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|  | Interim Quality Assurance Report | |
|  | Institution: |  |
|  | Academic Business Unit: |  |
|  | Date of Submission: |  |
|  | Name and email of contact for this report: |  |
|  |  | |

### 

### **INTRODUCTION**

The purpose of the Interim Quality Assurance Report is to (1) provide assessment results and your evaluation of student learning and the academic business unit’s achievement in relation to its stated goals, (2) provide evidence that the academic business unit continues to comply with the IACBE’s Accreditation Principles, and (3) provide IACBE with data needed to evaluate achievement of its accredited programs individually and in aggregate.

Each accredited member of the IACBE is required to submit an Interim Quality Assurance Report mid-way through its awarded period of accreditation. In the Interim Quality Assurance Report, the academic business unit will report the following information:

1. Institutional and Contact Information
2. Listing of Accredited Programs and Locations
3. Institutional and Program Enrollments
4. Degrees Conferred in IACBE-Accredited Programs
5. Student Learning Assessment
6. Operational Assessment
7. Forward-Looking Outcomes Assessment Plan
8. Student Achievement Assessment
9. Self-evaluation of Compliance with the Principles

*All outcomes results tables are to be provided in an Appendix folder as separate files: this Appendix folder is to include one file per program results table and one file for the operational results table.*

**DEFINITIONS**

**Reporting Year:** the most recently completed academic year. With a report due date of 11/1 annually, the Reporting Year will be the academic year immediately prior (typically the most recently completed period running Aug/Sept through May/June).

ABU = Academic Business Unit

AY = Academic Year

OAP = Outcomes Assessment Plan

ISLO = Intended Student Learning Outcome

IOO = Intended Operational Outcome

**1. Institutional and Contact Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Institution’s Name: | |  | | | | |
| Institution’s Physical Address: | | |  | | | | |
|  | | |  | | | | |
| Institution’s Mailing Address: | | |  | | | |
| (if different than physical address): | | |  | | | |
| Email: |  | | | Website: |  | |
| Telephone (with country code if outside of the United States): | | | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Institution: |  | Public |  | Private Nonprofit |  | Private For-Profit |  | HBCU |
| (check all that apply) |  | Tribal |  | Faith-Based |  | Career/Tech |  | Community College |

Provide the following information for the president/CEO of your institution:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Position Title: | |  | |
| Email: | |  | |
| Telephone (with country code if outside of the United States): | | |  |

Provide the following information for the chief academic officer of the institution:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Position Title: | |  | |
| Email: | |  | |
| Telephone (with country code if outside of the United States): | | |  |

Provide the following information for the primary representative to the IACBE. This is the person who: will be contacted with all IACBE correspondence, will receive invoices, and will hold IACBE voting rights.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | |
| Position Title: | |  | | | | |
| Highest Earned Degree: | | |  | Email: |  | |
| Telephone (with country code if outside of the United States): | | | | | |  |

Provide the following information for each academic business unit included in this report:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ABU NAME: |  | | | |
| Name: |  | | | |
| Position Title: |  | | | |
| Highest Earned Degree: | |  | Email: |  |
| Telephone (with country code if outside of the United States): | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ABU NAME: |  | | | |
| Name: |  | | | |
| Position Title: |  | | | |
| Highest Earned Degree: | |  | Email: |  |
| Telephone (with country code if outside of the United States): | | | |  |

Provide the following information pertaining to any individuals who are alternate representatives to the IACBE. Check the box on the right for any alternative representative who should be copied on all IACBE correspondence.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Title: |  | Email: |  |  |
| Name: |  | Title: |  | Email: |  |  |
| Name: |  | Title: |  | Email: |  |  |

2. IACBE-Accredited Programs and Locations

Provide a listing of all of the business programs accredited by the IACBE. These programs are identified on your Membership Status page available on the IACBE website under Accreditation > Member Status. This listing must also include all accredited Majors, Concentrations, Focus Areas, Specializations, etc. associated with the programs (as identified on your Member Status page). Add rows as needed. *Contact your IACBE liaison if you believe there are changes needed to the accredited program list as identified on your Member Status page.*

