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Army Quality Assurance Program Procedures

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History. This publication is a new U.S. Army Training and Doctrine Command pamphlet.

Summary. This pamphlet provides guidance on the concepts and processes used to implement the Army Quality Assurance Program and its five major functions: Army accreditation, oversight and governance, proponent assessment, internal evaluation, and external evaluation. It contains specific guidance on quality assurance evaluator development, to include quality assurance evaluator competencies, professional development, and certification; the Army Enterprise Accreditation Standards; conducting Army accreditations; and managing learning institution quality assurance programs, to include master evaluation planning, conducting internal and external evaluations, preparing self-studies and self-assessments, conducting proponent assessments, and conducting instructor actions review. This pamphlet supports the policies set forth in TRADOC Regulation 11-21.

Applicability. This pamphlet applies to all Army learning institutions that are part of The Army School System, made up of Regular Army, Army National Guard, U.S. Army Reserve, and Army civilian institutional training systems, except for the U.S. Military Academy.

Proponent and exception authority. The proponent for this pamphlet is the Director, Army Quality Assurance Program, U.S. Army Training and Doctrine Command. The proponent has the authority to approve exceptions or waivers to this pamphlet that are consistent with controlling law and regulations.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Director, Army Quality Assurance Program, U.S. Army Training and Doctrine Command, 950 Jefferson Avenue, Fort Eustis, VA 23604-5710.

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Chapter 1

Introduction

1-1. Purpose

This pamphlet provides guidance on the concepts and processes used to implement the Army Quality Assurance Program (AQAP) and the AQAP's five major functions: Army accreditation, AQAP oversight and governance, proponent assessment, internal evaluation, and external evaluation. Unless otherwise specified, the concepts and processes described in this pamphlet apply to all organizations and individuals involved in implementing, managing, and/or supporting the AQAP, to include all Army learning institutions that are part of The Army School System, made up of Regular Army (RA), Army National Guard (ARNG), U.S. Army Reserve (USAR), and Army civilian institutional training systems, except for the U.S. Military Academy (USMA). This pamphlet supports the policies set forth in TRADOC Regulation (TR) 11-21.

1-2. References

See [appendix A](#).

1-3. Explanation of abbreviations and terms

See the [glossary](#).

1-4. Records management requirements

The records management requirement for all record numbers, associated forms, and reports required by this publication are addressed in the Records Retention Schedule–Army (RRS–A). Detailed information for all related record numbers, forms, and reports is in Army Records Information Management System (ARIMS)/RRS–A at <https://www.arims.army.mil>. If any record numbers, forms, and reports are not current, addressed, and/or published correctly in ARIMS/RRS–A, see DA Pamphlet (DA PAM) 25-403 for guidance.

1-5. Information Collections

Surveys referred to in paragraph 2-17 and appendix K are assigned survey control number (SCN) AAHS-RDR-PR-21-190.

Chapter 2

Army Quality Assurance Program

This chapter provides an overview of the AQAP, to include its core values, mission, vision, strategic goals, and major functions. This chapter also briefly describes impact issues; value-added practices; quality assurance versus quality control; evaluation versus inspection; the role of the quality assurance office (QAO), officer, and non-commissioned officer (NCO); AQAP collaboration platforms; and AQAP marketing.

2-1. Introduction

a. The AQAP defines responsibility for accrediting all Army learning institutions across all Army components, except for the USMA. Through Army accreditation and its related processes, the AQAP assures learning institutions achieve Army standards in the development, education,

and training of Soldiers and Army Civilians while strengthening the Army’s ability to learn, adapt, and innovate, and its readiness to deploy, fight, and win decisively against any adversary anytime and anywhere.

b. In accordance with AR 10-87, AR 350-1, TR 10-5, TR 10-5-1, and TR 11-21 (see [app A](#) for required publications), the Army’s lead agency for the AQAP is Headquarters (HQ) U.S. Army Training and Doctrine Command (TRADOC) QAO, which has the responsibility of establishing AQAP objectives, policies, procedures, and processes.

2-2. Core values

The AQAP’s core values, as shown in figure 2-1, provide the foundation for the AQAP’s mission, vision, and goals.

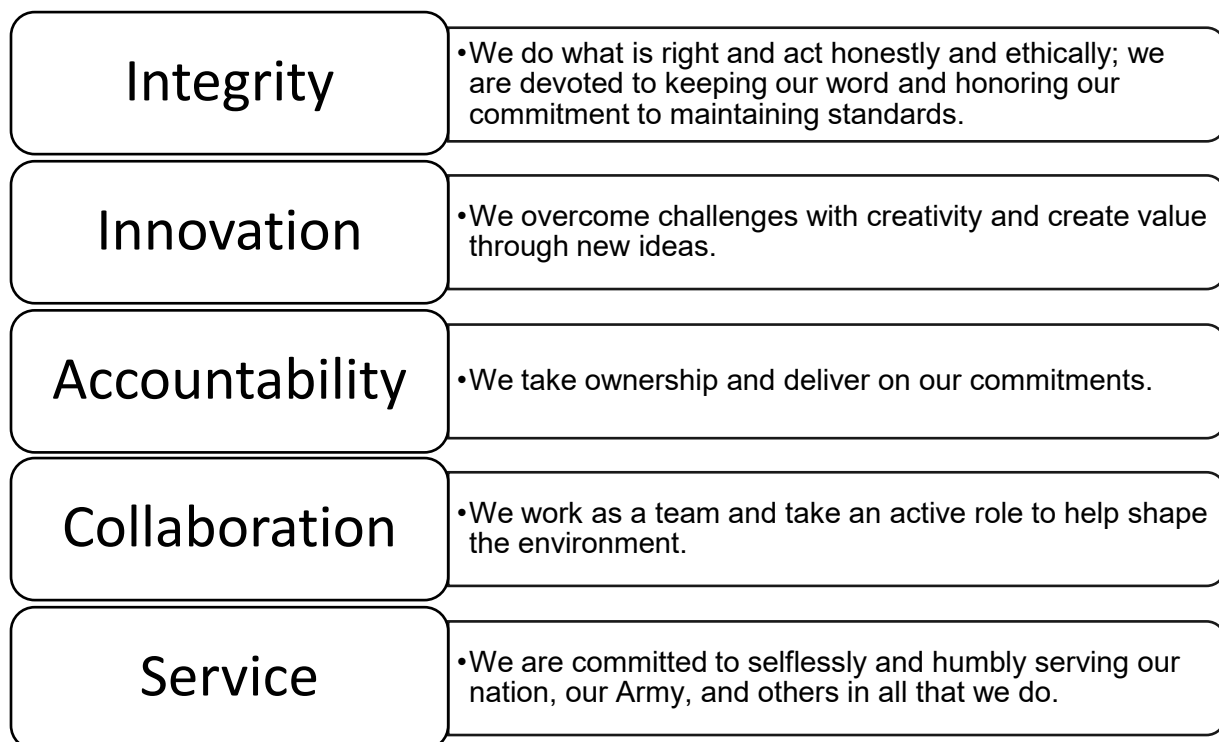


Figure 2-1. The Army Quality Assurance Program’s core values

2-3. Mission, vision, and strategic goals

a. Mission. The AQAP’s mission is to execute the AQAP across the RA, ARNG, and USAR through accreditations and proponent assessments to assure Army Enterprise Accreditation Standards (AEAS) are achieved in the development, education, and training of Soldiers and Army Civilians while strengthening the Army’s readiness and ensuring the Army’s ability to learn, adapt, and innovate.

b. Vision. The AQAP’s vision is to be the Army’s organization that assesses and enhances the quality of Army training, education, and development by fostering innovation and collaboration through the enforcement of the AEAS.

c. Strategic goals. The AQAP's strategic goals are nested with the TRADOC campaign plan and correlate with the three core purposes of Army accreditation: accountability, improvement, and compliance.

(1) Optimize functions (accountability). Optimizing AQAP functions assures processes, procedures, methods, and functions operate most efficiently and effectively. This goal addresses required resources, regulatory guidance, reporting processes, and examination of the quality assurance governance process. It largely addresses resource issues to optimize AQAP function and ensure the AQAP is truly responsible for holding the Army's learning institutions accountable for providing the greatest return on investment.

(2) Enhance rigor (improvement). The goal of enhancing AQAP rigor stems from the recognition that some standard criteria, training, and Army accreditation processes are perishable and may become outdated and require improvement to keep pace with current Army training, education, and development issues. Enhancing AQAP rigor requires continual adjustment to the AEAS criteria, a greater investment in further professionalizing the AQAP community, and collaboration with external accrediting agencies (see [para 2-13](#)) to identify and modify functions that may have the potential of impeding improvement of the Army's education and training mission.

(3) Enforce standards across doctrine, organizational, training, materiel, leadership, personnel, facilities, and policy (DOTMLPF-P) domains (compliance). The goal of enforcing standards across DOTMLPF-P domains focuses on the importance of communicating the processes, findings, and value that the quality assurance program provides across the Army enterprise. This goal addresses objectives to effectively conduct internal and external evaluations, providing credible data to the Army and TRADOC campaign plans from Army accreditation findings; and to establish the conditions for learning institutions to highlight their analysis, design, development, implementation, and evaluation (ADDIE) processes through self-assessments and self-studies.

2-4. Five major functions

As shown in figure 2-2, the AQAP's primary portfolio is comprised of five major quality assurance functions: accreditation, oversight and governance, proponent assessment, internal evaluation, and external evaluation. Authorities used as prioritizing criteria for these functions include AR 10-87, AR 350-1, TR 10-5, TR 10-5-1, TR 11-21, TR 350-18, and TR 350-70 (see [app A](#) for required publications).

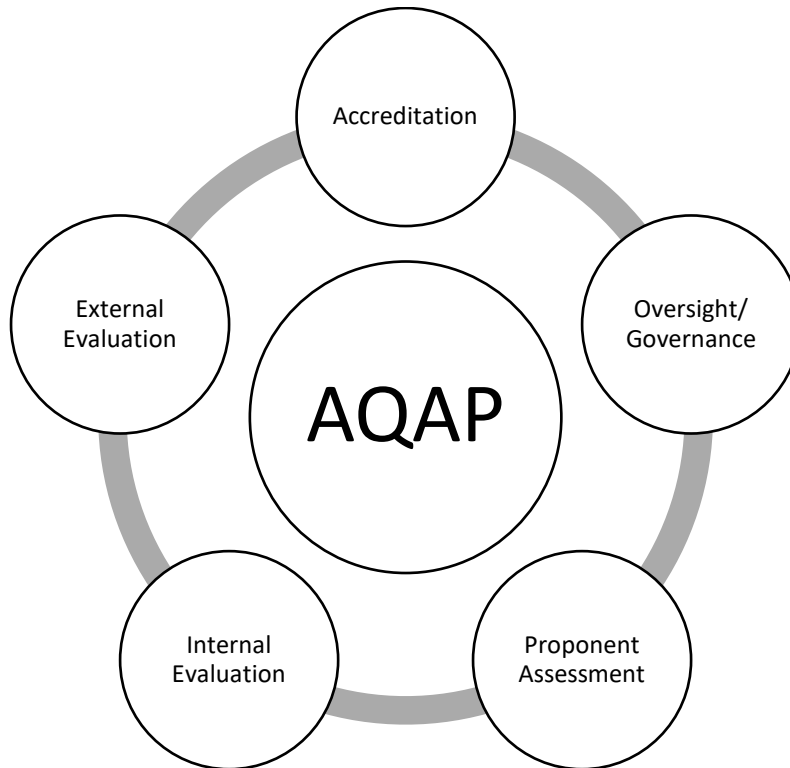


Figure 2-2. The Army Quality Assurance Program’s five major functions

a. Accreditation. Army accreditation is a disciplined approach to quality assurance across Army learning institutions. It assures that institutions meet accepted standards and follow regulatory and command guidance. It is the result of an evaluative process assuring that a learning institution meets the required percentage of accreditation standards with a focus on quality, currency, and relevant training and education that meets the needs of the Army. It is also the voluntary process of evaluating institutions or programs to assure acceptable levels of quality, including recognition by the U.S. Secretary of Education. HQ TRADOC QAO is the lead agency for Army accreditation. For more information about Army accreditation, see [chapter 5](#).

b. Oversight and governance. HQ TRADOC QAO, as the lead agency for the AQAP, exercises staff management of all Army learning institution QAOs to ensure effective implementation of the AQAP’s other major functions: accreditation, internal evaluation, external evaluation, and proponent assessment. HQ TRADOC QAO provides staff support to learning institution QAOs to ensure efficient and effective quality assurance business practices and operations, and to support institutions with achieving and maintaining AEAS. This support includes developing and publishing AQAP policies, procedures, and processes; publishing and maintaining the AEAS; managing the quality assurance survey process and survey system licenses; managing the quality assurance evaluator development program (QAEDP); and identifying and sharing trends, value-added practices, and efficiencies across Army learning institutions. For information about the AEAS, see [chapter 4](#). For information about the QAEDP, see [chapter 3](#). For information about internal and external evaluation and proponent assessment, see [chapter 6](#). For information about value-added practices, see [paragraph 2-7](#).

c. Proponent assessment. Proponent assessment is the quality assurance process of assuring all functionally aligned reserve component (RC) learning institutions and outlying subordinate schools meet accepted accreditation standards and follow regulatory and command guidance. The proponent assessment process involves proponent QAOs evaluating training, education, and organizational processes; providing feedback to the evaluated institution; making recommendations for improvement; providing written proponent assessment reports to the assessed learning institution and HQ TRADOC QAO; and following up on the assessed institutions' corrective actions. HQ TRADOC QAO, as the lead agency for the AQAP, exercises staff management of Army learning institution QAOs to ensure implementation of proponent assessment in support of Army accreditation. For more information about proponent assessment, see [chapter 6, section VII](#).

d. Internal evaluation. Internal evaluation is an Army learning institution's quality assurance review of its own processes and functions. In the AQAP, internal evaluation primarily involves learning institution QAOs evaluating their institution's courses against course-related AEAS criteria. This includes evaluating the learning institution's courses taught at offsite locations via mobile training teams. This does not include evaluating functionally aligned RC learning institutions or outlying subordinate schools; those are evaluated during proponent assessment (see [para 2-4c](#)). Internal evaluation also involves learning institutions assessing themselves against all AEAS criteria. HQ TRADOC QAO, as the lead agency for the AQAP, exercises staff management of learning institution QAOs to ensure implementation of internal evaluation. For more information about internal evaluation, see [chapter 6, section III](#).

e. External evaluation. External evaluation is a quality assurance process that provides the means to determine if Army training and education meet the needs of the operational Army. It helps assure that the Army's training and education system continues to efficiently and effectively produce graduates who meet established job performance requirements. It also helps assure that Soldiers and Army Civilians receive all the training they need, that they need all the training they receive, and that they can perform individual critical tasks and learning outcomes to prescribed standards. External evaluation involves collecting data from a variety of external sources, including but not limited to the Center for Army Lessons Learned, combat training centers, conferences, studies, active and reserve collection and analysis teams, unit commanders and other Army leaders, Soldier and Army Civilian graduates, and graduates' supervisors. HQ TRADOC QAO, as the lead agency for the AQAP, exercises staff management of learning institution QAOs to ensure implementation of external evaluation. For more information about external evaluation, see [chapter 6, section V](#).

2-5. Commander's organizational inspection program

The AQAP's second portfolio and sixth major function is the organizational inspection program (OIP). This function is specific to HQ TRADOC QAO as the TRADOC OIP policy proponent.

a. The OIP is a commander's program that integrates and coordinates command inspections, staff inspections, and Inspector General (IG) inspections within the command. An OIP is not an inspection itself, but an overall comprehensive program comprised of inspections. Commanders designate an OIP coordinator to coordinate and manage the OIP, preferably from within the staff agency that has tasking authority and direct access to the master calendar.

b. All Army organizations have an OIP, including HQ Department of the Army staff agencies, Army programs, garrisons and installations, and various other non-standard Army organizations and agencies with staffs that can conduct inspections on the organization's behalf. The battalion is the lowest level organization in which a commander has a staff to perform internal inspections on subordinate units.

c. OIP is separate and distinct from Army accreditation. OIP involves a quality control inspection process that uses checklists and applies to all Army organizations. Army accreditation involves a quality assurance evaluation process that uses evaluative rubrics and applies to Army learning institutions. Army accreditation is not an inspection.

d. The HQ TRADOC QAO director serves as the HQ TRADOC OIP coordinator, working closely with the TRADOC IG. The HQ TRADOC QAO director aligns TRADOC staff inspections with Army accreditation scheduling to the greatest extent possible to reduce disruption to learning institutions' training and operational tempo.

e. For more information on the commander's OIP, see AR 1-201 and TRADOC Supplement 1-201 (see [app A](#) for related publications).

2-6. Impact issues

a. An impact issue is a situation or circumstance that impedes an Army learning institution's mission, is beyond the learning institution's ability to resolve, has an audit trail documenting how the learning institution tried to resolve the issue, and causes the learning institution to fail one or more AEAS criteria.

b. Quality assurance evaluators at all levels identify impact issues through a variety of evaluations, such as Army accreditation, proponent assessment, internal and external evaluation, and self-assessment.

c. In accordance with TR 10-5, TR 10-5-1, and TR 11-21, HQ TRADOC QAO manages the identification and resolution of accreditation impact issues for all Army learning institutions, both active component (AC) and RC.

d. HQ TRADOC QAO does not publish individual impact issues due to their potentially sensitive nature; however, they do report impact issues in the aggregate when sharing Army quality assurance trends with the AQAP community.

e. For information about processing impact issues, see [appendix B, section I](#).

2-7. Value-added practices

a. A value-added practice is an Army learning institution's practice that enhances the value of an AEAS criterion, is or can be effective and applicable across Army learning institutions, can

be supported within the limits of regulatory guidance and resources, and promotes the institution as a learning organization.

b. Army quality assurance evaluators at all levels identify value-added practices through a variety of evaluations, such as Army accreditation, proponent assessment, internal evaluation, and self-assessment.

c. In accordance with TR 10-5, TR 10-5-1, and TR 11-21, HQ TRADOC QAO identifies and shares value-added practices across Army learning institutions. HQ TRADOC QAO reports recognized value-added practices when sharing Army quality assurance trends with the AQAP community.

d. For information about processing value-added practices, [see appendix B, section II](#).

2-8. Quality assurance versus quality control

a. Within the context of Army learning, quality is the ability of a learning product or service to satisfy the needs of the internal and external stakeholders who use or otherwise benefit from the product or service. Managing quality involves two separate but not-so-distinct components: quality assurance and quality control.

(1) Quality assurance is a function that provides leaders assurance that an organization is efficiently and effectively meeting its mission requirements, also assuring that controls are in place to effect quality performance across the organization.

(2) Quality control is the day-to-day actions taken to ensure a product or service meets applicable specifications and standards. Quality control has three objectives: find defects, correct defects, and validate the deliverable.

b. Although quality assurance and quality control are defined differently, some of their activities are interrelated. Because the two concepts are interrelated, it can be challenging to understand their differences. Table 2-1 describes some of the differences between quality assurance and quality control.

Table 2-1
Differences between quality assurance and quality control

Concept	Quality Assurance	Quality Control
Assure versus ensure	Provides internal and external stakeholders the confidence, or assures, that quality requirements will be met	Actually fulfills those quality requirements; ensures the requirements are met
Process versus product	Concerned with processes, how they are performed, and how products are developed	Concerned with inspecting products throughout the process, and validating that the products meet requirements
Not executing versus executing the process	Is not part of the process; is on the outside looking in at the process	Is part of the process; is on the inside executing the process
Prevention versus reaction	Is concerned with preventing defects by looking at the processes and systems in place	Is a reactive approach that concerns itself with identifying and correcting defects
Not controlling versus controlling quality	Never involves controlling product quality	Always involves controlling product quality
Recommending versus making corrective actions	Recommends corrective actions but does not make them	Makes or directs corrective actions
Functions	Evaluation and auditing	Inspection and testing
Examples	Evaluator reviews a product and its audit trail documents to examine the process and controls used to develop the product; recommends improvements to process and/or controls based on product and audit trail evidence	Training manager reviews a product for accuracy and completeness; either makes corrections or sends the product back to the developer for corrections

c. Although quality assurance and quality control are different, they complement one another, and both are part of a quality management system focused on meeting quality requirements.

2-9. Evaluation versus inspection

a. Evaluation systematically examines a system or process to determine its value or merit using standards and evaluative criteria. It involves collecting, analyzing, and interpreting data; gaining insights; and making judgments to determine the degree of the system’s or process’ value or merit, inform decisions, and improve future performance. Evaluation is part of the quality assurance function.

b. Inspection closely examines, measures, or tests a product or service’s characteristics and compares results with specific requirements to establish whether the product or service is correct and in compliance. Inspection usually follows a checklist based on product or service specifications. Inspection is part of the quality control function.

c. Although evaluation and inspection are not interchangeable, an evaluation may use inspection techniques as an evaluation tool. However, an evaluation should not be involved in any verifying activities leading to actual acceptance or rejection of a product or service.

2-10. Quality assurance office, officer, and non-commissioned officer

a. In accordance with AR 350-1 and TR 11-21, all Army learning institutions have a QAO, or equivalent, that reports directly to and serves as the “eyes and ears” of their learning institution’s commander, deputy commander, commandant, assistant commandant, or civilian or military equivalent, as appropriate. QAOs implement and manage a variety of quality assurance functions for their learning institutions, to include internal and external evaluation, institutional self-study and self-assessment, quality assurance reviews, and in some cases proponent assessment.

b. Depending on the mission and size of the learning institution, a QAO may be a fully staffed organization with a director and several evaluators assigned full time; or, on the other hand, it may be an individual with other primary duties but assigned additional duties as the learning institution’s quality assurance officer or NCO. In the latter case, the quality assurance officer or NCO may report directly to one leader for their primary duties, and report directly to their learning institution’s senior leader for their quality assurance duties.

c. No matter how a QAO is staffed, the mission is the same – to execute the commander’s quality assurance program, assuring the quality of the institution’s training and education and the institution’s achievement of the AEAS.

d. Throughout this pamphlet, whenever the term “quality assurance office” or “QAO” is used, it refers to both fully staffed quality assurance organizations and individual quality assurance officers and NCOs.

2-11. Collaboration platforms

The AQAP provides several platforms for the AQAP community to network, share information, and collaborate. Those platforms include the AQAP portal, the AQAP’s Army 365 site, and the AQAP milBook on milSuite.

a. AQAP portal. The AQAP portal is the AQAP’s common access card-enabled website, which hosts the most-current information regarding the AQAP’s mission and vision, policy and guidance, standards, Army accreditation schedule, evaluator professional development, learning institution portals, community points of contact, and other information and resources described in this pamphlet.

(1) The AQAP portal is available via this link: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

(2) When visiting the AQAP portal for the first time, users are prompted to request permission to enter the site and should follow the instructions on the screen. Users receive an email notification when their requests for access are approved. Users may contact the AQAP Portal Administrator with any problems obtaining access or with any questions about the site.

b. AQAP's Army 365 site. The AQAP hosts an Army 365 site for all members of the AQAP community to share information, ask questions, and work collaboratively on various efforts.

(1) The AQAP's Army 365 site includes the following capabilities: threaded chat, virtual teleconferencing, video teleconferencing, and a host of project collaboration tools. The AQAP uses the platform to conduct accreditation and other evaluation-related activities, and to host various AQAP community learning activities.

(2) To join the AQAP's Army 365 site, search Army 365 for "Army Quality Assurance Program" or "AQAP" and request to join.

c. AQAP milBook on milSuite. The AQAP hosts a milBook group on milSuite for all members of the AQAP community to share information and ask questions. The AQAP milBook group is available via this link: <https://www.milsuite.mil/book/groups/tradoc-quality-assurance-office>

2-12. Marketing the Army Quality Assurance Program

a. Marketing the AQAP is an effective way to engage stakeholders and inform them about the AQAP and how it supports their missions. It is also an effective way to keep stakeholders informed about changes across TRADOC and the Army that impact their missions, and changes to the AQAP's processes and services in support of their missions.

b. Marketing the AQAP is important, but equally important is providing effective quality assurance services that complement the marketing effort. Marketing helps build relationships of trust and understanding with stakeholders. Through marketing, combined with effective quality assurance services, stakeholders can come to understand and trust the value of the AQAP.

c. For example methods of marketing the AQAP, see [appendix C](#).

2-13. External accrediting agencies

The AQAP continually engages and develops collaborative relationships and partnerships with external accrediting agencies. This enables continued currency and the benchmarking of relevant best practices in the field of accreditation.

a. Commonalities among external accrediting agencies. Regardless of the accrediting agency, one commonality is that they all have a quality assurance process for determining whether an institution meets established standards for function, structure, and performance. For example, according to the U.S. Department of Education, accreditation involves the following activities:

(1) Accrediting agencies establish accreditation standards in collaboration with learning institutions.

(2) Learning institutions seeking accreditation prepare a self-study of their performance against the accreditation standards.

(3) Accreditation teams evaluate learning institutions against the accreditation standards.

(4) Accrediting agencies grant accreditation status to learning institutions meeting the accreditation standards.

(5) Accrediting agencies monitor accredited learning institutions throughout the accreditation cycle to assure they continue to meet the accreditation standards.

(6) Accrediting agencies periodically reevaluate accredited learning institutions to determine continued accredited status.

b. Types of external accreditation. There are two types of external accreditation: institutional and specialized or programmatic.

(1) Institutional. Institutional accreditation reviews the academic and organizational structures of a college, university, center, or independent school, and the entire learning institution is accredited. Army accreditation is an institutional accreditation. When Army learning institutions seek additional institutional accreditation from a civilian accrediting agency, it is important to ensure it is recognized by the U.S. Department of Education.

(2) Specialized or programmatic. Specialized or programmatic accreditation reviews individual programs within a college, university, center, or school, and only that program is accredited, independent of the parent organization. Programs include academic units, specialties, disciplinary offerings, departments, or schools within a larger learning institution. This type of accreditation assures that the program meets the standards of a specific field of study and provides the education and experiences required for success in that field. Professional associations related to specific fields of study provide programmatic accreditation. Examples include the American Psychological Association, the Commission on Accreditation for Respiratory Care, the Joint Review Committee on Education in Radiologic Technology, and the National Architectural Accrediting Board.

c. Types of external accrediting agencies. There are two types of external accrediting agencies: regional and national.

(1) Regional. The most-widely recognized type of external accrediting agency is regional. Regional accrediting agencies accredit schools, colleges, and universities in certain regions of the U.S., with some serving international regions. Most colleges in the U.S. are regionally accredited. Regionally accredited schools are typically academically oriented, state-owned, or nonprofit. There are six regional accrediting agencies that operate in the U.S.

(a) Middle States Commission on Higher Education.

(b) New England Association of Schools and Colleges.

(c) Northwest Commission on Colleges and Universities.

- (d) Higher Learning Commission.
- (e) Southern Association of Colleges and Schools.
- (f) Western Association of Schools and Colleges.

(2) National. National accrediting agencies focus on accrediting trade schools, vocational schools, and career programs offering degrees and certifications. These accrediting agencies are not limited to geographic locations. Nationally accredited schools are typically for-profit schools that offer technical, vocational, or career programs. Examples of national accrediting agencies include Accrediting Commission of Career Schools and Colleges, Council on Occupational Education, and Distance Education Accrediting Commission.

d. Certifying the quality of external accrediting agencies. The Council for Higher Education Accreditation reviews U.S. institutional and programmatic accrediting agencies for their effectiveness and quality based on the standards and requirements of the most-recent Recognition Policy and Procedures. Recognition affirms that accrediting agencies' standards, structures, and practices promote academic quality, improvement, accountability, flexibility, and innovation in the institutions and programs they accredit. The Council for Higher Education Accreditation is the only private-sector organization in the U.S. that reviews accrediting agencies.

Chapter 3

Quality Assurance Evaluator Development Program

This chapter provides an overview of the AQAP's QAEDP and its various offerings.

3-1. Introduction

a. In accordance with AR 350-1 and TR 11-21, one of the AQAP's goals is to provide a sound, viable, and flexible quality assurance program that meets the needs of the Army. Accomplishment of this goal is made possible in great part through the AQAP's QAEDP. The QAEDP is one element of the AQAP's second major function – oversight and governance.

b. The AQAP is committed to helping all quality assurance evaluators develop the knowledge, skills, and experience necessary for executing efficient and effective quality assurance business practices and operations. The QAEDP's broad range of developmental opportunities are designed to help new and inexperienced evaluators transition to competent evaluators, and to help competent evaluators transition to leaders and experts in the field of Army quality assurance.

c. The QAEDP is a multi-faceted developmental program designed to professionalize quality assurance evaluation practice. It is also designed to ensure quality assurance evaluators execute the AQAP mission consistently across all Army learning institutions.

d. Foundational to the QAEDP are essential competencies for Army quality assurance evaluators. The QAEDP's professional development programs include but are not limited to four sequential quality assurance evaluator courses (QAEC), a variety of professional development forums, lunch-and-learn training sessions, and an AQAP reading list. Processes that support and reward continuous professional development include but are not limited to continuous learning points (CLP) and evaluator certification.

e. The QAEDP is not all-inclusive or all-encompassing; one size does not fit all. It can adapt to meet constantly emerging and changing policies and directives, and it recognizes that not all Army learning institutions are the same. Learning institutions have the flexibility to expand evaluator development beyond the program to meet their institutions' specific needs.

3-2. Essential competencies for quality assurance evaluators

a. Competencies are the knowledge, skills, and abilities required for successful human performance. The AQAP's essential competencies for quality assurance evaluators identify specific competencies that quality assurance evaluators are expected to possess and exercise in their evaluation practice. Successful attainment of these essential competencies helps ensure a capable and professional team of evaluators across the Army enterprise.

b. The essential competencies for Army quality assurance evaluators are what drive every element of the QAEDP, to include the QAECs, professional development forums, lunch-and-learn training sessions, and the AQAP reading list. Evaluators and their supervisors should refer to the competencies when planning other professional development activities. The competencies support standardized evaluation practice, with all Army quality assurance evaluators exercising the same competencies regardless of job title or organization.

c. As shown in figure 3-1, the evaluator essential competencies consist of six domains: professional practice, systematic inquiry, situational analysis, project management, reflective practice, and interpersonal competence.



Figure 3-1. Six domains of essential competencies for quality assurance evaluators

(1) The professional practice domain refers to exercising the fundamental values and norms of quality assurance evaluator practice. This includes ethical practice and contributing to the evaluation knowledge base.

(2) The systematic inquiry domain refers to exercising systematic, data-based inquiry to ensure accurate and credible evaluation results. This includes exercising technical evaluation skills related to evaluation planning, data collection, analysis, interpretation, and reporting.

(3) The situational analysis domain refers to understanding and responding to the unique interests, issues, and contextual circumstances of evaluation. This includes examining the organizational context of the evaluation, adapting to organizational variance, and being open to input from others.

(4) The project management domain refers to executing processes required for effective evaluation project management. This includes identifying needed resources, managing processes and people, and presenting results in a timely manner.

(5) The reflective practice domain refers to being aware, through reflection, of one's own evaluation expertise and areas needing development. This includes pursuing professional development and building professional relationships to enhance evaluation practice.

(6) The interpersonal competence domain refers to exercising the following skills necessary for competent evaluation practice: writing, speaking, listening, conflict resolution, teamwork, cultural understanding, and critical thinking.

d. Distributed across the six domains are 62 competencies. For a full list of the 62 competencies, see [appendix D](#). Once published, performance measures for each competency will be available in the QAEDP section of the AQAP portal: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

3-3. Quality assurance evaluator courses

a. As shown in figure 3-2, there are four sequential QAECs. The courses are aligned with the essential competencies for quality assurance evaluators and are designed to help move an evaluator from a fundamental to an expert level of evaluator competence. They also correspond with and are prerequisites for the QAEDP's four levels of evaluator certification ([see para 3-8](#)). Evaluators successfully complete each course before enrolling in the next.

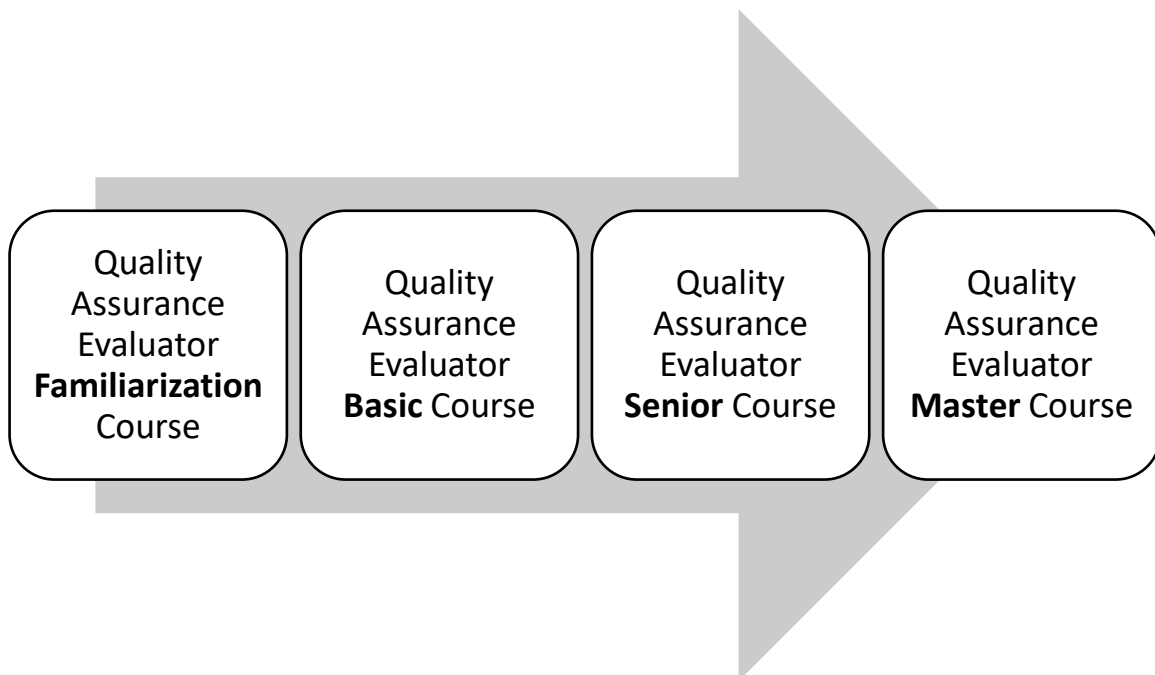


Figure 3-2. Quality assurance evaluator courses

(1) Quality Assurance Evaluator Familiarization Course.

(a) The objective of the Quality Assurance Evaluator Familiarization Course is for newly assigned evaluators to gain an introductory-level understanding of the AQAP's purpose, concepts, applicable references, the AEAS, Army accreditation, and the QAEDP.

(b) The Familiarization Course consists of seven lessons and a post-test and is delivered online only.

(c) The recommended timeframe for completing the Familiarization Course is within the first two months of being assigned quality assurance evaluator duties.

(d) The Familiarization Course is a pre-requisite for apprentice evaluators.

(e) Evaluators may self-enroll in the Familiarization Course through the Army Training Support Center's learning management system at <https://atsc.elic.learn.army.mil>. This course is expected to also be available in the future through the Army Training Requirements and Resource System (ATRRS) with the searchable name, "QAE Familiarization."

(2) Quality Assurance Evaluator Basic Course.

(a) The objective of the Quality Assurance Evaluator Basic Course is for evaluators to gain an intermediate understanding of the AQAP, the AEAS, evaluation processes and tools, and the QAEDP.

(b) The Basic Course consists of 23 lessons and a culminating capstone exercise, and it is roughly 37.5 academic hours, or 5 days. This course is delivered in-residence and using virtual methods.

(c) The recommended timeframe for completing the Basic Course is after one to six months of quality assurance evaluator experience on the job.

(d) The Basic Course is a pre-requisite for evaluator certification.

(e) Evaluators may register for the Basic Course through ATRRS at <https://www.atrrs.army.mil> under the searchable name, "QAE Basic."

(3) Quality Assurance Evaluator Senior Course.

(a) The objective of the Quality Assurance Evaluator Senior Course is for evaluators to gain a fully comprehensive understanding of the AQAP, the AEAS, evaluation processes and tools, and the QAEDP.

(b) The Senior Course consists of 15 lessons and a culminating capstone exercise, and it is roughly 29.0 academic hours, or 4 days. This course is delivered in-residence and using virtual methods.

(c) The recommended timeframe for completing the Senior Course is after 12 to 18 months of quality assurance evaluator experience on the job.

(d) The Senior Course is a pre-requisite for senior evaluator certification.

(e) Evaluators may register for the Senior Course through ATRRS at <https://www.atrrs.army.mil> under the searchable name, "QAE Senior."

(4) Quality Assurance Evaluator Master Course.

(a) The objective of the Quality Assurance Evaluator Master Course is for evaluators to gain a strategic or expert understanding of the AQAP, the AEAS, evaluation processes and tools, the QAEDP, coaching and mentoring, and conflict management.

(b) The Master Course consists of six lessons and is roughly 12.0 academic hours, or 2 days. HQ TRADOC QAO conducts this course in residence.

(c) The recommended timeframe for completing the Master Course is after 36 months of quality assurance evaluator experience on the job.

(d) The Master Course is a pre-requisite for master evaluator certification.

(e) Evaluators may register for the Master Course through ATRRS at <https://www.atrrs.army.mil> under the searchable name, "QAE Master."

b. For more information about the quality assurance courses, contact the AQAP Quality Assurance Course Manager. For more information about how to register for the courses, visit the QAEDP section of the AQAP portal: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

3-4. Forums

HQ TRADOC QAO periodically schedules and hosts AQAP professional development forums covering a variety of AQAP topics. Examples of AQAP forum events are the AQAP Annual Forum for the entire AQAP community, the Quality Assurance Director's Workshop, the USAR Quality Assurance Workshop, the ARNG Quality Assurance Workshop, and the Soldier Quality Assurance Workshop, among others. AQAP forums provide the AQAP community with continuous development and professionalization opportunities, as well as the latest information about AQAP initiatives and programmatic updates. The actual AQAP forum events offered each year are subject to change. For more information about AQAP forum events and schedule, visit the AQAP portal: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

3-5. Lunch-and-learn training sessions

HQ TRADOC QAO periodically schedules and hosts AQAP lunch-and-learn training sessions covering a wide variety of topics of interest to the AQAP community. These sessions are hosted in the lunch-and-learn channel of the AQAP's Army 365 site. For more information about AQAP's lunch-and-learn training events and schedule, visit the QAEDP section of the AQAP portal: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>. To recommend or request lunch-and-learn topics or volunteer to be a lunch-and-learn presenter, contact the AQAP Deputy Director.

3-6. Reading list

Reading is a powerful professional development strategy that equips quality assurance evaluators with a solid knowledge base and effective tools for professional practice. The AQAP reading list provides quality assurance professionals with required and recommended readings for their continuous professional development and lifelong learning. Required readings, which are aligned with the four QAECs and include official Army and TRADOC publications related to Army accreditation and the AEAS, are essential for effective quality assurance practice. Recommended

readings include popular, professional, and academic articles and books covering a wide variety of topics of interest and value to quality assurance professionals. For the current AQAP reading list, visit the QAEDP section of the AQAP portal: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

3-7. Continuous learning points

a. Continuous learning is the constant expansion of knowledge and skills needed to perform more effectively and adapt more readily to ever-changing environments. It involves a wide range of activities that increase performance capabilities.

b. Continuous learning points (CLP) are a method of ensuring quality assurance evaluators develop and enhance their professional skills, remain current in their professions, and are flexible and adaptable to ever-changing environments.

c. CLPs may be awarded for completion of academic courses, training courses, professional activities, and professional experience. To remain active in the QAEDP, quality assurance evaluators achieve at least 80 CLPs every two years and are encouraged to achieve at least 40 CLPs every year. All activities earn points only in the year they are accomplished or completed.

d. Quality assurance evaluators' supervisors play a key role in continuous learning. They ensure, within organizational workload and funding constraints, that their evaluators are allowed duty time to participate in continuous learning activities. As appropriate, they allow telework for virtual continuous learning. They also ensure that evaluators' individual development plans include continuous learning activities, and they document and validate their evaluators' records for completion of CLP requirements.

e. Quality assurance evaluators identify and discuss with their supervisors the types of continuous learning activities to pursue and achieve. They also verify their records to ensure their CLPs are recorded.

f. For information on how to determine points to be credited for continuous learning activities, see the CLP guidelines in [appendix E](#).

3-8. Quality assurance evaluator certification

The QAEDP recognizes evaluators who have acquired the education, skills, and experience needed for successful evaluation practice.

a. Evaluator certification levels. The QAEDP offers four progressively increasing levels of certification as shown in figure 3-3. To progress between the levels, evaluators meet established minimum time, experience, and education requirements.

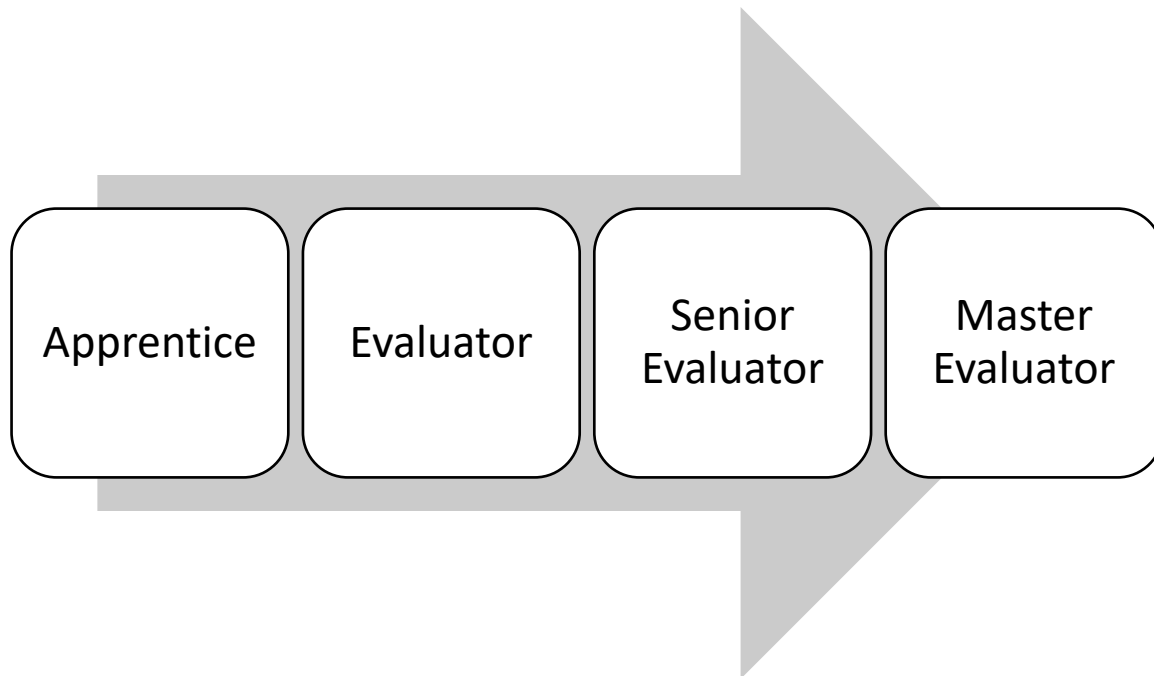


Figure 3-3. Levels of quality assurance evaluator certification

(1) Apprentice.

(a) The apprentice level recognizes evaluators who have achieved fundamental evaluator knowledge and skills and have met the requirements shown in figure 3-4.

