benchmark	**Target Benchmark**	**Internal Benchmark***	**External Benchmark****	**New Target Benchmark**
Analysis (list strengths and recommendations):				

* Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

10.3 Commercialization of Research

10.4 Facilities and Equipment

Complete a KPI Table for sub-standard 10.4.

KPI Table

KPI:		NCAAA KPI Reference Number: _____		
		Institutional KPI Reference Number: _____		
Actual Benchmark	**Target Benchmark**	**Internal Benchmark***	**External Benchmark****	**New Target Benchmark**
Analysis (list strengths and recommendations):				
* Explain: 1. Why this internal benchmark provider was chosen? 2. How was the benchmark calculated? 3. Name of the internal benchmark provider.				

** Explain:

1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

Overall Evaluation of Research Performance. *Provide a report*:

1) for a university, the report should include statistical data on the extent and quality of research activities; including competitive grants, publications and citations and other relevant information benchmarked against appropriate institutional benchmarks;

2) for a college, this information can be included but the report must include data on professional or scholarly activities that ensure teaching staff are up to date with developments in their teaching field. The report should include summary analysis that lists strengths, recommendations for improvement, and priorities for action.

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11. Institutional Relationships with the Community (Overall Rating _____Stars)

Contributing to the community must be recognized as an important institutional responsibility. Facilities and services are made available to assist with community developments, teaching and other staff must be encouraged to be involved in the community and information about the institution and its activities made known. Community perceptions of the institution must be monitored and appropriate strategies adopted to improve understanding and enhance its reputation.

Provide an explanatory report about institutional policies for community service activities and media or other contacts to develop community understanding and support. The explanation should include information about how contributions to the community are recognized within the institution.

Provide a description of the process for the preparation on this standard.

Report on sub-standards

11.1 Institutional Policies on Community Relationships

11.2 Interactions with the Community

Complete a KPI Table for sub-standard 11.2.

KPI Table

KPI:		NCAAA KPI Reference Number: _____		
		Institutional KPI Reference Number: _____		

Actual Benchmark	Target Benchmark	Internal Benchmark*	External Benchmark**	New Target Benchmark

Analysis (list strengths and recommendations):

* Explain:
1. Why this internal benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the internal benchmark provider.

** Explain:
1. Why this external benchmark provider was chosen?

2. How was the benchmark calculated?

3. Name of the external benchmark provider.

11.3   Institutional Reputation

Overall Evaluation of Quality Standard 11. Refer to evidence obtained and ***provide a* report** based on that evidence; including a list of particular strengths, recommendations for improvement, and priorities for action.

H. Independent Evaluations

4.   **Describe the process** used to obtain an independent analysis on the self-study. Processes may include a review of documentation by experienced and independent persons familiar with similar institutions and who could comment on specific standards and sub-standards, consultancy advice or a report by a review panel, or analyze the results of an accreditation review by an independent agency. An independent evaluation may be conducted in relation to the total self-study or involve a number of separate comments by different people on different issues.

5.   **Provide a list** of recommendations and other matters raised by independent evaluator(s)

| 6. | **Provide a response report** on recommendations and other matters raised by independent evaluator(s) (Agree, disagree, further consideration required, action proposed, etc.) |

I. Conclusions

1. **List and briefly describe** institutional activities that are particularly successful or that demonstrate high quality.
2. **List and briefly describe** institutional activities that are less than satisfactory and that need to be improved.

J. Action Recommendations

Action recommendations are based on the recommendations for improvement and other matters identified earlier in the SSRI. Choose major action recommendations and indicate specific actions that are proposed to deal with the most important priorities for action that have been identified. Priorities of greatest urgency should be identified. For each proposed action recommendations there should be a person responsible for the action, a specified timelines, and any necessary resources required.

No.	Action Recommendations	Person(s) Responsible	Timelines	Resources Required
1				
2				
3				
4				
5				

The following documents should be provided as **ONE** hard copy and also in an electronic format using a USB or CD. This information must be submitted to the NCAAA at least four months prior to the date of the review.

The SSRI should be on A4 paper, unbound, printed on one side, page numbered, and with a table of contents for reference. A list of acronyms used in the report should be included as an attachment.

ATTACHMENTS – IMPORTANT NOTES
Where evidence is provided for each section of the SSRI, such as attachments, it is recommended that these documents be contained in the NCAAA portal and hyperlinked to the relevant section in the document.

ENSURE THAT THE ATTACHMENTS PROVIDED ARE RELEVANT AND RELATED TO THE SSRI.

- *Attachments must be current and not less than 2 years old*
- *Use a short descriptive file names to identify the contents of each attachment.*
- *Photos, excessive letters, emails, notes, memos, surveys, and files are not encouraged. These types of documents can be shown when the review team arrives at the institution.*
- *It is important that the following documents are submitted as a minimum with the SSRI.*

ATTACHMENTS

In addition to the SSRI, the following documents should be provided:

  I. Membership and terms of reference for sub-committees and working parties
 II. Reference list of key reports and other documents cited in the report
III. Glossary of acronyms and abbreviations used in the report
IV. **Copy of report(s) by independent evaluator**
 V. A copy of the institution's strategic plan.
VI. A copy of the institution's strategic plan for quality improvement (if not included within the broader institutional strategic plan).
VII. Current student catalogue, prospectus, bulletin or handbooks; including descriptions of the curriculum, admissions requirements, degree completion requirements, and related information.
VIII. For large universities, 5 samples of *Program Specifications* and *Annual Program Reports*, and for smaller universities all *Program Specifications* and samples of the most recent *Annual Program Reports*.
IX. For all institutions, 3 samples from each of the 4 levels, course and field experience specifications and reports.

DURING THE REVIEW
The following documents should be available for the review panel during the visit. Members of the panel may ask for some of it to be sent to them in advance.

  I. Faculty handbook or similar document with information about staffing policies, professional development policies and procedures and related information.
 II. Administrative and financial policies manual or similar document; including the institution's by-laws and regulations, roles and responsibilities of administrative and

academic officers and major committees, and an explanation of the institutions governance and administrative structure.

III. (Quality assurance manual or description of procedures including information about the institution's system of assessing programs and services, the role of the institution's quality center and systems for gathering and analyzing data on quality of performance and planning for improvement.

IV. Current data on faculty and other teaching staff including tables with numbers by academic rank, by highest qualification, teaching staff/student ratios for each department and college, and for the institution as a whole. For a university information should be provided on research output for each department, college and for the institution as a whole. Current teaching staff CVs should be on file and available (2 page summary including the last 5-year publications).

Authorized Signatures

	Name	Title	Signature	Date
Rector or Chair of the Board of Trustees Main Campus				
Vice Rector for QA				