For those institutions with more than one Academic Business Unit delivering IACBE-accredited programs, Identify the academic unit(s) that administer the programs. (Add or delete rows as needed):

| **IACBE-Accredited Programs** | **Academic Unit**  **Administering the Program** |
| --- | --- |
|  |  |
|  |  |
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Please provide a list of all locations offering the above listed accredited programs (add or delete rows as needed).

| **LOCATION** | **ADDRESS** |
| --- | --- |
|  |  |
|  |  |
|  |  |

**3. Institutional and Program Enrollments**

What are the beginning and end dates of your most recently completed academic year (AY)? (MM/YY – MM/YY)

What academic year was used for the Self-Study of your last IACBE accreditation review? (MM/YY – MM/YY)

Provide figures for the institution’s overall total enrollment 1- at the beginning of the Reporting Year (most recently concluded academic year) and 2- at the beginning of the academic year of your last IACBE Self-Study.

**Notes**:

“Enrollment” refers to the total number of students pursuing programs offered by the institution as of the start of the academic year, not the number of students admitted/accepted in a given year.

| **Total Institutional Enrollment** | |  |
| --- | --- | --- |
| **Reporting Year** | **ONE YEAR PRIOR** | **TWO YEARS PRIOR** |
|  |  |  |

For each IACBE-accredited program (as listed on your IACBE Member status page), provide the unduplicated headcount \* enrollment in the program 1- at the beginning (first term) of the Reporting Year and the prior two years.

| **Accredited Program** | **Enrollment** | | |
| --- | --- | --- | --- |
| **reporting Year** | **one year prior** | **two years prior** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Totals** |  |  |  |

\* Unduplicated headcount = total headcount irrespective of prior or dual program enrollments. In other words, do not count any student more than once no matter the number of programs that the students pursued.

**4. Degrees Conferred in Accredited Programs**

For each IACBE-accredited program (as listed on your Member status page), provide figures for the number of degrees conferred in the program during 1- the Reporting Year and 2 – during the year of your last IACBE Self-Study.

(Add or delete rows in the table as needed):

| **Accredited Program** | **Number of Degrees Conferred** | |  |
| --- | --- | --- | --- |
| **Reporting Year** | **ONE YEAR PRIOR** | **TWO YEARS PRIOR** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Totals** |  |  |  |

**5. Student Learning Assessment**

**5A. Student Learning Assessment Results for IACBE-Accredited Programs**

Using the Student Learning Assessment Results Table (Appendix): provide the student learning assessment results from implementation of the Outcomes Assessment Plan during the reporting year.

* 1. State Intended Student Learning Outcome (ISLO)
  2. Identify the two assessment measures/tools used to evaluate student achievement of the ISLO. Add rows if more than two assessment measures were used to evaluate the ISLO.
     1. Add rows if more than two assessment measures were used to evaluate student achievement of an ISLO
  3. Indicate if the assessment measure/tool is a Direct or Indirect measurement
  4. State the performance objective (target) for the assessment measure
  5. Provide the actual results (data) from implementation of the assessment measure
  6. Indicate whether the target was Met or Not met.

A separate document must be provided for each program included in the outcomes assessment plan.

**Notes:**

* Information in red is given as an example.
* Add tables/rows as needed if a program has additional ISLOs or uses more than two assessment measures to evaluate an ISLO
* *All outcomes results tables are to be provided in an Appendix folder as separate files: this Appendix folder is to include one file per program results table.*

**5B . Assessment of Student Learning for Majors, Concentrations, Focus Areas, Specializations, etc.**

If any of the programs contain majors, concentrations, focus areas, specializations, etc. that are not broken out as individual programs in the above outcomes results, describe the ways in which the academic business unit ensures academic quality and evaluation of student learning outcomes specific to these disciplinary component areas of the programs.

*Guidance/considerations:*

* Evaluation methods may include similar outcomes assessment as within the OAP; periodic program reviews that include these disciplinary component areas; reviews, analyses, and evaluations of the results of embedded assessments in the courses comprising the disciplinary component areas.
* Consider outcomes-based measures of quality such as graduate satisfaction with the disciplinary component areas; job placement/employment of graduates in related fields; job advancement of graduates; student success in passing certification examinations.