Requirements for Apprentice Recognition
<ul style="list-style-type: none"> • Assigned evaluator duties in support of the Army Quality Assurance Program (AQAP) mission • Successfully completed the Quality Assurance Evaluator Familiarization Course • Successfully integrated into organization and duty position • Demonstrated familiarization with AQAP policies, Army accreditation processes, and the Army Enterprise Accreditation Standards • Received supervisor recommendation

Figure 3-4. Requirements for apprentice recognition

(b) The recommended timeline for achieving apprentice level is within the first two months of being assigned quality assurance evaluator duties. This is only a guideline; the timeline may vary depending on each evaluator's effort, pace of onboarding, and previous knowledge, skills, abilities, and experience. The QAEDP recognizes the apprentice level with an AQAP Director-signed nomination document. A certificate is not awarded for this level.

(2) Evaluator.

(a) The evaluator level recognizes evaluators who have achieved intermediate evaluator knowledge and skills and have met the requirements shown in figure 3-5.

- | Requirements for Evaluator Certification |
|---|
| <ul style="list-style-type: none">• Successfully completed the Quality Assurance Evaluator Basic Course• Demonstrated briefing competency• Demonstrated writing competency• Demonstrated understanding of Army Quality Assurance Program policies, Army accreditation processes, and the Army Enterprise Accreditation Standards• Participated in an institutional self-assessment• Participated in an Army accreditation right-seat-ride• Completed minimum continuous learning points requirements• Received supervisor recommendation |

Figure 3-5. Requirements for evaluator certification

Note. An Army accreditation right-seat-ride is an opportunity for an evaluator to practice using their evaluation skills under the supervision of an experienced evaluator. Conducting a right-seat-ride is a very structured activity, with the team lead planning and coordinating the evaluator's right-seat-ride activities throughout the accreditation. HQ TRADOC QAO funds accreditation right-seat-rides as part of the QAEDP.

(b) The recommended timeline for achieving evaluator level is after six months of quality assurance evaluator experience on the job. This is only a guideline; the timeline may vary depending on each evaluator's effort, pace of onboarding, and previous knowledge, skills, abilities, and experience. The QAEDP recognizes the evaluator level with an AQAP Director-signed certificate.

(3) Senior Evaluator.

(a) The senior evaluator level recognizes evaluators who have achieved advanced evaluator knowledge and skills and have met the requirements shown in figure 3-6.

Requirements for Senior Evaluator Certification
<ul style="list-style-type: none"> • Successfully completed the Quality Assurance Evaluator Senior Course • Effectively evaluated and reported on more than one Army Enterprise Accreditation Standards for an Army accreditation or proponent assessment • Briefed evaluation results to leadership • Provided effective coaching, counseling, and mentoring to stakeholders across own learning institution and/or across evaluated learning institution • Facilitated or participated in the Army Quality Assurance Program (AQAP) forum or other AQAP learning events • Completed minimum continuous learning points requirements • Received supervisor recommendation

Figure 3-6. Requirements for senior evaluator certification

(b) The recommended timeline for achieving senior evaluator level is after 12 to 18 months of quality assurance evaluator experience on the job. This is only a guideline; the timeline may vary depending on each evaluator's effort, pace of onboarding, and previous knowledge, skills, abilities, and experience. The QAEDP recognizes the senior evaluator level with an AQAP Director-signed certificate.

(4) Master Evaluator.

(a) The master evaluator level recognizes evaluators who have achieved expert evaluator knowledge and skills and have met the requirements shown in figure 3-7.

Requirements for Master Evaluator Certification
<ul style="list-style-type: none"> • Successfully completed the Quality Assurance Evaluator Master Course • Demonstrated sustainment of lifelong learning • Briefed evaluation results to senior leadership • Researched and/or applied new or revised process or product supporting the Army Quality Assurance Program (AQAP) and Army accreditation • Continued to provide effective coaching, counseling, and mentoring to stakeholders • Facilitated or participated in an AQAP forum or other AQAP learning event • Completed minimum continuous learning points requirements • Received supervisor recommendation

Figure 3-7. Requirements for master evaluator certification

(b) The recommended timeline for achieving master evaluator level is after 36 months of quality assurance evaluator experience on the job. This is only a guideline; the timeline may vary depending on each evaluator's effort, pace of onboarding, and previous knowledge, skills, abilities, and experience. The QAEDP recognizes the master evaluator level with an AQAP Director-signed certificate.

b. e-Portfolio.

(1) An e-Portfolio is an electronic evaluator record maintained in the QAEDP section of the AQAP portal. All Army quality assurance evaluators are required to have an e-Portfolio.

(2) Supervisors use the e-Portfolio system to enroll their evaluators into the QAEDP and manage their QAEDP records. Evaluators whose supervisors are not actively associated with the AQAP, such as may occur with evaluators assigned additional quality assurance duties and not assigned to a formal QAO, enroll themselves into the QAEDP and notify their supervisors of this action.

(3) QAEDP records include training certificates, CLP trackers, nominations for evaluator certification, other evidence of having met evaluator certification requirements, and evaluator-through-master certificates.

(4) Users may access e-Portfolio from their learning institutions' individual AQAP portal sites.

c. Evaluator certification nomination. For a quality assurance evaluator whose supervisor is actively associated with the AQAP, the supervisor prepares and submits the evaluator's nomination packet for progression to each of the evaluator levels. Evaluators whose supervisors are not actively associated with the AQAP, such as may occur with evaluators assigned additional quality assurance duties and not assigned to a formal QAO, keep their supervisors informed of their activities and performance in the QAEDP, but prepare and submit their own nomination packets. For information about the evaluator certification nomination process, see [appendix F](#).

Chapter 4

Army Enterprise Accreditation Standards

This chapter provides an overview of the AEAS and the AEAS evaluation report and rubrics.

4-1. Introduction

a. The Army's accepted standards for accreditation are the AEAS. The AEAS establishes criteria for institutional quality and provide the Army the means to assess and improve all Army learning institutions across active and reserve components, and across the DOTMLPF-P domains. The AEAS are aligned with the TRADOC core competencies, which are driven by the TRADOC and Army campaign plans. Also aligned with well-established accreditation theory and practice, the AEAS enhance rigor and help organizations learn and grow.

b. HQ TRADOC QAO develops and maintains the AEAS in collaboration with the AQAP community and subject matter experts (SME) across the Army. This collaborative effort helps ensure the AEAS remain current with respect to Army requirements and changing circumstances

in the operational environment. The Commanding General (CG), TRADOC is the AEAS approval authority.

c. The most current version of the AEAS is available on the AQAP portal:
<https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

4-2. Standards subject areas

a. The AEAS are comprised of seven enduring standards addressing the following topic areas:

(1) AEAS 1: Mission, purpose, and functions. Learning institutions have clearly defined, aligned, and communicated mission, vision, goals, objectives, and organizational performance criteria. They effectively manage and execute doctrine, knowledge management, and lessons learned programs and processes. They also actively seek academic and vocational credentials to enhance their training and education programs.

(2) AEAS 2: Governance and administration. Learning institutions have governance and administrative structures that promote and support effective leadership and collaborative processes, and their leaders execute the principles of mission command. Learning institutions effectively manage academic testing and assessment materials, student records, and course records. They also effectively manage and execute requirements of the AQAP and the TRADOC Safety and Occupational Health Program.

(3) AEAS 3: Learning programs – analysis, design, development, and implementation. Learning institutions effectively analyze, design, develop, and implement their learning programs, to include their distributed learning courses and products. They develop and distribute equivalent learning to AC and RC Soldiers under the One Army School System. They also incorporate mandatory and command-directed learning, and digital mission command systems training into their learning programs.

(4) AEAS 4: Institutional training and education mission management. Learning institutions effectively execute processes for obtaining, managing, and maintaining required resources, to include equipment, facilities, physical training areas, ranges, ammunition, and library. They participate in the Structure Manning Decision Review and provide documentation needed to validate resources. They utilize the Army's systems of record to manage course and student data. They effectively manage environmental-related issues impacting training. They also work closely with other organizations for inter-service, foreign, RC, and new systems training.

(5) AEAS 5: Assessment, evaluation, and effectiveness. Learning institutions measure how effectively they achieve their missions and goals. They use formative and summative evaluation methods to evaluate their learning programs. They conduct AQAP internal and external evaluations. They have and execute policies and procedures for supporting Soldier for Life requirements. They also assess and evaluate applicable occupational standards.

(6) AEAS 6: Faculty and staff. Learning institutions effectively execute requirements of the Army Civilian Career Program and the TRADOC Civilian Leader Development Program. They proactively recruit, select, assign, and develop faculty and staff with requisite skills. They manage and execute faculty and staff development programs and processes that support skill development and sustainment. Faculty are qualified, certified, and current in the subjects they teach. Additionally, effective instructor and developer recognition programs are in place.

(7) AEAS 7: Leadership and leader development. Learning institutions place high priority on developing future leaders who can effectively exercise mission command and operate in complex and decentralized operational environments. They develop, maintain, and execute effective leader development programs. Leaders at all levels establish and maintain a positive climate and culture in support of leader development across the institution. Additionally, the institution deliberately and progressively integrates leader development into its learning programs.

b. Each overarching standard has multiple criteria supporting an acceptable outcome of the standard. Those criteria may contain more-specific sub-criteria supporting achievement of the criteria, and those sub-criteria may contain even more-specific sub-criteria.

4-3. Criteria applicability

a. All AEAS (for example, 1, 2, and 3) apply to all Army learning institutions; however, not all criteria (for example, 1a, 2b, and 3c) apply to all Army learning institutions. Criteria applicability varies based on each learning institution's mission, complexity, and functions. To help address questions about applicability, published AEAS criteria are annotated with the letters "C," "P," or "ID" to indicate the most-common type of organization(s) to which each criterion is likely to apply.

(1) Center "C" refers to those learning institutions with authority over proponents and/or instructional delivery institutions; for example, Cyber Center of Excellence (CoE), and Maneuver Support CoE. Some centers may also be considered proponents; for example, Aviation CoE and Intelligence CoE. Some centers that are also proponents may also provide instructional delivery.

(2) Proponent "P" refers to those learning institutions that have proponent responsibilities. Some proponents may also be considered centers; for example, Aviation CoE and Intelligence CoE. Some proponents may also provide instructional delivery.

(3) Instructional Delivery "ID" refers to those institutions that only provide instructional delivery of, or implement, proponents' learning materials; for example, most RC learning institutions, noncommissioned officer academies (NCOA), regional training sites – maintenance (RTSM), ARNG aviation training sites (AATS), and troop schools.

b. Criteria applicability annotations are estimated starting points and are not necessarily true for all Army learning institutions. Learning institutions and HQ TRADOC QAO work together

to assess and determine criteria and sub-criteria applicability as it relates to each institution's unique requirements.

4-4. Evaluation report and rubrics

Army accreditation evaluations provide leaders with accurate and timely feedback and a written record of the results. Although initial feedback may be verbal, written reports are necessary because they establish a historical record that informs corrective actions, follow-up evaluations, and trend analysis. Written reports are narrative in form to provide context and clearly articulate the evidence and analysis behind the evaluation results.

a. AEAS evaluation report tool.

(1) Learning institution QAOs and Army quality assurance evaluators may use the AEAS evaluation report tool with associated rubrics for reporting the results of Army accreditations, proponent assessments, and self-assessments. Learning institution QAOs may also use the AEAS evaluation report tool for reporting the results of their internal evaluations.

(2) The AEAS evaluation report tool is a multiple-page Portable Document Format (PDF) file. The tool's first page includes fields for administrative information about the evaluation and the evaluated institution, automatically calculated overall rating and individual standard ratings, and a narrative field for the executive summary. The tool's second page includes narrative fields for any impact issues and value-add practices, and fields for administrative information about the team lead and reviewing official. The tool's subsequent pages include, by AEAS, fields for manually inputting criteria ratings; automatically calculated standard ratings; narrative fields for summary comments and recommendations, impact issues, and value-added practices; and fields for administrative information about the AEAS evaluator. The AEAS rubrics are attached to the report with the PDF paperclip function. No other attachments are included with the report without the AQAP Director's approval.

(3) For information about writing effective evaluation reports, see [paragraph 7-17](#).

b. AEAS rubrics and ratings.

(1) Each AEAS criterion (for example, 1a, 2b, and 3c) has a corresponding rubric. Each rubric's heading contains administrative fields for the name of the evaluated learning institution, the date or date range that the criterion was evaluated, the name of the criterion's primary evaluator, and an automatically calculated overall rubric rating. The heading also contains a description of the criterion. In the body of the rubric are the criterion's sub-criteria, associated rubric scales for the sub-criteria, and fields for entering sub-criteria ratings.

(2) Although the rubric scales are written specifically for each criterion, table 4-1 shows the underlying meaning of each scale item.

Table 4-1
Underlying meaning of rubric scale items

Scale	Underlying Meaning
100	The learning institution meets the criterion with sustainable continuous quality improvements.
75	The learning institution would proficiently meet the criterion with minor corrections.
50	The learning institution is developing competencies toward meeting the criterion.
25	The learning institution is aware of the criterion but has done little toward meeting the criterion.
0	The learning institution is unaware of the criterion, or the learning has done nothing toward meeting the criterion.
N/A	The criterion does not apply to the learning institution.
N/O	Evaluators did not observe the criterion.

(3) Also included in the body of the rubric are narrative fields for supporting comments, impact issues, and value-added practices.

(4) For more information on quality assurance evaluation rubrics, see [paragraph 7-14](#).

4-5. Changes to the standards, report, and rubrics

a. Recommending changes to the AEAS, report, and rubrics.

(1) Learning institution QAO directors (or equivalent) submit recommended changes using the process posted on the AQAP portal for requesting changes to the AEAS, reports, and rubric: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

(a) Recommendations for AEAS changes clearly and concisely identify the issue or error, describe the recommended change, and explain why the recommended change is important.

(b) If the recommendation for AEAS change is related to a policy change, the recommendation lists the publication number, date, and paragraph that provides the updated policy.

(2) Learning institution-level quality assurance evaluators and other learning institution-level stakeholders recommend changes to the AEAS, report, and rubrics through their respective QAO directors (or equivalent).

(3) AEAS SMEs not associated with a learning institution-level QAO submit recommended changes following the same procedure as QAO directors.

b. Making changes to the AEAS, report, and rubrics.

(1) Although the AEAS are enduring, it is critical that they continually adapt to the ever-evolving environment in which they operate. HQ TRADOC QAO periodically reviews the AEAS for accuracy, currency, and relevance; decides courses of action; and makes all needed

changes. Table 4-2 outlines the general process the AQAP AEAS Manager uses to adjudicate recommended changes.

Table 4-2
Adjudicating recommended changes to Army Enterprise Accreditation Standards

Step	AEAS Manager Process
1	Receive all recommended changes for the AEAS review period.
2	Evaluate each recommended change for clarity and completeness; determine the need for further coordination with submitting agent and/or subject-matter expert(s).
3	Coordinate and discuss each recommended change with the submitting agent for clarification as needed.
4	Coordinate and discuss each recommended change with subject-matter expert(s) as needed.
5	Discuss recommended changes with the AQAP Director for final adjudication*.
6	Post adjudication results to the AQAP portal.
7	Update draft AEAS and brief accepted AEAS changes at the next AQAP forum.
8	Publish accepted changes in the next AEAS version.
*When necessary, the AQAP Director staffs recommended changes with the CG, TRADOC.	

(2) When determining and deciding changes to the AEAS, HQ TRADOC QAO reviews new and updated policies and publications, and works collaboratively with leaders and subject-matter experts across TRADOC and the Army. This collaboration includes inviting feedback and recommendations from all members of the AQAP community.

(3) Because changes to the AEAS drive changes to the AEAS evaluation report tool and rubrics, HQ TRADOC QAO updates the products concurrently on the AQAP portal. They also update the AEAS evaluation report tool and rubrics to correct any significant errors in functionality as needed.

Chapter 5
Army Accreditation

This chapter provides an overview of Army accreditation and its administration, to include scheduling and funding. It describes the Army accreditation team, timeline, and process, and it provides guidance on the Army accreditation staff assistance visit.

Section I
Overview of Army Accreditation

This section provides an overview of Army accreditation and its associated concepts and describes Army accreditation ratings, Army accreditation methodology, and the role of proponent assessment in Army accreditation.

5-1. Introduction

a. Army accreditation, one of the AQAP's five major functions, assures Army leaders that learning institutions meet and sustain accepted quality standards. It assesses whether a learning institution's processes are working within established limits. It looks at various aspects of a process, including conformance to policy, regulation, and other guiding directives; resources, such as personnel and equipment; methods; environment; process controls, such as standard operating procedures (SOPs) and training; and metrics for tracking process performance. Accreditation also assesses whether a learning institution's products conform to requirements, such as those described in the AEAS.

b. The accreditation process is designed to be transparent and collaborative so that learning institutions feel that it is fair, credible, and yields accurate results. Accreditation results identify gaps, help drive change, and help improve organizational effectiveness. Results help focus commanders' attention on the state of their learning institutions' programs and processes across DOTMLPF-P domains.

c. Army accreditation is a system of self-regulation developed by quality assurance professionals across commands to evaluate overall institutional quality and encourage continuous improvement. The Army values accreditation as a mark of quality.

d. The CG, TRADOC is the accrediting authority for all Army learning institutions, except for the USMA. As the lead agency for AQAP and Army accreditations, HQ TRADOC QAO plans, organizes, coordinates, schedules, and leads matrixed evaluation teams on Army accreditations.

e. All Army learning institutions are on a three-year Army accreditation cycle. The three-year Army accreditation cycle is driven by enterprise system updates, military personnel turnover, and the pace of change in military operations. Exceptions to the three-year cycle are combat training centers, which are on a two-year cycle; Command and General Staff College, which is on a six-year cycle; and Army War College, which is on a six-year cycle.

5-2. Army accreditation core purposes

a. Army accreditation has three core purposes: compliance, improvement, and accountability. As shown in figure 5-1, each core purpose consists of three different actions: scope of review, level of judgment, and reporting.

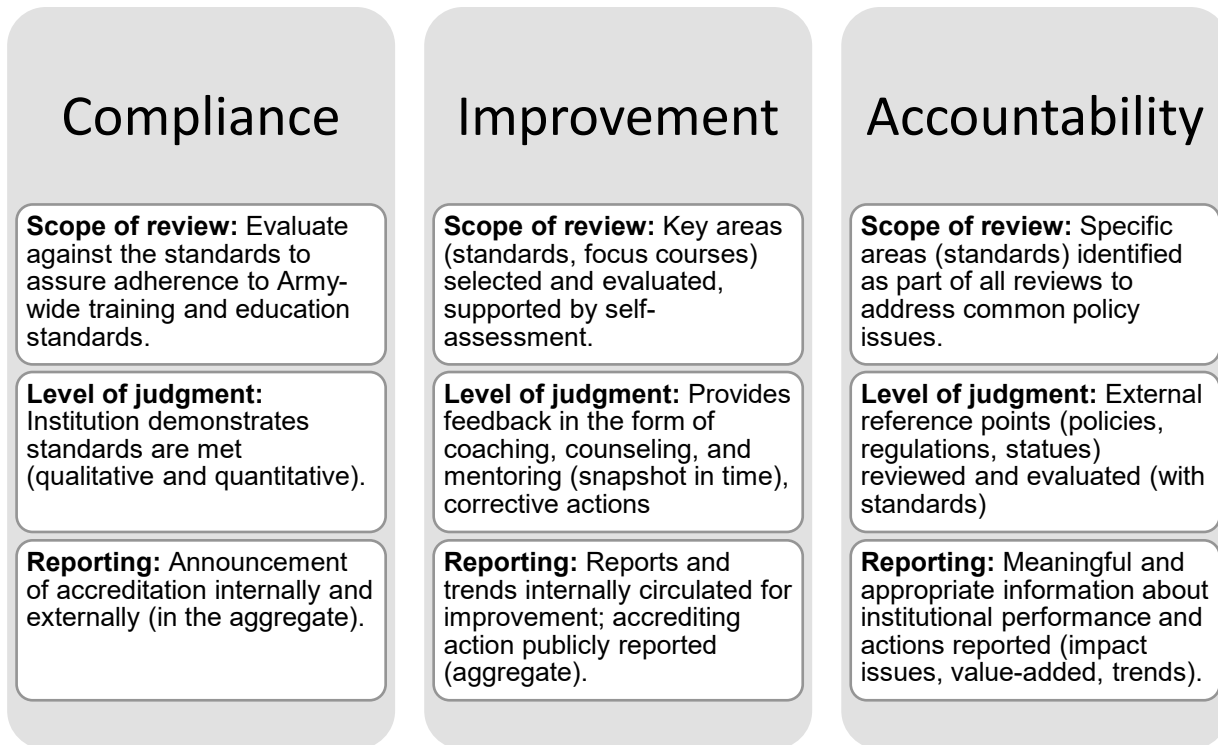


Figure 5-1. Core purposes of Army accreditation

b. Army accreditation’s core purposes serve as a comprehensive framework underlying the AEAS and evaluation rubrics; underscoring a multifactorial versus a binary process, or accreditation versus inspection; and facilitating a culture of evidence across Army learning institutions. Army accreditation’s focus is on helping all Army learning institutions continuously improve, and its aim is to move all learning institutions to their highest levels of performance.

5-3. Army accreditation classifications

a. Army learning institutions undergoing accreditation earn one of two Army accreditation classifications: level 1, accredited or reaffirmed; or level 2, non-accredited.

(1) Level I, accredited or reaffirmed. This classification is awarded to Army learning institutions achieving an overall accreditation rating of 80 or above. “Accredited” is the classification awarded to learning institutions achieving Army accreditation for the first time. “Reaffirmed” is the classification awarded to learning institutions having previously achieved and sustained Army accreditation: It is a renewal of their accreditation status.

(2) Level II, non-accredited. This classification is assigned to Army learning institutions receiving an overall accreditation rating below 80. The non-accredited classification consists of two sub-classifications: conditional accreditation, and candidate for accreditation.

(a) Conditional accreditation. This non-accredited sub-classification is assigned to learning institutions receiving an overall accreditation rating of 60 or greater and less than 80. Within 12 months, an Army accreditation team reevaluates all AEAS criteria rated 75 or less.

(b) Candidate for accreditation. This non-accredited sub-classification is assigned to learning institutions receiving an overall accreditation rating of less than 60. Within 12 months, an Army accreditation team conducts another complete accreditation.

b. All Army learning institutions, regardless of classification or sub-classification, prepare a corrective action plan for all AEAS criteria and sub-criteria rated below 100.

5-4. Army accreditation methodology

a. All Army accreditations are conducted using virtual methods. Based on the results of each accreditation team lead's mission analysis and planning, an accreditation may be conducted using primarily virtual methods plus an approximately one-week in-person on-site visit at or toward the end of the 120-day Army accreditation period. Or it may be conducted using entirely virtual methods, with no on-site visit. The team lead determines if a site visit is required to verify data.

b. The accreditation team lead, considering input from the learning institution and the accreditation team, establishes the most-appropriate virtual methods to use during the accreditation, and communicates specific requirements to the learning institution and the accreditation team. The team lead typically uses virtual methods to conduct the in-brief and initial impressions out-brief, as well as all internal and external meetings associated with the accreditation.

c. Accreditation evaluators use virtual methods to the greatest extent possible to conduct interviews, focus groups, student and instructor record reviews, test-control procedure reviews, training observations, and facility walk-throughs. Evaluators, coordinating through the team lead, may also request the learning institution take photographs or make recorded videos of various facilities or activities. Any requirements for recorded video should be communicated to learning institutions as early as possible to allow adequate time for coordinating resources and executing recording processes.

d. Most virtual methods use the Army 365 digital platform.

5-5. Proponent assessment and Army accreditation.

Proponent learning institutions assess their outlying subordinate schools and functionally aligned RC learning institutions against the AEAS. The resulting proponent assessment reports become part of the higher-level accredited institutions' accreditation reports. For more information about proponent assessment, see [chapter 6, section VII](#). For an example proponent assessment timeline and process, see [appendix N](#).

Section II

Army Accreditation Administration

This section provides guidance on the Army accreditation schedule and Army accreditation funding.

5-6. Army accreditation funding

HQ TRADOC QAO seeks funding using the program objective memorandum (POM) process to support accreditation functions. Base-level temporary duty (TDY) funding for Army accreditation team members to conduct accreditation on-site visits is contingent on availability of TDY funds provided in the POM process. For more information on the Army accreditation funding process, or on the availability of TDY funds for conducting accreditation evaluations, contact the Chief, HQ TRADOC QAO Plans and Operations Division.

5-7. Army accreditation schedule

- a. Developing and maintaining the Army accreditation schedule.

- (1) HQ TRADOC QAO develops and maintains a three-year Army accreditation schedule based on the three-year Army accreditation cycle, organizational realignments, and as directed by CG, TRADOC. Specific factors informing the accreditation schedule include the dates of each learning institution's last actual accreditation period, each institution's ATRRS course schedule for the upcoming accreditation period, the availability of each institution's personnel and other resources, and the availability of the Army accreditation team's personnel and other resources.

- (2) HQ TRADOC QAO reviews and updates the Army accreditation schedule approximately every 120 days and as changes occur. Each learning institution should review the published accreditation schedule periodically to ensure continued awareness of their institution's scheduled accreditation period.

- b. Publishing the Army accreditation schedule.

- (1) HQ TRADOC QAO publishes the most-current three-year Army accreditation schedule to the AQAP portal: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

- (2) The accreditation schedule's entries list the evaluated learning institution's name, the assigned accreditation team lead's name, and the inclusive dates of the 120-day Army accreditation period.

- c. Rescheduling Army accreditation.

- (1) Army learning institutions may request to reschedule their 120-day Army accreditation period for good cause, such as no training in session during the scheduled accreditation period or a significant interruption in the learning institution's operations is anticipated. The need to reschedule should be significant and justifiable and not just seen as or

considered an inconvenience. Every effort should be made to maintain a three-year accreditation cycle.

(2) To request a change to their scheduled accreditation period, the learning institution submits an official memorandum from their institution's commander, commandant, or civilian or military equivalent addressed to the AQAP Director. The memorandum provides justification for the requested change and recommends primary and alternate 120-day Army accreditation periods.

(3) If a learning institution wishes to request a change to its accreditation period, it should do so as soon as possible to support accreditation resource planning and allocation. If a learning institution requests a change too late in the accreditation scheduling process, HQ TRADOC QAO may not be able to re-allocate resources to support the requested change.

(4) This process does not apply to RC learning institutions needing to reschedule their Army accreditation as a result of scheduling outcomes from the RC's institutional training/schedule workshops held for the year of accreditation execution (see [para 5-7d](#)).

d. Rescheduling reserve component Army accreditation.

(1) RC learning institutions build pre-execution-year course schedules during the RC's annual institutional training/schedule workshop. Because HQ TRADOC QAO develops the Army accreditation schedule three years in advance based on estimated future RC course schedules, RC learning institutions' actual course schedules in the year of accreditation execution may not align with their scheduled accreditation period.

(2) Immediately following the RC's institutional training/schedule workshop held for the year of accreditation execution, RC learning institutions compare their course scheduling outcomes with the Army accreditation schedule to ensure classes will be in session at some point during their 120-day Army accreditation period. If no classes will be in session during that period, RC learning institutions contact the HQ TRADOC QAO Accreditation Program Specialist as soon as possible to coordinate adjustments to the Army accreditation schedule.

(3) RC learning institutions wishing to reschedule their Army accreditation for any reason other than the results of the RC's institutional training/schedule workshops held for the year of accreditation execution may follow the process described in [paragraph 5-7c](#).

Section III

Army Accreditation Team

This section provides guidance on Army accreditation team roles, responsibilities, and qualifications; accreditation observers; and confidentiality and non-disclosure.

5-8. Forming the Army accreditation team

a. HQ TRADOC QAO identifies, assigns, leads, and funds matrixed Army accreditation teams to conduct Army accreditations. The AQAP Director assigns experienced evaluators from HQ TRADOC QAO to serve as Army accreditation team leads. Other team members, whom HQ TRADOC QAO selects based on their professional experience and expertise, serve as AEAS leads and/or criterion evaluators. An accreditation team's size and composition may vary depending on the accredited learning institution's size and complexity.

b. Depending on the expertise required for any given Army accreditation, AEAS leads and criterion evaluators may be selected from various organizations across the Army, resulting in a cross-functional or matrixed team of evaluators. Using a matrixed evaluation team facilitates a rigorous and unbiased accreditation effort.

5-9. Army accreditation team member qualifications

To serve on an Army accreditation team, team members meet the qualifications shown in figure 5-2.

Army Accreditation Team Member Qualifications
<ul style="list-style-type: none"> • Active participant in the Quality Assurance Evaluator Development Program • Minimally qualified and certified at the evaluator level • Professional expertise in Army accreditation, an Army Enterprise Accreditation Standard (AEAS), or both • Analytical skills and the ability to apply the AEAS fairly and consistently • Ability to work independently and as part of a team • Strong interpersonal skills • Ability to write effectively leveraging technology

Figure 5-2. Army accreditation team member qualifications

5-10. Army accreditation team member roles and responsibilities

a. As shown in table 5-1, Army accreditation team members' responsibilities vary depending on their assigned roles.

Table 5-1
Army accreditation team roles and major responsibilities

Role	Major Responsibilities
Team Lead	<ul style="list-style-type: none"> • Lead and manage entire accreditation effort, from mission analysis and planning through final report, and review the institution’s corrective action plan. • Lead and manage all accreditation team members. • Communicate and coordinate with associated proponent assessment team leads. • Arbitrate and adjudicate issues and findings from AEAS leads. • Review impact issues and value-added practices, and process as required. • Coordinate, analyze, and synthesize AEAS reports into final accreditation report; write executive summary and summary impact issues and value-added practices. • Serve as AEAS lead for at least one AEAS.
AEAS Lead	<ul style="list-style-type: none"> • Arbitrate and adjudicate issues and findings from AEAS criterion evaluators. • Review impact issues and value-added practices within AEAS, and process through the team lead. • Coordinate, analyze, and synthesize AEAS rubrics into AEAS report; write AEAS summaries and recommendations, impact issues, and value-added practices. • Serve as criterion evaluator, as assigned.
Criterion Evaluator	<ul style="list-style-type: none"> • Evaluate all assigned criteria by collecting and triangulating data. • Identify any impact issues and value-added practices, and process through the AEAS lead. • Complete rubrics for all assigned criteria.

b. Sometimes multiple Army accreditation teams work together on one learning institution’s associated accreditations; for example, there may be one team assigned to a CoE, and another team assigned to the CoE’s functionally aligned NCOA. In these cases, each team has its own team lead responsible for leading and managing the separate accreditation events, evaluators, and reports; however, the CoE accreditation team lead normally assumes the overall lead for combined events and resources, such as in-brief, action officer meeting, virtual and on-site visit coordination, initial impressions out-brief, and most shared evaluator resources.

5-11. Expanded team effort

Army accreditation is a team effort, and not just for members of the formal accreditation team, but for learning institutions as well. The learning institution QAO supports the Army accreditation team by, for example, providing all requested information in a timely manner, coordinating and scheduling accreditation events for their institution, and working closely with the team to address any issues or concerns.

5-12. Army accreditation observers

a. Opportunities sometimes exist for AQAP community members to observe another learning institution's Army accreditation. The primary purpose of observing is to watch and learn about accreditation and its multitude of associated processes. Because its primary purpose is learning, observation is normally best-suited for newer evaluators or QAO directors with little-to-no accreditation experience.

b. All requests to observe another learning institution's Army accreditation go through the accreditation team lead. The team lead coordinates the request between the requestor and the learning institution's QAO.

(1) The learning institution may approve the request, but also has the first right of refusal and may disapprove the request for any reason: Learning institutions have no obligation to allow observers.

(2) If the learning institution does approve the request, the team lead has the second right of refusal and may disapprove the request after considering factors such as the number of observers already approved, the size and complexity of the accreditation, and other factors related to effective execution of the accreditation. The team lead may also consider the developmental needs of the requestor when deciding between multiple requestors.

c. If the learning institution and the accreditation team lead approve a request to observe an accreditation:

(1) The observer obtains funding from their own organization and makes their own travel and lodging arrangements if observing during an on-site visit.

(2) The observer coordinates all observation activities through the team lead so that the team lead is situationally aware of the observer's activities at all times.

(3) The observer may observe most accreditation activities, depending on the circumstances; however, they should not observe focus groups or interviews addressing sensitive topics, interviews with the command team, or evaluator huddles.

(4) Observers should not ask evaluative questions of any member of the accredited institution, and they should not interrupt or interfere in accreditation events or activities in any way. Observers exercise the mindset of being a "fly on the wall" as they observe the accreditation process.

(5) For learning purposes and for enhancing the observation experience, the accreditation team lead and other team members provide observers with situational coaching and mentoring, as appropriate.

5-13. Confidentiality and non-disclosure

a. Army accreditation team members, which include evaluators conducting right-seat-rides and accreditation observers, commit to being good stewards of the information they are exposed to during every accreditation. Team members and observers do not breach the confidentiality of the evaluated learning institution, the institution's individual participants, or the accreditation team. This means that team members and observers do not disclose:

(1) The institution's information, to include findings and report information, with anyone outside of the accreditation team.

(2) The identities of individual participants who provide accreditation information (for example, during focus groups) whenever assurances of confidentiality are stated, implied, or assumed.

(3) Information about the accreditation team's discussions and deliberations regarding any aspect of the institution's accreditation performance without the AQAP Director's explicit permission.

b. To ensure full understanding of confidentiality and non-disclosure guidelines, all accreditation team members and observers enter into a non-disclosure agreement with the AQAP Director for all Army accreditations in which they participate. The AQAP Director reviews and approves any requests for disclosure falling outside the scope of the non-disclosure agreement.

5-14. Proponent as Army accreditation team lead

Some proponent QAOs provide the accreditation team lead for accreditations of certain other learning institutions, such as RTSMs, AATS, Army troop schools, the Marksmanship Training Center, the Recruiting and Retention Battalion, and others. In these cases, a HQ TRADOC QAO evaluator assists with evaluation and serves as the accrediting agency's representative. The proponent QAO team lead coordinates all accreditation events and works collaboratively with the HQ TRADOC QAO evaluator to prepare and submit the accreditation report to the AQAP Director, who approves and forwards the report through appropriate staffing channels for final CG, TRADOC approval.

Section IV

Army Accreditation Timeline and Process

This section provides guidance on the Army accreditation timeline and process from mission planning and analysis through corrective action plan and follow up.

5-15. Army accreditation timeline

a. Within the three-year Army accreditation cycle, the formal accreditation period is 120 days, or four months; however, the full accreditation activity timeline spans a period of approximately eight months.

(1) The timeline begins with the Army accreditation team lead conducting accreditation mission analysis and planning at least two months before the first day of the 120-day Army accreditation period.

(2) The timeline ends with the accredited learning institution submitting a corrective action plan approximately two months after the end of the 120-day Army accreditation period.

b. For more-detailed information about the Army accreditation timeline, see [appendix G](#).

5-16. Army accreditation process

As shown in figure 5-3, the Army accreditation process can be divided into three high-level phases. Phase one occurs before the first day of the scheduled 120-day Army accreditation period; phase two occurs during the 120-day Army accreditation period; and phase three occurs after the end of the 120-day Army accreditation period. For an example Army accreditation process, see [appendix H](#).

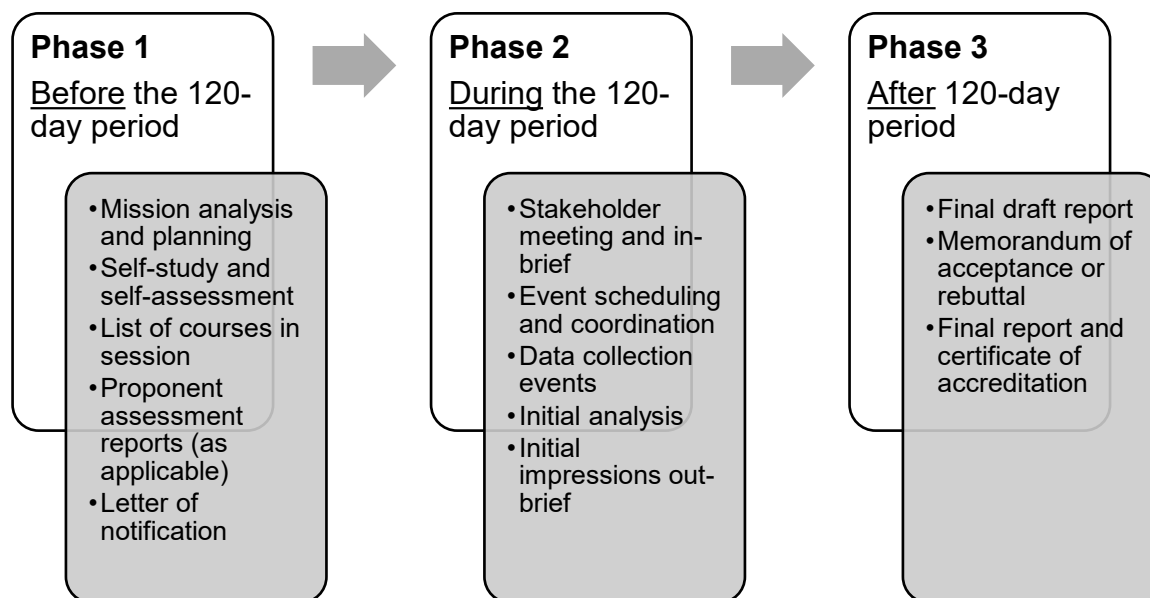


Figure 5-3. Phases of the Army accreditation process

a. Phase 1: Before the 120-day Army accreditation period.

(1) The accreditation team lead completes mission analysis and planning, which includes selecting and notifying the accreditation team. The team lead also determines focus courses.

(2) The learning institution posts their self-study (or a link to their self-study) with their self-assessment and corrective action plan to the AQAP portal and provides the team lead a list of their courses that will be in session during the scheduled accreditation period.

(3) Associated proponent assessment team leads post their proponent assessment reports to the AQAP portal (also see [para 6-25](#)).

(4) The AQAP Director provides the learning institution a letter of notification (LON).

b. Phase 2: During the 120-day Army accreditation period.

(1) As shown in figure 5-4, the 120-day Army accreditation period can be divided into three sub-phases. Sub-phase one includes days 1 through 30 (30 days); sub-phase 2 includes days 31 through 90 (60 days); and sub-phase 3 includes days 91 through 120 (30 days).

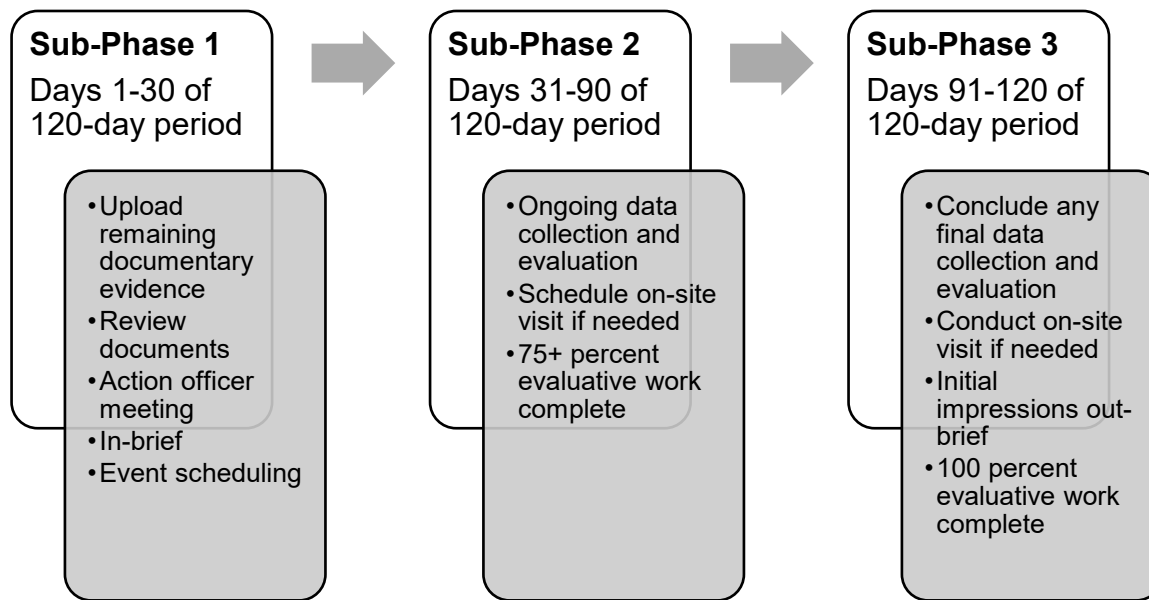


Figure 5-4. Sub-phases of the 120-day Army accreditation period

(2) Sub-phase 1: During the first 30 days of the 120-day Army accreditation period.

(a) The accreditation team lead conducts an action officer meeting and formal in-brief with the learning institution and determines data collection event requirements based on initial analysis and evaluator input.

(b) Accreditation evaluators review the learning institution's self-study and all documentary evidence. After reviewing the self-study, evaluators coordinate their data collection event requirements with the team lead.

(c) The learning institution's QAO uploads any remaining documentary evidence and assigns a scheduling coordinator to coordinate and schedule all virtual and any on-site data collection events.

(3) Sub-phase 2: From day 31 through day 90 of the 120-day Army accreditation period.

(a) The accreditation team lead oversees execution of virtual data collection events.

(b) Accreditation evaluators execute virtual data collection events.

(c) The learning institution's QAO continues coordination of the accreditation execution schedule as needed, and stakeholders participate in virtual data collection events.

(d) The aim is for at least 75 percent of the evaluative work to be completed by the end of this 60-day sub-phase.

(4) Sub-phase 3: From day 91 through day 120 of the 120-day Army accreditation period.

(a) The accreditation team lead oversees any virtual or on-site data collection events needed for data triangulation. They conclude this phase by conducting a formal initial impressions out-brief with the learning institution's senior leader and key stakeholders.

(b) Accreditation evaluators execute any virtual or on-site data collection events needed for data triangulation. They begin completing and submitting rubrics to the AEAS leads and AEAS reports to the accreditation team lead as they complete data collection and analysis. They also help prepare for and participate in a formal initial impressions out-brief with the learning institution's senior leader and key stakeholders.

(c) The learning institution QAO coordinates and hosts any on-site visit, if needed. They also receive the formal initial impressions out-brief.

(d) The aim is for 100 percent of the evaluative work to be completed by the end of this 30-day sub-phase.

c. Phase 3: After the 120-day Army accreditation period.

(a) After the end of the 120-day scheduled Army accreditation period or initial impressions out-brief, accreditation evaluators submit any outstanding AEAS reports with completed rubrics to the accreditation team lead, who develops a final draft Army accreditation report.

(b) The AQAP Director provides the final draft report to the learning institution, who reviews the report and returns a memorandum of acceptance or rebuttal and any official requests for clarification. The final report goes through appropriate staffing channels for final CG, TRADOC approval. The AQAP Director provides the learning institution with the approved final report and certificate of accreditation.

(c) The learning institution submits a corrective action plan for all AEAS criteria and sub-criteria rated below 100. Completion of this phase may take up to approximately 60 days.

5-17. On-the-spot corrections

The learning institution is encouraged to make immediate or "on-the-spot" corrections whenever feasible; however, the accreditation report still reflects all issues observed, whether or not corrected during the accreditation period. The report reflects the condition at the time of initial observation.

5-18. Impact issues and value-added practices

The accreditation team lead processes any impact issues and value-added practices identified during accreditation following the processes described in [appendix B](#).

5-19. Army accreditation follow-up actions

Army accreditation follow-up actions may include reevaluation for learning institutions receiving a non-accredited rating; review of updated self-studies and new self-assessment reports; or telephone calls or e-mails to discuss the progress and status of any impact issues.

Section V

Army Accreditation Staff Assistance Visit

This section provides an overview of the Army accreditation staff assistance visit (SAV), to include requesting a SAV, funding a SAV, conducting a SAV, and conducting an after action review (AAR) of the SAV.

