



A note to reviewers: Please complete all information in brackets and shaded boxes before submitting this document.

AAQEP Off-Site Review Report for [Provider, Program]

Quality Review Team Members

[NAME, TITLE, INSTITUTION, LOCATION]

[NAME, TITLE, INSTITUTION, LOCATION]

[NAME, TITLE, INSTITUTION, LOCATION]

Review Schedule

Off-Site Review Team Meeting: [DATE/TIME]

Off-Site Review Provider Meeting: [DATE/TIME]

On-Site Review: [SCHEDULED DATES]

Purpose and Scope of Review

The AAQEP Quality Review Team (QRT) listed above met on [DATE] to conduct an off-site review of the [PROGRAM(S)] put forward by [PROVIDER]. The purpose of the meeting was to review individual team members' responses to the case presented in the Quality Assurance Report (QAR).

The team shared comments, compiled clarification questions to be posed to the provider, and developed specific plans to verify evidence and gather additional evidence during the scheduled site visit. The team also authored the draft summary of the case presented below.

For QRT members: Instructions for completing this report accompany each of its four sections. The team lead will send a copy of this report to the provider prior to the Off-Site Review Provider Meeting.

For providers: Please review this report and send your response(s) to the team lead no later than the beginning of your site visit. The first two sections, the case specification and the draft summary of the case, will become part of your case record once finalized; please send the team lead any necessary factual corrections or clarifications regarding interpretation. You will need to agree to a final version of the summary by the conclusion of the Quality Assurance Review. In addition, please respond to the clarification questions and any logistical notes as shown in sections 3 and 4 below.

1. Case Specification

The Program Specification Table identifies the specific programs seeking accreditation in the AAQEP review. If available in the Quality Assurance Report (QAR), the QRT will copy this table into the Off-Site Review Report. If the QAR does not include this Program Specification Table, the QRT should complete as much of the table as possible based on the information presented in the QAR; whatever information is lacking can be supplied by the provider. If any information is not readily available in the QAR, copy the incomplete table into the Clarification Questions section and ask the provider to correct and complete the table.

Certificate, License, Endorsement, or Other (list specific programs)	Degree Level (bachelor's, master's, postbaccalaureate, certificate only)	Number of Candidates (currently enrolled - identify year)	Number of Completers (most recently completed academic year - identify year)
		TOTAL	TOTAL

2. Draft Summary of the Case

The draft summary of the case is a concise statement of the QRT's understanding of the case being made by the provider. The summary (no longer than five to seven paragraphs) includes the following:

- *A brief description of the provider and its context*
- *A brief summary of the scope of the set of programs seeking accreditation*
- *A brief description of evidence and findings that are used to make the case that the AAQEP standards are met*
- *A summary of how the quality of that evidence (reliability, validity, fairness, and trustworthiness) is assured*
- *Improvement or innovation goals that are outlined in the QAR and the associated evidence*

3. Clarification Questions

Record questions below to be answered in writing or documentation by the provider. These questions will be reviewed in the Off-Site Review Provider Meeting.

***Note to provider:** The questions below were prepared by the review team in its initial meeting. Please respond directly in the document below with either (a) a brief answer such as you would provide in an informal interview, or if appropriate (b) links to relevant documents or evidence sources, or (c) a note indicating when and how the answer will be provided during the site visit. Please provide the responses at your earliest convenience, but no later than at the beginning of the site visit. When your responses are complete, please return an electronic version to the Quality Review Team lead via email attachment.

1. 2. 3. [etc.]

4. Notes Regarding Meeting Schedule and Site Visit Logistics

Please note any questions for the provider concerning logistics (meeting schedule, interviews, transportation, etc.). If appropriate, indicate particular areas for on-site follow-up.

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