**RESPONSE:**

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| --- |
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**5C. Analysis and Plans for Improvement of Student Learning**

For each program, provide an analysis of the results/data:

1. Are students achieving the ISLOs as expected?
   * If not, are there areas for improvement that have been identified? If so, provide the business unit’s action plan for implementing those improvements.
2. If student achievement is meeting expectations, has the business unit identified areas for improvement in its delivery of quality business education? If so, provide the business unit’s action plan for implementing those improvements.

**RESPONSE:**

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| --- |
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**6. Operational Assessment**

**6A. Operational Assessment Results**

Using the Operational Assessment Results Table (Appendix): provide the operational assessment results from implementation of the Outcomes Assessment Plan during the reporting year.

1. State Intended Operational Outcome (IOO)
2. Identify the assessment measure/tool used to evaluate business unit achievement of the IOO. Add rows if more than one assessment measure was used to evaluate an IOO.
3. State the performance objective (target) for the assessment measure
4. Provide the actual results from implementation of the assessment measure
5. Indicate whether the target was Met or Not met.

**Notes**:

* If there is more than one Academic Business Unit, please provide a table for each.
* Information in red is given as an example.
* Add rows as needed for additional intended operational outcomes and assessment measures.
* *All outcomes results tables are to be provided in an Appendix folder as separate files: this Appendix folder is to include one file for the operational results table.*

**6B. Analysis and Plans for Improvement of Operational Effectiveness**

Provide an analysis of the results/data of the business unit’s operational outcomes:

1. Is the business unit achieving its IOOs as expected?
   * If not, are there areas for improvement that have been identified? If so, provide the business unit’s action plan for implementing those improvements.
2. If the business unit is meeting its expectations, has it identified areas for additional improvement in its operational effectiveness? If so, provide the business unit’s action plan for implementing those improvements.

**RESPONSE:**

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**7. Forward-Looking Outcomes Assessment Plan for the Academic Business Unit**

The IACBE strategy for continuous quality improvement is an ongoing process of continuous quality improvement. As such, based on your analysis of the results provided above, provide a copy of a revised – forward looking – Outcomes Assessment Plan (OAP) ***as a separate MS WORD document*** This OAP should encompass any changes that have been made based on the above (and any prior year) outcomes assessments (e.g. changes to goals, intended learning or operational outcomes, assessment measures, and targets). The OAP must follow the current IACBE template and requirements. For more information on the OAP, refer to the Member Resource page of the IACBE website.

**OAP Submission instructions:**

The OAP is to be submitted as a separate Word document using the current IACBE template and must meet current IACBE requirements for Outcomes Assessment Plans.

OAP appendices are to be collected and submitted as a separate folder “OAP Appendices” and may be in any file format.

The OAP template and some helpful tools are available on the Member Resource page of the IACBE website.

**8. Student Achievement Assessment**

**8A. Student Achievement Results for IACBE-Accredited Programs**

Using the Student Achievement Data table (in Appendices): for each IACBE-accredited program provide three years of achievement data, and the business unit’s target for the results. This includes data segregated at the major, specialization, etc level. Choose from one of the following achievement measures:

* Attrition
* Retention
* Graduation rates
* Licensure pass rates
* Job placement rates \*
* Employment rates \*
* Acceptance into advanced degree program (For example, continuing education to achieve next level degree)

Note: for programs with less than 10 current enrollments, the institution may indicate that insufficient data is available by stating “population less than 10”

\* Each accredited certificate program must report the number of enrollments during the reporting years AND either Job Placement Rate or Employment Rate.

**8B. Assessment of Student Achievement Data**

Provide an analysis of the results/data:

1. Are student achieving the intended target?
   * If not, what are the areas for improvement that have been identified? Provide an action plan for implementing those improvements.
2. If student achievement is meeting expectations, has the business unit identified areas for improvement in its delivery of quality business education? If so, provide an action plan for implementing those improvements.

**RESPONSE:**

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**9. Compliance with IACBE Principles**

This section is a self-assessment of your compliance with the IACBE’s Accreditation Principles.