5-20. Introduction

a. An Army accreditation SAV is a formalized event in which a team or an evaluator representing the accrediting agency helps a learning institution be better able to identify its own strengths and weaknesses in relation to the AEAS and recommends ways for the institution to improve its processes.

b. The purpose of an Army accreditation SAV is to assist, coach, counsel, and mentor Army learning institutions on the AEAS and Army accreditation process. A SAV is not an accreditation or pre-accreditation.

5-21. Requesting a staff assistance visit

a. Some of the reasons Army learning institutions request accreditation SAVs are shown in figure 5-5.

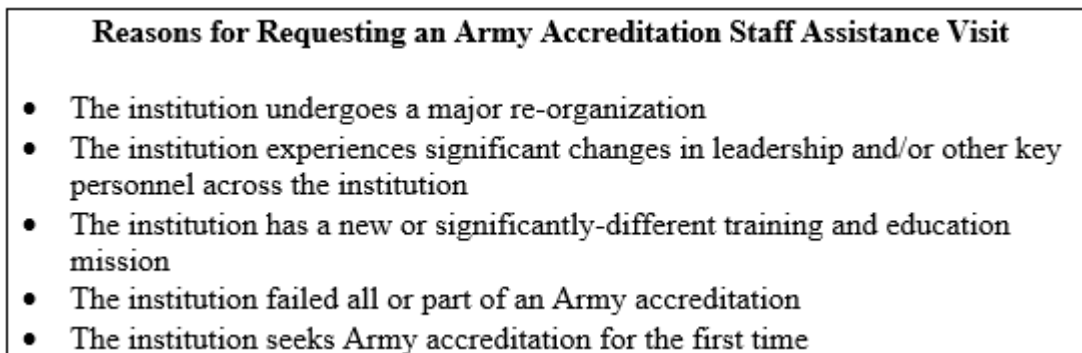


Figure 5-5. Reasons for requesting an Army accreditation staff assistance visit

b. Learning institutions requesting an Army accreditation SAV are responsible for knowing and clearly communicating their needs and expectations for a SAV. One reason for this is to effectively inform the AQAP Director's SAV-approval decision. Another reason is to enable the

team or evaluator conducting the SAV to focus their efforts and provide the most-needed assistance. Some learning institutions, particularly those that have never been accredited, may not yet know what they need or what their expectations should be. Such learning institutions should, before submitting a request for a SAV, contact and coordinate with the AQAP Director for guidance.

c. A learning institution requests an Army accreditation SAV by submitting a formal memorandum to the AQAP Director from their learning institution’s commander, commandant, or civilian or military equivalent. The request describes the learning institution’s specific needs and expectations for the SAV and the requested SAV dates.

d. An Army accreditation SAV is ideally conducted 12 months before the learning institution’s 120-day Army accreditation period. This timeframe allows the institution adequate time to apply what they learn from the SAV to prepare themselves for accreditation. As shown in figure 5-6, the learning institution submits a SAV request not later than 18 months before their scheduled accreditation period. This timeframe allows HQ TRADOC QAO adequate time to plan, allocate resources, and otherwise prepare for conducting the SAV, if approved, 12 months before the learning institution’s accreditation period begins.

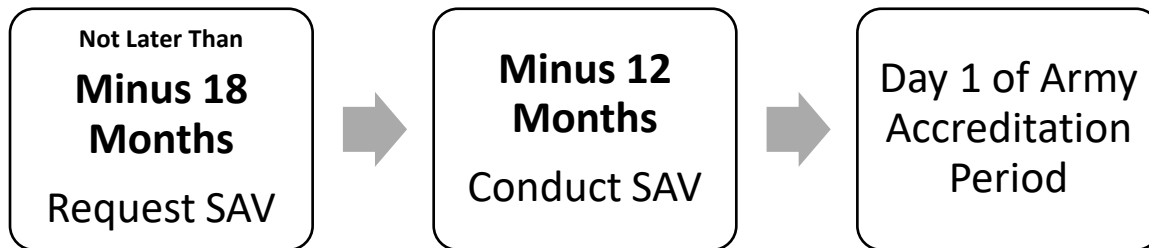


Figure 5-6. Accreditation staff assistance visit request timeline

e. After reviewing the Army accreditation SAV request and the learning institution’s last accreditation report, if applicable, the AQAP Director determines if the need for a SAV is indicated. If the need for a SAV is indicated, the schedule permits, and personnel resources are available, the director approves the request and decides if the SAV will be conducted using virtual methods or on-site. Most SAVs can and should be conducted using virtual methods as much as possible.

5-22. Staff assistance visit funding

A learning institution requesting an Army accreditation SAV funds all SAV-related costs. One exception is a learning institution seeking accreditation for the first time, in which case HQ TRADOC QAO funds all SAV-related costs. Because a SAV can and should be conducted using virtual methods as much as possible, there is often no requirement for an expensive on-site visit.

5-23. Conducting a staff assistance visit

During an Army accreditation SAV, a SAV team or SAV evaluator assists, coaches, counsels, and mentors the learning institution’s stakeholders in those areas that best align with the reasons the learning institution requested the SAV. The team or evaluator conducts assistance activities

that enable the learning institution to effectively assess its own institution against the AEAS and improve institutional performance.

5-24. Staff assistance visit after action review summary

An Army accreditation SAV does not result in a formal report; however, it does result in feedback and discussion in the form of an AAR and a written AAR summary. The SAV team or evaluator conducting the SAV prepares the written AAR summary, and in it describes the assistance, feedback, and recommendations provided during the SAV. The team or evaluator provides the AAR summary to the visited institution and the AQAP Director.

Chapter 6

Learning Institution Quality Assurance Program Management

This chapter describes the major functions of quality assurance program management at the learning institution level. These major functions include the master evaluation plan (MEP), internal evaluation, external evaluation, self-study and self-assessment, accreditation and assessment coordination and preparation, quality assurance review, and instructor actions (IA) review.

Section I

Quality assurance function applicability

Not all quality assurance functions described in this chapter apply to all types of Army learning institutions. Table 6-1 below depicts each function's applicability by type of learning institution. For a full list of all accredited and assessed Army learning institutions by organization and type, visit the AQAP portal: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

Table 6-1
Learning institution quality assurance program applicability chart

QAO Function	Accredited (Center/Proponent)	Accredited (Non-Proponent)	Assessed (Non-Proponent)
MEP (Develop)	✓	✓	*
Internal Evaluation (Conduct)	✓	✓	✓
External Evaluation (Conduct)	✓	‡	‡
Self-Assessment (Conduct)	✓	✓	*
Institutional Self-Study (Prepare)	✓	✓	*
Quarterly Quality Assurance Review (Conduct)	✓	✓	✓
Accreditation/Assessment Coordination (Conduct)	✓	✓	✓
Proponent Assessment (Conduct)	✓		
RTSM, AATS, Troop School Accreditation (Conduct)	‡		
IA Review (Conduct)	✓		
<i>*Contributes to higher</i> <i>‡Receives external survey data for courses taught from proponent(s); conducts other types of external evaluation</i> <i>‡Works with HQ TRADOC QAO to lead the accreditation team; HQ TRADOC QAO is the accrediting authority</i>			

6-1. Accredited (center/proponent)

“Accredited (Center/Proponent)” in table 6-1 above refers to CoEs and non-CoE learning institutions with proponent responsibility for courses and/or learning programs. CoE examples include Cyber CoE, Intelligence CoE, and Medical CoE. Examples of non-CoE proponent learning institutions include the MG Robert M. Joyce School for Family and MWR (morale, welfare, and recreation), and the National Guard Professional Education Center.

6-2. Accredited (non-proponent)

“Accredited (Non-Proponent)” in table 6-1 above refers to learning institutions that are not the proponent for the courses or programs they implement, but that are accredited and awarded an Army accreditation certificate. Examples of accredited non-proponent learning institutions are NCOAs, Army troop schools, USAR training brigades, RTSMs, ARNG regional training institutes (RTI), AATS, and other ARNG learning institutions requiring accreditation.

6-3. Assessed (non-proponent)

“Assessed (Non-Proponent)” in table 6-1 above refers to learning institutions that are not the proponent for the courses or programs they implement, are not individually accredited, and are not awarded an Army accreditation certificate. Instead, course proponents assess these learning institutions through the proponent assessment process. Proponent assessment results become part of the higher-level accredited institution’s accreditation report. Although not individually accredited, an assessed learning institution is considered accredited under its higher-level institution’s accreditation. Examples of assessed learning institutions are USAR training battalions, RTI training battalions, and proponents’ own outlying subordinate schools.

Section II

Master Evaluation Plan

This section provides an overview of the MEP, MEP frequency, and MEP elements.

6-4. Introduction

A MEP is a learning institution's three-year planning document defining the institution's strategy for meeting its quality assurance evaluation requirements throughout the three-year Army accreditation cycle. A MEP captures projected plans for conducting internal and external evaluations and proponent assessments, as applicable.

6-5. Frequency

a. Not later than 1 June of each year, all accredited learning institutions post their three-year MEPs to their designated folders in the MEP section of the AQAP portal. Assessed learning institutions contribute to their higher-level accredited institutions' MEPs in accordance with their higher-level institutions' policies and procedures.

b. Because MEPs are living documents, learning institutions may update their MEPs at any time throughout the year, as needed. Learning institutions also update their self-studies with their new or updated MEPs.

6-6. Master evaluation plan elements

a. A MEP consists of three major elements: a memorandum from the learning institution's commander, commandant, or civilian or military equivalent; a plan statement from the learning institution's QAO director (or equivalent); and a three-part MEP schedule workbook.

(1) Memorandum. The MEP's memorandum from the learning institution's commander, commandant, or civilian or military equivalent introduces the MEP and serves as evidence that the institution's senior leader has reviewed and approved the MEP.

(2) Plan statement. The MEP's plan statement from the QAO director (or equivalent) is comprised of four sections: overview, methodology, challenges, and contents.

(a) The overview section concisely describes the MEP's essential content.

(b) The methodology section describes the learning institution's approach to conducting internal and external evaluations.

(c) The challenges section briefly identifies any challenges to accomplishing the evaluation mission, as identified through risk assessment.

(d) The contents section lists the applicable tabs of the MEP schedule workbook and describes any other content or material significant to and included with the MEP.

(3) Schedule workbook. The MEP's schedule workbook is comprised of three parts: Tab A Part I, Tab A Part II, and Tab B.

(a) Tab A Part I is for scheduling internal and external evaluations of the learning institution's courses. This tab is also for identifying, based on risk assessment, those courses that cannot be evaluated during the MEP period.

(b) Tab A Part II is for scheduling non-course evaluations. Non-course evaluations are technically classified as internal evaluations; however, they address AEAS criteria that are not normally observed, or not solely observed, at the course level. Non-course evaluations include the institution's self-assessment. They may also include evaluations of any of the institution's DOTMLPF-P domains against the AEAS.

(c) Tab B is for scheduling proponent assessments. This tab only applies to proponent learning institutions with courses taught at functionally aligned RC learning institutions and/or the proponent's outlying subordinate schools. Proponent assessments align with the higher-level accredited learning institution's scheduled accreditation period as published in the Army accreditation schedule.

b. A multi-branch CoE's MEP consists of the three major elements, plus QAO annexes for each subordinate proponent. QAO annexes are simply the subordinate proponents' MEPs, each consisting of the five major MEP elements.

c. For an example commander's memorandum and QAO director's plan statement, and for the most-current schedule workbook template, visit the AQAP portal: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

Section III

Internal Evaluation

This section provides an overview of internal evaluation, to include course and non-course evaluations.

6-7. Introduction

Internal evaluation, one of the AQAP's five major functions, is a learning institution's quality assurance review of its own processes and functions. It provides the means to assure Army leaders that the Army's training and education products, programs, and processes are efficient and produce desired results. It also provides learning institutions the means to improve and sustain high levels of institutional performance across the DOTMLPF-P domains. Types of internal evaluation include course evaluation, non-course evaluation, self-study, and self-assessment. This section addresses course and non-course evaluation only. For information about self-study and self-assessment, see [chapter 6, section IV](#).

6-8. Applicability

All learning institutions conduct internal evaluation.

6-9. Course evaluations

- a. Course evaluations are focused evaluations of individual courses as measured against applicable AEAS criteria.
- b. Within the three-year Army accreditation cycle, all Army learning institutions conduct course evaluations of all courses designed, developed, and/or implemented at their institutions.
- c. Course evaluations may include any or all of the possible activities shown in figure 6-1 (below) depending on the nature of the evaluated course and the scope of the evaluation.

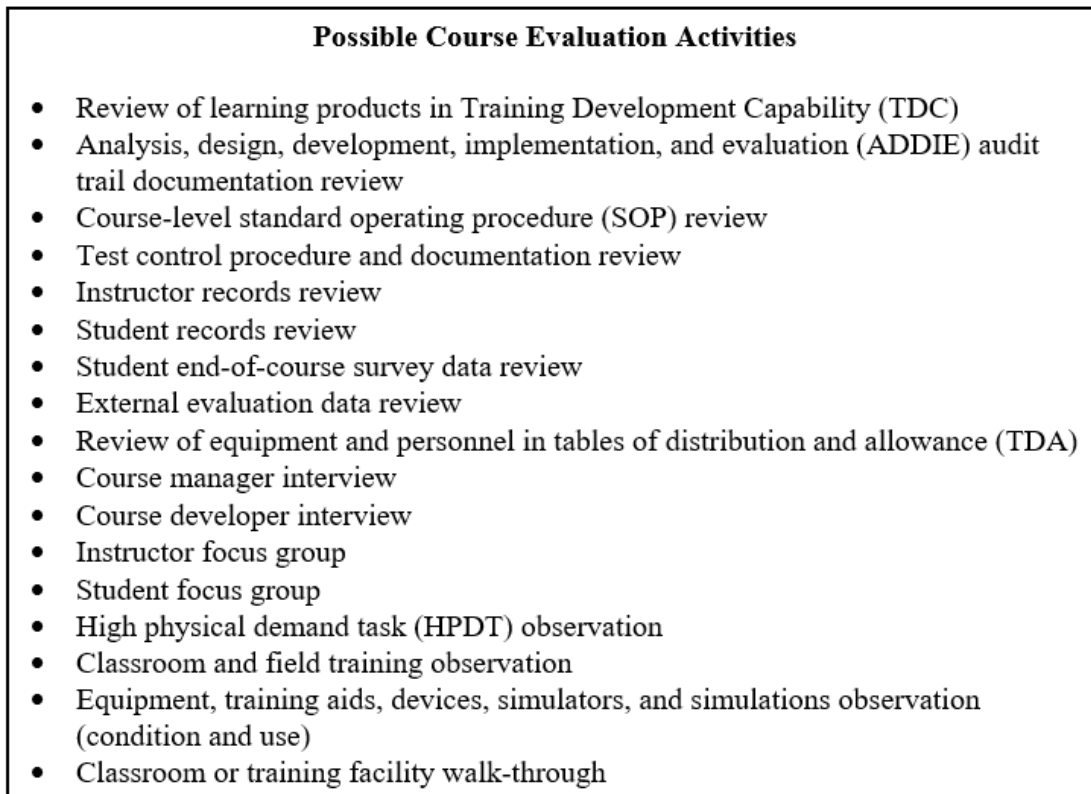


Figure 6-1. Possible course evaluation activities

d. All course evaluations result in a written report of evaluation and the evaluated course's corrective-action plan for all AEAS criteria and sub-criteria rated below 100. Although the AEAS evaluation report tool is recommended for course evaluation reports, QAOs may use any report format as long as it provides the same information as the AEAS evaluation report tool. QAOs distribute course evaluation reports to institutional stakeholders as required by local policy and procedure. Additionally, QAOs incorporate course evaluation results and corrective action plans into their institution-level corrective action plans as applicable at the institution level (see [para 6-22](#)).

e. Although course evaluations are less formal than Army accreditations or proponent assessments, course evaluation processes should mirror elements of accreditation or proponent assessment processes as much as practicable. Mirroring processes is one key method of

preparing an institution's stakeholders for their actual accreditation or proponent assessment. For an example course evaluation process that mirrors elements of accreditation and proponent assessment processes, see [appendix J](#).

6-10. Non-course evaluations

a. Non-course evaluations are focused evaluations of AEAS criteria and sub-criteria not normally observed, or not solely observed, at the course level. Learning institutions conduct a variety of non-course evaluations, including but not limited to institution-level evaluations of various processes, such as ADDIE, faculty and staff development, test control, student recordkeeping, instructor recordkeeping, training facilities maintenance, and all other AEAS- and DOTMLPF-P domain-related processes.

b. A learning institution may tailor its non-course evaluation approach to the institution's mission, priorities, performance needs, available resources, and command guidance. All non-course evaluations result in a written report of evaluation and a corrective-action plan from owners of the evaluated processes for all AEAS criteria and sub-criteria rated below 100. Although the AEAS evaluation report tool is recommended for non-course evaluation reports, QAOs may use any report format if it provides the same information as the AEAS evaluation report tool. QAOs distribute non-course evaluation reports to institutional stakeholders as required by local policy and procedure.

6-11. Impact issues and value-added practices

The learning institution QAO processes any impact issues and value-added practices identified during internal evaluation following the processes described in [appendix B](#).

Section IV

Self-Study and Self-Assessment

This section provides an overview of self-study and self-assessment.

6-12. Introduction

a. Self-study is the process in which a learning institution critically examines its form and substance, programs and processes, and strengths and challenges, then judges its performance and effectiveness relative to its goals. A self-study's primary purpose is to advance an institution's understanding of itself; however, it is not limited to self-understanding. Army accreditation teams use a learning institution's self-study to better understand the institution and its history, mission, programs, functions, strengths, challenges, and more. They also use the self-study to locate and review evidence of the institution's compliance with accreditation standards. An effective process for gathering information to help inform a self-study is self-assessment.

b. Self-assessment is the process in which a learning institution evaluates its own programs and processes against the AEAS. Self-assessments provide learning institutions the means to assure that their training and education products, programs, and processes are efficient and produce desired results. Self-assessments also provide learning institutions the means to identify

and correct deficiencies to improve and sustain high levels of institutional performance across the DOTMLPF-P domains.

c. Self-study and self-assessment are closely related, but the former focuses primarily on introducing the institution and telling its story, while the latter focuses solely on evaluating the institution against the AEAS. Both processes, especially when combined, drive greater institutional self-awareness and improved institutional performance.

6-13. Applicability and frequency

a. **Applicability.** All accredited learning institutions develop and maintain self-studies and conduct annual self-assessments against all applicable AEAS criteria. All assessed learning institutions conduct annual self-assessments. Assessed learning institutions contribute to their higher-level accredited institutions' self-studies in accordance with their higher-level institutions' policies and procedures.

b. **Frequency.** Although accredited learning institutions formally update their self-studies annually, the self-study is a living document that learning institutions should informally update as changes occur. Each year, learning institutions attach their self-assessment reports with associated corrective action plans to their self-studies, and post their self-studies (or a link to their self-studies) to their learning institution's site on the AQAP portal. The institution's commander, commandant, or civilian or military equivalent approves and signs all initial self-studies, annual updated self-studies, and self-assessment reports.

6-14. Process

For an example self-study and self-assessment process, see [appendix L](#).

6-15. Impact issues and value-added practices

The learning institution QAO processes any impact issues and value-added practices identified during self-study and self-assessment following the processes described in [appendix B](#).

Section V

External Evaluation

This section provides an overview of external evaluation, to include external surveys and other types of external evaluation.

6-16. Introduction

External evaluation, one of the AQAP's five major functions, is a quality assurance process that provides Army learning institutions the means to determine if their training and education courses meet the performance needs of the operational Army. Types of external evaluation methods include external surveys and other types of external evaluation.

6-17. External surveys

a. External surveys provide Army learning institutions a means to solicit feedback from graduates and their leaders on the quality of their learning institutions' courses. This feedback

from the operational force informs institutions of how well their courses prepare Soldiers and Army Civilians to perform their jobs when they arrive or return to their units.

b. HQ TRADOC QAO manages the AQAP's external survey program in compliance with AR 25-98 (see [app A](#) for required publications) and ensures that any AQAP external survey in use is approved and displays the survey control number (SCN) and SCN expiration date issued by the Army Information Management Control Officer (see [app A](#) for required reports). Note: a report control symbol or Office of Management and Budget control number might be issued in place of a SCN.

c. Proponent learning institutions conduct external surveys, ensuring the AQAP's external survey program is implemented in compliance with AR 25-98. Non-proponent learning institutions receive external survey data for the courses they teach from their associated proponent learning institution(s).

d. To support the external survey program, the AQAP provides proponent learning institutions with at least one user license to administer their external surveys in the approved survey system of record.

e. The AQAP Director reports aggregate external survey results at the strategic level, which requires a commonality of data collection across Army learning institutions. It requires the use of comparable survey items, and, most importantly, it requires identical feedback responses. To achieve a commonality of data collection across the AQAP, learning institutions follow the external survey guidelines in [appendix K](#).

f. Learning institutions submit the names and description of any new or re-named external surveys to the AQAP External Survey Program Manager before administering those surveys. The External Survey Program Manager processes new and re-named survey submissions through TRADOC G-6 for Headquarters, Department of the Army (HQDA) Records Management Division processing and issuance of a SCN.

g. External surveys consist of two types of survey: graduate and leader.

(1) Graduate surveys consist of, at minimum, two specific AQAP questions (see [para K-1c](#)). Learning institutions survey all course graduates 6 to 12 months after graduation. Depending on the type and nature of a course, some graduates may be surveyed as early as three months after graduation. An important consideration when determining how long after graduation to survey graduates is how long graduates typically need at their units to implement the knowledge and skills they gained at the course.

(2) Leader surveys consist of, at minimum, one specific AQAP question (see [para K-2d](#)). Proponent QAOs survey leaders in the operational force every six months.

h. Learning institutions submit a quarterly summarized external survey data report to the HQ TRADOC QAO External Survey Program Manager, who prepares a summary of the aggregate

results for the AQAP Director to brief TRADOC senior leaders. QAOs distribute their external survey reports to institutional stakeholders as required by local policy.

i. For information about the external survey process and reporting, and the specific AQAP graduate and leader survey questions, see [appendix K](#). For information about general survey concepts and methods, see [paragraph 7-2](#).

6-18. Other types of external evaluation

a. Learning institutions execute other types of external evaluation based on available resources and the institution's mission, priorities, performance needs, and command guidance. Other types of external evaluation may include any initiative that garners feedback from the operational force on training and educational outcomes. They may include conducting interviews or administering questionnaires at events such as professional conferences and forums; reviewing relevant feedback from the Center for Army Lessons Learned; and reviewing the results of studies that examine the impact of the institution's training and education programs.

b. When QAOs conduct other types of external evaluations, they prepare written reports of each evaluation and include the following information in each report: the purpose of the evaluation, the evaluation methods used, and evaluation results (overall and by AEAS criterion). QAOs may use any report format, depending on the purpose and nature of the evaluation. QAOs distribute external evaluation reports to institutional stakeholders as required by local policy and procedure.

Section VI

Corrective Action Plan

This section provides an overview of corrective action plans.

6-19. Introduction

A corrective action plan is the commander, commandant, or civilian or military equivalent's plan for resolving shortcomings and deficiencies for all AEAS criteria and sub-criteria rated below 100 during an Army accreditation, proponent assessment, and/or self-assessment. A corrective action plan identifies the staff lead responsible for ensuring compliance with the Army requirement and includes all actions taken toward resolution.

6-20. Applicability

All Army learning institutions develop corrective action plans for all AEAS criteria and sub-criteria rated below 100 during all Army accreditations, proponent assessments, and/or self-assessments.

6-21. Process

a. Learning institution QAOs coordinate with staff lead action officers and other stakeholders as needed to develop their institutions' corrective action plans. QAOs monitor corrective action plan implementation and progress, maintain the corrective action plan document, and brief senior

leadership on the progress at least quarterly. This is a continuous, ongoing effort for as long as the learning institution has any corrective actions outstanding.

b. For greater efficiency and to avoid confusion, QAOs normally maintain only one institution-level corrective action plan at a time. For example, when a learning institution conducts its next self-assessment following an Army accreditation, the QAO transfers any corrective actions still outstanding from the accreditation corrective action plan to the self-assessment corrective action plan for a single, consolidated plan.

c. QAOs may format their learning institutions' corrective action plans based on local requirements and preferences. A corrective action plan template is available in the AEAS section of the AQAP portal: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

6-22. Corrective action plans for internal evaluation

a. Learning institution QAOs implement corrective action plans for course evaluations and other internal evaluations, with the course or organization developing and maintaining the plan, and the QAO following up with the course or organization on the plan's implementation and progress. This facilitates a structured and intentional approach for courses and organizations to correct shortcomings and deficiencies at the course or organization level. It also facilitates a more-focused follow up with the course or organization.

b. Learning institution QAOs incorporate internal evaluation results and corrective action plans into their institution-level corrective action plans as applicable at the institution level.

Section VII

Proponent Assessment

6-23. Introduction

Proponent assessment, one of the AQAP's five major functions, is the quality assurance process of proponent learning institutions evaluating their outlying subordinate schools and functionally aligned RC learning institutions against the AEAS. The resulting proponent assessment report becomes part of the higher-level learning institution's Army accreditation report.

6-24. Applicability and frequency

Proponent QAOs conduct proponent assessments in accordance with the three-year Army accreditation cycle and the Army accreditation schedule.

6-25. Timing

Proponent QAOs either conduct proponent assessment prior the associated Army accreditation or participate directly in the associated accreditation. They coordinate with the associated Army accreditation team lead to confirm the required proponent assessment timing.

a. Prior to accreditation. If the associated Army accreditation team lead determines that the proponent assessment will be conducted prior to the associated Army accreditation, the

proponent QAO submits the final proponent assessment report not later than 60 days before the first day of the associated 120-day Army accreditation period.

b. Concurrently with accreditation. If the associated Army accreditation team lead determines that the proponent QAO will participate directly in the accreditation, the proponent QAO does not conduct a proponent assessment and does not submit a separate proponent assessment report. Instead, select proponent QAO evaluators serve as part of the HQ TRADOC QAO-led matrix accreditation team and contribute directly to the Army accreditation report in accordance with the accreditation team lead's guidance. Utilizing a matrix team to conduct Army accreditation maximizes resources.

Note. Proponent assessment team members serving on Army accreditation teams may be asked to evaluate criteria outside of those normally evaluated during a proponent assessment.

6-26. Process

a. Proponent assessment processes mirror those of Army accreditation; however, there are some differences. One difference is that a proponent assessment's scope is considerably smaller than that of accreditation in terms of applicable AEAS criteria. In most other ways, the two processes are very similar. As with all AQAP evaluation processes, proponent assessment processes may vary depending on the assessed learning institution's mission, structure, and other variables.

b. For an example proponent assessment timeline and process, see [appendix N](#). For information about how to submit funding requests to HQ TRADOC QAO for travel to conduct proponent assessments, see [appendix O](#).

6-27. Impact issues and value-added practices

The assessment team lead processes any impact issues and value-added practices identified during proponent assessment following the processes described in [appendix B](#).

6-28. Proponent assistance

In addition to conducting proponent assessments, proponent QAOs provide the learning institutions that they assess with ongoing informal assistance, coaching, counseling, mentoring, and other quality assurance support throughout the three-year Army accreditation cycle. The type and level of assistance will vary depending on the needs of the assessed learning institution and the resources available. Proponent QAOs conduct assistance activities that enable the learning institution to effectively assess their own institution against the AEAS and improve institutional performance. Proponent assistance may be conducted using virtual methods or on-site.

Section VIII

Accreditation and Assessment Coordination and Preparation

6-29. Introduction

Learning institution QAOs coordinate Army accreditation or proponent assessment events with the accreditation or assessment team and prepare their institutions to participate fully in the Army accreditation or proponent assessment process, as applicable.

6-30. Coordinating with accreditation or assessment team

Learning institution QAOs coordinate Army accreditation or proponent assessment events with the accreditation or assessment team for their institutions. These coordination activities are shown in figure 6-2.

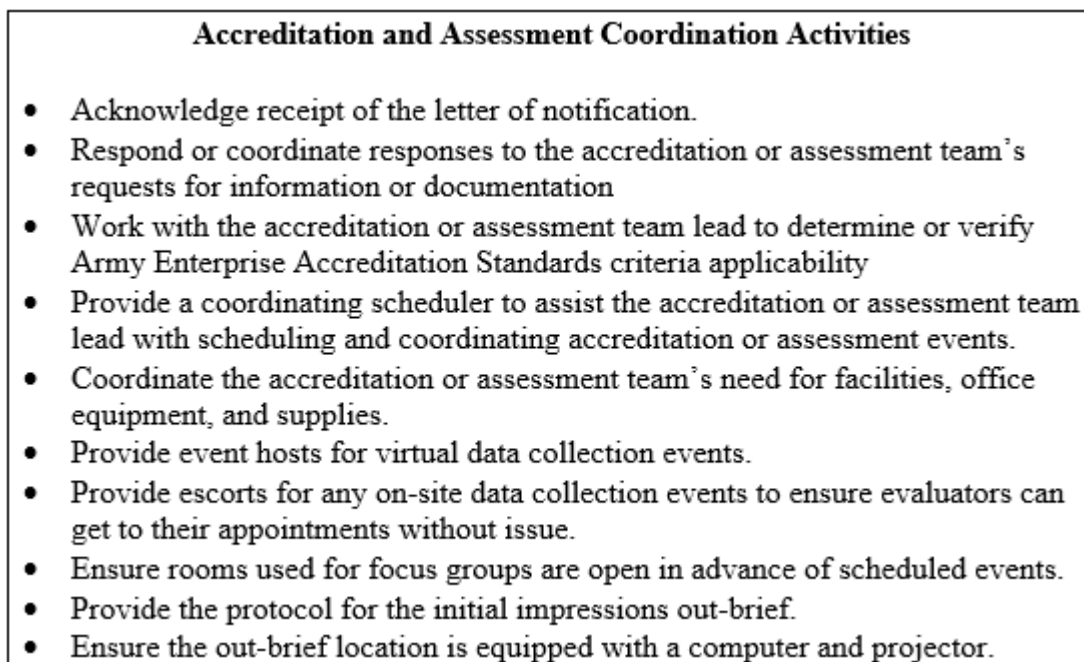


Figure 6-2. Accreditation and assessment coordination activities

6-31. Preparing institutions for accreditation or assessment

Learning institution QAOs prepare their institutions to participate fully in the accreditation or proponent assessment process, as applicable. These preparation activities are shown in figure 6-3.

- Accreditation and Assessment Preparation Activities**
- Conduct internal and external evaluations throughout the three-year accreditation or assessment cycle.
 - Lead the institution through its annual self-assessment, and coordinate and follow up on the corrective action plan.
 - Brief the learning institution's senior leaders on the purpose and importance of accreditation or assessment, and the expectations for the process.
 - Provide senior leaders in-progress reviews of the institution's accreditation or assessment readiness, to include reporting trends, impact issues, and value-added practices.
 - Coach, mentor, and train stakeholders throughout the institution on the purpose and importance of accreditation or assessment, the expectations of the process, and how to best prepare their teams for accreditation or assessment.

Figure 6-3. Accreditation and assessment preparation activities

6-32. Operations center for on-site visits

During Army accreditation and proponent assessment on-site visits, when held, learning institutions provide the accreditation or assessment team a work location, known as an operations center.

a. The operations center should be large enough to seat and provide ample workspace for all evaluators and any observers. It should be open and ready for the team when they arrive, and it should be lockable so that evaluators may leave materials overnight.

b. The learning institution's QAO supports operations center management and serves as liaison for coordinating schedule changes, resolving any equipment or other problems, and ensuring no interruptions to on-site visit events and activities.

c. The learning institution provides a projector and any necessary power strips, extension cords, or any other devices needed to support equipment in the operations center. The learning institution also provides printer and copier capabilities, which could be direct access to a nearby printer and copier, or a liaison to print and/or make copies for the accreditation team.

d. The learning institution normally provides the following office supplies in the operations center: easel with butcher block paper, markers, pens, notebooks, paper clips, binder clips, and stapler with staples.

e. Only if feasible, the learning institution provides wireless internet capability in the operations center. This capability can enhance accreditation and assessment operations but is not required.

Section IX

Quarterly quality assurance review

6-33. Introduction

Quarterly quality assurance reviews provide a learning institution's senior leaders with summarized progress and results collated and synthesized from all quality assurance activities conducted during the last quarter, to include course, non-course, and external evaluations; proponent assessments; self-assessments and self-studies; and accreditation, as applicable. The review includes a summary of the quality assurance trends across the institution, any new impact issues and value-added practices, and the status of any open corrective action plan items and impact issues.

6-34. Applicability

All learning institution QAO directors (or equivalent), brief a quarterly quality assurance review to their learning institution's commander, commandant, civilian or military equivalent, and/or other responsible senior leader, such as deputy commander, deputy commandant, deputy director, or other senior staff member.

Section X

Instructor Actions Review

6-35. Introduction

TRADOC's Instructor Requirements Model (IRM) is a method of determining instructor manpower requirements. The IRM allows courses to identify additional instructor workload in their programs of instruction (POI). The tasks associated with this additional instructor workload are IAs. IAs are requirements-producing instructor work categories documented in POIs. They are based on time and instructor-to-student ratios (ISR), and they capture instructors' tasks and work hours when not formally executing POI lessons with students. For more information about IAs, see TP 350-70-14 (see [app A](#) for required publications).

6-36. Applicability and scope

a. Proponent QAOs conduct IA reviews of their institutions' new POIs (new POIs only) as part of the new POI submission process. This is a quality assurance review of the IAs to assure effective processes; it is not a quality control review of the IAs, the POI, or the POI's lessons. For more information about quality assurance versus quality control, see [paragraph 2-8](#).

b. Several categories of courses or types of instructor tasks are currently exempt from IRM, so IAs and IA reviews are not currently required for those courses or tasks. Example IA exemptions include all RC courses; all inter-service training review organization courses; basic combat training/one station unit training, phase I; instructor pilot tasks within aviation courses; and non-TRADOC courses. For information about specific exemptions, see TP 350-70-14.

6-37. Process

a. Upon completion of all training developer and course manager quality control reviews of IAs in the new POI, proponent quality assurance evaluators review the IAs to assess whether they were developed in accordance with the IA guidance provided in TP 350-70-14. Evaluators may also refer to the IA review evidence guidelines in [appendix P](#).

(1) If the quality assurance evaluator assesses that the IAs were not developed in accordance with IA guidance, he or she documents a statement of non-concurrence, the total number of IAs in the new POI, and the reason for non-concurrence in the POI's TDC change history section.

(2) If the quality assurance evaluator assesses that the IAs were developed in accordance with IA guidance, he or she documents a statement of concurrence, the total number of IAs in the new POI, and the reason for concurrence in the POI's TDC change history section.

b. Once the course manager and the quality assurance evaluator have concurred with the IAs in the new POI, the course manager or developer updates the memorandum of transmittal to reflect the total IA time and identify the concurring quality assurance evaluator, then forwards the POI and memorandum to the commandant for approval.

Chapter 7

Quality Assurance Evaluation Concepts and Methods

This chapter introduces key quality assurance evaluation concepts and methods. Topics include data collection, data analysis, communicating evaluation results, project management for evaluators, and standards of professional evaluation practice. This chapter is not intended to be all-inclusive, and readers are encouraged to expand their knowledge on these topics through other means, such as current literature, professional development courses, workshops and forums, and online resources.

Section I

Data Collection

This section introduces data collection concepts as they apply to quality assurance evaluation. Data collection is the systematic process of gathering evaluation data. It involves data collection planning and data collection methods. Data collection methods include surveys, document reviews, observations, interviews, and focus groups. Quality assurance data is collected to inform decisions as part of Army accreditation, proponent assessment, and internal and external evaluation. Quality assurance data is not collected for programmatic or scholarly research purposes.

7-1. Data collection planning

Data collection planning is the process of determining what and how much data to collect, how and when to collect the data, from whom or where to collect the data, and the tools needed to facilitate effective data collection. A data collection plan, which becomes part of the overall evaluation plan, helps ensure that all evaluation team members and stakeholders clearly

understand the data collection requirements. By focusing on the evaluation questions, a data collection plan facilitates efficiency, ensuring that only data relevant and meaningful to the evaluation's goals are collected.

a. Data sources. Data sources are the resources used to obtain data. Evaluators should choose data sources carefully to ensure they can provide reliable (consistent) and valid (accurate) information that is pertinent to the evaluation questions. Whenever feasible, data should come from multiple sources to enable triangulation, which increases evaluation rigor and enables higher-quality results.

(1) Three categories of data sources are: existing data, people, and observations. Existing data sources include course materials, organizational documents and records, reports, and previously collected data. People data sources include individuals surveyed or interviewed. Observation data sources include conditions and behaviors as they occur in their natural settings.

(2) Two types of data sources are internal and external. Internal data sources are found within the evaluated organization: examples include course materials, instructors, and training observations. External data sources are found outside the evaluated organization: examples include ATRRS data, and graduates and leaders in the operational force.

b. Sampling.

(1) The intent of data collection is to collect sufficient data to enable successful analysis and interpretation, and to ensure the validity of the results. Because of the vast amount of data often available in quality assurance evaluations, collecting sufficient data usually involves sampling. Sampling is the process of selecting a subset of a population of people or other units of analysis, such as documents, records, or facilities, for the purpose of drawing conclusions about the entire population. Sampling is necessary whenever it is not feasible to examine an entire population.

(2) Representative samples provide an accurate reflection of the population. The sample size needed for a representative sample depends on the evaluation's goals and the resources available. It also depends on the desired precision of the results, the level of confidence needed, and the estimated degree of variability. Precision is how closely the sample can predict values in the entire population. The greater precision needed, the higher the sample size should be. Confidence is the acceptable risk that the sample represents the population's average. The less risk that can be accepted, the higher the sample size should be. Variability refers to the degree of difference within the population. The more difference within the population, the higher the sample size should be.

c. Sampling methods. Two over-arching sampling methods are probability and non-probability. The method selected depends on the evaluation's purpose, design, questions, and resources, and the desired level of accuracy.

(1) Probability sampling is random selection that provides each participant or other unit of analysis an equal chance of being selected. This method can be costly and time-consuming. Two types of probability sampling are simple random sampling and stratified sampling.

(a) Simple random sampling is completely random and uses methods such as lottery, drawing names, sampling software, and random numbers tables from statistics books.

(b) Stratified sampling divides a population into like groups, then performs simple random sampling within each group. An example of stratified sampling is dividing a population of students into assigned courses, then randomly selecting samples of students from each course to participate in an institution-level student focus group.

(2) Non-probability sampling is non-random selection that provides some participants or other units of analysis a greater chance of being selected. This method is less rigid and less resource intensive than probability sampling; however, the bias potential is higher. Types of non-probability sampling include convenience sampling, purposive sampling, quota sampling, snowball sampling, and self-selection.

(a) Convenience sampling uses whatever participants or other units of analysis are available at a given time.

(b) Purposive sampling, which is the most common type of sampling strategy used in quality assurance evaluations, uses the specific participants or other units of analysis that the evaluator feels are representative of the population according to pre-selected criteria.

(c) Quota sampling divides a population into like groups, then performs some form of non-probability sampling within each group.

(d) Snowball sampling begins with selecting a few key participants who recommend others to the selection.

(e) Self-selection involves advertising the data collection activity and asking for volunteer participants.

d. Data collection job aids.

(1) In full-scope quality assurance evaluations, evaluators can collect data from numerous sources to answer questions related to literally hundreds of AEAS criteria. Without the right tools in place, this can seem like a daunting task. Developing and implementing effective data collection job aids can make the data collection task much less daunting and much more manageable.

(2) Data collection job aids are just-in-time performance aids that guide and enhance evaluator performance. They enable smarter performance, accurate task completion, and standardized evaluation processes across evaluators. They save time, minimize errors, and reduce

the need to recall information from memory. They are especially useful when a task requires judgment, is unusually complex, or is performed infrequently.

(3) Types of data collection job aids include process step guides, information crosswalks, worksheets, checklists, questionnaires, procedure guides, quick start guides, reference documents, call-out sheets, or any combination thereof.

(4) Evaluation data collection activities should use one or more job aids to guide the process. For example, evaluators can use document checklists, by type of document, to conduct document reviews. They can use a reference document with callouts to better understand what to look for in a document review. And they can use an information crosswalk when reviewing for alignment between different types of documents. Additionally, evaluators can use observation forms, which are generally checklists with space to record notes, to conduct observations. They can use interview guides to conduct interviews and focus group guides to conduct focus groups. Interview and focus group guides are generally questionnaires with space to record notes.

(5) Complex data collection support processes should also use one or more job aids to guide the process. For example, a quick-start guide, process step guide, and/or procedure guide can help evaluators develop interview guides and conduct interviews.

(6) Effective data collection job aids make clear the ideal way to perform the task and the desired output or result. They represent exemplary performance and are developed from an expert performer, or SME, perspective. They are as direct and concise as possible, yet complete. They present information in small chunks, and evaluators can quickly find what they need. When appropriate, they provide examples and use visual presentations. They are relevant and aligned with the evaluation questions. They address common errors to ensure those are not repeated. They are easily accessible, kept current, and use version control to make clear which version is the most recent.

(7) Although SMEs are integral to data collection job aid development, they are written for the person with the lowest level of expertise expected to use them.

(8) It is important to pilot and validate job aids before implementing them. This provides the opportunity to find out if instructions are clear; if all process steps are included and outlined in the right order; if all needed information is available, or if too much information is included; if the job aid is easy to use; and if the job aid facilitates collecting the right data.

7-2. Surveys

A survey is the process of collecting data (feedback) from a group of people and aggregating, analyzing, and interpreting that data. A survey always contains a written set of questions, also known as a questionnaire. Quality assurance surveys may be conducted to collect feedback from stakeholders as part of Army accreditation, proponent assessment, and internal and external evaluation. Quality assurance surveys are not conducted for programmatic or scholarly research purposes. Quality assurance surveys are conducted in compliance with AR 25-98.

a. Advantages and challenges of surveys.

(1) Surveys are relatively quick and easy to administer, and responses, particularly quantitative responses, are relatively easy to analyze and interpret. Surveys are usually more feasible and efficient than in-depth interviews and focus groups. They can save participants and evaluators time, and they can capture a much larger and more diverse audience.

(2) Some of the challenges of surveys include their impersonal nature, possible response bias, gaps in the data, and the inability to explore responses in depth.

b. Planning for surveys.

(1) Survey planning involves defining a survey's purpose and goals, and determining the information needed to answer the evaluation questions. Every survey question should have a specific purpose and be important to the evaluation, and survey responses should provide actionable insights. Time is an important resource: participants should not spend their valuable time answering questions that are not important to the evaluation, and evaluators should not spend their valuable time analyzing responses to questions that are not important to the evaluation. A survey should not collect information that is only nice to know.

(2) Survey planning also involves determining if data already exists that meets the information need, and if a survey is the best method for collecting the data. Additionally, it involves determining who will be surveyed, the questions to ask, and how the survey will be administered.

c. Types of survey questions. There are four types of survey questions: closed-ended with ordered choices, closed-ended with unordered choices, partially closed-ended, and open-ended. Closed-ended questions have a set number of response options and provide quantitative data. Open-ended questions include a field for writing short-answer and essay responses and provide qualitative data. The type of survey question selected depends on the information needed.

(1) Questions that are closed-ended with ordered choices include dichotomous, Likert scale, rating scale, and rank-order questions.

(a) Dichotomous questions offer only two response options; for example, "yes" and "no." Although these questions are quick and easy to answer and analyze and are appropriate in some situations, they do not provide depth of information. Most topics need more than a "yes" or "no" response to understand something about the degree of sentiment toward a topic. In some cases, however, understanding the degree of sentiment is not required, such as when asking a branching question that sends participants to certain survey questions or to the end of the survey. An example dichotomous branching question is, "Did you graduate from an Army course in the last six months? (yes or no)."

(b) Likert scale questions evaluate the degree to which participants agree or disagree with a statement, their level of acceptability with a statement, the degree to which a statement reflects them, how likely or unlikely they are to do something, and a wide variety of other measures. Likert scale questions are effective when assessing the degree of participant satisfaction. They

usually offer six or seven response options; for example, “strongly disagree – disagree – somewhat disagree – somewhat agree – agree – strongly agree.” They may also include a middle, or “neutral,” option.

(c) Rating scale questions ask participants to rank the degree of their sentiment toward a topic on a scale of usually one to ten. These questions are effective when assessing the degree of participant satisfaction.

(d) Rank-order questions ask participants to rank items in order of preference, frequency, or perceived value.

(2) Questions that are closed-ended with unordered choices include select-one and select-many multiple-choice questions. These questions do not include any open-ended response options.

(3) Questions that are partially closed-ended include select-one and select-many multiple-choice questions. These questions include an open-ended response option, such as “Other (please specify).”

(4) Open-ended survey questions are text boxes that allow participants to write or type in a response. Some open-ended text boxes are controlled by text masking, which may limit the type or format of the data that can be entered, but most open-ended text boxes allow for free-flow entries in which participants may write whatever they want, however they want. Open-ended survey questions can be helpful for understanding participants’ responses to closed-ended questions and their sentiments toward a topic. An effective way to elicit feedback on how something can be improved is to ask an open-ended question such as, “If you could change one thing about leader development in your organization, what would it be?” Asking for one idea helps participants focus on the ideas most important to them. Those who have two or more equally important ideas will likely share them all. Because open-ended questions require more effort to answer, they should be used in moderation.

d. Good survey questions and response options.

(1) Good survey questions are at the heart of effective surveys. They accurately measure participants’ opinions, experiences, reactions, behaviors, or actions. Developing good survey questions, which is both science and art, requires attention to basic survey question design principles.

(a) Good survey questions are clear, simple, and easy to answer. They use active voice, short sentences, and simple and relevant terms. They avoid jargon and overuse of acronyms and abbreviations, which can be confusing. Participants do not need to consult a dictionary or conduct an internet search to complete the survey. Unclear and confusing questions can lead to incomplete, inaccurate, or irrelevant data.

(b) Good survey questions are unbiased. Biased questions sway participants toward a particular response and lead to inaccurate data. An example biased question is, “XZY’s

classroom facilities are the best in the Army; would you agree?” An example of an unbiased way to ask this question is, “How would you rate XYZ’s classroom facilities overall?”

(c) Good survey questions ask about one concept at a time. A question asking about more than one concept at a time is a compound question. An example compound question is, “How would you rate the maintenance of the classroom facility and the barracks?” This question asks about two different facilities. Participants will be confused about which facility to consider in their responses, and evaluators will not know how to categorize, analyze, and interpret the resulting data. When participants do not know which part of a question to answer, results will be misleading. Participants may skip compound questions altogether. A solution is to simply separate the compound question into two separate questions.

(d) Good survey questions are specific, particularly when it comes to issues of frequency and meaning. An example non-specific question is: “Do you regularly review lesson plans?” In this example, it is not clear what is meant by “regularly.” It is also not clear for what purpose the lesson plans are reviewed. A more-specific way to ask this question is, “How frequently do you review lesson plans for currency?”

(e) Good survey questions avoid negatives and double negatives, which are confusing and frustrating. An example negative question is, “How uncommon is it for leaders in your organization to demonstrate leadership principles?” An example double negative question is, “How not uncommon is it for leaders in your organization to demonstrate leadership principles?” A better way to ask both questions is, “How common is it for leaders in your organization to demonstrate leadership principles?”

(f) Quality assurance evaluators should carefully consider assumptions when developing good survey questions. For example, if the participant group for a survey is students, the evaluator should examine the assumption that all students live in the barracks before writing a question about how well the barracks are maintained. One way to ask the question, even if it does not apply to the entire participant group, is to ask a preceding question about where participants live, then branch those who live in the barracks to the question about the barracks. Another way to ask the question is to include a response option such as, “I did not live in the barracks,” then, using skip logic, branch those who selected this option past any additional questions about the barracks.

(2) Good response options include all possibilities and are mutually exclusive; they do not overlap. Questions eliciting sensitive information, such as some demographic questions (for example, age, gender, education level), should provide an alternative answer; for example, “I prefer not to answer”. When not sure if all response options are included, a good option to include is “Other (please specify).” In some cases, it is a good idea to exclude a neutral or middle point so that respondents provide a sentiment or opinion one direction or another. A neutral or middle response option may provide participants a way to avoid taking a position, or a way to simply answer questions as quickly as possible.

e. Survey layout. A good survey layout can be as important to effective survey results as good survey questions. Developing a good survey layout requires attention to basic survey layout guidelines.

(1) Surveys should be easy to complete. Their layout and presentation should be clean and simple. Their questions should be clear and concise. Fonts should be consistent and easy to read. Buttons and checkboxes should be easy to find and click. Text color should be dark, such as dark blue, dark green, or black; with a plain, light-colored background for contrast. Images should be used sparingly, if at all, so as not to distract participants from the survey questions. Questions should be visible on both computer and mobile screens.

(2) Surveys should be balanced with closed- and open-ended questions, and questions should be logically ordered, progressing from simple to more complex. For example, a survey might start with basic closed-ended questions, such as demographic questions, which can be used to branch participants to various parts of the survey as needed. Next would come the survey's core questions, which provide insights into the evaluation. Concluding the survey with one or more open-ended questions is an effective way to collect in-depth feedback.

(3) Most survey questions should be optional to answer. Forcing participants to answer questions can lead to them quitting the survey or providing irrelevant responses.

f. Survey length. Keeping a survey as short and to the point as possible increases the chances of survey completion and of care in completing the survey. When considering survey length, it is important to consider the audience. A student who is provided the opportunity and time to take a survey in the classroom will be better able to complete a longer survey than a busy graduate or leader in the field. Although students in the classroom may be provided the opportunity and time to complete a survey, evaluators still need to consider the possibility of survey fatigue with surveys that are too long. Survey fatigue can lead to incomplete, inaccurate, or irrelevant responses. A survey sent to participants in the classroom should usually take no longer than 10 or 15 minutes to complete. A survey sent to participants in the field should usually take no longer than five minutes to complete. Shorter surveys show participants that their time is valued.

g. Survey pilot testing. Quality assurance evaluators should pilot-test their surveys before administering them to actual participants. Pilot testing involves asking colleagues and others to complete the survey in advance and provide feedback on accessibility, layout, format, flow, functionality, appropriateness of language, clarity of terms, adequacy of response options, and reasonableness of survey length. It also involves refining the survey based on the feedback, and testing it again as needed to ensure accurate measures and relevant responses. It is important to remove all test data before administering the survey to actual participants.

h. Administering AQAP surveys.

(1) Survey administration involves inviting participants to complete a survey. The method of inviting participants can impact survey responses and results. For example, inviting participants via a survey system's e-mail distribution function can result in higher response rates as this method makes it easy to send automatic reminders to those invitees who have not yet

completed the survey. Having someone else share a survey link runs the risk of that person sharing the link with only those whom they think will answer the survey a certain way. Posting a survey link to a website runs the risk of individuals who are not part of the target population completing the survey.

(2) Most surveys in quality assurance evaluation are administered online; however, they may also be administered in person. Administering surveys in person may involve asking participants at a forum to complete a printed questionnaire.

(3) Administered surveys are always developed and managed in accordance with AR 25-98 and always display the approved survey control number (SCN).

i. Survey response rate.

(1) Survey response rate is the percentage of people invited to participate in a survey who completed the survey. Higher response rates mean higher-quality data. Lower response rates can skew the data and provide less-reliable results. Response rate does not apply to open access surveys, such as a survey with a link on a website accessible to anyone; it only applies to surveys with controlled access, such as a survey only accessible via invitation.

(2) Defining an average response rate is not simple because of the variables that make each survey unique. For example, inviting participants working in the operational force to complete a survey will typically yield lower response rates than inviting students sitting in a classroom. A 100 percent response rate is not unusual with students sitting in a classroom; however, response quality cannot be guaranteed with captive audiences. For surveys sent to participants in the operational force, a ten percent response rate might be considered very good. More important than response rate is the number of responses received, and whether or not that number is a representative sample of the population.

(3) Ways to increase survey response rates are shown in figure 7-1.

- Ways to Increase Survey Response Rates**
- Notify participants ahead of time that they will be invited to take the survey.
 - Make the survey easy to access.
 - Send invitations with a personal message.
 - Include an introduction from a respected leader.
 - Explain the purpose of the survey.
 - Explain how participants' feedback will help improve or change something.
 - Tell participants why they were selected for the survey.
 - Assure participant anonymity or confidentiality (as applicable).
 - Send up to three gentle reminders to those who have not yet completed the survey.
 - Decrease survey frequency to avoid survey burnout.

Figure 7-1. Ways to increase survey response rates

j. Survey completion rate.

(1) Survey completion rate is the percentage of people who entered or started a survey who completed the survey. Completion rate provides an indication of how easy the survey is to take and where any completion roadblocks may exist. A completion roadblock is a common point where people abandon the survey.

(2) Ways to increase survey completion rates are shown in figure 7-2.

- Ways to Increase Survey Completion Rates**
- Make the survey short and easy to take.
 - Let participants know up front how long it should take to complete the survey.
 - Include survey progress markers, such as progress bars or text cues.
 - Keep page scrolling to a minimum.
 - Make questions simple and easy to understand.
 - Focus only on questions needed to answer the evaluation questions.
 - Do not ask questions that were already answered somewhere else in the survey.
 - Use logical format and flow.
 - Use survey logic wisely (for example, question, page, piping, and skip logic).
 - Minimize the number of open-ended questions; however, in most cases do provide at least one so participants can share their thoughts.

Figure 7-2. Ways to increase survey completion rates

7-3. Document reviews

Document review is a systematic method of collecting data by reviewing and evaluating existing documents. Documents reviewed for quality assurance evaluation take a variety of forms, including but not limited to course materials, audit trail documents, training waivers, visitor

folders, student records, instructor records, test control records, assignment orders, facility maintenance logs, tables of distribution and allowance (TDA), SOPs, memorandums, self-studies, meeting minutes, and MEPS. Quality assurance document reviews are conducted to collect data as part of Army accreditation, proponent assessment, and internal and external evaluation. Quality assurance document reviews are not conducted for programmatic or scholarly research purposes.

a. Advantages and challenges of document reviews.

(1) Document reviews are useful for gathering background information about an organization's history and operations, answering basic evaluation questions, revealing differences between course or program design and implementation, formulating interview and focus group questions, and developing observation forms. They are also useful for polyangulating and confirming whether or not assumptions are borne out in the documentation. When data is readily available, document reviews are relatively quick, unobtrusive, and cost effective.

(2) Some challenges to document reviews are that the documents may be outdated, inaccurate, incomplete, disorganized, or difficult to access. Because it can be time consuming to collect and analyze many documents, document reviews should be limited to only those documents needed to answer the evaluation questions. Selecting a representative sample of documents to review is usually warranted.

b. Planning and preparing for document reviews. Planning for document reviews involves determining which types of documents will answer the evaluation questions and the sample of documents needed. Preparing for document reviews involves creating a data collection job aid that guides the data collection.

c. Conducting document reviews. Conducting document reviews involves accessing the documents, compiling the documents, gleaning relevant data from the documents, and analyzing the data. It may also involve speaking to the people involved in developing and/or managing the documents.

7-4. Observations

Observation is a systematic method of collecting data about behaviors as they occur in their natural settings. It is also a method of collecting data when information about the physical setting is needed, such as determining if a classroom is conducive to learning, or if barracks facilities adequately support students' needs. Effective observations are structured, selective, and focused. Observations often conducted for quality assurance evaluations include but are not limited to observing training, training equipment, training facilities, barracks facilities, and test administration. Quality assurance observations are conducted to collect data as part of Army accreditation, proponent assessment, and internal and external evaluation. Quality assurance observations are not conducted for programmatic or scholarly research purposes.

a. Advantages and challenges of observations.

(1) Observations are useful for collecting information about how organizations actually operate. They are useful for polyangulating and confirming whether or not assumptions are borne out in actual behaviors and conditions. They are also useful when an issue is suspected but not understood. Quality assurance evaluators can gain a much better understanding of an issue by observing the process: they can see what people actually do versus what they say they do.

(2) A challenge to observations is that they are susceptible to evaluator bias and selective perception, which can make it difficult to accurately interpret and categorize behaviors. Additionally, the act of observation itself can influence the behaviors of those being observed.

b. Planning and preparing for observations. Planning for observations involves focusing the observations on the evaluation questions and the areas likely to generate the most useful information and insights. It involves deciding how many sites to observe while considering time and resource constraints. It also involves deciding when to conduct the observations. Timing is critical for being able to observe the parts of the process needed to answer the evaluation questions. Preparing for observations involves developing observation forms, which are job aids listing the processes and/or the inventory of items to observe (see [para 7-4c](#)).

c. Observation forms. Observation forms are similar to questionnaires; however, instead of participants providing responses, evaluators provide responses based on their observations. Observation forms help ensure critical information is observed and captured, and they standardize the observation process across evaluators. They also facilitate better aggregation of data collected from multiple sites or by multiple evaluators. Observation forms may include yes/no checklist items, leaving space for notes.

d. Conducting observations. Conducting an observation involves allowing sufficient time for the observation; establishing rapport with those being observed; and observing the performance, behaviors, and/or environment. It also involves taking notes as inconspicuously as possible. If it is not possible to take notes during the observation, notes should be recorded immediately after the observation. When feasible, using two observers during observations facilitates more-comprehensive notes and helps mitigate individual bias.

7-5. Interviews

An interview is another way to conduct a survey; however, it is an oral method of questioning participants through one-on-one discussion. Interviews can be conducted in person, over the telephone, or through videoconferencing. In person is ideal. Over the telephone is the least desirable method because the telephone makes it impossible to observe visual cues. Quality assurance interviews are conducted to collect data from stakeholders as part of Army accreditation, proponent assessment, and internal and external evaluation. Quality assurance interviews are not conducted for programmatic or scholarly research purposes. Quality assurance interviews are conducted in compliance with AR 25-98.

a. Advantages and challenges of interviews

(1) Interviews can capture insightful data that surveys and other data collection methods often cannot. They are useful for collecting descriptive and detailed information and exploring

specific issues or concerns. They allow varied questions, open-ended questions, follow-up questions, and open dialogue, which can lead to more in-depth understanding. They allow evaluators to learn about participants' knowledge, experiences, perspectives, and attitudes directly from the participants themselves. In addition to collecting descriptive and detailed oral responses, evaluators are usually able to observe participants' nonverbal responses, such as facial expressions; gestures; eye contact; rate, volume, and tone of voice; and body language.

(2) Interviews also have some challenges. For example, they are time consuming and generally reach fewer people than surveys or focus groups. They typically lack standardization and are prone to interviewer bias and subjectivity. There is a greater chance that the interviewer can influence or bias participants' responses. Because interview data can be rich and complex, they can also be challenging to analyze.

b. Planning and preparing for interviews. Planning for interviews involves considering the purpose of the evaluation and determining the purpose of the interviews. It involves identifying whom and how many to interview, and where and when the interviews should take place. It also involves determining the type of interviews to conduct and the questions to ask. Preparing for interviews involves developing an interview guide, which is a job aid listing the questions to ask during the interview (see [para 7-5e](#)).

c. Types of interviews. There are four types of interviews: structured, semi-structured, unstructured, and informal.

(1) Structured interviews are essentially verbal questionnaires. With structured interviews, all questions are pre-determined, and the interviewer asks each participant the same questions. Questions typically have a limited set of response options and contain few, if any, open-ended questions. Structured interviews are rarely used in quality assurance evaluation: surveys can be used for this purpose.

(2) Semi-structured interviews contain several key questions defining areas for exploration but allow the interviewer to diverge or follow up to a response. The interviewer uses an interview guide with a usually ordered list of questions and topics, and the evaluator follows the guide; however, they also have the option to stray from the guide if needed to follow relevant areas. Semi-structured interviews are the most often used type of interview in quality assurance evaluation.

(3) Unstructured interviews contain an opening question followed by open discussion. The interviewer has a clear focus and goal for the interview that guides the discussion; however, there is no structured interview guide. Unstructured interviews are most appropriate when an evaluator has enough understanding of a topic but is open to revising that understanding. For example, an unstructured interview might be a useful approach when following up with a participant on a single issue identified elsewhere during the evaluation.

(4) Informal interviews are casual conversations with individuals in their work environments. The interviewer asks questions without using an interview guide and without taking immediate notes. They remember conversations and take notes about them as soon as

possible after each interview so that the information is not lost from memory. Informal interviews can be conducted quickly, without thought or preparation, and are often conducted hand-in-hand with observations.

d. Good interview questions. Developing good interview questions requires attention to several basic design principles. For example, good interview questions always support answering the evaluation questions. They are clear, simple, and asked one at a time – no compound questions. They are open-ended, eliciting more than one-word responses. They are tailored to different audiences based on each audience’s expertise and experience. They ask how rather than why. They never ask for second-hand information, such as hearsay. They are never leading or loaded questions that influence responses.

e. Interview guide. An interview guide is an important tool for conducting structured and semi-structured interviews. It is a data collection job aid containing the questions to ask during the interview, as well as possible follow-up questions that might be asked depending on participants’ responses. When developing an interview guide, it is important to consider the focus of the evaluation and how much time is available, and to include only those questions likely to yield as much information related to the evaluation as possible. It is also important to consider how much the evaluator already knows about the interview topic. An interview guide starts with easy, warm-up questions before proceeding to more-complex questions. The last question provides some closure and leaves the participant feeling listened to.

f. Interviewer skills. To be effective, interviews require skilled interviewers. Becoming a skilled interviewer requires training and practice. It also requires possessing a set of important supporting skills.

(1) Listening is one of the most important skills an interviewer can possess. Skilled interviewers are engaged and listen attentively to what participants have to say. They clarify participants’ meaning without imposing meaning. They also listen to what is not being said: they are adept at reading body language and other non-verbal cues.

(2) Skilled interviewers are approachable, warm, and relaxed. They use open and neutral body language, such as nodding, smiling, being interested, and making encouraging sounds and gestures. They are empathetic and considerate, and they display a non-judgmental attitude.

(3) Skilled interviewers are good time managers. They manage interview time effectively and respect participants’ time.

g. Conducting interviews.

(1) Interviews should be conducted in distraction-free areas, and at locations and times most suitable for participants. Interviewers should respect participants’ time by arriving early and starting on time. Interview length varies; however, they usually last 20 to 60 minutes. They should last no longer than 60 minutes.

(2) When conducting an interview, the interviewer introduces themselves, establishes rapport, thanks the participant for agreeing to the interview, and ensures the participant understands the purpose of the evaluation and the interview. The interviewer tells the participant how much time the interview will take and does not exceed that time. The interviewer also provides assurance of confidentiality (see [para 7-25a\(2\)](#)), which increases the likelihood of honest responses.

(3) The interviewer guides and controls the interview and recognizes when responses are not on target. When a participant takes a conversation in a direction not useful to the evaluation, the interviewer listens for an opportunity to segue or otherwise respectfully move the conversation along in the right direction. The interviewer does not talk so much that the participant does not talk, and they do not unnecessarily interrupt the participant. They also do not answer for the participant. They are comfortable with silence and use it strategically to get participants to think more about their responses or to talk more. They remember what was said previously, and they are prepared to respectfully challenge inconsistent responses. Throughout the interview, the interviewer appears natural and unrehearsed.

(4) The interviewer ends on time, thanks the participant for their time, and asks the participant if there is anything they would like to add. This allows the participant to share information they think is important to the evaluation but that the interviewer did not ask. The interviewer also lets the participant know how to obtain information about the subsequent evaluation report, and how to contact the facilitator after the session if needed.

(5) It is important to take notes during an interview, unless it is an informal interview (see [para 7-5c\(4\)](#)); however, taking too many notes during an interview can shift focus and lessen rapport. A solution to that dilemma is to have a note taker. If it is not possible to have a note taker, then it is important to record detailed notes immediately after the interview before memory of the interview fades.

Note. Interviews conducted for quality assurance evaluations should not be recorded electronically. This includes when using virtual platforms to conduct the interview. Neither the interviewer, note taker, nor participant should record the interview electronically.

(6) Even if the interviewer and/or note taker took notes during the interview, the interviewer should reconstruct the interview immediately following the interview. This involves sharing and comparing notes with any note taker and developing a short summary of the interview to retain critical information. The summary should include participant demographics and characteristics, first-hand experience versus hearsay, response themes and sub-themes, trends, patterns, big ideas, descriptive words or phrases used, and the mood of the discussion.

7-6. Focus groups

The purpose of focus groups is to gain a range and depth of understanding of participants' common experiences and perceptions through facilitated group discussion. They are similar to interviews; however, there is more to focus groups than conducting multiple interviews at once. Interviews depend primarily on the interviewer asking questions; focus groups depend more on group interaction and the data that emerges. Quality assurance focus groups are conducted to

collect feedback from stakeholders as part of Army accreditation, proponent assessment, and internal and external evaluation. Quality assurance focus groups are not conducted for programmatic or scholarly research purposes. Quality assurance focus groups are conducted in compliance with AR 25-98.

a. Advantages and challenges of focus groups.

(1) Focus groups are useful for gathering information on collective views and understanding participants' collective insights, attitudes, and experiences. They are useful for exploring topics that are difficult to observe directly, identifying issues of most concern, collecting a large amount of data in a short time, and examining a topic in-depth. They are particularly useful for supplementing, corroborating, clarifying, or challenging data collected using other methods.

(2) Focus groups have some challenges. For example, it can be challenging to schedule a meeting time for multiple people. A few individuals in a focus group can dominate or sidetrack the discussion, which can require expert facilitation to remedy. If the right participants are not present for the discussion, the data is likely to be unhelpful or worthless. Focus groups generate a lot of qualitative data at once and can be difficult to record. It can also be difficult to analyze focus group data because of the focus group's interactive nature. Focus groups are susceptible to facilitator bias, and results can be subjective. Perspectives shared in focus groups are only valid for the participants and cannot be generalized across the institution or program unless the focus group is comprised of all members of the target population. Focus groups are not appropriate if statistical data is needed, if harm could come to participants sharing their ideas, or if a topic is polarizing.

b. Planning and preparing for focus groups. Planning for focus groups involves considering the purpose of the evaluation and determining the purpose of the focus groups. It involves identifying whom and how many to invite to participate in the focus groups, and where and when the focus groups should take place. It also involves determining the questions to ask. Preparing for focus groups involves developing a focus group guide, which is a job aid listing the questions to ask during the focus group (see [para 7-6g](#)).

c. Focus group size and composition. Focus groups are typically composed of no fewer than three and no more than twelve participants, one facilitator, and one or two note takers. When possible, having two note takers allows each to focus on different aspects of the focus group, such as what was said, how it was said, nonverbal behaviors, themes, and group dynamics. Facilitators should not take notes during the discussion.

d. Participant characteristics. Participants should be a representative sample of the population of interest, and they should be similar in characteristics and roles. Focus groups should be avoided if participants would be uneasy with one another and would not be willing to openly discuss their opinions and feelings. For example, supervisors should not be present with their subordinates in focus groups. If information is needed from both supervisors and subordinates, it should be gathered separately. Focus group participants may be nominated by key individuals,

selected randomly if coming from a large defined target population, or all members of the target population if the population is not too large.

e. Facilitator skills. To be effective, focus groups require skilled facilitators. Becoming a skilled facilitator requires training and practice. It also requires possessing a set of important supporting skills.

(1) As with skilled interviewers (see [para 7-5f](#)), effective facilitators are active listeners and good time managers. They are approachable, warm, relaxed, and open. They are empathetic and considerate, and they display a non-judgmental attitude.

(2) Skilled facilitators are also good conversationalists. They have knowledge of the topic and the local culture. They can build rapport, create relaxed atmospheres, and engage all participants.

(3) Skilled facilitators are courteous, treating participants like the experts that they are. They make it clear that they are there to learn from the participants.

(4) Skilled facilitators can manage challenging group dynamics. They can seamlessly control dominant participants, encourage hesitant participants, and react appropriately to unexpected circumstances. They deal with all challenges tactfully and employ appropriate strategies. They are alert, observant, and can think quickly on their feet.

f. Good focus group questions. Developing good focus group questions requires attention to several basic design principles. For example, good focus group questions always support answering the evaluation questions. They are easy to understand and asked one at a time. To facilitate discussion, they are always open-ended. Good focus group questions should either engage, explore, or close. Questions that engage are warm-up questions that get participants talking. Questions that explore get to the heart of the discussion. Questions that close provide participants the opportunity to address anything they thought may have been missed.

g. Focus group guide. A focus group guide is an important tool for conducting effective focus groups. It is a data collection job aid containing the questions to ask during the focus group, as well as possible follow-up questions that might be asked depending on participants' responses. When developing a focus group guide, it is important to consider the focus of the evaluation and how much time is available, and to include only those questions likely to yield as much information related to the evaluation as possible. A focus group guide starts with an engaging, warm-up question before proceeding to more-complex exploring questions and ending with a closing question. The number of questions should be aligned with the time available for the focus group.

h. Conducting a focus group.

(1) A focus group can be conducted in person, or through teleconferencing or videoconferencing. In person is ideal. Teleconferencing is the least desirable method because the telephone makes it impossible to observe visual cues.

(2) A focus group should be conducted at a location and time most suitable for participants. The location should be easily accessible, private, and free from disturbances and distractions. Participants should sit facing one another, preferably around a table. This seating arrangement enables the focus group to be free flowing. Participants interact not only with the facilitator but with each other. The note taker and any observers from the evaluation team do not interact with participants during the session so should sit apart from the discussion.

(3) The length of focus groups varies; however, focus groups usually last 45 to 90 minutes. They should last no longer than 90 minutes. Focus groups longer than 90 minutes have too many questions or topics and are not usually productive. Facilitators should respect participants' time by arriving early and starting on time.

(4) When conducting a focus group, the facilitator introduces themselves, the note taker, and any observers from the evaluation team. They make it clear that the note taker is just there to observe and take notes, and the observer is just there to observe. They establish rapport, thank participants for participating in the focus group, and ensure participants understand the purpose of the evaluation and the focus group. They tell participants how much time the focus group will take, and do not exceed that time. They provide assurance of confidentiality (see [para 7-25a\(2\)](#)), which increases the likelihood of honest responses. They also ask participants to introduce themselves.

Note. When providing assurance of confidentiality, participants should understand that the facilitator, note taker, and any observer from the evaluation team will respect participants' privacy and incorporate their feedback into the evaluation results in a non-attributional way; however, they cannot control focus group members and what they might say or share outside of the focus group. It is important to emphasize a ground rule for all participants to respect each other's privacy and not discuss information shared during the session with anyone outside the group.

(5) The facilitator establishes ground rules, which support a safe and open environment. Example ground rules are shown in figure 7-3.

- | Example Focus Group Ground Rules |
|--|
| <ul style="list-style-type: none"> ● Participate actively – it is important to hear everyone's ideas and opinions. ● Remember, there are no right or wrong answers. ● Speak so that all can hear. ● Speak one at a time. ● Minimize side conversations. ● Stay on topic. ● Treat everyone and their opinions with respect. ● Respect others' privacy – do not discuss details outside the group. |

Figure 7-3. Example focus group ground rules

(6) The facilitator opens the focus group session with an easy, general-topic, open-ended question to encourage participation and conversation. The facilitator then asks the topic questions one at a time. To demonstrate active listening and clarify responses, the facilitator paraphrases and summarizes long responses back to participants. The facilitator asks probing questions for clarification as needed. Example probing questions include, “Can you say more about...?” and “Can you explain what you mean by...?”

(7) The facilitator guides and controls the session and respectfully enforces ground rules. They do not allow one or two people to dominate the discussion. If someone is monopolizing the conversation, the facilitator can thank the participant for their contribution then ask others what they think. They ensure maximum participation by asking balancing questions as needed. Example balancing questions include, “Who else has something to say about that?” and “I would like to hear more from...” If someone seems too shy to speak up, the facilitator can make eye contact, smile at them, and ask them a question directly. The facilitator does not allow side conversations to distract from the discussion. If someone is engaged in a side conversation, the facilitator can remind them that their contributions are valuable and politely ask them to re-join the main discussion. If someone is rambling, the facilitator can break eye contact, and/or jump in during a small pause. If the discussion veers off track, the facilitator can redirect the discussion. An example redirecting statement is, “These points are interesting and important; however, we need to bring the discussion back to...”

(8) The facilitator guides the discussion without participating in the discussion. They clarify participants’ meaning without imposing meaning. They do not express their own views, either verbally or non-verbally, and they do not take sides. They do not finish participants’ sentences, and they do not challenge what participants say. They always appear neutral, to include controlling their facial expressions and body language.

(9) The note taker takes effective notes during the session. Effective notes are clear, consistent, organized, and legible to others. They capture key points, themes, notable quotes, emotions, tones, body language, and other non-verbal factors, such as eye contact between participants.

Note. Focus groups conducted for quality assurance evaluations should not be recorded electronically. This includes when using virtual platforms to conduct the focus group. Neither the facilitator, note taker, nor participants should record the focus group electronically.

(10) The facilitator ends on time and asks participants if there is anything they would like to add. This allows participants to share information they think is important to the evaluation but that the facilitator did not ask. Although the note taker does not participate in the discussion, they may ask follow-up questions at the end of the session as needed to close any gaps in their notes. The facilitator thanks participants for their time and lets them know how to obtain information about the subsequent evaluation report, and how to contact the facilitator after the session if needed. Providing facilitator contact information is especially important when there may be a sensitive issue at hand.

(11) Right after the focus group, the note taker shares their notes with the facilitator. The facilitator and note taker discuss their observations and evaluate how well the information collected during the focus group helped answer the evaluation questions.

Section II

Data Analysis

This section introduces data analysis concepts as they apply to quality assurance evaluation. Data analysis is the systematic process of transforming raw data into usable information. The process involves organizing, cleaning, analyzing, and interpreting data. The purpose of data analysis is to reveal patterns and trends in the data and relationships among variables, and to find meaning in the data for drawing conclusions and making informed decisions. The data analysis method and technique used will depend on the type of data collected: quantitative or qualitative.

7-7. Types of data

Two overarching types of data are quantitative and qualitative. Quality assurance evaluations typically examine both types of data.

a. Quantitative data are numerical and can be statistically analyzed. Examples of quantitative data include scores, quantities, frequencies, time, and responses to closed-ended survey questions.

b. Qualitative data are non-numerical and descriptive. They can be analyzed using a variety of methods such as content or narrative analysis. Qualitative data provide context and meaning and can reveal a part of a story that quantitative data cannot, such as how or why something has occurred. Qualitative data either cannot be converted to numerical data or are considered more valuable in qualitative form. Examples of qualitative data include interview, focus group, and observation notes; document content; and responses to open-ended survey questions.

7-8. Organizing data

a. The first step in data analysis is organizing the data. This is an important step because organized data allows all members of the evaluation team to easily locate and use the data. Organized data saves time and frustration, and it helps avoid duplication and prevent errors. How data is organized should be determined during evaluation planning before any data is collected.

b. Organizing data involves determining a logical and consistent way to name and structure folders and files. A logical and hierarchical folder structure groups data files and supporting documentation together by topic, data collection activity, or some other relevant category so that the data is connected in a meaningful way and easy to find. Using a logical and documented naming convention for folders and files provides consistency. Useful folder and file names are descriptive, clear, consistent, unique, and meaningful to everyone on the evaluation team. They allow everyone to easily find the file they need. They use standard vocabulary and format, and elements are listed in the same order, for example, “org_file-name_v01-2_YYYYMMDD.”

7-9. Storing and protecting data

Properly storing and protecting evaluation data, to include observation, interview, and focus group notes, is essential for protecting participants and other stakeholders from harm that could result from unauthorized or unintended disclosure. Evaluation data should be appropriately stored and protected from unauthorized access without imposing excessive or unwarranted burden on the evaluation team. All quality assurance evaluators have a responsibility to adequately store and protect evaluation data. Evaluation team leads and evaluators working alone have a responsibility to develop and implement an adequate data storage and protection plan for all accreditations, assessments, evaluations, and other events involving evaluation data collection.

7-10. Cleaning data

Cleaning data is the process of identifying and purging or changing incomplete, incomprehensible, irrelevant, inconsistent, inaccurate, duplicative, and/or erroneous data from a dataset to improve data quality so that it is ready for analysis. Dirty data adds no value, confuses results, limits the ability to capture valuable insights, and can have significant ramifications for any decisions made based on the data. When purging or changing data, it is important to always retain a copy of the original, unedited dataset. Cleaning data also involves documenting all data cleaning rules and procedures so that they are applied consistently.

a. Cleaning quantitative data.

(1) Many types of quantitative data are collected as part of quality assurance evaluations through data collection activities such as closed-ended survey questions, observations, and document reviews. Quantitative data is cleaned prior to data analysis.

(2) Although software tools exist to clean quantitative data, they can also be cleaned using manual inspection methods. Manual inspection normally involves exporting or transferring the data to a spreadsheet to be able to view and analyze the data all together. This facilitates more easily identifying potential issues, patterns, and outliers.

(3) Potential issues to look for when cleaning all quantitative data include inaccurate data, data-entry errors, and missing data.

(4) Patterns to look for when cleaning quantitative survey data include:

(a) Straight-line responses, such as always selecting the first, central, or last response option.

(b) Visually patterned responses, such as Christmas tree or zig-zag response patterns.

(c) Selecting all response options in all select-many questions.

(5) Possible outliers to look for in quantitative survey data include responses that are unintelligible, incoherent, meaningless, not aligned with the question, and/or contradictory of earlier responses. Another possible outlier is one or more “speeders,” who finish the survey far

faster than the average completion time. Speeders are less likely to have read and considered the questions, and/or to have spent any time reflecting on their responses.

(6) Quality assurance evaluators develop decision rules so that all data issues are handled consistently, and they always use caution when applying the decision rules. If changing or purging data, they retain a copy of the original, unedited dataset.

(7) Cleaning quantitative survey data, particularly using manual inspection methods, can be time consuming, so needs should be balanced. Solid survey design (see [para 7-2](#)) can improve data quality and reduce the need for data cleaning.

b. Cleaning qualitative data.

(1) Many types of qualitative data are collected as part of quality assurance evaluations through data collection activities such as interviews, focus groups, observations, and open-ended survey questions. Qualitative data is cleaned in conjunction with data analysis.

(2) Although software tools exist to clean qualitative data, they can also be cleaned using manual inspection methods. Manual inspection normally involves exporting or transferring the data to a spreadsheet to be able to view and analyze the data all together. This facilitates more easily identifying potential issues.

(3) Potential issues to look for when cleaning qualitative data include missing data, irrelevant data, and data entry errors. Other potential issues to look for include misspellings, which can interfere with automated search and sort functions, and misplaced data, such as narrative survey responses provided in the wrong field.

(4) Quality assurance evaluators develop decision rules so that all data issues are handled consistently, and they always use caution when applying the decision rules. When possible, they go back to the original data source to gain additional clarification. If changing or purging data, they retain a copy of the original, unedited dataset.

7-11. Quantitative data analysis

a. Analyzing quantitative data in quality assurance evaluations normally involves using descriptive statistics, which describe a sample by summarizing and graphing the data. Examples of descriptive statistics include distribution, central tendency, and variability.

(1) Distribution is the frequency that a value appears in the data. For example, a survey question might ask respondents if they have an approved Individual Development Plan in the Army Career Tracker. The number or percentage of respondents answering “yes” and the number or percentage of respondents answering “no” represent the distribution.

(2) Central tendency estimates the center or average of values. For example, a survey question might ask respondents to rate the overall perceived quality of the training they received on a scale of one to five. The mean of all respondents’ ratings represents the response average.

Mean can be sensitive to extreme values, especially when outliers exist; therefore, when examining mean, median and mode should also be considered. Median is the middle value in a list of data, and mode is the most repeated value in a list of data.

(3) Variability is how spread out values are. Measures of variability include range, standard deviation, and variance.

(a) Range is how far apart the most extreme values are, and it is calculated by subtracting the lowest value from the highest value. Range can be sensitive to extreme values, especially when outliers exist; therefore, when examining range, standard deviation and variance should also be considered.

(b) Standard deviation is the average distance the values are from the mean.

(c) Variance reflects the degree of spread in the data, and it is represented by the average of squared standard deviations from the mean.

b. Descriptive statistics can be analyzed one variable at a time, known as univariate descriptive analysis; two variables at a time, known as bivariate descriptive analysis; or more than two variables at a time, known as multivariate descriptive analysis. Bivariate and multivariate descriptive analysis, using tools such as contingency tables for nominal and ordinal variables and scatter plots for statistical variables, facilitate exploring relationships, or correlations, between the variables.

c. Inferential statistics are used to make estimates about a population based on a randomly drawn sample. The most common inferential methods are hypothesis testing, confidence intervals, and regression analysis. Inferential statistics are more advanced statistical techniques and are not often used in quality assurance evaluations.

d. Readily available tools for conducting statistical analysis include spreadsheet software and the AQAP-approved survey system of record, both of which have built-in data analysis and graphing functionality. Contact HQ TRADOC QAO with questions about which statistical analysis tools are appropriate and authorized for use.

e. If using unfamiliar statistical methods and/or analysis tools, quality assurance evaluators should solicit the assistance of a statistician or more experienced evaluator.

7-12. Qualitative data analysis

a. Qualitative data analysis focuses on making sense of unstructured data, such as interview, focus group, and observation notes; and responses to open-ended survey questions. Evaluators should analyze qualitative data as soon as possible after collecting it.

b. The first step in analyzing qualitative data is to simplify or reduce the data. For example, data may be interspersed throughout focus group notes that is both relevant and not relevant to answering the evaluation questions. Evaluators determine which elements of the data should be

emphasized, minimized, or omitted in order to keep the analysis focused on the evaluation questions. When conducting data analysis, it is important to consider how useful data points are: high volume does not guarantee usefulness.

c. The next step is to organize the simplified data into categories, identify patterns, themes, and trends in the data, and examine relationships between themes. Included in this step is identifying powerful quotes that best illustrate themes and trends.

d. If there are a lot of data, it can be helpful to code the data before grouping them into categories. Evaluators can develop and maintain a set of codes based on expected and/or emerging patterns, themes, and trends.

e. When analyzing qualitative data, particularly interview and focus group data, it is important to consider the words used, the context in which they were used, shifts in opinion, the extensiveness of topics discussed, the frequency of comments, how intensely participants talked about something (for example, tone of voice, speed, excitement, word emphasis), and special or unusual sounds (for example, loud voices, laughter, shouting, interrupting). Greater emphasis should always be placed on first-person versus third-person responses.

f. A readily available tool for analyzing large volumes of qualitative data is spreadsheet software. Evaluators can use such software to compile then separate, code, sort, group, analyze, and synthesize the data. Evaluators can also analyze qualitative data using manual methods. For example, they can consolidate qualitative notes into a document, print a copy of the document, cut note entries into separate items, and tape, paste, or tack the separate items to butcher block paper with broad theme headings. As the analysis progresses, they can rename the themes and/or recategorize the items as needed.

7-13. Interpreting results

a. Interpreting results is the process of applying value judgments to analyzed data in accordance with the evaluation criteria and drawing conclusions. Results may suggest recommendations for improvement. They may also lead to additional questions about the learning institution or program.

b. Quantitative data is objective data, and, once effectively organized, cleaned, and analyzed, is open to objective interpretation. Qualitative data is subjective data, and even once effectively organized, cleaned, and analyzed, is open to subjective interpretation. It is important with both types of data, but especially with qualitative data, for evaluators to carefully examine and consider their biases. They should also frequently re-visit the evaluation's purpose and goals.

c. Interpreting results and reaching conclusions can be challenging. For example, information can sometimes be inconsistent or contradictory. It is important in these cases to consider the validity and unique perspectives of each source, and to resolve discrepancies to the greatest extent possible.

7-14. Quality assurance evaluation rubrics

a. A quality assurance evaluation rubric is an evaluation tool that provides a common framework for evaluation. It provides performance criteria and describes standards for different levels of performance of each criterion. It guides judgment on performance and facilitates efficient analysis, synthesis, and evaluation.

b. The primary difference between a rubric and a checklist for evaluation is that a rubric provides information about the level or degree of performance; whereas a checklist provides information about whether or not criteria are met, but not about the level or degree to which they are met. A rubric is multilevel and makes evaluative judgment systematic, explicit, and transparent; a checklist is dichotomous and makes evaluative judgment simplistic and obscure.

c. Evaluation rubrics clarify for stakeholders the quality of work they should achieve. They should always be shared with stakeholders ahead of time so that they may understand what the desired performance is and the criteria for success, and so that they may plan and monitor their own performance.

d. To produce accurate and consistent ratings, all evaluators need to interpret the rubric in the same way. Evaluators should have a shared understanding of the rubrics' performance expectations so that they interpret and apply the rubrics consistently. This can be accomplished through training and norming the rubrics across each QAO and across the AQAP.

7-15. Root cause analysis

a. Root cause analysis is the systematic process of uncovering the underlying causes of problems and identifying and applying appropriate solutions. It seeks to discover why something occurred and how processes or systems failed.

b. If root causes are not identified, solutions target and treat symptoms instead. Treating symptoms can feel productive and is okay for short-term relief; however, if root causes are not identified and treated, the same problem is likely to occur over and over. Conducting root cause analysis and applying the right solutions to core processes and systems helps prevent problems from recurring.

c. It is important to keep in mind that most problems have multiple root causes, and finding and addressing just one of several or many root causes is likely to eventually result in recurrence of the problem. Therefore, it is important to identify as many root causes as possible.

d. Root cause analysis is best conducted with a team to ensure a variety of expertise and perspectives. Team members can include evaluators, SMEs, managers, decision makers, and end users. Prior to beginning root cause analysis, everyone on the team should agree on the problem. It can help to visualize the problem by drawing it out and illustrating data and facts related to the problem, to include past solutions.

e. A common technique for root cause analysis is asking questions that systematically drill down to the real root causes. The key question to ask is, “Why?” The “what,” “where,” “how,” and “who” questions are important as they provide context and greater understanding of the problem; however, it is the “why” questions that ultimately reveal root causes.

f. It may only take two “why” questions to get to a root cause, or it may take fifty. The answers to “why” questions become clearer and more concise each time a question is asked. The last “why” question reveals an answer that has a solution(s) that can solve or control the original problem. This method can work in almost any situation.

g. Very often, root cause analysis leads to a policy, process, or person. When a policy or process becomes the answer to a “why” question, there is a likelihood that a root cause has been reached. When the answer to a “why” question is a person who made a mistake, the root cause has not been reached. It is important to drill down beyond that and ask, “Why did that person make a mistake?” Maybe the procedure was confusing, the person was not familiar with the task, or the climate was poor.

h. Root causes are specific underlying issues for which effective recommendations can be made and that management has control to influence and fix. For example, “Inclement weather” is not a problem that management has control to influence and fix; however, “insufficient weather gear” is. “Operator error” is not a specific root cause; however, “outdated procedure” is. Without knowing the true root cause of “operator error,” a commonly recommended solution is training; however, training is not the right solution if the true root cause is actually “outdated procedure.”

i. It is not always possible to discover the root cause of a problem during a quality assurance evaluation; however, every feasible effort should be made to get there. If a finding is likely a symptom and not a root cause, and time is not available to conduct a full root cause analysis, this should be made clear in the report. Recommendations should include that the issue be further examined through root cause analysis.

j. Root cause analysis is not just effective for diagnosing problems and discovering where something went wrong; it is also effective for diagnosing successes and discovering where something went right. Diagnosing success can help spread success.