Please refer to the IACBE Self-Study Manual for the expectations for compliance with the Principles. The manual is available in the Members Only Resources section of the IACBE website.

Read and reflect on the IACBE expectation for meeting compliance with the Principle, then indicate if you believe you are in compliance with the principle. If you indicate that you are not incompliance, describe the business unit’s action plan to come in to compliance with the principle. If your self-assessment indicates you are in compliance but identifies areas for improvement to be in compliance, check the “Needs Improvement” option and describe the business unit’s action plan for addressing the issues.

| **Principle 1: Commitment to Integrity, Responsibility, and Ethical Behavior** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No  Needs Improvement |
| If you responded “no” or “Needs Improvement”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 2: Quality Assessment and Advancement** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No  Needs Improvement |
| If you responded “no” or “Needs Improvement”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 3: Strategic Planning** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No  Needs Improvement |
| If you responded “no” or “Needs Improvement”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 4: Business Curricula and Learning Opportunities** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No  Needs Improvement |
| If you responded “no” or “Needs Improvement”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 5: Business Faculty Characteristics, Activities, and Processes** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No  Needs Improvement |
| If you responded “no” or “Needs Improvement”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 6: Policies, Procedures, and Processes** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No  Needs Improvement |
| If you responded “no” or “Needs Improvement”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 7: Resources Supporting Business Programs** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No  Needs Improvement |
| If you responded “no” or “Needs Improvement”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 8: External Relationships** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No  Needs Improvement |
| If you responded “no” or “Needs Improvement”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 9: Innovation in Business Education** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No  Needs Improvement |
| If you responded “no” or “Needs Improvement”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

APPENDICES – TABLES

PROGRAM NAME: BS Management

EXAMPLE:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ISLO: | Students will apply legal and ethical principles in business to organizational decision making. | | | | |
| Assessment Tool | | Direct / Indirect | Target | Results | Met / Not Met |
| Capstone Case Study | | Direct | 80% of student will score at least 75% on the rubric components that evaluate this ISLO. | 82% of students achieved a score of 75% or better on these rubric criteria. | Met |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ISLO: |  | | | | |
| Assessment Tool | | Direct / Indirect | Target | Results | Met / Not Met |
|  | |  |  |  |  |
| Assessment Tool | | Direct / Indirect | Target | Results | Met / Not Met |
|  | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ISLO: |  | | | | |
| Assessment Tool | | Direct / Indirect | Target | Results | Met / Not Met |
|  | |  |  |  |  |
| Assessment Tool | | Direct / Indirect | Target | Results | Met / Not Met |
|  | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ISLO: |  | | | | |
| Assessment Tool | | Direct / Indirect | Target | Results | Met / Not Met |
|  | |  |  |  |  |
| Assessment Tool | | Direct / Indirect | Target | Results | Met / Not Met |
|  | |  |  |  |  |

Example:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IOO: | The School of Business will employ highly qualified faculty. | | | |
| Assessment Tool | | Target | Results | Met / Not Met |
|  | | 95% of full-time and adjunct faculty will be academically or professionally qualified to teach in their respective disciplinary areas. | 97% of faculty are academically or professionally qualified for the subject area being taught. | Met |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IOO: |  | | | |
| Assessment Tool | | Target | Results | Met / Not Met |
|  | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IOO: |  | | | |
| Assessment Tool | | Target | Results | Met / Not Met |
|  | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IOO: |  | | | |
| Assessment Tool | | Target | Results | Met / Not Met |
|  | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IOO: |  | | | |
| Assessment Tool | | Target | Results | Met / Not Met |
|  | |  |  |  |

**Institution:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Most Recent AY** | | **2 Yrs Prior** | | **3 Yrs Prior** | |
| **PROGRAM** | **MEASURE** | **TARGET** | **RESULT** | **TARGET** | **RESULT** | **TARGET** | **RESULT** |
|  |  |  |  |  |  |  |  |
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**Calculations for Measures**

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| --- | --- |
| **MEASURE** | **DESCRIPTION AND HOW IT WAS CALCULATED** |
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