Section III

Communicating Evaluation Results

This section provides an overview of two methods of communicating quality assurance evaluation results: briefing evaluation results and writing evaluation reports.

7-16. Briefing evaluation results

Effectively briefing evaluation results is about more than just developing an effective out-brief presentation (see [app I](#)). It is also about effectively preparing for and conducting the briefing and exercising certain skills and characteristics.

a. Effectively preparing for evaluation briefings includes:

- (1) Understanding the briefing requirements.
- (2) Knowing the audience, their official positions, and their current knowledge of the topic.
- (3) Knowing the names of key leaders and stakeholders and how to pronounce them.
- (4) Knowing the topic and how it is relevant to the audience.
- (5) Developing briefing material.
- (6) Organizing the briefing material into clear sections.
- (7) Preparing an outline and developing transitions.
- (8) Rehearsing to ensure effective and confident delivery.
- (9) When virtual, ensuring reliable connectivity with the audience.

b. Effectively conducting evaluation briefings includes:

- (1) Introducing oneself and the team.
- (2) Explaining the purpose of the briefing.
- (3) Providing a briefing outline or agenda.
- (4) Presenting the information clearly and concisely.
- (5) Providing logical flow with the bottom line up front.
- (6) Using visual aids effectively to make the information clearer.
- (7) Making recommendations as appropriate.
- (8) Summarizing the main points and asking for questions.
- (9) Respecting the audience's time by remaining within the allotted time frame.
- (10) Closing and thanking the audience for their time.

c. Effective briefing skills are shown in figure 7-4.

- Effective Briefing Skills**
- Being well-organized
 - Speaking naturally using a conversational tone; not reading the slides or from a script
 - Speaking clearly, concisely, and at an effective and varied volume, pitch, and rate
 - Speaking simply, using vocabulary suitable for the audience
 - Avoiding overuse of jargon and acronyms
 - Using proper grammar and active voice
 - Avoiding vocalized pauses such as “um,” “uh,” “ah,” “like,” “alright,” and “you know”
 - Maintaining appropriate eye contact with the audience, to include looking into the camera when using virtual methods
 - Being aware of non-verbal feedback
 - Displaying a positive body language, and using gestures and mannerisms effectively
 - Using transitions effectively, smoothly tying briefing sections together

Figure 7-4. Effective briefing skills

d. The characteristics of an effective briefer are shown in figure 7-5.

- Characteristics of an Effective Briefer**
- Professional in appearance and behavior
 - Credible, knows the topic and the audience
 - Composed and self-assured
 - Confident but not arrogant
 - Relaxed yet enthusiastic about the topic
 - Authentic
 - Articulate
 - Considerate and helpful

Figure 7-5. Characteristics of an effective briefer

7-17. Writing evaluation reports

Evaluation reports share an evaluation’s findings, conclusions, and recommendations for improvement with senior leaders and other stakeholders. Writing effective evaluation reports is critical for clear communication and understanding, influencing decisions, and inspiring readers to action.

a. Key elements of effective evaluation reports. Effective evaluation reports have all required parts and comply with the basic principles of good writing. Good writing includes being grammatically correct and using plain language (see the DOD Plain Language website at

<https://www.esd.whs.mil/DD/plainlanguage/> for more information on plain language). Other key elements of effective evaluation reports include the following:

(1) Written for readers. Effective evaluation reports are written for the readers of each part of the report: the Executive Summary (EXSUM), the AEAS summaries, and the detailed rubrics. Different stakeholders at various levels have different information needs and will likely be most interested in different parts of the report.

(2) Timely and actionable. Effective evaluation reports are timely and actionable. They are delivered promptly and expeditiously. A report that arrives late, after conditions have changed, is of little use.

(3) Bottom line up front. Effective evaluation reports capture readers' attention by getting quickly to the point, presenting the main message within the report's first sentence or two. Each element within the report also begins with that element's main message.

(4) Well-organized. Effective evaluation reports hold readers' attention by being well-organized and logically ordered. They are organized for the reader and focus on essential information. The report is easy to read and follow.

(5) Clear. Effective evaluation reports are clearly phrased, unambiguous, and easily understood. Readers can understand the report's ideas in a single reading.

(6) Consistent. Effective evaluation reports use terms consistently. For example, a report might use the term "corrective action plan" consistently to mean a plan for resolving shortcomings and deficiencies. An example of inconsistent terminology is if a report uses the terms "corrective action plan," "improvement plan," and "get well plan" to mean the same thing throughout the report. Using inconsistent terminology in a report confuses readers.

(7) Concise. Effective evaluation reports are concise while still including all essential information. Sentences and words are direct and uncomplicated without being abrupt. Reports that are too lengthy or wordy typically do not get read.

(8) Accurate and relevant. Effective evaluation reports are accurate and include all relevant facts.

(9) Complete. Effective evaluation reports are complete, include enough detail to fully explain observations and recommendations, and leave no pertinent questions unanswered.

(10) Unbiased. Effective evaluation reports are unbiased, containing only information that is factual and objective, and without distortion, assumption, or influence. They separate fact from opinion. Unbiased reporting is key to evaluation integrity.

(11) Active voice. Effective evaluation reports use active voice in most situations. Active voice is simple and direct, whereas passive voice can be difficult to understand and challenging to read. With active voice, the subject of a sentence performs the verb's action, and emphasis is

on the actor; for example, “SGT Jones facilitated the lesson.” With passive voice, the subject of a sentence receives the verb’s action, and emphasis is on the recipient; for example, “The lesson was facilitated by SGT Jones.” Occasionally passive voice is appropriate, such as when the actor is unknown or irrelevant; for example, “Students were paid on time.”

(12) Tense. Effective evaluation reports use past tense to report evaluation findings and results as they existed at the time the data was collected and analyzed, which occurred at some specific, definite time in the past. Evaluation findings and results are relevant to a particular snapshot in time and should not be accepted as present truth. Reporting findings and results in past tense leaves no room for misinterpretation.

(13) Recommendations. Effective evaluation reports include good recommendations, which increase the likelihood that issues will be resolved. Good recommendations are specific, supported by evidence, within the reader’s authority, realistic, and actionable. They tell readers what assistance or additional information is available and where they can obtain it. Because the scope of quality assurance evaluations does not often allow time and other resources needed to analyze and reveal true root causes of identified issues (see [para 7-15](#)), in many cases a recommendation may be that the issue be further examined through root cause analysis.

(14) Writing style and format. Effective evaluation reports use effective writing style and formatting. For information on writing style and formatting, see the U.S. Government Publishing Office Style Manual, AR 25-50, and DA PAM 25-40 (see [app A](#) for related publications).

b. Approaches to writing evaluation reports. There are many viable approaches to writing evaluation reports. What follows is just one possible approach.

(1) Start with an outline. Outlining provides structure and a roadmap, helps reduce writer’s block, and makes writing the report much faster and easier. It also helps keep the report focused on the evaluation’s purpose.

(2) Just write. For the first draft, it helps to just write and let words flow. This draft is all about simply getting the information down in writing: it is not about quality at this point. Things to write about in this first draft include background information, positive and negative findings, evidence and justification for those findings, conclusions, and recommendations. Although it may be tempting, it is important to avoid copying and pasting from previous reports: every evaluation is different, and the information in the current report needs to be specific to the current evaluation.

(3) Revise. The second and subsequent drafts are all about quality. This is the time for revisions to ensure the words flow logically and the report meets all of the key elements of an effective evaluation report (see [para 7-17a](#)). It is also a good time to ensure the report does not only speak to negative findings, but also highlights the organization’s strengths and what the organization did well. It helps a lot to read the drafts out loud. When reading out loud, the brain receives the information in a new way and is likely to catch things that were not apparent when reading silently.

(4) Write the EXSUM. An EXSUM is a condensed version of the full report and is designed for senior leadership. It contains the background, purpose, methodology, positive and negative key findings, conclusions, and recommendations. The EXSUM should be written last. Too much can happen between the first and final drafts of the rest of the report, and if the EXSUM is written too early, it may need to be rewritten before the report is finished. See TR 1-11 for more information about writing EXSUMs (see [app A](#) for related publications).

(5) Wrap up loose ends. This is the time to ensure the report is complete and ready for review. For example, this is the time to ensure the report supports findings and recommendations with guiding references. This supports the evaluation's credibility and transparency and makes it easier for the reader to take corrective action.

(6) Review. Reviewing a report is essential. Both the report writer and at least one other evaluator should review the report for accuracy, completeness, format, spelling, grammar, consistency, readability, tone, and presentation.

(7) Seek external feedback. Once published, report writers should seek feedback from their readers on the quality of their reports. This will help improve the quality of future reports and ensure those reports provide readers with what they need.

(8) When a team writes an evaluation report together, it is important that the team lead clearly communicates expectations for how each part of the report should be written. It is also important that the final consolidated report be cohesive in all respects to ensure readability.

Section IV

Project Management for Evaluators

This section introduces project management concepts as they apply to leading quality assurance evaluations. Project management is the process of organizing, coordinating, and managing people and tasks from the initial stages of a project to completion. The ultimate goal of project management is to meet project requirements; however, it also aims to improve the team's efficiency and effectiveness. Quality assurance accreditation, assessment, and evaluation team leads as project managers ensure an evaluation's tasks and milestones align with its goals. They break an evaluation down into manageable components: tasks, deliverables, milestones, and deadlines. They ensure quality control of the evaluation process by overseeing how well tasks are executed. They mitigate risks and optimize resources. They are accountable for guiding, monitoring, and regulating the entire evaluation from start to finish. They motivate the team to finish the evaluation on time, and they report progress to stakeholders.

7-18. Project management process for evaluators

Managing evaluations is a complex job requiring knowledge of project management processes and tools. Evaluation management typically has four phases: initiation, planning, execution, and closure.

a. Initiation phase. During the initiation phase, the evaluation team lead as project manager clearly defines the evaluation goals, critical required information, scope, timeline, organization, constraints, risks, deliverables, and stakeholders.

b. **Planning phase.** During the planning phase, the evaluation team lead as project manager develops a written evaluation plan. An evaluation plan focuses efforts on what is important for the evaluation, prevents wasted time, and guides each step of the process. It also ensures that the process is transparent, and that everyone involved in the evaluation understands their responsibilities. An evaluation plan includes everything defined during the initiation phase (evaluation goals, critical required information, scope, timeline, organization, constraints, risks, deliverables, and stakeholders). It also includes the evaluation questions, the data needed (both existing and new), data collection methods, the resources needed (for example, evaluators, travel funds, and facilities), major milestones, tasks (for example, data collection activities, evaluator huddles, briefings, and report writing), task duration and deadlines, and the evaluation schedule. The team lead develops and communicates an evaluation plan as soon as possible before implementation.

c. **Execution phase.** During the execution phase, the evaluation team lead as project manager puts the evaluation plan into action, and the team carries it out. The team lead manages the tasks and monitors and controls the evaluation to ensure that it is proceeding as planned. If not proceeding as planned, the team lead works to resolve issues. The team lead keeps the evaluation moving through periodic meetings and email updates.

d. **Closure phase.** During the closure phase, the evaluation team lead as project manager formally closes the project. Considering feedback through AARs and surveys, the team lead evaluates the evaluation's success and shares lessons learned.

7-19. Project management skills for evaluators

Exercising effective evaluation management skills leads to realistic project planning and timelines, strategic alignment between all stakeholders, and quality evaluations. Critical skills required for effective evaluation management include leadership, organizational, time management, and interpersonal.

a. **Leadership skills.** Evaluation team leads as project managers are leaders. They organize and manage evaluation teams and monitor task execution. They ensure the evaluation team can work unobstructed. They lead evaluations through every phase, manage risks, and ensure the quality of deliverables. They teach, influence, and motivate others. They think creatively and solve problems. They are adaptable and work well under pressure.

b. **Organizational skills.** Evaluation team leads as project managers are organized, goal-oriented, and committed to the evaluation process. They determine all tasks needed to achieve the evaluation goals, and they organize those tasks into schedules. They develop evaluation plans, identify needed resources, and obtain those resources. They develop and manage reports, and they ensure the quality of all report contributions. They monitor every aspect of an evaluation and ensure everyone understands their roles, what tasks need to be completed, and by when tasks need to be completed.

c. **Time management skills.** Evaluation team leads as project managers are experts at managing time. They set and clearly communicate realistic milestones, timelines, and deadlines

to the evaluation team and stakeholders. They ensure timely completion of the evaluation and all of its milestones and deliverables.

d. Interpersonal skills. Evaluation team leads as project managers possess strong interpersonal skills, such as communication, active listening, collaboration, negotiation, conflict management and resolution, patience, empathy, and diplomacy. They are able to build and maintain positive relationships with stakeholders and their evaluation teams. They represent stakeholders' and their team's needs throughout the evaluation process. Their interpersonal skills align with the AQAP's core values (see [para 2-2](#)).

Section V

Standards of Professional Evaluation Practice

This section introduces standards of professional evaluation practice. The standards are aligned with the AQAP's core values (see [para 2-2](#)).

7-20. Integrity and fairness

a. Integrity. Quality assurance evaluators do what is right and act honestly and ethically. They keep their word and honor their commitments. They ensure the integrity of all evaluation, assessment, and accreditation processes. They disclose and mitigate any conflict of interest related to any evaluation assignment.

b. Fairness. Quality assurance evaluators balance multiple interests and treat varying perspectives and interests fairly. They are impartial; they mitigate bias and maximize objectivity. They put their own agendas and expectations aside.

7-21. Systematic inquiry and rigor

a. Systematic inquiry. Quality assurance evaluators select and apply evaluative methods thoughtfully and deliberately to explore and fully understand shortcomings and strengths. They conduct additional inquiries as needed to make judgments based on complete, reliable, and valid data.

b. Rigor. Quality assurance evaluators use effective project management strategies and rigorous evaluation design, data collection, and analysis methods. They ensure accurate, relevant, timely, and actionable findings and recommendations.

7-22. Competence, learning, and credibility

a. Competence. Quality assurance evaluators possess the education, training, knowledge, skills, and abilities required for competent evaluation practice. They adhere to the highest technical standards. They declare their limitations and do not pretend competence where it does not exist.

b. Learning. Quality assurance evaluators continually develop professionally to learn new skills required for competent evaluation practice. They teach and learn from customers, partners,

and other evaluators. They foster an environment of openness and curiosity, and they welcome new information, thoughts, and ideas. Through engagement, they encourage others to question their ideas. They take an interest in what others feel, think, and say.

c. **Credibility.** Quality assurance evaluators establish and maintain credibility by being trustworthy evaluation experts. They develop and maintain expertise by continually pursuing education and training, and by staying current on the regulations, policies, and industry trends that guide their practice. They are objective, basing conclusions on systematic inquiry and polyangulation, and citing credible sources. They recognize, admit, and learn from their mistakes.

7-23. Collaboration and transparency

a. **Collaboration.** Quality assurance evaluators build and nurture positive and collaborative professional relationships with customers, partners, and other evaluators. They strive to create meaningful dialogue instead of debate. They understand that solving important problems and complex issues requires a community of diverse voices and skills. They are made stronger by their relationships, and they make the greatest impact by working together toward shared success.

b. **Transparency.** Quality assurance evaluators increase the value of information by sharing it broadly and transparently. They readily explain an evaluation's purpose, the information sought, the methods and procedures used, the decisions made, the actions taken, and the results achieved. They also readily explain an evaluation's benefits, limitations, and risks. They openly deal with problems and challenges, and they maximize stakeholders' ability to make informed decisions based on relevant information in a way that builds commitment. They engage stakeholders in evaluations, and they provide clear, simple, and credible reporting.

7-24. Prevention of harm

Quality assurance evaluators respect the rights, privacy, and dignity of all evaluation participants and other stakeholders. They reduce unnecessary risks of harm to organizations, groups, and individuals. They protect anonymity and confidentiality.

7-25. Anonymity versus confidentiality

a. When conducting evaluation data collection activities, evaluators often claim the data will be collected anonymously or confidentially. Evaluators should be clear and precise about the difference between anonymity and confidentiality when making these claims. Understanding the difference is critical for protecting participants.

(1) **Anonymity.** A data collection activity conducted with an assurance of anonymity means that there is no way for anyone, including the evaluator, to personally identify any participant because the activity does not collect any unique identifiers. Unique identifiers include name, address, phone number, e-mail address, common access card number, IP address, online handle, photograph, and so on. Unique identifiers also include non-unique identifiers, such as unit and duty position, which, when combined, allow an individual to be identified. For example,

there is only one commander of any given training battalion; therefore, when those two non-unique identifiers are combined, the combined result is a unique identifier. Other identifiers that are typically non-unique when used alone but that could be combined to form a unique identifier include rank, years of service, time on the job, age, gender, education level, course, class number, and so on. If any data collected could be used alone or in combination to identify an individual, either directly or indirectly, the data collection activity is not anonymous. Additionally, any data collection activity conducted face-to-face, telephonically, or through a collaboration site is not anonymous.

(2) Confidentiality. A data collection activity conducted with an assurance of confidentiality means that only the evaluator or evaluation team is able to personally identify participants. This means that the data collection activity does collect unique identifiers, or non-unique identifiers that could be combined to form a unique identifier, but the evaluator does not report the data in a way that allows any participant's identity to be known or tied to their responses. With an assurance of confidentiality, the evaluator or evaluation team collecting the data can know participants' identities, but they do not reveal their identities, and they put measures in place to protect their identities and not reveal them to anyone else. They accomplish this through proper data management and security.

b. Whether a data collection activity is anonymous or confidential, evaluators inform participants and assure them that their identities will be protected. Evaluators also explain limits to confidentiality if a participant discloses that they have committed or about to commit a crime, or that they are at risk of harming themselves or others.

Appendix A

References

Unless otherwise indicated, TRADOC publications and forms are available at <https://adminpubs.tradoc.army.mil>. Army publications and forms are available on the Army Publishing Directorate website at <https://armypubs.army.mil>.

Section I

Required Publications

AR 10-87

Army Commands, Army Service Component Commands, and Direct Reporting Units

AR 25-98

Information Management Control Requirements Program

AR 350-1

Army Training and Leader Development

TP 350-70-14

Training and Education Development in Support of the Institutional Domain

TR 10-5

U.S. Army Training and Doctrine Command

TR 10-5-1

Headquarters, U.S. Army Training and Doctrine Command

TR 11-21

TRADOC Implementation of the Army Quality Assurance Program

TR 350-18

The Army School System

TR 350-70

Army Learning Policy and Systems

Section II

Related Publications

A related publication is a source of additional information. The user does not have to read it to understand this publication.

AR 1-201

Army Inspection Policy

AR 25-50

Preparing and Managing Correspondence

TRADOC Pamphlet 11-21

DA PAM 25-40
Army Publishing Program Procedures

DA PAM 25-403
Army Guide to Recordkeeping

U.S. Government Publishing Office Style Manual
(Available at <https://www.govinfo.gov>)

TRADOC Supplement 1-201
Army Inspection Policy

TR 1-11
Staff Procedures

Section III Prescribed Forms

This section contains no entries.

Section IV Referenced Forms

DA Form 2028
Recommended Changes to Publications and Blank Forms

Section V Reports

AAHS-RDR-PR-21-190
Army Quality Assurance Program External Survey

Appendix B

Impact Issue and Value-Added Practice Processes

This appendix provides guidance on processing impact issues and value-added practices.

Section I

Impact Issues

This section provides guidance on processing impact issues identified during Army accreditation, during or outside of proponent assessment, and internally.

B-1. Impact issue identified during Army accreditation

a. When Army accreditation evaluators identify or are made aware of an impact issue during an Army accreditation, they submit it to the accreditation team lead. The team lead, with input from the team, analyzes and assesses the impact issue to determine if it meets the criteria for a valid impact issue as shown in figure B-1.

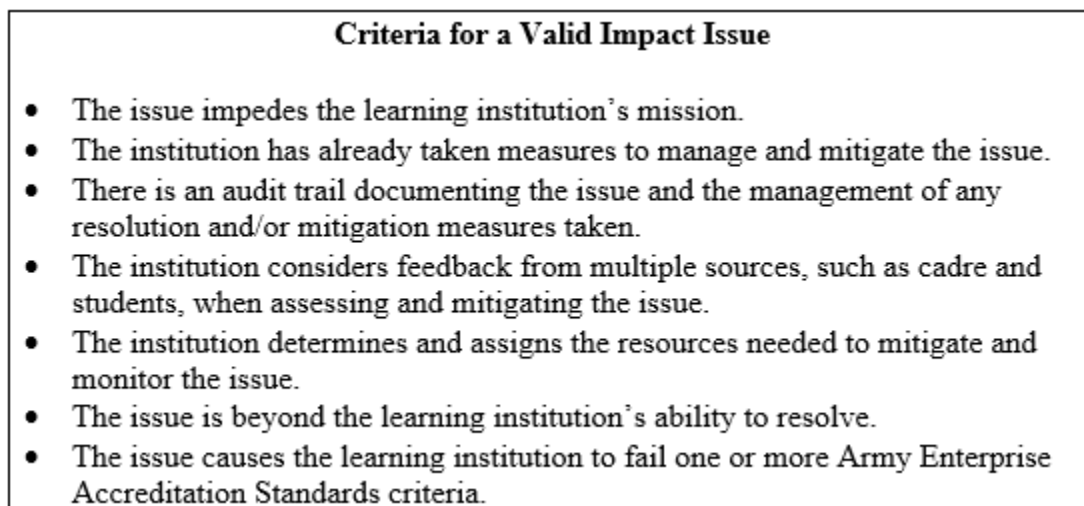


Figure B-1. Criteria for a valid impact issue

b. If the accreditation team lead assesses that the impact issue meets all criteria, the accreditation team includes the impact issue in the initial impressions out-brief and writes the impact issue into the accreditation report. The impact issue narrative describes the impact issue, explains how it meets each of the criteria, and identifies the activity responsible for resolving it.

c. The accreditation team lead monitors the impact issue as the learning institution works with the responsible activity to resolve the issue. The team lead continues monitoring the impact issue until it is resolved.

d. If the impact issue requires TRADOC- and/or Army-level attention, and if the learning institution has exhausted all efforts to effectively mitigate or resolve the impact issue, the accreditation team lead elevates the impact issue to the AQAP Director.

e. The learning institution maintains an audit trail of all actions taken to resolve the issue.

B-2. Impact issue identified during or outside of proponent assessment

a. If a proponent QAO identifies or is made aware of an impact issue at one of their assessed learning institutions, either during or outside of a proponent assessment, they assess whether the institution's leaders and stakeholders are already aware of the issue, and if not, they inform them of the issue. They work closely with the institution to assess whether the impact issue meets all of the criteria described in [paragraph B-1a](#). They also work with the institution to determine the internal and external factors causing the issue.

b. The proponent QAO works with the learning institution to assess the level of attention the impact issue requires. If the impact issue does not require TRADOC- or Army-level attention, the proponent QAO works with the learning institution to help connect them with the most-suitable activity for resolution. The proponent QAO monitors the impact issue as the learning institution works with the responsible activity to resolve the issue. The proponent QAO continues monitoring the impact issue until it is resolved.

c. If a proponent QAO identifies or becomes aware of an impact issue during a proponent assessment, the assessment team lead includes the impact issue in the initial impressions out-brief and writes the impact issue into the proponent assessment report. The impact issue narrative describes the impact issue, explains how it meets each of the criteria described in [paragraph B-1a](#), and identifies the activity responsible for resolving it. The assessment team lead also notifies the associated accreditation team lead. If the impact issue requires TRADOC- or Army-level attention, and if the learning institution has exhausted all efforts to effectively mitigate or resolve the impact issue, the accreditation team lead elevates the issue to the AQAP Director.

e. If a proponent QAO identifies or becomes aware of an impact issue at an assessed learning institution outside of a proponent assessment, if the impact issue requires TRADOC- or Army-level attention, and if the learning institution has exhausted all efforts to effectively mitigate or resolve the impact issue, the proponent QAO may elevate the issue directly to the AQAP Director.

f. The assessed learning institution maintains an audit trail of all actions taken to resolve the impact issue.

B-3. Impact issue identified internally

a. When a learning institution QAO identifies or is made aware of an impact issue at their own institution, they assess whether their institution's leaders and stakeholders are already aware of the issue, and if not, they inform them of the issue. They work closely with their institutions' leaders and stakeholders to assess whether the impact issue meets all of the criteria described in [paragraph B-1a](#). They also work with leaders and stakeholders to determine the internal and external factors causing the issue.

b. The QAO records the impact issue in any related internal evaluation report, as applicable. They also include the impact issue in the institution's self-study and self-assessment reports. The

impact issue narrative describes the impact issue, explains how it meets each of the criteria described in [paragraph B-1a](#), and identifies the activity responsible for resolving it.

c. The QAO reviews each impact issue periodically with leaders and stakeholders and maintains an impact issue audit trail. QAO directors (or equivalent) communicate each impact issue's status to the learning institution's commander, commandant, or civilian or military equivalent during quarterly quality assurance reviews, or more frequently as required.

d. If inside of an Army accreditation or proponent assessment period, the QAO reports the impact issue to the accreditation or assessment team lead, as applicable, who processes the impact issue following the processes described in [paragraph B-1](#) or [paragraph B-2](#), as applicable.

e. If outside of an Army accreditation or proponent assessment period, and after the learning institution has exhausted all efforts to effectively mitigate or resolve an impact issue requiring TRADOC- or Army-level attention, accredited learning institution QAOs may elevate the issue directly to the AQAP Director. Assessed learning institution QAOs process impact issues through their proponent QAOs (see [para B-2](#)).

Section II

Value-Added Practices

This section provides guidance on processing value-added practices identified during Army accreditation, during or outside of proponent assessment, and internally.

B-4. Value-added practice identified during Army accreditation

a. When Army accreditation evaluators identify or are made aware of a value-added practice, they submit it to the accreditation team lead.

b. The accreditation team lead, with input from the team, analyzes and assesses the value-added practice to determine if it meets the criteria for a valid value-added practice as shown in figure B-2.

Criteria for a Valid Value-Added Practice
<ul style="list-style-type: none"> • The practice enhances the value of an AEAS criterion. • The practice is effective and applicable across Army learning institutions. • The practice can be supported within the limits of regulatory guidance and resources. • The practice promotes the institution as a learning organization.

Figure B-2. Criteria for a valid value-added practice

c. If the accreditation team lead assesses that the value-added practice meets all criteria, they include the value-added practice in the initial impressions out-brief and write the value-added practice into the accreditation report. The value-added practice narrative describes the value-added practice and explains how it meets each of the criteria described in [paragraph B-4b](#).

B-5. Value-added practice identified during or outside of proponent assessment

a. If a proponent QAO identifies or is made aware of a value-added practice at one of their assessed learning institutions, either during or outside of a proponent assessment, they review the value-added practice and its audit trail documentation with the learning institution's leaders and stakeholders to assess whether the value-added practice meets all of the criteria described in [paragraph B-4b](#).

b. If a proponent QAO identifies or becomes aware of a value-added practice during a proponent assessment, the assessment team lead includes the value-added practice in the initial impressions out-brief and writes the value-added practice into the proponent assessment report. The value-added practice narrative describes the value-added practice and explains how it meets each of the criteria described in [paragraph B-4b](#). The assessment team lead also notifies the associated accreditation team lead.

c. The assessed learning institution's QAO monitors the value-added practice and maintains an audit trail documenting the practice's applicable AEAS criteria, initial identification, analysis and staffing, and reviews.

d. If a proponent QAO identifies or becomes aware of a value-added practice at an assessed learning institution outside of a proponent assessment, the proponent QAO may elevate the value-added practice directly to the AQAP Director.

B-6. Value-added practice identified internally

a. When a learning institution QAO identifies or is made aware of a value-added practice at their own institution, they assess whether the value-added practice meets all of the criteria described in [paragraph B-4b](#).

b. The QAO includes the value-added practice in any related internal evaluation report, as applicable. The QAO also shares the value-added practice with stakeholders across the institution, and includes the value-added practice in the institution's self-study and self-assessment reports. The value-added practice narrative describes the value-added practice and explains how it meets each of the criteria described in [paragraph B-4b](#).

c. The QAO monitors the value-added practice and maintains an audit trail documenting the practice's applicable AEAS criteria, initial identification, analysis and staffing, and reviews.

d. If identified inside of an Army accreditation or proponent assessment period, the QAO reports the value-added practice to the accreditation or assessment team lead, as applicable, who processes the value-added practice following the processes described in [paragraph B-4](#) or [paragraph B-5](#), as applicable.

e. If identified outside of an Army accreditation or proponent assessment period, accredited learning institution QAOs may elevate the value-added practice directly to the AQAP Director.

Assessed learning institution QAOs process value-added practices through their proponent QAOs.

Appendix C

Marketing the Army Quality Assurance Program

There are numerous ways to market the AQAP, and some of those ways are the AQAP logo, the e-mail signature block, the elevator pitch, and overview briefings.

C-1. Logo

Using the AQAP logo shown in figure C-1 (below) wherever appropriate can help promote AQAP brand awareness. Products that might display the AQAP logo include AQAP or QAO newsletters, brochures, posters, presentations, and websites. For information on how to obtain the AQAP logo and other marketing information, see [paragraph C-6](#).



Figure C-1. Army Quality Assurance Program logo

C-2. E-mail signature block

An e-mail signature block is a simple way to market the AQAP on a daily basis. Figure C-2 below shows an example e-mail signature block marketing the AQAP. Before changing or adding new content to a signature block, it is important to first check local policy and guidance.

Jane I. Doe
Army Quality Assurance Evaluator
Quality Assurance Office, Some Center of Excellence
123 Main Street
Fort Somewhere, XX 12345
123-456-7890; DSN 111-7890
jane.i.doe.civ@army.mil
MilSuite: <https://www.milsuite.mil/book/groups/tradoc-quality-assurance-office>
@US_Army_QA

Figure C-2. Example e-mail signature block

C-3. Elevator pitch

An elevator pitch, also known as an elevator speech, is a short, persuasive speech that can be used to introduce the AQAP. Its purpose is to explain the program clearly and quickly, and to spark interest in the program. An elevator pitch should be no longer than 30 seconds, short enough to use anytime and anywhere. Elements of an elevator pitch might include a quick personal introduction, a brief summary of what the AQAP does and what makes the AQAP unique, and an example of how the AQAP has helped an organization improve its performance and better meet its goals.

C-4. Overview briefing

An overview briefing is a presentation explaining the AQAP's purpose, mission, goals, values, functions, processes, services offered, and any other AQAP-related topics of interest to various audiences. An overview briefing can be tailored to meet the needs of different audiences, such as commanders as they assume leadership of their institutions; mid-level leaders as they assume leadership roles within their institutions; instructional designers, developers, and course managers as they assume new responsibilities; new instructors as they attend the instructor course; and new developers as they attend the developer course. An overview briefing can be a formal presentation to a mid-size or large group, or it can be a more-casual desk-side presentation for an audience of one, two, or just a few. The length of an overview briefing may vary depending on the needs of the audience; however, they are typically one hour or less.

C-5. Other ways to market

Other ways to market the AQAP include branded apparel and other merchandise, branded name tags, independently funded coins, newsletters, brochures, posters and displays, social media, and collaborative activities with internal and external stakeholders, to name a few.

Note. Before engaging in any AQAP branding, merchandising, marketing, or similar efforts, coordinate first with the servicing Office of the Staff Judge Advocate.

C-6. Sharing marketing resources

Learning institution QAOs are encouraged to share their new and innovative marketing ideas and strategies with the AQAP marketing manager. For AQAP marketing tools already available for AQAP community members, visit the AQAP portal: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

Appendix D

Essential Competencies for Quality Assurance Evaluators

This appendix provides a full listing of the essential competencies for quality assurance evaluators, as shown in table D-1. The essential competencies have 62 competencies falling under six domains. Once published, performance measures for each competency will be available on the AQAP portal: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

Table D-1
Essential competencies for quality assurance evaluators

Number	Competency or Domain
1.0	Professional Practice Domain
1.1	Applies professional evaluation standards
1.2	Acts ethically and strives for integrity and honesty in conducting evaluations
1.3	Conveys personal evaluation approaches and skills to potential clients
1.4	Respects clients, respondents, program participants, and other stakeholders
1.5	Considers the general and public welfare in evaluation practice
1.6	Contributes to the knowledge base of evaluation
2.0	Systematic Inquiry Domain
2.1	Understands the knowledge base of evaluation (terms, concepts, theories, assumptions)
2.2	Knowledgeable about quantitative methods
2.3	Knowledgeable about qualitative methods
2.4	Knowledgeable about mixed methods
2.5	Conducts literature reviews
2.6	Specifies program theory
2.7	Frames evaluation questions
2.8	Develops evaluation designs or plans
2.9	Identifies data sources
2.10	Collects data
2.11	Assesses validity of data
2.12	Assesses reliability of data
2.13	Analyzes data
2.14	Interprets data
2.15	Makes judgments
2.16	Develops recommendations
2.17	Provides rationales for decisions throughout the evaluation
2.18	Reports evaluation procedures and results
2.19	Notes strengths and limitations of the evaluation
2.20	Conducts meta-evaluations

Table D-1
Essential competencies for quality assurance evaluators – Continued

Number	Competency or Domain
3.0	Situational Analysis Domain
3.1	Describes the program
3.2	Determines program evaluability
3.3	Identifies the interests of relevant stakeholders
3.4	Serves the information needs of intended users
3.5	Addresses conflicts
3.6	Examines the organizational context of the evaluation
3.7	Analyzes the political considerations relevant to the evaluation
3.8	Attends to issues of evaluation use
3.9	Attends to issues of organizational change
3.10	Respects the uniqueness of the evaluation site and client
3.11	Remains open to input from others
3.12	Modifies the report as needed
4.0	Project Management Domain
4.1	Responds to requests
4.2	Negotiates with clients before the evaluation begins
4.3	Writes formal agreements or evaluation plans
4.4	Communicates with clients throughout the evaluation process
4.5	Identifies needed resources for evaluation, such as information, expertise, personnel, and instruments
4.6	Budgets an evaluation
4.7	Justifies cost given information needs or evaluation requirements
4.8	Uses appropriate technology
4.9	Supervises others involved in conducting the evaluation
4.10	Trains others involved in conducting the evaluation
4.11	Conducts the evaluation in a non-disruptive manner
4.12	Presents work in a timely manner
4.13	Conducts appropriate follow through
5.0	Reflective Practice Domain
5.1	Aware of self as an evaluator (knowledge, skills, and abilities)
5.2	Reflects on personal evaluation practice (competencies and areas for growth)
5.3	Pursues professional development in evaluation
5.4	Builds professional relationships to enhance evaluation practice
6.0	Interpersonal Competence Domain
6.1	Uses written communication skills
6.2	Uses verbal/listening communication skills
6.3	Uses negotiation skills
6.4	Uses conflict resolution skills
6.5	Facilitates constructive interpersonal interaction (teamwork, group facilitation, and processing)
6.6	Demonstrates cross-cultural competence
6.7	Demonstrates critical thinking/reasoning skills

Appendix E

Continuous Learning Points Guidelines

E-1. Continuous learning points guidelines overview

a. These CLP guidelines are designed to help AQAP professionals and their supervisors determine how to apply CLP credits to various continuous learning activities. Although this guide addresses quality assurance evaluators throughout, CLP foundations are universal, and other AQAP professionals may easily adapt this guide to fit their AQAP roles.

b. These guidelines do not provide exhaustive examples of CLP credits. Wherever the guidance is not specified or clear, supervisors are authorized to determine how many credits to award by balancing these guidelines with their professional judgment. Supervisors and evaluators may address CLP concerns or disputes through their QAO director (or equivalent) to the AQAP Director as needed.

E-2. How to earn continuous learning points

To earn CLPs, continuous learning activities directly or indirectly support an evaluator's professional practice and increase their performance capabilities. Most importantly, the CLPs are intended to show evidence that an evaluator is continuing to keep themselves relevant and current through continual training, education, and development.

E-3. Categories of continuous learning activities

As shown in table E-1, continuous learning activities generally fall into one of four categories: training courses and modules, professional activities, academic courses, and experience.

Table E-1
Continuous learning points credit guide

Creditable Activities	Continuous Learning Points Credit*
Training Courses and Modules	
Each quality assurance evaluator course	40 points
Awareness briefing or training without testing or assessment	0.5 points per hour of instruction
Training course or module with testing or assessment	1 point per hour of instruction
Functional training	1 point per hour of instruction
Leadership training	1 point per hour of instruction
Professional Activities	
Professional exam, licensure, or certification	10 to 30 points
Teaching or lecturing	2 points per hour; maximum 20 points per year
Present at symposia or conference	2 points per hour; maximum 20 points per year
Attend symposia or conference	0.5 points per hour, maximum 4 points per day and 20 points per year
Attend AQAP forum	30 points
Workshop participation	1 point per hour; maximum 8 points per day and 20 points per year
Publication	10 to 40 points
Academic Courses	
Quarter hour	5 points per quarter
Semester hour	10 points per semester hour
Continuous education unit	10 points per unit
Equivalency examinations (includes training courses and modules)	Same points awarded for course
Experience	
Developmental assignments	Maximum 20 points per year
Lead special project	Maximum 30 points per year
Participate in special project	Maximum 20 points per year
Mentoring	Maximum 10 points per year
Lead external accreditation event	Maximum 30 points per year
Participate in external accreditation event	Maximum 20 points per year
<i>*All activities may earn points only in the year accomplished, awarded, or published.</i>	

a. Training courses and modules. This category includes learning activities such as the four QAECs, awareness briefings and training, training courses and modules, functional training, and leader training. Supervisors determine whether specific training courses and modules are relevant to evaluator professional development.

(1) Quality assurance evaluator courses. The four sequential QAECs – familiarization, basic, senior, and master – offer both resident and distance learning training.

(2) Awareness briefings and training. Periodically, Army organizations provide briefings or training sessions to acquaint the workforce with new or changed policy. Awareness briefings and training do not include testing or assessment. Completion of an activity in this category earns 0.5 CLPs per hour of briefing or instruction.

(3) Training courses and modules. Training courses and modules are generally more formalized and longer in duration than briefings or training sessions, and they always include some form of testing or assessment. Completion of training courses and modules earns one CLP per hour of instruction.

(4) Functional training. Functional training is formal training designed to qualify students, often leaders and Soldiers, for jobs that require specific functional skills and knowledge. Completion of functional training earns one CLP per hour of instruction.

(5) Leadership training. Leadership training is any structured training designed to improve leadership skills. Completion of leadership training earns one CLP per hour of instruction.

b. Professional activities. This category includes learning activities such as earning professional licensure or certificate, presenting at or attending seminars or conferences, participating in workshops, publishing, and attending the AQAP forum. Supervisors determine whether specific professional activities are relevant to evaluator professional development.

(1) Professional examination, licensure, or certificate. Quality assurance evaluators may earn professional designations that assure their qualification to perform a job or task. Authorities in the field, such as trade and professional organizations, grant such designations. Examples of activities falling under this category include passing a professional evaluation examination, becoming certified as a return-on-investment professional, or receiving a human performance improvement certificate. Activities in this category can earn between 10 and 30 CLPs at the time the evaluator completes the activity. Evaluators work with their supervisors to determine the appropriate number of CLPs based on the activity, with supervisors making the final decision.

(2) Teaching or lecturing. Quality assurance evaluators are encouraged to share their AQAP-related knowledge and insights through teaching courses or modules to others in the AQAP community or to their learning institutions' stakeholders. Examples of activities falling under this category are teaching a course or module at a forum held for a learning institution's key accreditation stakeholders; and teaching or lecturing about a quality assurance-related topic at a school, college, or university. Teaching or lecturing earns 2 CLPs per hour, with a maximum of 20 CLPs per year.

(3) Present at seminar, symposia, or conference. Examples of activities falling under this category include presenting at an AQAP lunch-and-learn or the AQAP forum. Presenting at seminars or conferences earns 2 CLPs per hour of preparation and delivery, with a maximum of 20 CLPs per year.

(4) Attend seminar, symposium, or conference. Quality assurance evaluators may earn CLPs for attending professional seminars, symposia, or conferences. Attending seminars, symposia, or conferences, excluding the AQAP forum, earns 0.5 points per hour, with a maximum of 4 points per day and 20 points per year.

(5) AQAP forum attendance. Quality assurance evaluators may earn up to 30 CLPs for attending the AQAP forum: Supervisors pro-rate points for partial attendance.

(6) Workshop participation. Quality assurance evaluators may earn CLPs for attending, hosting, or planning workshops. Workshops are small, one- or two-day events dedicated to discussing a specific topic. They usually involve structured activities and other forms of engagement. Participating in a workshop earns 1 point per hour, with a maximum of 8 points per day and 20 points per year.

(7) Publication. Quality assurance evaluators may earn CLPs for publishing professional or academic articles related to their professional practice, with points awarded in the year published. Supervisors determine how many points to award based on the article's scope and potential impact. Publishing earns 10 to 40 points per publication.

c. Academic courses. This category includes successful completion of formal college and university courses, continuing education units (CEU), and equivalency examinations. Supervisors determine whether specific academic courses, CEUs, and equivalency examinations are relevant to evaluator professional development.

(1) Academic courses. Completed formal academic courses convert to CLPs using these formulas: 1 quarter hour = 5 CLPs; 1 semester hour = 10 CLPs.

(2) Continuing education units. Some professional organizations offer educational opportunities that award widely recognized continuing education units. Awarded CEUs convert to CLPs using this formula: 1 CEU = 10 CLPs. Supervisors may use this formula to credit CLPs for successful completion of any educational program awarding CEUs, even if evaluators opt to not receive the CEUs.

(3) Equivalency examinations. An equivalency examination tests an individual's knowledge of a topic and awards formal credit as though the individual completed a formal course on the topic. Equivalency examinations earn the same CLPs as the courses they represent or replace.

d. Experience.

(1) This category includes developmental assignments, leading or participating in special projects, mentoring others, and leading or participating in formal external evaluations. Supervisors determine whether specific experience is relevant to evaluator professional development. Experience normally earns anywhere from 10 to 30 points; however, supervisors may use discretion when determining reasonable credits, and may decide more or fewer than the credits shown in [table E-1](#). Supervisors consider the long-term benefit to the Army, and the immediate benefit to the evaluator and the organization.

(2) When experience is used to earn CLPs, supervisors and evaluators pre-define the tasks and expected learning outcomes. If the experience is developmental, the evaluator should receive mentoring during the experience. When practicable, evaluators are encouraged to

develop a product, such as a briefing, project design, report, or other product that demonstrates the evaluator's achievement of the expected learning outcomes. Evaluators are also encouraged to share what they learned and any resulting product with others in their organizations.

Appendix F

Evaluator Certification Nomination Process

F. Evaluator certification nomination process

a. To nominate an evaluator for progression to the next evaluator level, the supervisor reviews the evaluator's associated QAEDP developmental records, assesses the evaluator's actual performance against progression requirements, and determines the evaluator's eligibility for progression to the next level.

b. Once an evaluator meets all progression requirements, to include supervisor recommendation, the supervisor prepares an appropriate-level nomination packet, and uploads the packet to the evaluator's e-Portfolio folder in the AQAP portal.

c. The supervisor consolidates all of the evaluator's QAEDP records associated with the nomination into a single PDF file; names the consolidated file using a clear naming convention, such as "lastname_senior_all-records_yyyymmdd.pdf;" and uploads the file to the evaluator's e-Portfolio folder. The supervisor emails the QAEDP manager, notifying them that the nomination packet is in e-Portfolio and ready for review and processing.

d. Evaluators whose supervisors are not actively associated with the AQAP, such as may occur with evaluators assigned additional quality assurance duties and not assigned to a formal QAO, keep their supervisors informed of their activities and performance in the QAEDP, but prepare their own nomination packets. These evaluators have their supervisors review their nomination packets and sign their nomination requests; however, these evaluators upload their own nomination packets to e-Portfolio. These evaluators email the QAEDP manager directly, notifying them that their nomination packet is in e-Portfolio and ready for review and processing.

e. The QAEDP manager reviews and processes nomination packets and forwards them to the AQAP Director for approval. Once nomination packets are approved, the AQAP Director presents certificates for evaluator, senior evaluator, and master evaluator certification. A certificate is not awarded for the apprentice level: Evidence of achieving the apprentice level is an AQAP Director-signed nomination request. If possible, the AQAP Director presents certificates at the AQAP forum or other AQAP community event.

f. Contact the AQAP's QAEDP manager with any questions about enrolling evaluators into the QAEDP, managing their QAEDP records, and nominating evaluators for certification. Contact the AQAP portal administrator with any questions about accessing or navigating e-Portfolio.

g. Visit the QAEDP tab within the AQAP portal for current example evaluator certification nomination packets; and for current job aids explaining how to access, navigate, and upload documents to e-Portfolio, and how to enroll evaluators into the QAEDP:

<https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

Appendix G

Army Accreditation Timeline

This appendix provides an example Army accreditation timeline. Table G-1 presents the expected timeline of critical Army accreditation tasks. Day 1 of the timeline is the first day of the scheduled accreditation period.

Table G-1
Expected timeline of critical Army accreditation tasks

By Day:	Critical Accreditation Task	Lead Action Officer
Before 120-Day Army Accreditation Period		
Minus 60	Complete mission analysis and planning; team selection and notification.	Accreditation team lead
	Post completed proponent assessments (as applicable) to AQAP portal.	Proponent assessment team lead
	Post self-study/self-assessment to AQAP portal.	Learning institution QAO
	Provide list of courses in session.	Learning institution QAO
	Provide LON to learning institution.	AQAP Director
Minus 30	Determine and publish list of focus courses.	Accreditation team lead
During 120-Day Army Accreditation Period		
1	Upload remaining documentary evidence.	Learning institution QAO
	Publish accreditation milestone schedule.	Accreditation team lead
5	Review/analyze documentary evidence and proponent assessments (as applicable).	Accreditation team
	Provide team lead virtual event requirements.	Accreditation team
7	Provide virtual event requirements to institution's QAO	Accreditation team lead
14	Conduct initial meeting with institution's key action officers – processes and expectations.	Accreditation team
	Conduct formal virtual in-brief.	Accreditation team
15	Schedule and coordinate virtual events.	Learning institution QAO
	Publish accreditation execution schedule.	Accreditation team lead
31-90	Conduct ongoing data collection and evaluation.	Accreditation team
90	IF on-site visit, coordinate and schedule visit.	Accreditation team lead
91-120	Conduct final data collection and evaluation.	Accreditation team
114-120	IF on-site visit, conduct visit (days may vary).	Accreditation team
119	Conduct desk-side discussion with senior leader	Accreditation team lead
120	Conduct initial impressions out-brief.	Accreditation team
After 120-Day Army Accreditation Period		
*120 + 3	Provide completed rubrics to AEAS lead.	Criterion evaluator
*120 + 8	Provide completed AEAS report to team lead.	AEAS lead
*120 + 14	Consolidate and review report; process for final review.	Accreditation team lead
*120 + 17	Provide draft report to learning institution for review.	AQAP Director
Receipt plus 14	Complete report review and submit command acceptance/rebuttal (after receipt of draft report).	Learning institution QAO
Receipt plus 7	Complete clarification or rebuttal responses (as required).	Accreditation team lead
Receipt plus 3	Forward report packet for CG, TRADOC approval.	HQ TRADOC QAO
As soon as possible	Forward final approved accreditation report and accreditation certificate to learning institution.	AQAP Director
Receipt plus 30	Submit corrective action plan (after receipt of final approved accreditation report).	Learning institution QAO
*Day 120 or date of initial impressions out-brief, whichever comes first		

Appendix H

Example Army Accreditation Process

This appendix provides an example Army accreditation process. The example provided here is organized according to the Army accreditation timeline described in [appendix G](#). The Army accreditation process can be divided into three high-level phases: before, during, and after the 120-day Army accreditation period. Section I of this appendix describes the expected process for accomplishing accreditation milestones due before the first day of the scheduled 120-day Army accreditation period. Section II describes the expected process for accomplishing accreditation milestones due during the 120-day Army accreditation period. Section III describes the expected process for accomplishing accreditation milestones due after the 120-day Army accreditation period or initial impressions out-brief.

Section I

Phase 1: Before the 120-Day Army Accreditation Period

This section describes the expected process for accomplishing accreditation milestones, tasks, and deliverables 60 and 30 days before the first day of the scheduled 120-day Army accreditation period. This phase consists of six critical accreditation tasks, as shown in table H-1 below and described in the paragraphs that follow.

Table H-1

Critical accreditation tasks before 120-day Army accreditation period

Timeline	Task	Deliverable	Lead Action Officer
By minus 60 days	Conduct accreditation mission analysis and planning	Draft accreditation milestone schedule	Accreditation team lead
	Submit proponent assessment reports	Proponent assessment reports with acceptance memos	Proponent assessment team leads
	Post self-study and self-assessment report	Self-study and self-assessment report with corrective action plan	Learning institution QAO
	Provide list of courses in session	List of courses in session during accreditation period	Learning institution QAO
	Provide LON	LON, planning guidance, evidence guidelines	Accreditation team lead and AQAP Director
By minus 30 days	Determine and publish focus courses	List of focus courses	Accreditation team lead

H-1. Accreditation mission analysis and planning

Accreditation mission analysis and planning is critical for effective and efficient execution of the accreditation, to include all of its associated events and activities. Not later than 60 days before the first day of the scheduled 120-day Army accreditation period, the accreditation team lead completes accreditation mission analysis and planning, which includes the process steps shown in Table H-2. Each of these steps is discussed in more detail in the sub-paragraphs that follow.

Table H-2
Accreditation mission analysis and planning process

Step	Actions
1	Conduct initial review.
2	Verify training in session.
3	Determine AEAS criteria applicability.
4	Determine accreditation approach and method.
5	Determine resource requirements.
6	Build the accreditation team; send to AQAP Director for approval.
7	Conduct initial coordination with the accreditation team.
8	Conduct initial coordination with proponent assessment team leads.
9	Prepare the LON and its attachments.
10	Prepare schedule of accreditation milestones.

a. Conduct initial review. The team lead reviews the learning institution's last Army accreditation report and corrective action plan, most-recent self-study and self-assessment report, and most-recent MEP. The primary purpose of this initial review is to become familiar with the learning institution and understand its strengths, challenges, and unique characteristics.

b. Verify training will be in session. The team lead contacts the learning institution's QAO to verify that any courses will be in session during the time of any planned on-site visit, or otherwise during the scheduled accreditation period. This step is not to verify which courses will be in session, but that any courses will be in session at all. This information informs the team lead's decision about when to conduct an on-site visit if needed, or if the dates of the scheduled accreditation period need to be rescheduled.

c. Verify criteria applicability. Working with the learning institution, the team lead analyzes and determines which AEAS criteria are applicable to the learning institution. For information about AEAS criteria applicability, see [paragraph 4-3](#).

d. Determine accreditation approach and method.

(1) The team lead uses the results of initial mission analysis to:

- (a) Determine required critical information.
- (b) Replace any assumptions about the learning institution with facts.
- (c) Determine possible constraints to conducting the accreditation.
- (d) Conduct risk assessment for not conducting any part of the accreditation.
- (e) Determine the approach and method for conducting the accreditation.

(2) The team lead also assesses whether the need for an on-site visit is indicated. This initial assessment may change as new information emerges throughout the accreditation process.

e. Contact proponent assessment team leads. If the accreditation involves proponent assessment of outlying subordinate schools and/or functionally aligned RC learning institutions, the accreditation team lead contacts, as early in the process as possible, the associated proponent assessment team leads. The purpose of this contact is to:

- (1) Confirm the dates of the scheduled accreditation period.
- (2) Determine if the assessment team can be part of a joint matrix accreditation team during the higher-level accredited institution's 120-day Army accreditation period.
- (3) Confirm the date that associated proponent assessment reports are due.
- (4) Provide guidance on any situations unique to the accreditation and/or assessment.
- (5) Clarify expectations
- (6) Address any questions or concerns

f. Determine resource requirements. The team lead determines resource requirements, such as travel funding (if needed), equipment, supplies, and administrative support; and confirms resource availability. The team lead also determines the number of evaluators, by subject-matter expertise or specialization, needed for effective execution of all evaluative activities.

g. Build the Army accreditation team.

(1) Based on AEAS criteria applicability, the team lead designs the accreditation team's composition (without evaluator names) by required subject matter expertise and organization and/or directorate and assigns AEAS and criteria to each team role. The team's composition may also include proponent assessment team(s) if proponent assessments will be conducted concurrently. For concurrent accreditation of CoEs and their functionally aligned NCOAs, the CoE and NCOA team leads coordinate to share evaluator resources.

(2) The team lead sends the proposed team composition, to include any participating proponent assessment team(s), to the AQAP Director through the AQAP Deputy Director for approval.

(3) Once the AQAP Director approves the proposed team composition, the team lead emails the directors and/or chiefs of the applicable organizations and/or directorates requesting evaluator support.

(4) Once the organizations and/or directorates confirm support and provide evaluator names, the team lead assigns each evaluator to specific team roles.

h. Conduct initial coordination with the team.

(1) The team lead sends evaluators a list of the AEAS applicable to the learning institution so that evaluators may begin their evaluation preparations.

(2) If an on-site visit is planned, the team lead sends evaluators the information they will need to arrange travel to the site.

i. Draft accreditation milestone schedule.

(1) Purpose. The purpose of the accreditation milestone schedule is to clearly define and organize the start and end dates and resources needed to complete all accreditation milestones, tasks, and deliverables. The milestone schedule helps the accreditation team lead effectively manage the accreditation. It also informs invested leaders, the accreditation team, and the learning institution of when accreditation milestones and associated tasks and deliverables will occur throughout and immediately following the accreditation period: This information is critical for these stakeholders to be able to effectively plan and prepare for participating in the accreditation.

(2) Milestones, tasks, and deliverables. Based on the results of initial analysis, the team lead identifies all accreditation milestones, tasks, and deliverables; and begins developing the initial accreditation milestone schedule.

(a) Milestones are a project management and scheduling tool used to symbolize anything in a project that has started or finished. Milestones mark the end of one phase of a project and the start of another. Milestones provide Army accreditation team leads, as project managers, an effective way to determine major scheduling periods and more-accurately estimate the time it will take to complete the Army accreditation.

(b) Tasks are all of the work necessary to complete the accreditation deliverables. Tasks include all of the work involved in: planning and coordinating, ensuring proponent assessments are completed and reported, conducting stakeholder meeting and formal in-brief, publishing a list of focus courses, uploading remaining documentary evidence, reviewing documentary evidence, determining data collection event requirements, scheduling and coordinating data collection events, conducting data collection events and activities, conducting any on-site visit, conducting an initial impressions out-brief, administering a post-accreditation survey, conducting an accreditation team AAR, writing an accreditation report, reviewing the report, and submitting a corrective action plan.

(c) Deliverables are actual items created to advance the accreditation. Deliverables include a milestone schedule, completed proponent assessment reports, a list of focus courses, uploaded documentary evidence, presentation materials, a list of data collection event requirements, accreditation execution schedules, post-accreditation survey results, an AAR executive summary, accreditation report rubrics (from criterion evaluators), accreditation report AEAS sections (from AEAS leads), a final draft accreditation report, a memorandum of acceptance or rebuttal, a memorandum of response to request(s) for clarification, an accreditation report packet, a final accreditation report and certificate of accreditation, and a corrective action plan.

(3) Scope and content. The accreditation milestone schedule includes the entire scheduled accreditation period and ends with the learning institution submitting a corrective action plan. The schedule identifies the start and end dates of all accreditation phases and critical accreditation tasks, and the due dates for all accreditation deliverables.

(4) Alignment. The milestone schedule should align with the planning guidance attached to the LON (see [para H-1j](#)). However, the planning guidance provides high-level initial guidance and is published 60 days before the first day of the 120-day Army accreditation period; whereas the milestone schedule provides more-inclusive and detailed guidance and is published on or about the first day of the 120-day Army accreditation period.

j. Draft letter of notification and planning guidance. The HQ TRADOC QAO Plans and Operations Division prepares an initial draft LON and planning guidance specific to the accredited institution, and staffs the draft LON and planning guidance through the accreditation team lead to the AQAP Director for approval.

H-2. Sixty days before the 120-day Army accreditation period

Five critical accreditation tasks, as described below, are accomplished at least 60 days before the 120-day Army accreditation period.

a. Conduct mission analysis and planning. Not later than 60 days before the first day of the scheduled accreditation period, the accreditation team lead completes accreditation mission analysis and planning. See [paragraph H-1](#) for detailed information about the mission analysis and planning process.

b. Submit proponent assessment reports. Not later than 60 days before the first day of the scheduled accreditation period, proponent assessment team leads submit their completed proponent assessment reports with associated acceptance memos to the accreditation team lead.

c. Post self-study and self-assessment. Not later than 60 days before the first day of the scheduled accreditation period, the learning institution's QAO posts their institution's commander-approved self-study and self-assessment report to the AQAP portal. Receipt of a LON is not required for this step.

d. Provide list of courses in session. Not later than 60 days before the first day of the scheduled accreditation period, the learning institution's QAO provides the accreditation team lead a complete list of the institution's courses in session during the accreditation period, annotating any courses that are not current in TDC. Receipt of a LON is not required for this step.

e. Provide letter of notification. Not later than 60 days before the first day of the scheduled accreditation period, the AQAP Director provides the learning institution a LON, Army accreditation planning guidance, and Army accreditation evidence guidelines.

H-3. Thirty days before the 120-day Army accreditation period

One two-part critical accreditation task, as described below, is accomplished at least 60 days before the 120-day Army accreditation period.

a. Determine focus courses. Not later than 30 days before the first day of the scheduled 120-day Army accreditation period, the team lead analyzes the institution's list of courses in session and determines the focus courses to evaluate, ensuring a variety of courses that include at least one of each: initial military training (IMT), professional military education (PME), and functional, as applicable to the learning institution.

(1) A course does not have to be in session during the scheduled accreditation period for the team lead to select it as a focus course.

(2) Although selecting focus courses defines the initial scope of the accreditation, the accreditation is not necessarily limited to those focus courses if:

(a) Evaluating an AEAS criterion that refers to an institutional process that spans all courses; for example, the institution's process for obtaining required course resources, or

(b) Evidence emerges indicating the need to look at specific elements of non-focus courses.

(3) The accreditation team lead reserves the right to evaluate any of the learning institution's courses, whether or not formally identified as focus courses.

b. Provide list of focus courses to evaluators. Not later than 30 days before the first day of the scheduled 120-day Army accreditation period, the team lead develops and provides a list of focus courses to the accreditation evaluators.

Section II**Phase 2: During the 120-Day Army Accreditation Period**

This section describes the expected process for accomplishing accreditation milestones, tasks, and deliverables during the 120-day Army accreditation period. This phase consists of three sub-phases: days 1 through 30, days 31 through 90, and days 91 through 120.

H-4. Sub-phase 1: Days 1 to 30

This sub-phase consists of 11 critical accreditation tasks, as shown in table H-3 on page 124 and described in the paragraphs that follow.

Table H-3
Critical accreditation tasks days 1 to 30 of 120-day Army accreditation period

Timeline	Task	Deliverable	Lead Action Officer
By Day 1	Upload remaining documentary evidence	Documentary evidence	Learning institution QAO
	Conduct accreditation team meeting	Team lead determines if any	Accreditation team lead
	Publish accreditation milestone schedule	Accreditation milestone schedule	Accreditation team lead
	Conduct initial review	N/A	Evaluators
By Day 5	Review and analyze self-study and documentary evidence	Data collection requirements, evaluation questions	Evaluators
	Provide virtual event requirements to team lead	Data collection event requirements	Evaluators
By Day 7	Provide consolidated virtual event requirements to institution's QAO	Consolidated data collection event requirements	Accreditation team lead
By Day 14	Conduct action officer meeting	Presentation materials	Accreditation team lead
	Conduct formal in-brief	In-brief presentation	Accreditation team lead
By Day 15	Develop and coordinate accreditation execution schedule	Draft accreditation execution schedule	Accreditation team lead and coordinating scheduler
	Publish accreditation execution schedule and send invitations	Accreditation execution schedule; event invitations	Accreditation team lead and coordinating scheduler

a. Upload remaining documentary evidence. Not later than day 1 of the 120-day Army accreditation period, learning institutions post all documentary accreditation evidence not already available in TDC or their self-studies to their respective sites in the AQAP portal. Institutions use a clear naming convention, such as “course_product_version_yyyymmdd.pdf” or “unit-organization_document-type_yyyymmdd.docx.”

b. Conduct Army accreditation team meeting. Not later than day 1 of the 120-day Army accreditation period, the team lead holds a virtual meeting with all accreditation team members to clarify roles and expectations, and to address any issues or concerns.

c. Publish accreditation milestone schedule. Not later than day 1 of the 120-day Army accreditation period, the team lead publishes the accreditation milestone schedule to the accreditation team and the learning institution's QAO. The team lead updates and re-publishes the accreditation milestone schedule as needed.

d. Conduct initial review. Not later than day 1 of the 120-day Army accreditation period, accreditation evaluators review the learning institution's last Army accreditation report and corrective action plan, most-recent self-study and self-assessment report, and most-recent MEP. The primary purpose of this initial review is for team members to become familiar with the learning institution and understand its strengths, challenges, and any unique characteristics or processes, especially as they apply to each team member's assigned AEAS or criterion.

e. Review and analyze documentary evidence. Not later than day 5 of the 120-day Army accreditation period, accreditation evaluators review and analyze in depth the learning institution's self-study and all documentary evidence that applies to their assigned AEAS or criteria, interpret results, and determine data collection approach and methods. This includes identifying evaluation questions, and of whom to ask those evaluation questions, or what and where to observe to find answers to those evaluation questions. This also includes determining if any missing or additional documentary evidence is needed and requesting those documents through the team lead.

f. Provide data collection event requirements to team lead.

Note. Surveys, interviews, and focus groups used for Army accreditation are conducted in compliance with AR 25-98.

(1) Not later than day 5 of the 120-day Army accreditation period, accreditation evaluators provide the accreditation team lead with their data collection event requirements, and they include the following information for each event:

(a) The type of data collection event; for example, focus group, interview, record review, observation, or walk-through.

(b) The purpose of the event, to include the specific AEAS criteria being evaluated.

(c) The associated course or courses (if course-related) or organization.

(d) The specific participants or groups of participants (by organization, duty position, or role) needed at the event (for example, non-supervisors from the directorate of training, budget analyst, facility manager, TDC administrator, G-1, G-4, and so on).

(e) The number of participants and demographics for focus groups.

(f) The names of any other accreditation evaluators who should attend the event.

(g) The estimated time required to conduct the event.

(h) The date and time they would like to conduct the event if there is a preference.

(2) Each evaluator also includes in their submission any known dates and times they will not be available to participate in any events (for example, vacation time), the best days and times to try and schedule their events, and their time zone.

(3) The team lead consolidates, analyzes, approves, and organizes all evaluators' data collection event requirements, ensuring that requested events focus on the accreditation's critical information. The team lead also identifies any duplications in AEAS criteria and/or event

participant populations and combines events wherever appropriate. The team lead provides the resulting approved list of event requirements to the scheduling coordinator.

(4) Accreditation evaluators wishing to add event requirements to the schedule after the initial list is approved make their requests to the team lead for situational awareness and approval. They do not go directly to the scheduling coordinator with new requirements. The team lead informs the coordinating scheduler of new approved requirements to add to the schedule.

g. Provide consolidated data collection event requirements to institution. Not later than day 7 of the 120-day Army accreditation period, the accreditation team lead provides a consolidated list of data collection event requirements to the learning institution's QAO.

h. Conduct action officer meeting. Not later than day 14 of the 120-day Army accreditation period, the accreditation team lead coordinates and leads a virtual meeting with the learning institution's key accreditation action officers and the Army accreditation team. The purpose of this meeting is to introduce the Army accreditation team; provide information and answer questions about the purpose and intent of accreditation, accreditation processes, and how evaluators apply the AEAS; and to set clear expectations of what to expect throughout the accreditation process.

i. Conduct formal in-brief. Not later than day 14 of the 120-day Army accreditation period, the team lead coordinates and leads a formal in-brief for the learning institution's senior leader; other key leaders; and key action officers. The team lead coordinates with the institution's QAO and consolidates the in-brief presentation material.

(1) One purpose of the formal in-brief is for the team lead to introduce the accreditation team, provide the institution's leadership an overview of the accreditation process, set clear expectations for the process, and discuss the learning institution's questions or concerns about the process.

(2) Another purpose of the formal in-brief is for the learning institution's senior leader to present to the accreditation team an overview of the institution. This overview includes the institution's structure and organization, mission, and functions; its subordinate organizations' missions and functions; its DOTMLPF-P functions; its relationships with functionally aligned AC and RC learning institutions; its quality assurance program; its faculty and staff development program; issues affecting the institution's training and education; and special initiatives.

j. Develop and coordinate accreditation execution schedule.

(1) The accreditation team lead makes final determination on all data collection event requirements and oversees all aspects of the accreditation execution schedule. The learning institution's scheduling coordinator develops, publishes, revises, and coordinates the schedule based on the team lead's requirements. The learning institution's QAO provides a scheduling coordinator to develop and coordinate the accreditation execution schedule.

(2) Not later than day 15 of the 120-day Army accreditation period, based on the accreditation team lead's approved list of data collection event requirements, the scheduling

coordinator schedules and coordinates events directly with the institution’s action officers and accreditation evaluators, and develops the accreditation execution schedule.

(3) For each scheduled event, the accreditation execution schedule includes:

(a) Date event scheduled.

(b) Event start and end times (in all applicable time zones).

(c) Event type and brief description (for example, “Focus group: Non-supervisors, Army Civilian staff”).

(d) Event location (normally within the AQAP’s Army 365 site).

(e) Name and organization of all participating evaluators (for example, “Dr. Jane Doe (HQ TRADOC QAO),” or “Mr. John Smith (TRADOC G2”).

(f) Name and organization of all participants from the institution (for example, “G1: MAJ John Doe,” or “Brigade S4: Ms. Jane Smith”).

(g) Name of event host (normally from the institution’s QAO; see [para H-5a\(2\)](#)).

(h) Any special instructions and schedule change history.

(i) Any other information helpful for schedule and event management.

(4) The coordinating scheduler de-conflicts the accreditation execution schedule with action officers and accreditation evaluators as needed and notifies the team lead of any scheduling issues or concerns.

(5) The accreditation execution schedule and all event invitations should clearly convey each event’s start and end times in all of the time zones applicable to all accreditation evaluators and other stakeholders. This helps avoid confusion, and it helps ensure that the right people get to the right place at the right time.

k. Publish accreditation execution schedule.

(1) Publish schedule. Not later than day 15 of the 120-day Army accreditation period, the scheduling coordinator publishes the accreditation execution schedule on the accreditation team lead’s behalf. The preferred publication platform for the accreditation execution schedule is the AQAP’s Army 365 site, which is available to all evaluators and learning institution action officers. Publishing to the AQAP’s Army 365 site enables constant situational awareness of scheduled events and provides all stakeholders the opportunity to request any needed schedule adjustments as early in the process as possible.

(2) Review schedule. Accreditation evaluators and learning institution action officers review the current accreditation execution schedule at least weekly to confirm the events scheduled in the current week and review and confirm the events scheduled for the following week. Most virtual events involve several or many participants, and re-coordinating and rescheduling these events require a significant amount of effort and time; therefore, evaluators and action officers notify the scheduling coordinator as soon as possible of any scheduling conflicts and change requests.

(3) Evaluator coverage for some scheduling conflicts. When more than one accreditation evaluator is scheduled to conduct a single virtual event, that event does not normally need to be rescheduled when an evaluator realizes there is a scheduling conflict for that event, unless that evaluator is also the event’s primary evaluator. In most cases, an evaluator who is unable to attend a scheduled event can provide their evaluation questions to one of the other scheduled evaluators, who can collect the needed information on their behalf.

(4) Manage event invitations. The coordinating scheduler sends and manages all event invitations in close coordination with the accreditation team lead and on the team lead’s behalf. Event invitations include the event’s date, start and end times in all applicable time zones, event type and brief description, any special instructions, and a link to the event location, which is normally within the AQAP’s Army 365 site. The coordinating scheduler may also upload the event’s applicable AEAS criteria to the AQAP’s Army 365 site so that participants have easy access to them if needed.

H-5. Sub-phase 2: Days 31 to 90

This sub-phase consists of four critical accreditation tasks, as shown in table H-4 below and described in the paragraphs that follow.

**Table H-4
Critical accreditation tasks days 31 to 90 of 120-day Army accreditation period**

Timeline	Task	Deliverable	Lead Action Officer
As scheduled	Conduct virtual events	Data collection notes; rubrics and AEAS reports as completed	Evaluators
Per team lead	Conduct virtual evaluator huddles	Team lead decides if any	Accreditation team lead and evaluators
14 days before on-site visit	Update accreditation execution schedule with on-site events	Updated accreditation execution schedule	Accreditation team lead and coordinating scheduler
As early as possible	Schedule initial impressions out-brief	Updated accreditation execution schedule	Accreditation team lead and coordinating scheduler

a. Conduct virtual events. From day 31 through the last day of the 120-day Army accreditation period, or through the first day of the on-site visit if conducted, accreditation evaluators conduct data collection events using virtual means in accordance with the accreditation execution schedule. This may include but is not limited to student and instructor record reviews, other types of record reviews, test control procedure reviews, focus groups,

interviews, training observations, high physical demand task (HPDT) observations, and facility walk-throughs.

(1) Prepare for events. Evaluators ensure they are well-prepared for each scheduled event by reviewing ahead of time all applicable documentary evidence available in the learning institution's self-study, TDC, and the AQAP portal.

(2) Provide event hosts. The learning institution's QAO provides event hosts for each virtual event. An event host's role is to verify that everyone scheduled to attend the event is present or that there is a representative in their place, facilitate introductions between evaluators and participants, and capture any due-outs from the event. For events with stated, implied, or assumed assurances of confidentiality (see [para 7-25a\(2\)](#)), such as focus group sessions, the host normally leaves the event after introductions, and the event's team lead invites the host back into the event at its conclusion to share any due-outs.

(3) Stay on criteria or topic. Evaluators ensure each event stays on the scheduled AEAS criteria or topic: If evaluators introduce AEAS criteria or topics that were not scheduled for the event, they will not likely have the right participants present.

b. Conduct virtual evaluator huddles.

(1) Integral to conducting an accreditation successfully is regular communication between all accreditation team members, especially during periods of high activity. For the period of conducting virtual events, which is days 31 through 120 or the first day of any on-site visit, the team lead establishes a formalized communication process known as virtual evaluator huddles. To accomplish this, the team lead may decide to use periodic virtual team meetings; a virtual content-sharing platform, such as a wiki; or a combination of the two.

(2) No matter which method or platform the team lead decides to use for virtual evaluator huddles, the purpose is the same, which is to communicate accreditation and evaluation information across the team. Information shared in virtual evaluator huddles includes result summaries from events conducted since the last huddle; any impact issues or value-added practices identified; and any issues or concerns related to the learning institution, the accreditation process, and/or the virtual event schedule. The team lead decides and informs the team specifically what types of information they want shared in the virtual evaluation huddles.

(3) The team lead decides the method and frequency of virtual evaluator huddles based on the nature and scope of the accreditation, and on the level of evaluation activity during any given period. Virtual evaluator huddles are for accreditation team members only.

c. Update accreditation execution schedule with on-site events.

(1) If an on-site visit is planned, then not later than 14 days before the on-site visit, the coordinating scheduler, working with the accreditation team lead and following the same processes described in [paragraph H-4j](#), updates the accreditation execution schedule with on-site events.

(2) The updated schedule should only address those on-site events requiring prior planning and coordination with the learning institution. Activities such as training observations and other observations not requiring prior coordination should not be included on the schedule. This allows evaluators flexibility with what they choose to observe during the on-site visit.

(3) The team lead publishes the accreditation execution schedule, updated with all on-site data events, to the learning institution and accreditation team. The team lead also distributes or makes available any special instructions and site maps to the accreditation team.

d. Schedule initial impressions out-brief. As early in the accreditation process as practicable, the accreditation team lead coordinates with the learning institution’s QAO to schedule an initial impressions out-brief for the institution’s commander, commandant, or civilian or military equivalent. Normally the initial impressions out-brief is scheduled for on or about the last day of the scheduled accreditation period or the last day of the on-site visit if conducted. The initial impressions out-brief may be conducted using virtual methods or in person.

H-6. Sub-phase 3: Days 91 to 120

This sub-phase consists of five critical accreditation tasks, as shown in table H-5 below and described in the paragraphs that follow.

**Table H-5
Critical accreditation tasks days 91 to 120 of 120-day Army accreditation period**

Timeline	Task	Deliverable	Lead Action Officer
As scheduled	Conduct on-site visit	Data collection notes; rubrics and AEAS reports as completed	Evaluators
After data collection; before out-brief	Conduct initial data analysis and interpretation	Draft initial impressions out-brief presentation	Accreditation team lead and evaluators
Normally last day of accreditation period	Conduct initial impressions out-brief	Initial impressions out-brief presentation	Accreditation team lead
By initial impressions out-brief	Invite learning institution to take post-accreditation survey	Survey results	Accreditation team lead
By one week after initial impressions out-brief	Conduct accreditation team AAR	AAR summary	Accreditation team lead and evaluators

a. Conduct on-site visit. When an on-site visit is needed, it is normally conducted during days 114 through 120 of the scheduled Army accreditation period. The actual days may vary based on mission requirements.

(1) Provide on-site visit facilities and administrative support. During any on-site visit, the learning institution provides appropriate facilities and administrative support for the Army

accreditation team. Support includes a lockable room to serve as the team's on-site operations center (see [para 6-32](#)); an operations center liaison, preferably from the learning institution's QAO; other rooms for conducting focus groups and interviews; audio-visual and printing equipment; office supplies; escorts for helping evaluators get to the various locations across the installation; and the protocol for the initial-impressions out-brief.

(2) Confirm initial impressions out-brief date. As early in the on-site visit as possible the accreditation team confirms the scheduled date and time for conducting the initial impressions out-brief, which is normally conducted on the last day of the on-site visit.

(3) Conduct on-site data collection activities.

(a) During the on-site visit, accreditation evaluators conduct data collection events in accordance with the updated accreditation execution schedule and their planned unscheduled observations. Data collection during the on-site visit focuses on gathering information that could not be conducted using virtual means, and polyangulating data collected during virtual events.

(b) Data collection events may include but are not limited to student and instructor record reviews, other types of record reviews, test control procedure reviews, focus groups, interviews, training observations, HPDT observations, and facility walk-throughs. Some data collection events, such as training observations, are not normally scheduled in the on-site environment, and evaluators may use any available opportunity to conduct these.

(4) Conduct on-site evaluator huddles.

(a) At the end of each day of data collection, the accreditation team lead conducts an in-person on-site evaluator huddle with all accreditation evaluators. Information shared in on-site evaluator huddles includes result summaries from events conducted that day; any impact issues or value-added practices identified; and any issues or concerns related to the learning institution, the accreditation process, and/or the on-site event schedule. The team lead informs the team about the specific types of information they want shared during the on-site evaluator huddles.

(b) On-site evaluator huddles are for accreditation team members only; however, the team lead may choose to have the scheduling coordinator present for any discussions about the accreditation execution schedule.

b. Conduct initial data analysis and interpretation.

(1) Before the initial impressions out-brief, the accreditation team meets, either using virtual methods or in-person as applicable, to discuss initial evaluation impressions and finalize an initial-impressions out-brief.

(2) Before this meeting, each AEAS lead, working closely with their associated criterion evaluators, should have already conducted initial data analysis and interpretation for their AEAS and prepared an AEAS slide or slides for the initial impressions out-brief in accordance with the initial impressions out-brief presentation guidelines in [appendix I](#). Each AEAS lead presents their initial impressions to the rest of the team and solicits feedback and discussion as needed.

Each AEAS lead's initial impressions include observed strengths, challenges, and any impact issues and value-added practices.

(3) The accreditation team lead develops a high-level summary for the initial impressions out-brief presentation while considering, among other things, whether the:

(a) Institution's DOTMLPF-P functions adequately support applicable criteria and competencies.

(b) Institution oversees subordinate organizations that implement quality, current, and relevant training and education that reflects the operational environment and validated lessons learned.

(c) Institution trains AC and RC students to the same standard.

(d) Institution presents the right education and training, using the right medium, to the right student, at the right time, and in the right place.

(e) Institution prepares for future training and education requirements.

(4) The team lead consolidates the AEAS and summary slides into a single presentation and finalizes the presentation in accordance with the initial impressions out-brief presentation guidelines in [appendix I](#).

c. Conduct initial impressions out-brief

(1) Normally on or about the last day of the scheduled accreditation period, the accreditation team lead, with team member assistance, provides an initial impressions out-brief to the learning institution's senior leaders, staff, and key action officers.

(2) The purpose of the initial impressions out-brief is to inform the learning institution's leaders and stakeholders of key findings, both positive and negative, that emerged during accreditation events and activities.

(3) The team lead ensures that leaders and stakeholders understand that initial findings and impressions may change after in-depth data analysis, and that the learning institution may address any issues or concerns with the final draft report when they receive it.

(4) The accreditation team lead also conducts a courtesy desk-side discussion with the learning institution's commander, commandant, or civilian or military equivalent the day before or morning of the official out-brief. The purpose of this discussion is to provide the senior leader with an overview of the team's initial impressions in advance of the official out-brief, and to provide the senior leader the opportunity to address their initial questions or concerns.

(5) See [paragraph 7-16](#) for a general overview of briefing evaluation results. See [appendix I](#) for initial impressions out-brief presentation guidelines.

d. Invite to complete a post-accreditation survey.

(1) By the end of the accreditation period, the accreditation team lead invites the learning institution's senior leaders and key accreditation stakeholders to complete a post-accreditation survey. The survey asks questions related to leaders' and stakeholders' experiences with the accreditation process and the accreditation team. It also solicits feedback on ways to improve the accreditation process.

(2) The accreditation team lead provides the survey link during the formal in-brief and the initial impressions out-brief and encourages maximum participation. The team lead also shares the survey link directly with the learning institution's QAO director (or equivalent) not later than ten days after the last day of the accreditation period. The learning institution's QAO director (or equivalent) shares the link directly with leaders and key stakeholders across the learning institution and encourages maximum participation. A link to the post-accreditation survey is also included in the LON.

(3) HQ TRADOC QAO uses accreditation survey data to inform changes and improvements to Army accreditation and related processes.

e. Conduct after action review.

(1) At the end of the scheduled accreditation period, and not later than one week after the end of the initial impressions out-brief, the accreditation team lead conducts an AAR with the accreditation team. The AAR may be either virtual or in-person.

(2) The primary purpose of the AAR is to capture accreditation process strengths, challenges, and lessons learned.

(3) The team lead consolidates AAR feedback and provides an AAR executive summary to the AQAP Director and AQAP Deputy Director.

(4) HQ TRADOC QAO uses AAR feedback to inform changes and improvements to Army accreditation and related processes.

Section III

Phase 3: After the 120-Day Army Accreditation Period

This section describes the expected process for accomplishing accreditation milestones, tasks, and deliverables after the end of the scheduled 120-day Army accreditation period or initial impressions out-brief. This phase consists of four categories of critical accreditation tasks, as shown in table H-6 and described in the paragraphs H-7 through H-10.

Table H-6
Critical accreditation tasks after the 120-day Army accreditation period

Timeline	Task	Deliverable	Lead Action Officer
Army Accreditation Report			
By 3 days after out-brief	Provide completed rubrics to AEAS lead.	Completed applicable rubrics	Criterion evaluator
By 8 days after out-brief	Provide completed AEAS report to team lead.	Completed AEAS reports	AEAS lead
By 14 days after out-brief	Consolidate and review report; process for final review.	Completed draft report and all applicable rubrics	Accreditation team lead
By 17 days after out-brief	Provide draft report to learning institution for review.	Final draft report and all applicable rubrics; request for clarification document	AQAP Director
Learning Institution Report Review			
Receipt plus 14 days	Complete report review and submit command acceptance/rebuttal (after receipt of draft report).	Acceptance or rebuttal memorandum; any request(s) for clarification	Learning institution QAO
Within 7 days of receiving request	Complete clarification and/or rebuttal response (as required).	Written clarification and/or rebuttal response	Accreditation team lead
Final Report and Certificate of Accreditation			
Within 3 days of receiving acceptance	Forward report packet for CG, TRADOC approval.	Final report packet	HQ TRADOC QAO
As soon as possible after receipt	Forward final approved accreditation report and accreditation certificate to learning institution.	Final approved accreditation report; accreditation certificate	AQAP Director
Corrective Action Plan			
Receipt plus 30 days	Submit corrective action plan (after receipt of final approved accreditation report).	Corrective action plan	Learning institution QAO

H-7. Army accreditation report

Developing the final draft Army accreditation report consists of four critical accreditation tasks (see also table H-6).

a. Submit rubrics.

(1) Criterion evaluators are encouraged to prepare and submit their rubrics to their AEAS lead immediately after they finish evaluating each criterion, no matter where that day falls in the accreditation timeline. This allows the criterion evaluator to rate the rubric criteria and write the narrative while the information is still fresh in their mind. It also allows the AEAS lead to begin analyzing results and preparing the AEAS report.

(2) Not later than three days after the initial impressions out-brief, criterion evaluators submit their completed AEAS rubrics to the AEAS lead and courtesy copy the accreditation team lead. Within each rubric, evaluators clearly describe their observations for all sub-criteria rated

below 100. Narratives for sub-criteria rated below 100 are actionable; readers should be able to easily understand why those criteria received the ratings that they did.

(3) Evaluators also clearly describe notably positive observations and any value-added practices and/or impact issues for each criterion. If the rubric does not provide enough space to also provide recommendations for criteria rated below 100, evaluators provide recommendations directly to the AEAS lead so that the AEAS lead may summarize those recommendations in the AEAS report. Evaluators do not include attachments to the rubrics without accreditation team lead approval.

(4) In instances where the learning institution made an immediate or on-the-spot correction, the rubric still reflects the issue observed but notes that the institution has already taken the necessary corrective action. The report reflects the condition at the time of initial observation.

b. Submit summary comments and recommendations.

(1) AEAS leads are encouraged to prepare and submit their AEAS reports to the team lead immediately after receiving all applicable rubrics from criterion evaluators, no matter where that day falls in the accreditation timeline. This allows the AEAS lead to write the AEAS report while the information is still fresh. It also allows the accreditation team lead to begin preparing the accreditation report's executive summary.

(2) Not later than eight days after the initial impressions out-brief, AEAS leads provide their completed AEAS reports with all applicable rubrics to the accreditation team lead. Each AEAS report summarizes positive and negative observations, provides recommendations, and consolidates value-added practices and impact issues.

c. Prepare final draft accreditation report.

(1) Not later than 14 days after the initial impressions out-brief, the accreditation team lead consolidates and reviews the completed AEAS reports and rubrics and prepares a final draft accreditation report.

(2) The report includes all applicable rubrics, an executive summary with recommendations, consolidated value-added practices and impact issues, and a summary of all associated proponent assessment results.

(3) The team lead forwards the completed draft report through internal staffing (in accordance with local policy) to the AQAP Director for review and approval.

d. Provide final draft report to learning institution. Not later than 17 days after the initial impressions out-brief, after approving the final draft report, the AQAP Director sends the learning institution an email notification with a link to the report. The notification advises the learning institution that the report is ready for their review, and that they have 14 days to review

the report and submit a memorandum of acceptance or rebuttal and any official requests for clarification.

H-8. Learning institution report review

Not later than 14 days after receiving the link to the final draft accreditation report, the learning institution reviews the draft accreditation report for any calculation errors that may affect their accreditation rating; documents any issues or concerns with the accreditation report in an accreditation acceptance or rebuttal memorandum signed by the learning institution's commander, director, chief of staff, or other senior leader authorized to represent the institution; and submits the acceptance or rebuttal memorandum and any official requests for clarification to the AQAP Director with a courtesy copy to the accreditation team lead.

a. Rebuttal.

(1) A rebuttal is an argument or claim providing evidence that a reported accreditation rating, finding, recommendation, or impact issue is inaccurate or false.

(2) Rebuttals are only considered when the learning institution fails accreditation with an overall accreditation rating below 80; the rebuttal applies to an AEAS rated below 80, and in that case is considered for that AEAS only; or the rebuttal applies to a recommendation or impact issue. The AQAP Director is the final adjudicating authority for all rebuttals.

(3) Whenever a rebuttal is considered, the AQAP Director assigns an action officer, normally the accreditation team lead, to review the rebuttal, coordinate with the institution as needed, and prepare a draft written response to the rebuttal. The draft response includes the learning institution's reason(s) for rebuttal and addresses each reason if more than one. The action officer submits the draft response and all supporting evidence to the AQAP Director. The AQAP Director reviews the draft response and all supporting evidence and makes a final determination on whether to accept or reject the rebuttal, in full or in part. The final response includes the final outcome and justification. The accreditation team lead updates the accreditation report with revised ratings and narratives if needed for alignment with the rebuttal decision.

b. Requests for clarification.

(1) Learning institutions may submit unofficial or official requests for clarification on any accreditation process or reported accreditation rating, finding, recommendation, value-added practice, or impact issue. As their first course of action, learning institutions normally submit unofficial requests for clarification to the accreditation team lead, who forwards the requests to the appropriate evaluator(s) for response. The team lead provides all responses to the learning institution as quickly as possible.

(2) Learning institutions may submit official requests for clarification without first submitting an unofficial request, or after submitting an unofficial request without response or resolution. The learning institution includes all official requests for clarification in the

acceptance or rebuttal memorandum to the AQAP Director, who assigns a SME(s) as action officer for the request.

(3) The action officer conducts a thorough review of the specific concern or issue that the request addresses, which includes reviewing applicable regulations and policies. The action officer provides a written report of the review to the AQAP Director. The report is in memorandum format and includes the initial request for clarification, the review methodology, all applicable references, a recommended final response, and the AQAP Director's signature block. The AQAP Director reviews the action officer's report of review, obtains clarification as needed, and determines the final response. The AQAP Director may direct the action officer to make modifications to the report before signing the report. The AQAP Director sends the final response to the learning institution.

H-9. Final report and certificate of accreditation

a. As soon as possible after receiving the learning institution's response to the draft accreditation report, and after working through any rebuttal actions, HQ TRADOC QAO forwards the final accreditation report packet, to include the learning institution's acceptance memorandum and an Army accreditation certificate, through appropriate staffing channels for final CG, TRADOC approval.

b. Normally within five days of forwarding, HQ TRADOC QAO receives the final approved Army accreditation report and certificate. Normally within three days of receipt, the AQAP Director delivers the final approved Army accreditation report and signed certificate of accreditation to the learning institution.

H-10. Corrective action plan

a. A corrective action plan is the commander, commandant, or civilian or military equivalent's plan for resolving shortcomings and deficiencies for all AEAS criteria and sub-criteria rated below 100.

b. Not later than 30 days after receiving the final accreditation report, the learning institution QAO coordinates with its institution's stakeholders to develop and submit a corrective action plan to the AQAP Director and accreditation team lead. The corrective action plan identifies the staff leads for each corrective action item. Learning institutions may use any format for their corrective action plans. A corrective action plan template, for optional use, is available in the AEAS section of the AQAP portal: <https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

H-11. Impact issues and value-added practices

The accreditation team lead processes any impact issues and value-added practices identified during accreditation following the processes described in [appendix B](#).

Appendix I

Initial Impressions Out-Brief Presentation Guidelines

This appendix provides information and guidance on the initial impressions out-brief presentation format for Army accreditation. Although learning institutions may use different formats for proponent assessment and internal evaluation out-brief presentations, they are encouraged to adopt the basic format presented here and adapt it to meet their specific needs. For an initial impressions out-brief presentation template, visit the AQAP portal:

<https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

I-1. Intent of the initial impressions out-brief

The intent of any initial impressions out-brief, no matter the format, is for an accreditation, assessment, or evaluation team to share results of initial, high-level data analysis and interpretation. It is not for sharing results of in-depth data analysis and interpretation, because in most cases the team has not completed this process. It is also not for conveying contents of the report, because in most cases the team has not yet completed or finalized the report.

I-2. First four out-brief slides

What follows are examples of the first four initial impressions out-brief presentation slides for Army accreditation.

a. Figure I-1 shows an example initial impressions out-brief title slide. This example slide identifies the type of out-brief, the accredited learning institution's name, and the out-brief date.

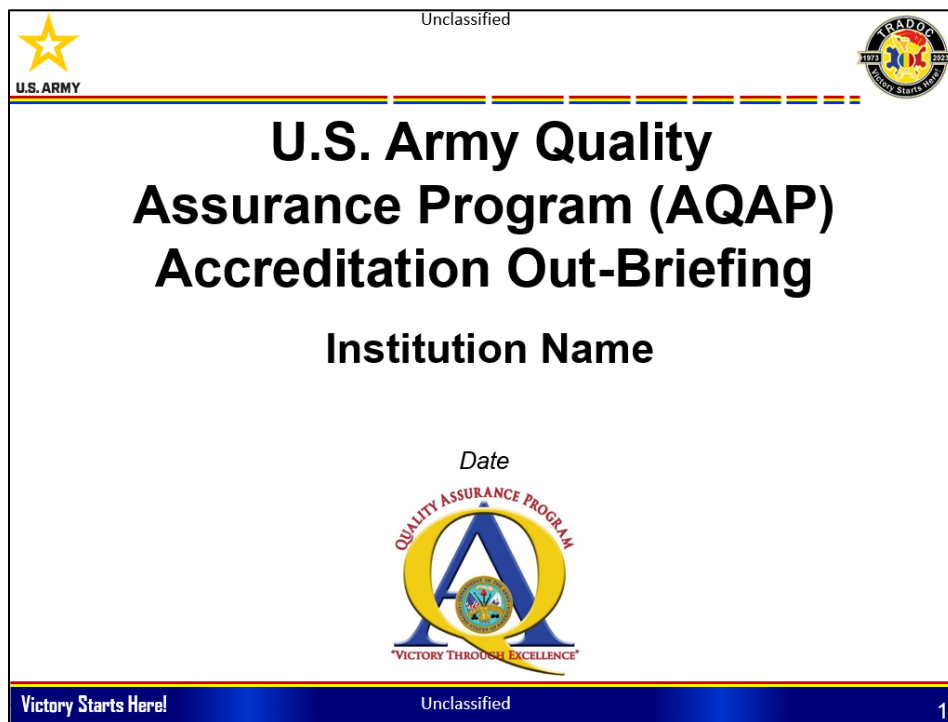


Figure I-1. Example initial impressions out-brief title slide

b. Figure I-2 shows an example initial impressions out-brief agenda slide. This example slide outlines a typical accreditation out-brief agenda.

Unclassified



Agenda

- **Opening Remarks**
 - Team Lead
 - Institution Leadership
- **Purpose**
- **Findings Legend**
- **Overall Initial Impressions**
- **Closing Remarks**
 - Institution Leadership
 - Team Lead

Victory Starts Here!Unclassified2

Figure I-2. Example initial impressions out-brief agenda slide

c. Figure I-3 shows an example initial impressions out-brief purpose slide. This example slide stresses that the purpose of the briefing is to provide initial impressions only.

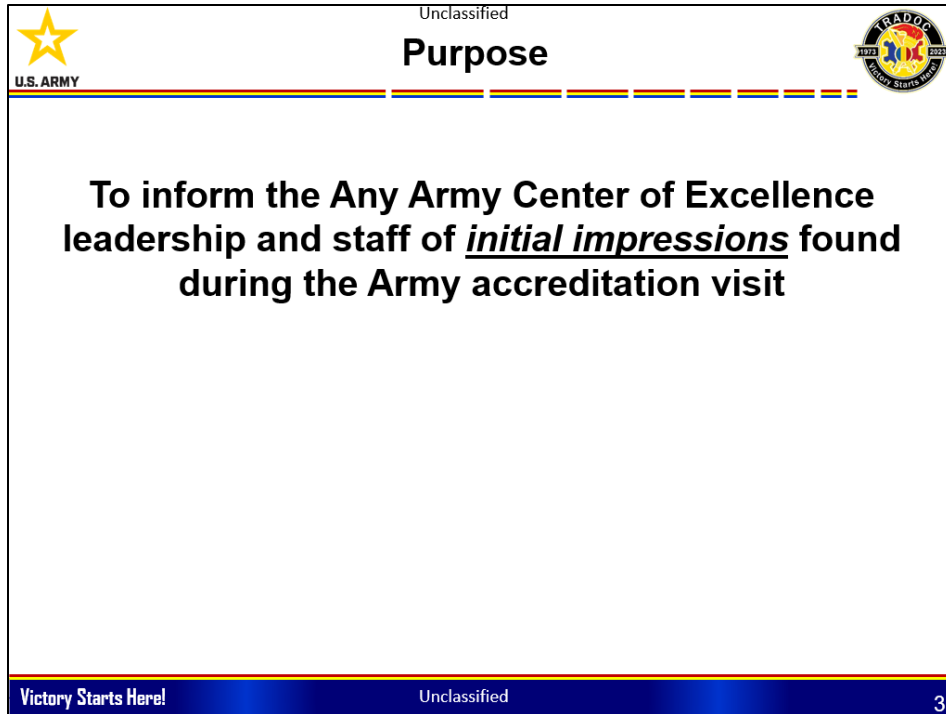


Figure I-3. Example initial impressions out-brief purpose slide

d. Figure I-4 shows an example of an initial impressions out-brief “findings legend” slide. This legend informs the format for all subsequent slides that convey findings by AEAS.

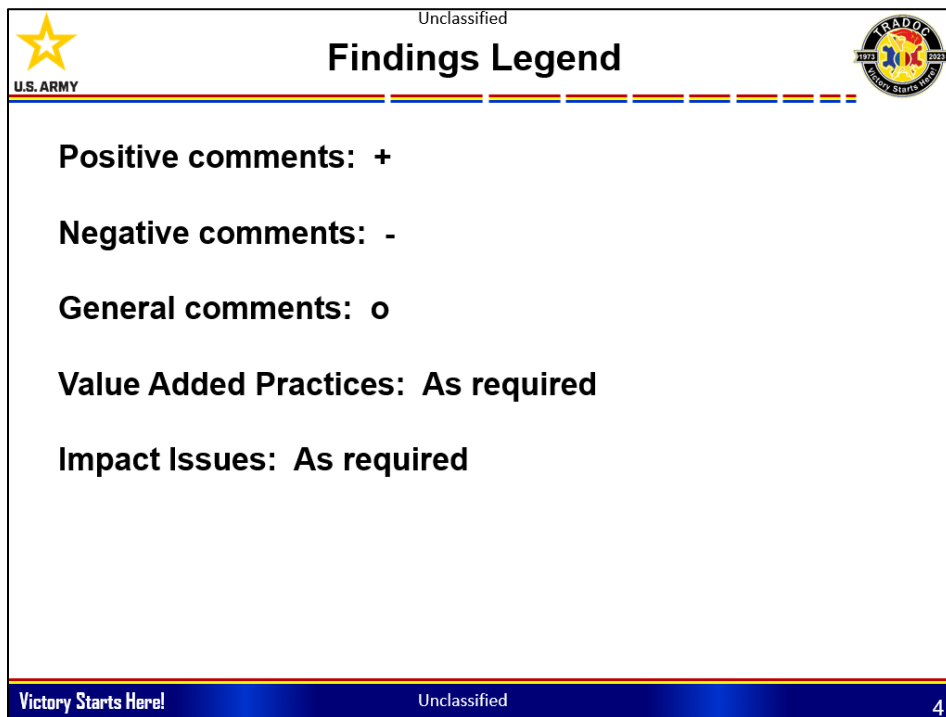


Figure I-4. Example initial impressions out-brief findings legend

I-3. Remaining out-brief slides

a. The next seven or more slides present accreditation findings by AEAS. The information in these slides uses the findings legend shown in figure I-4. If possible, AEAS findings slides should be no longer than one slide each; however, some AEAS have many criteria and sub-criteria and may require more than one slide to adequately report associated findings. Findings should be listed in bulleted format, not sentence format. The accreditation team lead is responsible for ensuring these slides follow the AQAP Director's guidance.

b. Immediately following the AEAS findings slides, in the order listed, are:

(1) A "closing remarks" slide prompting closing remarks from the learning institution's leadership and AQAP leadership.

(2) A "post-accreditation survey" slide with a link to the post-accreditation survey.

(3) A slide with the accreditation team lead's contact information.

(4) A slide with AQAP leaders' contact information.

(5) An end slide depicting the Army and AQAP logos.

Appendix J

Example Course Evaluation Timeline and Process

This appendix provides an example course evaluation timeline and process that may serve as a guide for conducting course evaluations. The timeline and process may be reduced or expanded depending on the nature of the course being evaluated, the scope of the evaluation, and the resources available. Additionally, each learning institution’s involved stakeholders may vary, depending on local policy and procedure.

J-1. Example course evaluation timeline

As shown in table J-1, a course evaluation can be divided into five phases: planning and coordination, initial analysis, site visit, final draft report, and final report.

Table J-1
Example course evaluation milestone timeline

Timeline	Milestone Activity	Lead Action Officer
Planning and Coordination		
By 4 weeks before site visit	Complete mission analysis and planning	Evaluation team lead
	Notify course and other relevant stakeholders of upcoming course evaluation	Evaluation team lead/chief/director
	Request information from course	Evaluation team lead
By 3 weeks before site visit	Course provides requested information	Course manager
	Design and develop survey(s)	Evaluation team lead
	Send survey invitations	Evaluation team lead
By 2 weeks before site visit	Gather existing data from systems of record	Evaluation team lead
	Participants complete survey(s)	Course manager/participants
	Coordinate site visit activities	Evaluation team lead
	Publish course evaluation execution schedule	Evaluation team lead
Initial Analysis		
By one day before site visit	Analyze data already collected	Evaluation team lead/team
	Refine data collection questions and instruments	Evaluation team lead/team
Site Visit		
Site Visit (up to 1 week long)	Conduct data collection activities	Evaluation team lead/team
	Conduct initial impressions out-brief	Evaluation team lead/team
Final Draft Report		
By 3 weeks after out-brief	Conduct in-depth analysis, synthesis, and evaluation	Evaluation team lead/team
	Prepare final draft report	Evaluation team lead/team
	Obtain QAO director approval	Evaluation team lead
	Distribute final draft report	Evaluation team lead/chief/director
Final Report		
By 1 week after receiving draft	Review final draft report	Course manager/stakeholders
	Provide corrective action plan	Course manager/stakeholders
By 1 week after receiving corrective actions	Review and accept corrective action plan	Evaluation team lead/team
	Publish final report	Evaluation team lead/chief/director

J-2. Phase 1: Planning and coordination

Planning and coordination are critical for effective and efficient execution of course evaluations. This phase normally consists of ten significant milestones.

a. Complete mission analysis and planning. By not later than four weeks before the site visit, the evaluation team lead completes course evaluation mission analysis and planning. This milestone normally consists of seven process steps:

(1) Identify target date for course visit. The evaluation team lead reviews ATRRS for dates the course will be in session and identifies a target date for conducting a course visit. Identifying a target date as early in the process as possible helps ensure adequate time for effective analysis and planning, and for pre-visit data collection and analysis.

(2) Determine AEAS criteria applicability. The evaluation team lead determines which AEAS criteria are applicable to the course. Some considerations for determining applicability include whether or not evidence for the criterion is observable at the course level, and whether or not the criterion applies to the particular type of course (for example, IMT, PME, or functional).

(3) Determine required critical information, key evaluation questions, and scope. The evaluation team lead reviews existing data such as the course's most-recent internal and external evaluation results, learning products, and AAR summary reports from the course; and looks for indications of the course's strengths and challenges. Considering the results of this review and the applicable AEAS criteria, the team lead determines the evaluation's required critical information, key evaluation questions, and scope. Key evaluation questions are questions that the evaluation is designed to answer about the required critical information; for example, "How does the course teach the learning objectives as designed?" The team lead conducts risk analysis for any applicable AEAS criteria not included in the evaluation's scope. The team lead obtains chief and/or QAO director (or equivalent) approval for the proposed scope as needed to ensure alignment and synchronization with the QAO's overall mission planning.

(4) Identify required data collection activities. The evaluation team lead determines the data sources and data collection methods needed to answer the key evaluation questions. Typical data sources include students, instructors, course leadership, course developers, test control officers, student and instructor records administrators, and personnel executing HPDT and/or field training exercises. Typical data sources also include learning products, design and development audit trail documentation, commander's training guidance, SOPs, student records, instructor records, and test control records. Typical data collection methods include surveys, document reviews, records reviews, test control audits, interviews, focus groups, and direct observations. Based on the determination of data sources and data collection methods, the team lead identifies the evaluation's required data collection activities. Typical data collection activities include course document review, TDA review (equipment and personnel), instructor and course manager surveys, test control audit, student and instructor records reviews, student and instructor focus groups, course manager interview, training observations, equipment and training aid observations, and HPDT observations.

Note. Surveys, interviews, and focus groups used for course evaluations are conducted in compliance with AR 25-98.

(5) Determine resource requirements. The evaluation team lead determines the number of evaluators needed to conduct the evaluation efficiently and effectively, and requests evaluation team member support through the chief and/or QAO director (or equivalent) as needed. Depending on the scope, course evaluations typically require one team lead and one or two assistant evaluators for efficient and effective execution. If any focus groups are planned, at least one assistant evaluator is needed to take notes while the team lead facilitates. The team lead also determines and requests any other required resources needed, such as equipment, supplies, and/or transportation or travel to remote training locations.

(6) Determine assistant evaluator roles and responsibilities. The evaluation team lead determines assistant evaluator(s) roles and responsibilities. The team lead works with the chief and/or QAO director (or equivalent) on this step as needed to ensure alignment and synchronization with evaluator professional development goals.

(7) Select site visit date or date range. The evaluation team lead selects a date or date range to conduct the site visit, which may be conducted in person and/or using virtual methods. The team lead coordinates the selected date or date range with the chief and/or QAO director (or equivalent) to ensure alignment and synchronization with the QAO's overall mission planning. If a date range is selected, it should be as short as possible to avoid excessive disruption to the course, while still allowing adequate time to conduct planned data collection activities. A date range of one week or less is recommended for a full course evaluation site visit.

b. Notify course and other relevant stakeholders.

(1) By not later than four weeks before the site visit, the evaluation team lead, chief, or QAO director (depending on local policy and procedure) notifies the course and other relevant stakeholders of the upcoming evaluation. Other relevant stakeholders may include the training organization's leadership and individuals who designed and developed the learning products.

(2) A full course evaluation requires significant coordination of resources for records reviews, test control audits, interviews, and focus groups, and this process can be disruptive to course operations. Notifying the course of the evaluation in advance, particularly when the evaluation's scope requires coordination, helps with minimizing disruption and maintaining cooperative and collaborative relationships.

c. Request information from course.

(1) By not later than four weeks before the planned site visit, the evaluation team lead requests from the course the training and HPDT schedules for all classes in session during the visit, and the points of contact for the various data collection activities.

(2) The team lead also requests course and unit documentation, to include the most-recently approved course management plan, commander's training guidance, relevant SOPs, and

any training waivers. This may also include course development audit trail documentation; however, the team lead may need to request that documentation from another source if the course does not maintain it.

d. Course provides requested information. By not later than three weeks before the site visit, the course manager or other course representative provides all requested information (see [para J-2c](#)) to the evaluation team lead.

e. Gather existing data from TDC and other systems of record. By not later than two weeks before the site visit, the evaluation team lead or assistant evaluator gathers existing data from TDC. This data includes the current and in-use Individual Training Plan, Course Administrative Data, Program of Instruction (POI), and a sample of three or more lesson plans.

f. Coordinate site visit activities. By not later than two weeks before the planned site visit, the evaluation team lead coordinates evaluation events, to include data collection activities and the initial impressions outbrief, with team members and course stakeholders. This usually involves coordinating and scheduling document reviews, test control audits, interviews, and focus groups. Activities such as training observations and other observations not requiring prior coordination should not be coordinated and scheduled. This allows evaluators flexibility with what they choose to observe during the site visit.

g. Publish course evaluation execution schedule. By not later than two weeks before the site visit, the evaluation team lead develops a course evaluation execution schedule and distributes it to all course evaluation stakeholders. The team lead updates and re-publishes the execution schedule as needed throughout the remainder of the course evaluation process.

J-3. Phase 2: Initial analysis

Initial analysis is critical for ensuring complete and effective data collection efforts, polyangulation of data, and timely reporting. This phase normally consists of three significant milestones.

a. Analyze data already collected. By not later than one day before the site visit, the evaluation team lead and any assistant evaluator(s) complete initial analysis of data already collected. Initial analysis data may include the course's most-recent internal and external evaluation results; course documentation, such as learning products and course design and development audit trail documentation; AAR summary reports from the course; commander's training guidance; SOPs; and any training waivers.

b. Enter results of initial analysis into draft report. By not later than one day before the site visit, the evaluation team lead and any assistant evaluator(s) evaluate the results of initial analysis against the AEAS criteria and enter the findings into the draft course evaluation report. Findings may change after collecting and analyzing additional data during the site visit; however, to be able to provide stakeholders with a timely report, it is important to begin writing the report as early in the process as possible, and to continue writing the report throughout the course evaluation as new data is collected and analyzed.

c. Refine data collection questions and instruments. By not later than one day before the site visit, the evaluation team lead and any assistant evaluator(s) use the results of initial analysis to refine or develop the specific questions they need to ask during interviews and focus groups, and the observations they need to conduct throughout the course visit. If pre-written AEAS criteria-based questions already exist in the QAO's course evaluation data collection instruments, evaluators use the results of initial analysis to refine those instruments to meet the specific needs of that evaluation.

J-4. Phase 3: Site visit

Site visits can be conducted using virtual methods, in person, or a combination of both. This phase normally consists of two significant milestones.

a. Conduct data collection activities.

(1) The on-site visit may begin with a brief orientation with key stakeholders to clarify and confirm expectations.

(2) During the site visit, the evaluation team lead and any assistant evaluators conduct the planned data collection activities, which may include additional course document review, test control audit, student and instructor records reviews, student and instructor focus groups, course manager interview, training observations, and HPDT observations. As much as practicable, evaluators avoid or minimize any disruptions their presence may cause to training during the on-site visit.

(3) As evaluators complete data collection activities and conduct initial analysis of the data, they should add their findings to the draft course evaluation report.

b. Conduct initial impressions out-brief.

(1) The purpose of the initial impressions out-brief is to inform stakeholders of key findings, both positive and negative, that emerged during course evaluation activities. The evaluation team lead ensures stakeholders understand that initial findings and impressions may change after in-depth data analysis, and that the course may address any issues or concerns with the final draft report when they receive it.

(2) Before the last day of the site visit, the evaluation team lead and any assistant evaluator(s) conduct high-level analysis, synthesis, and interpretation of the data collected during the course evaluation, to include the data collected and analyzed before the site visit. Evaluators evaluate the results of this high-level analysis against the AEAS, and identify key positive and negative evaluation findings, or initial impressions. Although out-brief formats may vary, QAOs are encouraged to follow the initial impressions out-brief guidelines in [appendix I](#).

(3) On the last day of the site visit, the evaluation team lead conducts an initial impressions out-brief with key stakeholders. Stakeholders invited to the out-brief will vary depending on local policy and procedure; however, at minimum, out-brief attendees should include course management and a representative from the organization that designed and/or

developed the learning products. The initial impressions out-brief may be conducted formally or desk-side, depending on the number of stakeholders and local policy and procedure.

(4) See [paragraph 7-15](#) for a general overview of briefing evaluation results.

J-5. Phase 4: Final draft report

By not later than three weeks after the initial impressions out-brief, the evaluation team prepares and distributes the final draft report. This phase normally consists of four significant milestones.

a. Conduct in-depth analysis, synthesis, and evaluation. The evaluation team lead and any assistant evaluator(s) conduct in-depth analysis, synthesis, and interpretation of all of the data collected during the course evaluation, to include the data collected and analyzed before the site visit. Evaluators evaluate the results of this in-depth analysis against all applicable AEAS criteria using the AEAS rubrics.

b. Prepare final draft report.

(1) The evaluation team lead and any assistant evaluator(s) rate all applicable AEAS criteria based on the evaluation results and finalize the draft report. Within the report, evaluators clearly explain the reason for all ratings below 100, describe the potential impact of any critical findings, and provide recommendations for any findings that do not have obvious solutions. Very importantly, evaluators also clearly describe what the course did well.

(2) Evaluators are encouraged to use the AEAS evaluation report tool for course evaluation reports; however, they may use another tool for the report if that tool provides the same information and elements as the AEAS evaluation report tool: AEAS rubrics with ratings and comments, AEAS summaries, impact issues, value-added practices, and an executive summary.

(3) The evaluation team lead obtains at least one quality control review of the final draft report, usually in the form of a peer review, before forwarding the report through the chief to the QAO director (or equivalent) for approval. A quality control review focuses on the report's accuracy, completeness, clarity, conciseness, and readability. The review process may involve other personnel depending on the QAO's local policies and procedures.

c. Obtain QAO director approval. The chief or evaluation team lead obtains approval of the final draft report from the QAO director (or equivalent).

d. Distribute final draft report. By not later than three weeks after the initial impressions out-brief, the evaluation team lead, chief, or QAO director (depending on local policy and procedure) distributes the final draft report to course and other applicable stakeholders for courtesy review and corrective action plan.

J-6. Phase 5: Final report

This phase normally consists of four significant milestones.

a. Review draft report. By not later than one week after receiving the final draft report, course and other applicable stakeholders review the final draft report and submit any requests for clarification to the evaluation team lead. The team lead provides timely responses to all requests for clarification.

b. Provide corrective action plan.

(1) By not later than one week after receiving the final draft report, the course manager or equivalent collaborates with internal and external stakeholders, as needed, to develop a corrective action plan for all criteria and sub-criteria rated below 100.

(2) The corrective action plan describes what the course will do to correct each finding, the target date for completing each corrective action, and the action officer responsible for each corrective action. The course manager or equivalent provides the corrective action plan to the evaluation team lead.

c. Review and accept corrective action plan. By not later than one week after receiving the corrective action plan, the evaluation team lead reviews the corrective action plan. Once satisfied that the corrective action plan is complete and aligned with the findings, the team lead accepts the corrective action plan and attaches it to the final report.

d. Publish final report. By not later than one week after receiving the corrective action plan, the evaluation team lead finalizes the course evaluation report and distributes it, with the corrective action plan, to the institution's applicable stakeholders. This distribution typically includes all key stakeholders who were involved in the course evaluation, as well as the training unit's leadership and the training development organization's leadership. Distribution may vary depending on local policy and procedure.

J-7. Follow-up

The evaluation team lead or other assigned evaluator conducts a follow-up assistance visit with the course to assess corrective action plan progress. Follow-up should usually occur within about one year of the initial course evaluation; however, the timeframe may vary depending on the nature of the initial findings and priority of the corrective actions.

J-8. Impact issues and value-added practices

The QAO processes any impact issues and value-added practices identified during course evaluations following the processes described in [appendix B](#).

Appendix K

External Survey Process, Reporting, and Questions

These guidelines outline the external survey and reporting process and describe the AQAP graduate and leader survey questions. Quality assurance surveys are conducted in compliance with AR 25-98.

K-1. Graduate survey

a. Proponent learning institution QAOs survey their courses' graduates 6 to 12 months after graduation using the AQAP-provided automated survey tool. This includes surveying graduates of their courses taught at their outlying subordinate schools and functionally aligned RC learning institutions. Depending on the type and nature of a course, some graduates may be surveyed as early as three months after graduation. An important consideration when determining how long after graduation to survey graduates is how long graduates typically need at their units to implement the knowledge and skills they gained at the course.

b. Proponent QAOs e-mail survey invitations to graduates using only enterprise e-mail addresses, no personal e-mail addresses. The invitation e-mails should contain a link to the graduate survey, and a message from the learning institution's commander, commandant, or civilian or military equivalent inviting graduates to complete the survey.

c. Graduate surveys include, at minimum, two AQAP survey questions.

(1) AQAP graduate survey question 1. The first question asks graduates if the training and education they received adequately prepared them to perform their jobs at their units. Response options for this question use the following Likert-scale: 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree. The numbers shown here indicate the response value that the AQAP survey tool applies to each response when they are listed in the survey in the order shown here.

(2) AQAP graduate survey question 2. The second question asks graduates if they were trained and educated on the same equipment (or concepts) they use at their units. The response options for this question includes "Yes" and "No," in that order.

(3) Example graduate survey items are shown in figure K-1.

<p>1. <i>Please select your level of agreement with this statement:</i> The training/education I received from the course adequately prepared me to perform my current job at my unit of assignment.</p> <ul style="list-style-type: none"><input type="radio"/> Strongly Disagree<input type="radio"/> Disagree<input type="radio"/> Neutral<input type="radio"/> Agree<input type="radio"/> Strongly Agree <p>2. Did the course train/educate you on the same equipment (or concepts if equipment was not part of your course) that you use at your unit of assignment?</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No
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Figure K-1. Example graduate survey items

K-2. Leader survey

a. Proponent QAOs survey graduates’ leaders in the operational force every six months using the AQAP-provided automated survey tool. Primary target survey participants are brigade-level leaders in the operational force expected to have knowledge of graduates’ job performance. Brigade-level leaders include brigade commanders and sergeants major, and other brigade-level leaders. To help reduce the risk of survey fatigue, proponent QAOs should survey a sample of leaders in the operational force every six months and avoid surveying the same leaders every six months. QAOs determine the sampling methods they use.

b. Proponent QAOs may also survey their learning institution’s current PME students, soon after they arrive for PME training, about their subordinates’ job performance.

c. Proponent QAOs e-mail survey invitations to leaders using only enterprise e-mail addresses, no personal e-mail addresses. The invitation e-mails should contain a link to the survey, and a message from the learning institution’s commander, commandant, or civilian or military equivalent inviting participants to complete the survey. Survey invitations for learning institutions’ current PME students may be distributed using means other than e-mail, such as via a direct link that the course manager provides students during in-processing or course introduction.

d. Leader surveys include, at minimum, one AQAP survey question. That question asks graduates’ leaders if the training or education that their personnel received adequately prepared them to perform their jobs at their units. Response options for this question use the following Likert-scale: 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree. The numbers shown in these response options indicate the response value that the survey tool applies to each response when they are listed in the survey in the order shown here. An example graduate survey item is shown in figure K-2.

Please select your level of agreement with this statement: Of my unit’s Soldiers arriving or returning from a course within the last six months, the training and education they received from the course adequately prepared them to perform their jobs.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Figure K-2. Example leader survey item

K-3. General external survey guidelines

a. Proponent QAOs may not take away from but may add to their external surveys to support their institutions’ external evaluation results. For example, to solicit qualitative feedback, proponent QAOs may add open-ended response questions after the AQAP questions, asking survey respondents to explain why they selected the response that they did. Additions to related external surveys are processed through the AQAP External Survey Program Manager, who assures compliance with the approved SCN and AR 25-98.

b. Proponent QAOs are strongly encouraged to use the e-mail campaign feature of the AQAP survey tool whenever possible for ease in survey administration and response tracking, and for the ability to send automatic reminder emails to invitees who have not yet completed the survey.

K-4. Summarized external survey data report

a. Quarterly, on the last day of the first month that follows the end of each fiscal year quarter, proponent QAOs submit a summarized external survey data report, as shown in figure K-3, to the AQAP External Survey Program Manager.

Graduate Elements of Evaluation:
E1. The training/education I received adequately prepared me to perform my job at my unit.* Likert Scale
E2. Were you trained on the same equipment that you use at your unit? *yes/no
Leader Element of Evaluation
E3. Of my unit's Soldiers arriving or returning from courses within the last six months, the training/education they received adequately prepared them to perform their jobs. *Likert scale

Command	#Resp.	Graduate: Element 1 Responses					Graduate: Element 2 Responses		Leader: Element 3 Responses				
		1=Strongly Disagree	2=Disagree	3=Neutral	4=Agree	5=Strongly Agree	Yes	No	1=Strongly Disagree	2=Disagree	3=Neutral	4=Agree	5=Strongly Agree
ARMYCoE	430	22	56	0	22	13	81	32	55	228	0	30	4

Figure K-3. Summarized external data report format

b. The report includes total responses by response option for the required survey questions. It also includes the exact verbiage of the questions asked in the leader and graduate surveys. A summarized external survey data report tool is available on the AQAP portal:

<https://armyeitaas.sharepoint-mil.us/sites/tr-hq-aqap>.

c. The AQAP External Survey Program Manager analyzes and synthesizes the survey data from all learning institutions and prepares an executive summary of the aggregate results for the AQAP Director, who reports the results quarterly, or as required, to TRADOC senior leaders.

d. Proponent QAOs analyze and report external survey results at least quarterly, normally at the quarterly quality assurance review, to their institution's commander, commandant, or civilian or military equivalent. Proponent QAOs distribute external survey reports to institutional stakeholders as required by local policy.

Appendix L

Example Self-Study and Self-Assessment Process

This appendix provides an example concurrent self-study and self-assessment process. Self-study and self-assessment are well-suited for conducting concurrently. Both processes involve the learning institution's QAO coordinating and leading a matrixed team of the same action officers. Both processes involve the institution examining itself and judging its performance and effectiveness. And both processes lead to joined reports. The process described here may vary depending on local policy and procedure.

L-1. Conduct self-study and self-assessment

a. The learning institution's QAO coordinates and leads its institution through the self-assessment process. Because this is the learning institution's opportunity to evaluate itself, the QAO leads a matrixed team of the institution's action officers from across the institution's DOTMLPF-P domains. The QAO provides coaching and support as needed as action officers evaluate their own organizations and processes and rate themselves against the AEAS criteria applicable to them. The self-assessment process involves a considerable amount of collaboration between the matrixed team of action officers and the QAO.

b. The QAO begins the process by meeting with all action officers together to review the institution's last self-assessment results and corrective actions; review previously identified trends, value-added practices, and impact issues; clarify the meaning and intent of certain criteria; answer any questions about the criteria and the process; and share expectations for the process going forward. The QAO also requests information needed for the self-study from the action officers.

c. The QAO holds periodic in-progress reviews with action officers to discuss the progress of the self-assessment and the self-study, interim self-assessment results, and any issues or concerns related to either the self-assessment or the self-study. The QAO also works closely with action officers to finalize the self-assessment's corrective action plan.

L-2. Report and brief self-study and self-assessment results

a. Action officers report their self-assessment ratings and supporting narratives, in writing, to the QAO, who consolidates the feedback from all action officers into a single self-assessment report using the AEAS evaluation report tool and rubrics.

b. Action officers report their corrective actions for all AEAS criteria and sub-criteria rated below 100 to the QAO. The QAO consolidates corrective actions and develops a corrective action plan.

c. Action officers provide the QAO with all information requested for the self-study. That information may include, but is not limited to, new or updated written narratives for various sections within the report, or various documents associated with or attached to the report. The QAO consolidates the information and develops the self-study. For self-study guidelines, see [appendix M](#).

d. The QAO director (or equivalent) briefs the learning institution's commander and other senior leaders on the self-study and self-assessment results, and the corrective action plan.

e. The QAO requests command signature on the self-study and self-assessment report. Once the commander signs both, the QAO attaches the self-assessment report and corrective action plan to the self-study and uploads the self-study to the institution's site in the AQAP portal.

f. A QAO that falls under a multi-branch CoE QAO develops and forwards its command-approved self-study, with its self-assessment report and corrective action plan attached, to the multi-branch CoE QAO. The multi-branch CoE QAO uploads all of the CoE's self-studies to the institutions' site in the AQAP portal.

g. Self-study due dates vary depending on each learning institution's accreditation or assessment cycle. For their year of accreditation or assessment, learning institutions backwards plan and consider their scheduled accreditation or assessment period to ensure they complete and upload that year's new or updated self-study with self-assessment report and corrective action plan not later than 60 days before the first day of the 120-day Army accreditation (or assessment) period.

L-3. Impact issues and value-added practices

The QAO processes any impact issues and value-added practices identified during self-study and self-assessment following the processes described in [appendix B](#).

Appendix M

Self-Study Guidelines

This appendix provides general guidelines for preparing a self-study, to include an outline of chapters and the content for each chapter.

M-1. General self-study guidelines

a. A self-study should use all chapter and section headings and annotate any that are not applicable.

b. A self-study's narratives should be as concise as possible.

c. A self-study should provide links to supporting documents: Documents should not be copied and pasted or otherwise attached to the self-study.

d. A self-study's supporting-document files and file folders should be named using a logical and standardized naming convention that allows everyone to easily find the file(s) they need in relation to the associated AEAS, for example, "3a1_descriptive-file-name_YYYYMMDD."

e. A self-study may be published as an electronic document, PDF, or website.

M-2. Self-study contents

A self-study contains a cover page, a table of contents, a preface, an institutional summary, seven chapters, and seven appendices as described in the paragraphs that follow.

a. Cover page. The cover page includes the three elements below, excluding bullets. The cover page can be in any clear format.

- (1) The words “Self-Study.”
- (2) Institution name.
- (3) Fiscal year (for example, “FYXX”).

b. Table of contents. A self-study’s table of contents includes two heading levels. The first heading level includes the preface, institutional summary, chapters, and appendices. The second heading level includes sections under the preface, institutional summary, and chapters. If using a word processing application, using styles to format headings within the document is recommended. This allows for generating and updating the table of contents easily.

c. Preface. A self-study’s preface contains two elements: appraisal of self-study methods, and the commander’s memorandum.

(1) Appraisal of self-study methods. The individual leading the self-study, normally the QAO director (or equivalent), provides an appraisal of the methods that the institution used to conduct the self-study and the major benefits the institution realized from conducting the self-study. This section should be 500 words or less.

(2) Commander’s memorandum. The preface includes a signed memorandum from the learning institution’s commander, commandant, or civilian or military equivalent attesting to the institution’s compliance with the AEAS. The QAO director (or equivalent), or self-study author with the QAO director’s approval, prepares the memorandum for signature. The memorandum should be no longer than one page.

d. Institutional summary. The institutional summary contains eight elements:

(1) Point(s) of contact. This element lists the name, title, organization, phone number, and e-mail address for the self-study’s primary point(s) of contact. This should include, at minimum, the QAO director (or equivalent) and the individual(s) preparing the report. Learning institutions may include others on this list as needed. All points of contact listed should be able to answer any questions about the report.

(2) History. This element provides a concise history of the learning institution and its programs. It includes information such as the date the institution was established, the dates the first students were in attendance and graduated, and highlights of how the institution evolved over time to where it is today. It includes or describes the institution’s charter and mission.

(3) Other accreditations. This element lists any other accreditations the learning institution has obtained or is seeking at the institution, program, or course level. For each accrediting agency, it lists the name of the accrediting agency and the date of the last accreditation (if applicable), and briefly describes the purpose for obtaining or seeking accreditation from that accrediting agency. If the institution has not obtained and is not seeking any other accreditations, this element states, “None.”

(4) Credentialing. This element briefly explains what the institution does to offer its students credentialing opportunities.

(5) Partnerships. This element briefly describes the institution’s partnerships with other organizations that help the institution further its training and education mission.

(6) Significant highlights. This element briefly describes significant highlights that emerged from the self-study and self-assessment process. Highlights might include the institution’s new and innovative initiatives and value-added practices.

(7) Challenges. This element briefly describes the institution’s current challenges and what it is doing to correct and/or mitigate them.

(8) Summary of AEAS ratings. This element briefly summarizes the results of the associated self-assessment.

e. Chapter 1: Evidence for AEAS 1, mission, purpose, and functions.

(1) Chapter introduction. This chapter begins with a chapter introduction, which includes a brief summary of the institution’s performance in AEAS 1. The introduction also includes the chapter’s purpose, which is to enable the institution’s leaders and Army quality assurance evaluators to quickly understand and access evidence that the institution is meeting requirements.

(2) Criteria. Each AEAS 1 criterion (for example, 1a and 1b) has its own section within the chapter. Each section describes the methods and processes the learning institution uses to meet that criterion and any significant highlights or challenges related to that criterion. Each section also provides links to all associated documentary evidence. Examples of linked documentary evidence supporting AEAS 1 criteria are shown in figure M-1.

Example Documentary Evidence for Standard 1
<ul style="list-style-type: none"> • Institution's mission statement (regulation, charter, higher headquarters mission) • Commander's training guidance/intent (written plan) • Doctrine forecast (development, projects, revisions, reviews) • List of doctrine publications (current and rescinded) • Doctrine publishing/print schedule • Policies and procedures for doctrine approval and delegation of authority • Doctrine staffing list • List of doctrine reviewed locally but developed by other proponents • Doctrinal Review and Approval Group charter and membership list • Initial distribution list for hard-copy distribution of doctrine and form submittals • Doctrine marketing strategy and methodology • Knowledge management program implementation strategy • Policies and procedures for knowledge management program • Policies and procedures for lessons learned and best practices program • Institution's credentialing and certification plan

Figure M-1. Example documentary evidence for standard 1

f. Chapter 2: Evidence for AEAS 2, governance and administration. This chapter follows the same chapter introduction and criteria guidance as described in [paragraph M-2e](#). Examples of linked documentary evidence supporting AEAS 2 criteria are shown in figure M-2.

Example Documentary Evidence for Standard 2
<ul style="list-style-type: none"> • Policies and procedures for execution of mission command • List of current and recent tasking orders, fragmentary orders, and operations orders • Policies and procedures for engaging internal constituencies • Policies and procedures for analysis, design, development, implementation, and evaluation (ADDIE); requesting resources; and making risk decisions • Policies and procedures for managing and maintaining institution's facilities • Unit environmental coordinator orders • Test control standard operating procedure (SOP) • Test control officer, alternate test control officer, and text examiner orders • Policies and procedures for managing student and course records • Policies and procedures for institution's safety program • Completed TRADOC Model Safety Program and Self-Assessment Guide • SOPs for all of the institution's processes

Figure M-2. Example documentary evidence for standard 2

g. Chapter 3: Evidence for AEAS 3, learning programs. This chapter follows the same chapter introduction and criteria guidance as described in [paragraph M-2e](#). Examples of linked documentary evidence supporting AEAS 3 criteria are shown in figure M-3.

- Example Documentary Evidence for Standard 3**
- Policies and procedures for analysis, design, development, and implementation
 - Examples of products related to analysis, design, and development
 - Policies and procedures for ensuring learning products are developed for One Army School System
 - Institution's directed learning strategy
 - Institution's risk management strategy and approval authorities
 - Institution's instructional strategy for mission command, decisive action, and operational environment
 - Institution's strategy for mobile training teams
 - Institution's distributed learning strategy
 - Institution's strategy for employing the tenets of the Army Learning Concept
 - Institution's strategy for its guest speaker program

Figure M-3. Example documentary evidence for standard 3

h. Chapter 4: Evidence for AEAS 4, institutional training and education mission management. This chapter follows the same chapter introduction and criteria guidance as described in [paragraph M-2e](#). Examples of linked documentary evidence supporting AEAS 4 criteria are shown in figure M-4.

- Example Documentary Evidence for Standard 4**
- Policies and procedures for using program of instruction-related equipment
 - Policies and procedures for coordinating with support agencies
 - Policies and procedures for maintaining current facilities
 - Facility planning and programming documents that support future mission needs
 - Facility installation status report ratings
 - Evidence of barracks, dining facilities, and physical training area compliance
 - Evidence of environmental-related issues impacting training, and mitigation
 - Evidence of library compliance
 - Evidence of Structure Manning Decision Review (SMDR) compliance
 - Policies and procedures for Army Training Requirements and Resource System (ATRRS) management

Figure M-4. Example documentary evidence for standard 4

i. Chapter 5: Evidence for AEAS 5, assessment, evaluation, and effectiveness. This chapter follows the same chapter introduction and criteria guidance as described in [paragraph M-2e](#). Examples of linked documentary evidence supporting AEAS 5 criteria are shown in figure M-5.

Example Documentary Evidence for Standard 5
<ul style="list-style-type: none"> • Policies and procedures for evaluating learning products • List or examples of formative and summative course evaluations conducted • The institution's master evaluation plan • The institution's self-assessment • Policies and procedures for assessing personnel needs and providing developmental opportunities • Policies and procedures for implementing Soldier for Life • Policies and procedures for implementing high physical demands testing (HPDT) • Applicable HPDT standards

Figure M-5. Example documentary evidence for standard 5

j. Chapter 6: Evidence for AEAS 6, faculty and staff. This chapter follows the same chapter introduction and criteria guidance as described in [paragraph M-2e](#). Examples of linked documentary evidence supporting AEAS 6 criteria are shown in figure M-6.

Example Documentary Evidence for Standard 6
<ul style="list-style-type: none"> • Policies and procedures for faculty and staff development (resident and non-resident) • Policies and procedures for ensuring faculty qualification, certification, and re-certification • Policies and procedures for maintaining instructor records • Policies and procedures for instructor and developer recognition programs • Policies and procedures for implementing Army Career Program Management • Policies and procedures for ensuring personnel are tactically and technically proficient in concepts, training, and doctrine development • Policies and procedures for recruiting, selecting, and assigning faculty and staff

Figure M-6. Example documentary evidence for standard 6

k. Chapter 7: Evidence for AEAS 7, leader development. This chapter follows the same chapter introduction and criteria guidance as described in [paragraph M-2e](#). Examples of linked documentary evidence supporting AEAS 7 criteria are shown in figure M-7.

- Example Documentary Evidence for Standard 7**
- Policies and procedures for leader development across the institution
 - Policies and procedures for ensuring a positive institutional climate and culture
 - Policies and procedures for designing leader development into curricula

Figure M-7. Example documentary evidence for standard 7

l. Appendix A: Organizational charts. This appendix includes the institution's most-recent organizational charts depicting all levels of leadership, directorates, and sections.

m. Appendix B: TDA and Unit Manning Report. This appendix includes the institution's most-recent TDA (personnel and equipment) and unit manning report.

n. Appendix C – List of courses and student load. This appendix includes all the items shown in figure M-8, with the annual student load annotated next to each course within each document.

- Self-Study Appendix C Contents**
- List of all active resident and distance learning courses
 - List of all courses current in Training Development Capability (TDC)
 - List of all courses not current in TDC
 - List of all new courses conducting pilots
 - List of all courses being revised and in validation
 - List of all new courses in development
 - List of all rescinded courses
 - List of all One Army School System (OASS)-equivalent courses

Figure M-8. Self-study appendix C contents

o. Appendix D: Self-assessment report with corrective action plan. This appendix includes the learning institution's most-recent self-assessment report and corrective action plan.

p. Appendix E - Master evaluation plan. This appendix includes the learning institution's most-recent MEP.

q. Appendix F - Map(s) of installation. This appendix includes maps of the learning institution's installation. These maps should be designed to help evaluators navigate locations on the installation that they might need to visit to evaluate the institution.

r. Appendix G – Point of contact list. This appendix includes a list of the learning institution's key action officers overall responsible for the different areas of the AEAS criteria; for example, ADDIE, safety, facilities, operational environment, threat management, human resources, and so on.

Appendix N

Example Proponent Assessment Timeline and Process

This appendix provides an example proponent assessment timeline and process, which may serve as a guide for conducting proponent assessments. The process may vary depending on the organization and mission of the higher-level-accredited learning institution or the assessed institution.

N-1. Example proponent assessment timeline

As shown in table N-1, a proponent assessment can be divided into five phases: planning and coordination, initial analysis, assessment visit, final report, and corrective action plan.

Table N-1
Example proponent assessment milestone timeline

Timeline*	Milestone Activity	Lead Action Officer
Planning and Coordination		
By 60 days before assessment visit	Complete mission analysis and planning	Assessment team lead
	Provide LON	Proponent QAO director
By 30 days before assessment visit	Provide remaining documentary evidence	Assessed institution QAO
By 14 days before assessment visit	Gather existing data from systems of record	Assessment team
	Coordinate assessment visit events/activities	Assessment team lead
	Publish assessment execution schedule	Assessment team lead
Initial Analysis		
By 1 day before assessment visit	Complete initial data analysis; begin report; develop or refine assessment questions	Assessment team
Assessment Visit		
Assessment visit (up to 2 weeks long)	Conduct formal in-brief, virtual or on-site	Assessment team
	Conduct data collection activities using virtual methods	Assessment team
	IF on-site visit, conduct visit	Assessment team
	Conduct initial impressions out-brief	Assessment team
Final Report		
By 21 days after out-brief	Conduct in-depth analysis and evaluation	Assessment team
	Prepare final draft report	Assessment team
	Obtain QAO director approval of report	Assessment team lead
	Distribute final draft report to institution	Proponent QAO director
By 14 days after receiving draft report	Review final draft report and submit memorandum of acceptance or rebuttal	Assessed institution QAO
By 7 days after receiving acceptance	Distribute final report to institution; upload with acceptance memorandum to AQAP portal [†]	Proponent QAO director/assessment team lead
Corrective Action Plan		
By 28 days after receiving draft report	Submit corrective action plan to proponent QAO	Assessed institution QAO
By 7 days after receiving actions	Review and accept corrective action plan	Assessment team lead
<p><i>*All "days" are calendar days.</i></p> <p><i>[†]Upload final report not later than 60 days before the first day of the higher-level learning institution's scheduled 120-day Army accreditation period.</i></p>		

N-2. The most-critical proponent assessment milestone

a. The most-critical milestone for proponent assessment is the proponent assessment report due date. The assessment team lead backwards-plans all proponent assessment milestones from this date.

b. If the associated Army accreditation team lead determines that the proponent assessment will be conducted prior to the associated Army accreditation, the proponent assessment report is due not later than 60 days before the first day of the higher-level learning institution's scheduled 120-day Army accreditation period. The example backwards-planning timeline depicted in figure

N-1 below shows that the assessment team lead should begin planning for the assessment at least 179 days, or approximately six months, before the first day of the higher-level accredited institution’s 120-day Army accreditation period.

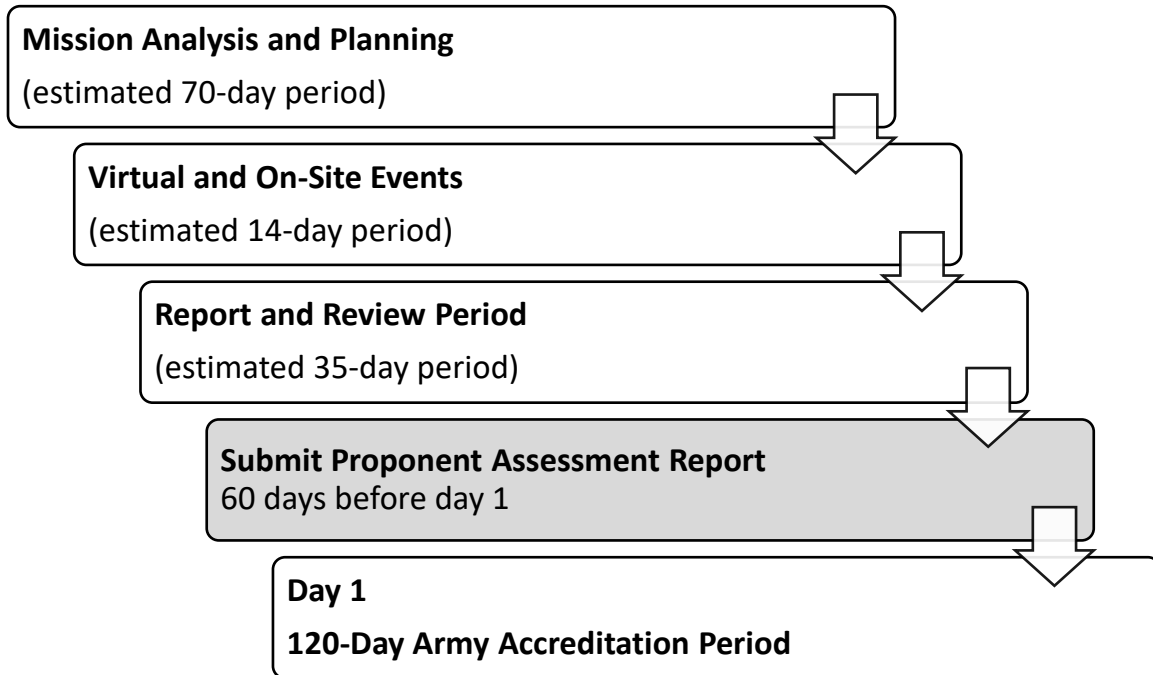


Figure N-1. Example proponent assessment backwards planning

c. Early planning is critical for effective and efficient execution of proponent assessment and on-time delivery of the final assessment report. Begin planning at least six months before the first day of the higher-level learning institution’s scheduled 120-day Army accreditation period is recommended.

N-3. Phase 1: Planning and coordination

Planning and coordination are critical for effective and efficient execution of proponent assessments. This phase normally consists of six critical milestones, described in paragraphs N-3a through N-3f.

a. Complete mission analysis and planning. By not later than 60 days before the start of the assessment visit, the assessment team lead completes assessment mission analysis and planning. Mission analysis and planning normally consists of 11 process steps:

(1) Begin coordination with assessed institution. The assessment team lead begins initial coordination with the assessed institution’s QAO. The assessment team lead requests a list of the institution’s courses in session between approximately 6 and 24 weeks prior to the higher-level accredited institution’s 120-day Army accreditation period.

(2) Provide list of courses in session. The assessed learning institution QAO provides the assessment team lead with the institution’s courses in session from the date of request through the higher-level accredited institution’s 120-day Army accreditation period.

(3) Determine possibility of concurrent assessment and accreditation. If courses will be in session during the higher-level accredited institution's 120-day Army accreditation period, the proponent assessment may possibly be conducted concurrently with the associated accreditation, upon confirmation from the accreditation team lead (see [para N-3a\(4\)](#)). If no courses will be in session during the higher-level institution's 120-day Army accreditation period, the proponent assessment may not be conducted concurrently with the associated accreditation, and the proponent assessment report will be due not later than 60 days before the first day of the higher-level institution's 120-day Army accreditation period.

(4) Confirm assessment requirements. The assessment team lead confirms with the accreditation team lead whether or not the proponent assessment will be conducted concurrently with the associated accreditation and confirms the assessment report due date.

(5) Select assessment visit dates. Working with the assessed learning institution, and the accreditation team lead if the assessment will be conducted concurrently with the accreditation, the assessment team lead selects dates for the assessment visit. The assessment visit may be conducted in person, using virtual methods, or both. The team lead coordinates the selected dates with the chief and/or QAO director to ensure alignment and synchronization with the QAO's overall mission planning. The date range should be as short as possible to avoid excessive disruption to the learning institution, while still allowing adequate time to conduct planned data collection activities. A date range of two weeks or less is recommended, with either two weeks for assessment using virtual methods, or one week for assessment using virtual methods plus one week for an on-site visit. Identifying dates for the assessment visit as early in the process as possible helps ensure adequate time for effective analysis and planning, and for pre-visit data collection and analysis.

(6) Determine AEAS criteria applicability. Working with the assessed learning institution, and with the accreditation team lead as needed, the assessment team lead analyzes and determines which AEAS criteria are applicable to the assessed learning institution. For information about AEAS criteria applicability, see [paragraph 4-3](#).

(7) Determine required critical information, key evaluation questions, and scope. The assessment team lead reviews the assessed learning institution's self-study and self-assessment, last assessment report, and learning products, and looks for indications of the institution's strengths and challenges. Considering the results of this review and the applicable AEAS criteria, the team lead determines the assessment's required critical information, key evaluation questions, and scope. The team lead conducts risk analysis for any applicable AEAS criteria not included in the evaluation's scope. The team lead obtains QAO director approval for anything less than full scope.

(8) Identify required data collection activities. The assessment team lead determines the data sources and data collection methods needed to answer the evaluation questions. Based on the determination of data sources and data collection methods, the team lead identifies the evaluation's required data collection activities. Typical data collection activities include course document review, test control audit, student and instructor records reviews, student and

instructor focus groups, course manager interview, non-supervisor focus groups, command and staff interviews, training observations, and HPDT observations.

Note. Surveys, interviews, and focus groups used for proponent assessments are conducted in compliance with AR 25-98.

(9) Determine team member and other resource requirements. The assessment team lead determines the number of evaluators required to conduct the assessment efficiently and effectively, and requests assessment team member support through the chief and/or QAO director as needed. Depending on the scope, assessments typically require one team lead and one or two additional team members for efficient and effective execution. When conducting focus groups, at least one evaluator is needed to take notes while another evaluator facilitates. The team lead also determines and requests any other required resources needed, such as equipment, supplies, and/or transportation or travel to the training site.

(10) Determine assessment team roles and responsibilities. The assessment team lead determines assessment team roles and responsibilities. The team lead works with the chief and/or QAO director on this step as needed to ensure alignment and synchronization with evaluator professional development goals.

(11) Draft LON and attachments. The assessment team lead prepares a draft LON, assessment planning guidance, and assessment documentary evidence guidelines, and forwards those to the QAO director for approval. The team lead may use the Army accreditation planning guidance as a guide when drafting the proponent assessment planning guidance, and the Army accreditation evidence guidelines as a guide when drafting the assessment evidence guidelines. The team lead determines whether the method of delivery of documentary evidence is via e-mail or upload to a shared site, and provides that information, along with any naming convention requirements, in the planning guidance document. No matter how this step is accomplished, it is important to clearly communicate assessment expectations to the assessed learning institution.

b. Provide letter of notification. By not later than 60 days before the assessment visit, the proponent QAO director provides the assessed learning institution a LON, assessment planning guidance, and assessment documentary evidence guidelines.

c. Provide remaining documentary evidence. By not later than 30 days before the start of the assessment visit, the assessed learning institution QAO provides all documentary evidence not already available in Army systems of record to the assessment team lead in accordance with the assessment planning guidance.

d. Gather existing data from systems of record. By not later than 14 days before the start of the assessment visit, the assessment team gathers existing data from TDC and other systems of record, as appropriate. This data includes the current learning products that the assessed institution should be implementing and electronic instructor records.

e. Coordinate assessment visit events and activities. Not later than 14 days before the start of the assessment visit, the assessment team lead coordinates and schedules assessment visit events

and activities, to include in-brief, data collection activities, and initial impressions out-brief, with the assessed institution's QAO. This usually involves coordinating and scheduling records reviews, test control audits, interviews, and focus groups. Activities such as training observations and other observations not requiring prior coordination should not be coordinated and scheduled. This allows evaluators flexibility with what they choose to observe during the assessment visit.

f. Publish assessment execution schedule. By not later than 14 days before the start of the assessment visit, the assessment team lead develops an assessment execution schedule and distributes it to the assessed learning institution and all assessment team members. The team lead updates and re-distributes the execution schedule as needed throughout the remainder of the assessment process.

N-4. Phase 2: Initial analysis

Initial analysis is critical for ensuring complete and effective data collection efforts, polyangulation of data, and timely reporting. This phase normally consists of three significant milestones.

a. Analyze data already collected. By not later than one day before the assessment visit, the assessment team completes initial analysis of data already collected. Initial analysis data may include the assessed learning institution's self-study and self-assessment, recent internal and external evaluation results, course documentation, such as learning products, the commander's training guidance, SOPs, policies, and any training waivers.

b. Enter results of initial analysis into draft report. By not later than one day before the assessment visit, the team lead evaluates the results of initial analysis against the AEAS criteria and enters the findings into the draft course evaluation report rubrics. Findings may change after collecting and analyzing additional data during the assessment visit; however, to be able to provide the assessed institution with a timely report, it is important to begin writing the report as early in the process as possible, and to continue writing the report throughout the assessment as new data is collected and analyzed.

c. Refine data collection questions and instruments. By not later than one day before the assessment visit, the assessment team lead uses the results of initial analysis to refine or develop the specific questions they need to ask during interviews and focus groups, and the observations they need to conduct throughout the assessment. If pre-written AEAS criteria-based questions already exist in the QAO's assessment data collection instruments, evaluators use the results of initial analysis to refine those instruments to meet the specific needs of that assessment.

N-5. Phase 3: Assessment visit

Assessment visits may be conducted using both virtual and in-person methods. This phase normally consists of four significant milestones.

a. Conduct formal in-brief. On the first day of the assessment visit, the assessment team lead conducts a formal in-brief, either using virtual methods or on-site, with the assessed institution's senior leaders and key staff. The purpose of the in-brief is to provide an overview of Army accreditation and the AEAS; explain the purpose of assessment and how it informs the higher-

level institution's accreditation; provide an outline of the assessment process and timeline, from in-brief through corrective action plan; and provide the institution the opportunity to express concerns or ask for clarification, as needed. The assessed learning institution, in turn, briefs the assessment team on their organizational structure, mission, learning staff, and points of contact.

b. Conduct assessment events using virtual methods. During the first week of the assessment visit, the assessment team conducts data collection activities using virtual methods. These activities may include interviews, focus groups, instructor and student record reviews, test control reviews, virtual facility walk-throughs, and training observations, depending on technical capabilities.

c. Conduct on-site visit.

(1) During the second week of the assessment visit, the assessment team continues conducting data collection activities, either on-site or using virtual methods, as determined during the mission analysis phase. As much as practicable, evaluators avoid or minimize any disruptions their presence may cause to training during any on-site visit.

(2) As evaluators complete data collection activities and conduct initial analysis of the data, they add their findings to the draft evaluation report rubrics.

d. Conduct initial impressions out-brief.

(1) Before the last day of the site visit, the assessment team conducts high-level analysis, synthesis, and interpretation of the data collected during the assessment, to include the data collected and analyzed before the assessment visit. The team evaluates the results of this high-level analysis against the AEAS, and identifies key positive and negative evaluation findings, or initial impressions. Although out-brief formats may vary, proponent QAOs are encouraged to follow the initial impressions out-brief guidelines in [appendix I](#).

(2) On the last day of the assessment visit, the assessment team lead conducts an initial impression out-brief, either using virtual methods or on-site, with the assessed institution's senior leaders and key staff. The purpose of the initial impressions out-brief is to inform stakeholders of key findings, both positive and negative, that emerged during assessment events and activities. The team lead ensures stakeholders understand that initial findings may change after in-depth analysis of the data.

(3) See [paragraph 7-16](#) for a general overview of briefing evaluation results.

N-6. Phase 4: Final report

This phase normally consists of six significant milestones.

a. Conduct in-depth analysis, synthesis, interpretation, and evaluation. Following the initial impressions out-brief, the assessment team conducts in-depth analysis, synthesis, and interpretation of all of the data collected during the assessment, to include the data collected and

analyzed before the assessment visit. The team evaluates the results of this in-depth analysis against all applicable AEAS criteria using the AEAS rubrics.

b. Prepare final draft report.

(1) By not later than two weeks after the initial impressions out-brief, the assessment team finalizes the draft report.

(2) Evaluators use the AEAS evaluation report tool to write the assessment report, which includes findings, conclusions (summaries), recommendations, any impact issues, and any value-added practices. Within the report, evaluators clearly explain the reasons for all ratings below 100, describe the potential impact of any critical findings, and provide recommendations for any findings that do not have obvious solutions. Very importantly, evaluators also clearly describe what the learning institution did well.

(3) The assessment team obtains at least one quality control review of the final draft report, usually in the form of a peer review, before forwarding the report through the chief to the QAO director for approval. A quality control review focuses on the report's accuracy, completeness, clarity, conciseness, and readability. The review process may involve other personnel depending on the QAO's local policies and procedures.

c. Obtain QAO director approval. By not later than three weeks after the initial impressions out-brief, the chief or assessment team lead obtains approval of the final draft report from the QAO director or equivalent.

d. Distribute final draft report. By not later than three weeks after the initial impressions out-brief, the QAO director or equivalent distributes the final draft report to the assessed learning institution for review and acceptance or rebuttal.

e. Review final draft report. By not later than 14 days after receiving the final draft report, the assessed learning institution reviews the final draft report and submits any requests for clarification to the assessment team lead. The team lead provides timely responses to all requests for clarification. The assessed institution QAO submits either command acceptance or rebuttal to the proponent QAO director. If the assessed learning institution is an RC learning institution, the proponent QAO director forwards any rebuttal to the AQAP Director for adjudication.

f. Publish final report. By not later than seven days after receiving the acceptance memorandum, the assessment team lead finalizes the assessment report, and uploads the report and acceptance memorandum to the specific location in the AQAP portal that the accreditation team lead prescribes. The assessment team lead provides the assessed learning institution with a copy of the final assessment report.

N-7. Phase 5: Corrective action plan

This phase normally consists of two significant milestones.

a. Provide corrective action plan. By not later than 28 days after receiving the draft assessment report, the assessed learning institution develops a corrective action plan for all criteria and sub-criteria rated below 100. The corrective action plan describes what the institution will do to correct each finding, the target date for completing each corrective action, and the action officer responsible for each corrective action. The learning institution provides the corrective action plan to the assessment team lead.

b. Review and accept corrective action plan. By not later than seven days after receiving the corrective action plan, the assessment team lead reviews the corrective action plan. Once satisfied that the corrective action plan is complete and aligned with the findings, the team lead accepts the corrective action plan and attaches it to the proponent QAO's locally held copy of the final report. The team lead does not submit the corrective action to the higher-level learning institution's accreditation team lead.

N-8. Assessment follow-up

The assessment team lead or other assigned evaluator conducts a follow-up assistance visit with the assessed learning institution to assess corrective action plan progress. A follow-up visit may be conducted either in person or using virtual methods, depending on resource availability. Follow-up should usually occur within about one year of the assessment visit; however, the timeframe may vary depending on the nature of the initial findings and priority of the corrective actions.

N-9. Impact issues and value-added practices

The assessment team lead processes any impact issues and value-added practices identified during proponent assessment following the processes described in [appendix B](#).

Appendix O

Proponent Assessment Travel

This appendix describes the process for requesting travel funding to conduct proponent assessments and provides guidelines for completing travel authorizations and vouchers in DTS. Travelers should also refer to the Defense Travel Management Office’s website for the most-current information on DOD travel: <https://www.defensetravel.dod.mil/>.

Note. This appendix is specific to proponent assessment travel only. Travelers conducting any other type of HQ TRADOC QAO-funded travel should contact the Chief, HQ TRADOC QAO Plans and Operations Division for specific guidance.

O-1. Projected travel submissions

a. By 15 February of each year, proponent QAO directors prepare and submit their annual projected travel submissions for their proponent assessments scheduled during the next/upcoming fiscal year to the Chief, HQ TRADOC QAO Plans and Operations Division.

b. As shown in figure O-1, a projected travel submission includes all of the resources the proponent requires to conduct each scheduled visit: projected travel date, name and location of assessed learning institution; purpose of the travel; percentage of time assessment conducted using alternate means; number of travelers; number of days; and calculated costs for per diem, transportation, other, and total trip.

Date (120 Days)	Location	Purpose	%Conduct Using Alt Means	RS # Travelers	Right-sized #Days	Total Per Diem*	Total Trans†	Total Other‡	Total Trip
15-Dec	218 RTI SC	Assessment OCS Bn	70%	2	4	\$1,208	\$1,420	\$322	\$2,950
29-Dec	298 MFTB HI	Assessment OCS Co & IN Co	70%	2	4	\$2,800	\$3,320	\$325	\$6,445
17-Feb	117 RTI TN	Assessment OCS Co	70%	2	4	\$1,210	\$250	\$548	\$2,008
22-Feb	183rd RTI VA (OCS)	Assessment OCS Co	70%	2	4	\$1,210	\$1,618	\$775	\$3,603
22-Feb	122nd RTI GA (OCS)	Assessment OCS Co	70%	2	4	\$1,210	\$250	\$508	\$1,968
1-Apr	260 RTI DC	Assessment OCS Co	70%	2	4	\$1,210	\$1,320	\$775	\$3,305
APR	124th RTI VT (OCS)	Assessment OCS Co	70%	2	4	\$1,810	\$1,670	\$775	\$4,255
26-Apr	169 RTI CT	Assessment OCS Bn	70%	2	4	\$1,210	\$1,670	\$775	\$3,655
16-May	193 DE	Assessment OCS Co	70%	2	4	\$1,210	\$1,670	\$775	\$3,655
22-Aug	154th RTI Camp Shelby MS	Assessment OCS Co	70%	2	4	\$1,210	\$250	\$548	\$2,008
22-Sep	199th RTI LA (OCS)	Assessment OCS Co	70%	2	4	\$1,210	\$1,670	\$775	\$3,655
								Total all trips:	\$37,507

*Total Per Diem = lodging and per diem daily x 2 PAX x 4 days
 †Total Transportation = tickets, rental, mileage/airport
 ‡Total Other = tax, bags, CTO, gas
 Alt = alternate, RS = right-sizes, Trans = transportation

Figure O-1. Example proponent assessment travel funding submission

c. Proponent QAOs capture their travel submissions by fiscal year. Multi-branch CoE QAOs capture all of their proponent assessments in a single spreadsheet, breaking out their proponents separately.

d. The Chief, Plans and Operations Division validates all requirements and consolidates requirements into a single POM submission to HQDA G-3. All RC-related evaluation travel is obligated using Training Reserve Component Support funding, with funding and approval authority being centrally managed at the HQ level to monitor and track obligation rates.

O-2. Defense Travel System authorizations and vouchers

a. Travelers conducting proponent assessment-related travel submit their travel requests in DTS using the travel authorization checklist shown in table O-1.

Table O-1
Defense Travel System travel authorization checklist for proponent assessments

DTS Travel Authorization Checklist	
1	Have you provided your social security number via encrypted e-mail to the Chief, HQ TRADOC QAO Plans and Operations Division to be “cross-org” for travel?
2	Is your business being conducted on an installation? If yes, is the destination on your orders to the installation and not a local city?
3	Have you captured the correct trip type? <i>For example, “Temporary Duty Travel (Routine).”</i>
4	Is your trip description complete? <i>For example, “Conduct proponent assessment of 426th RTI.”</i>
5	Did you book your lodging through DTS? <i>Lodging should be booked through DTS, but if you book a group of rooms outside DTS, then address the flag and provide the name, address, and rate for the hotel.</i>
6	Is your lodging within the authorized per diem rate? <i>Lodging is within the authorized per diem rate unless the approving official approved actuals in advance of travel.</i>
7	Is your rental car reservation for a compact car? <i>Only compact cars are authorized unless the approving official granted approval in advance and the comments are captured in the authorization accordingly.</i>
8	Did you include CTO fees, mileage to and from the airport, airport parking, baggage fees, taxi, hotel taxes, and fuel for rental car as expenses on your authorization?
9	Did you charge all expenses to GOVCC except for mileage to and from the airport?
10	Did you select the right LOA? <i>For travel to proponent assessments, it should be “FY Title XI: Reserve component accreditations and proponent assessments of Reserve component institutions.” “FY” will be the current fiscal year.</i>
11	Did you change the routing list to QAORL before digitally signing the document? <i>ALL authorizations and vouchers route to HQ TRADOC QAO for approval.</i>
12	Did you address all flags and provide justification?
<i>CTO = Commercial Travel Office; GOVCC = government travel charge card; LOA = line of accounting; QAORL = Quality Assurance Office routing list</i>	

b. Travelers conducting proponent assessment-related travel complete their travel vouchers in DTS using the travel voucher checklist shown in table O-2.

Table O-2
Defense Travel System travel voucher checklist for proponent assessments

DTS Travel Voucher Checklist	
1	Did you file your voucher within five days of return from travel? <i>Vouchers are filed within five days of return from travel.</i>
2	Did you upload all required receipts into the voucher? Required receipts (when applicable) include: <ul style="list-style-type: none"> • Hotel (show a zero balance) • Airline ticket and CTO fee • Rental car (show a zero balance) • Fuel for rental car • Baggage • Parking <i>The ONLY things that do not require receipts are meals and mileage to and from the airport.</i>
3	Are your receipts legible? <i>Receipts need to be legible.</i>
4	Did you update expenses as needed?
5	Did you annotate appropriate information for the approving official? <i>For example, did you explain all flags, if any?</i>
6	Did you change the routing list to QAORL before digitally signing the voucher?
7	Did you sign the voucher and check that it went forward?
<i>CTO = Commercial Travel Office; QAORL = Quality Assurance Office routing list</i>	

Appendix P

Instructor Actions Review Evidence Guidelines

Proponent QAOs conduct IA reviews of their institutions' new POIs (new POIs only) as part of the new POI submission process. This is a quality assurance review of the IAs to assure effective processes; it is not a quality control review of the IAs, the POI, or the POI's lessons. Quality assurance evaluators may use this appendix as a guide, along with TP 350-70-14.

P-1. Instructor actions are POI-driven and specific

Quality assurance evaluators look for evidence that developers assigned IAs that are POI-driven, POI-specific, performed every time the POI is executed, performed in the same manner every time the POI is executed, not duplicative of tasks/hours that earn instructor-contact-hour (ICH) credit, appropriate for an instructor to perform, and quantifiable. IAs directly support execution of the POI's lesson plans.

a. Examples of valid IAs include classroom setup and breakdown, pre-entry assessment, remedial instruction and assessment, grading assessments, student counseling, and evaluating students' written assignments.

b. Examples of non-valid IAs include instructor certification activities, supervising instructors and others, command-related duties, personnel actions, and training development activities. These examples represent instructor work that is not performed in the routine execution of a POI and should not be documented as IAs.

P-2. Not all lessons require instructor actions

Quality assurance evaluators look for evidence that developers did not automatically assign IAs to every lesson without considering actual requirements for each lesson. Not all POI lessons require IAs. For example, in the case of multiple lessons conducted during the same day in the same location, normally (but not always) only the first lesson of the day would require setup, and normally (but not always) only the last lesson of the day would require breakdown. If lessons other than the first lesson of the day include setup, and/or if lessons other than the last lesson of the day include teardown, the developer should clearly and justifiably explain the reason for this in the IA text field in TDC.

P-3. Instructor action times are not standardized

Quality assurance evaluators look for evidence that developers did not automatically assign the same IA times to every lesson. IA times should not be standardized. One indicator that developers may have standardized IA times is the same setup and teardown times for every lesson. IAs capture the actual and unique work requirements for each lesson.

P-4. Instructor action tasks are not duplicated

Quality assurance evaluators look for evidence that developers did not duplicate ICH tasks already captured in the POI. For example, when instructors grade student performance during time allotted for the lesson, such as during hands-on testing, ICH is already being earned for that time. IAs may not duplicate ICH.

P-5. Instructor actions directly support the program of instruction

Quality assurance evaluators look for evidence that developers only documented IAs related to execution of the POI. Examples of tasks that may be documented as IAs because they are scheduled events conducted in direct support of the POI every time it is executed include in- and out-processing students and graduation-related activities. Examples of tasks that may not be documented as IAs because they are not associated with POI time, and are included in the POI as information only, include physical readiness training and fitness testing.

P-6. Instructor actions are not direct support to manpower training events

Quality assurance evaluators look for evidence that developers did not assign IAs to tasks that “direct support to manpower training event” personnel should perform, such as delivering supplies, water, and ammunition to training sites. Even if instructors are actually performing these tasks due to “direct support to manpower training event” personnel shortages, these tasks are not IAs and may not be documented as such in the POI.

P-7. Targets for instructor action time were not established

Quality assurance evaluators look for evidence that developers did not establish targets for IA time within the POI. For example, lessons having the same or near-same total IA time, but also having significantly different training strategies and/or conditions, may be an indicator of established IA targets.

P-8. Instructor action hours were not manipulated

Quality assurance evaluators look for evidence that developers did not attempt to manipulate IA hours so that the IRM would produce a pre-determined number of instructors. For example, a POI having the same or more total IA time as the previous version of that POI, even though the POI’s academic hours were reduced by 25 percent from the previous version, may be an indicator of manipulated IA hours. An activity having more IA time allocated than would normally be expected for that activity, without a clear and justifiable explanation in the IA text field in TDC, may also be an indicator of manipulated IA hours.

P-9. Instructor actions have clear and justifiable explanations as needed

Quality assurance evaluators look for evidence that developers use the IA text fields in TDC to provide clear and justifiable explanations of all IAs that are not necessarily obvious to outside reviewers. For example, explanations are not necessary for IAs that are obvious, such as 10 minutes for classroom setup; however, if classroom setup is 60 minutes, the developer should clearly and justifiably explain in the IA text field what the instructor does during that time and why it takes so long.

P-10. Requirements for multiple instructors are clearly explained and aligned

Quality assurance evaluators look for evidence that developers clearly explain in the ISR text field in TDC the requirements for multiple instructors wherever multiple instructors are needed. Evaluators look for alignment of the developer’s explanations with the time, ISR, and total instructors for the lessons listed in the POI.

Glossary

Section I

Abbreviations and Acronyms

AC	active component
AAR	after action review
AATS	Army National Guard aviation training site
ADDIE	analysis, design, development, implementation, and evaluation
AEAS	Army Enterprise Accreditation Standards
AQAP	Army Quality Assurance Program
ARIMS	Army Records Information Management System
AR	Army regulation
ARNG	Army National Guard
ATTRS	Army Training Requirements and Resource System
CG	Commanding General
CLP	continuous learning points
CoE	center of excellence
DA	Department of the Army
DA PAM	Department of the Army pamphlet
DOD	Department of Defense
DOTMLPF-P	doctrine, organization, training, materiel, leadership and education, personnel, facilities, and policy
HPDT	high physical demand task
HQ	headquarters
HQDA	Headquarters, Department of the Army
IA	instructor actions
ICH	instructor contact hour
IMT	initial military training
ISR	instructor-to-student ratio
LON	letter of notification
MEP	master evaluation plan
NCO	noncommissioned officer
NCOA	Noncommissioned Officer Academy
PDF	Portable Document Format
PME	professional military education
POI	program of instruction
POM	program objective memorandum
QAE	quality assurance evaluator
QAEC	quality assurance evaluator course
QAEDP	Quality Assurance Evaluator Development Program
QAO	quality assurance office
RA	Regular Army
RC	reserve component
RRS-A	Records Retention Schedule–Army
RTI	regional training institute

RTSM	regional training site – maintenance
SCN	survey control number
SME	subject-matter expert
SOP	standard operating procedure
TDA	table of distribution and allowance
TP	TRADOC Pamphlet
TR	TRADOC Regulation
TRADOC	Training and Doctrine Command
USMA	United States Military Academy
USAR	United States Army Reserves

Section II

Terms

Accreditation

A process for determining whether an institution meets established standards for function, structure, and performance.

Accreditation staff assistance visit

A formalized event in which a team or an evaluator representing the accrediting agency helps a learning institution be better able to identify its own strengths and weaknesses in relation to the AEAS and recommends ways for the institution to improve its processes. The purpose is to assist, coach, counsel, and mentor Army learning institutions on the AEAS and Army accreditation process. It is not an accreditation or pre-accreditation.

Accredited (center/proponent) learning institution

CoEs and non-CoE learning institution with proponent responsibility for courses and/or learning programs. CoE examples include Cyber CoE, Intelligence CoE, and Medical CoE. Examples of non-CoE proponent learning institutions include the MG Robert M. Joyce School for Family and MWR (morale, welfare, and recreation), and the National Guard Professional Education Center.

Accredited (non-proponent) learning institution

Army learning institution that is not the proponent for the courses or programs it implements, but that is accredited and awarded an Army accreditation certificate. Examples include NCOAs, Army troop schools, USAR training brigades, RTSMs, ARNG RTIs, AATS, and other ARNG learning institutions requiring accreditation.

AEAS lead

An Army accreditation team member who arbitrates and adjudicates issues and findings from criterion evaluators; reviews and processes impact issues and value-added practices within assigned AEAS; coordinates, analyzes, and synthesizes AEAS rubrics into AEAS report; and writes AEAS summaries and recommendations, impact issues, and value-added practices.

Army accreditation

An evaluative process that assures Army leaders that learning institutions meet and sustain accepted quality standards, and that their processes are working within established limits. It looks

at various aspects of a process, including conformance to policy, regulation, and other guiding directives; resources, such as personnel and equipment; methods; environment; process controls, such as SOPs and training; and metrics for tracking process performance. It also assesses whether a learning institution's products conform to necessary requirements, such as those described in the AEAS.

Army accreditation cycle

A three-year cycle in which Army learning institutions are accredited or assessed.

Army accreditation period

A scheduled 120-day period in which all accredited Army learning institutions are evaluated for accreditation.

Army accreditation team

A matrixed team of evaluators who conduct Army accreditations. The team is composed of an accreditation team lead, AEAS evaluators, and criterion evaluators. Team members are selected based on their professional experience and expertise. Depending on the expertise required for any given accreditation, team members may be selected from various organizations across the Army.

Army Enterprise Accreditation Standards

The Army's accepted standards for accreditation. The AEAS establish criteria for institutional quality and provide the Army the means to assess and improve all Army learning institutions across active and reserve components, and across the DOTMLPF-P domains.

Army learning institution

An Army organization or activity that generates and sustains trained, ready, and available forces. Army learning institutions include centers and schools, both AC and RC, that provide IMT, PME, Civilian Education System, and functional training for Soldiers, Army Civilians, and contractors. Examples of Army learning institutions include but are not limited to Army centers of excellence, training brigades, noncommissioned officer academies, troop schools, regional training institutes, training battalions, regional training sites, and aviation training sites.

Army Quality Assurance Program

An Army program that defines responsibility for accrediting all Army learning institutions across all Army components, except for the USMA. Through Army accreditation and its related processes, the AQAP assures Army standards are achieved in the development, education, and training of Soldiers and DA Civilians while strengthening the Army's ability to learn, adapt, and innovate, and its readiness to deploy, fight, and win decisively against any adversary, anytime, and anywhere. The AQAP is comprised of five major quality assurance functions: accreditation, oversight and governance, proponent assessment, internal evaluation, and external evaluation. HQ TRADOC QAO is the lead agent for the Army.

Assessed (non-proponent) learning institution

An Army learning institution that is not the proponent for the courses or programs it implements, is not individually accredited, and is not awarded an Army accreditation certificate. A proponent

assesses this learning institution through the proponent assessment process, and results become part of the higher-level accredited institution's accreditation report. Examples include USAR training battalions, RTI training battalions, and proponents' own outlying subordinate schools.

Audit trail

A record or collection of records that provide documentary evidence of what was done to affect a specific outcome; for example, records that provide evidence of how a course progressed through the design and development process, or records that provide evidence of the steps an organization took to mitigate or resolve an impact issue.

Center of excellence

An Army learning institution that has authority over proponents and/or instructional delivery institutions. Some may also be considered proponents and/or provide instructional delivery.

Commandant

Any individual assigned to an authorized paragraph and line number and designated as COMMANDANT on the organization's current TDA. This generally applies to NCOAs; however, CoE commanders may also be designated as CG COMMANDANT on the organization's TDA.

Commander

Any individual assigned to an authorized paragraph and line number and designated as COMMANDER, CDR, or CG on the organization's current TDA. This generally applies to commanders of CoEs, schools, RTIs, brigades, etc.

Competency

The knowledge, skills, and abilities required for successful human performance.

Competency model

A framework that defines the full range of competencies required to be successful in a specific job or occupation.

Continuous learning

The constant expansion of knowledge and skills needed to perform more effectively and adapt more readily to ever-changing environments. It involves a wide range of activities that increase performance capabilities.

Continuous learning points

The points awarded for successful completion of continuous learning activities. They provide a method of ensuring quality assurance evaluators develop and enhance their professional skills, remain current in their professions, and remain flexible and adaptable to those ever-changing environments. They may be awarded for completion of academic courses, training courses, professional activities, and professional experience.

Corrective action plan

The commander, commandant, or civilian or military equivalent's plan for resolving shortcomings and deficiencies for all AEAS criteria and sub-criteria rated below 100 during an Army accreditation, proponent assessment, and/or self-assessment. It identifies the staff lead responsible for ensuring compliance with the Army requirement and includes all actions taken toward resolution.

Course evaluation

A focused evaluation of an individual course as measured against applicable AEAS criteria.

Criterion

A value or standard by which to evaluate a product, process, or behavior. Plural: *Criteria*.

Criterion evaluator

An Army accreditation team member who evaluates all assigned criteria by collecting and polyangulating data, identifies and processes any impact issues and value-added practices, and completes rubrics for all assigned criteria.

Data analysis

A systematic process of transforming raw data into usable information. It involves organizing, cleaning, analyzing, and interpreting the data. It is used to reveal patterns and trends in the data and relationships among variables, and to find meaning in data for drawing conclusions and making informed decisions.

Data collection

A systematic process of gathering evaluation data. Methods include surveys, document reviews, observations, interviews, and focus groups.

Director

For this publication, a director is any individual assigned to an authorized paragraph and line number and designated as DIRECTOR or something similar in nature on the organization's current TDA. This applies to senior leaders, other than commanders and commandants, who are responsible for an academic or educational institution.

Document review

A systematic method of collecting data by reviewing and evaluating existing documents. It is useful for gathering background information about an organization's history and operations, answering basic evaluation questions, revealing differences between course or program design and implementation, formulating interview and focus group questions, and developing observation forms. It is also useful for polyangulating and confirming whether or not assumptions are borne out in the documentation.

Evaluation

A process of systematically examining a system or process to determine its value or merit using standards and evaluative criteria. It involves collecting, analyzing, and interpreting data; gaining

insights; and making judgments to determine the degree of the system or process' value or merit, inform decisions, and improve future performance. It is part of the quality assurance function.

Evaluation questions

The general questions that an evaluation answers. They are aligned with an evaluation's purpose, and they guide an evaluation's design decisions, such as what data to collect and the data collection and analysis methods to use. They employ polyangulation; for example, a single evaluation question can be answered using multiple data sources and multiple data collection and analysis methods. They are high-level questions, and they should not be confused with the specific survey, interview, and/or focus group questions used to collect evaluation data. The number of evaluation questions needed depends on the evaluation's purpose and scope, and on the resources available to collect and analyze the data.

Executive Summary

An executive summary is a brief overview of a report designed to give the reader a quick preview of its content.

External evaluation

A quality assurance process that provides Army learning institutions the means to determine if their training and education courses meet the performance needs of the operational Army. It includes external surveys and other types of external evaluation.

External survey

Provides Army learning institutions a means to solicit feedback from graduates and their leaders on the quality of their learning institutions' courses. This feedback from the operational force informs institutions of how well their courses prepare Soldiers and Army Civilians to perform their jobs when they arrive or return to their units.

Focus group

A method of data collection that involves facilitating group discussions to gain a range and depth of understanding of participants' common experiences and. Focus groups depend on group interaction and the data that emerges. They can be conducted in person, or through teleconferencing or videoconferencing.

Impact issue

A situation or circumstance that impedes an Army learning institution's mission, is beyond the learning institution's ability to resolve, has an audit trail documenting how the learning institution tried to resolve the issue, and causes the learning institution to fail one or more AEAS criteria.

Individual Training Plan

The Individual Training Plan is a long-range planning document that articulates the proponent's career-long learning strategy for a MOS, area of concentration, or separate functional area. (TR 350-70, TP 350-70-14).

Initial impressions outbrief

A process of informing the Army learning institution's leaders and stakeholders of the evaluation team's initial findings and impressions, both positive and negative, that emerged during accreditation, assessment, or evaluation events and activities. It is normally conducted prior to in-depth data analysis; therefore, initial findings and impressions may change.

Inspection

A process of closely examining, measuring, or testing a product or service's characteristics and comparing results with specific requirements to establish whether the product or service is correct and in compliance. It usually follows a checklist based on product or service specifications. It is part of the quality control function.

Instructional delivery institution

An Army learning institution that only provides instructional delivery of, or implements, proponents' learning materials; for example, RC learning institutions, NCOAs, RTSMs, AATS, and troop schools.

Instructor actions

The requirements-producing instructor work categories documented in POIs. They are based on time and ISR, and they capture instructors' tasks and work hours when not formally executing POI lessons with students. (TP 350-70-14)

Internal evaluation

An Army learning institution's quality assurance review of its own processes and functions. It provides the means to assure Army leaders that the Army's training and education products, programs, and processes are efficient and produce desired results. It also provides learning institutions the means to improve and sustain high levels of institutional performance across the DOTMLPF-P domains. It includes course evaluations, non-course evaluations, self-studies, and self-assessments.

Interpreting results

A process of applying value judgments to analyzed data in accordance with the evaluation criteria, and of drawing conclusions. Results may suggest recommendations for improvement or lead to additional questions about the organization or program.

Interview

A method of data collection that involves orally questioning participants through one-on-one discussion. Interviews can be conducted in person, over the telephone, or through videoconferencing.

Master evaluation plan

An Army learning institution's three-year planning document defining the institution's strategy for meeting its quality assurance evaluation requirements throughout the three-year Army accreditation cycle. A master evaluation plan, commonly referred to as a MEP, captures

projected plans for conducting internal and external evaluations and proponent assessments, as applicable.

Non-course evaluation

A focused evaluation of AEAS criteria and sub-criteria not normally observed, or not solely observed, at the course level. A non-course evaluation includes but is not limited to institution-level evaluations of various AEAS- and DOTMLPF-P-related processes.

Observation

A systematic method of collecting data about behaviors as they occur in their natural settings. It is also a method of collecting data when information about the physical setting is needed, such as determining if a classroom is conducive to learning, or if barracks facilities adequately support students' needs. Observations often conducted for quality assurance evaluations include but are not limited to observing training, training equipment, training facilities, barracks facilities, and test administration.

Outlier

An implausible response in the data; a data point that is considerably larger or smaller than the nearest data point.

Policy

A law, regulation, rule, or guideline that describes a desired end state, drives actions and activities, and provides a framework for processes and procedures. Examples include regulations, policy memorandums, and commander's training guidance.

Polyangulation

A systemic process of analyzing and relating multiple sources of data to develop a comprehensive understanding of a phenomenon. It involves examining data from multiple sources to verify the data's validity and reliability, and to evaluate the extent to which the evidence converges. It recognizes the multiple systems and environments in which data is collected, the diverse realities and perspectives of those from whom data is collected, and the varied natures of those collecting and analyzing the data.

Procedure

A specific or standardized way to carry out an activity to consistently achieve desired results. It provides step-by-step instructions on how an activity should be done. Example procedure documents are SOPs and instruction manuals. Continuity books also typically contain procedures describing how to perform certain tasks specific to a duty position.

Process

A set of activities that turn inputs into outputs or results. It is an outline or roadmap of what needs to be done to get to the end result. Example process documents are flow charts and action plans.

Project management

A process of organizing, coordinating, and managing people and tasks from the initial stages of a project to completion. The primary goal is to meet project requirements; however, it also aims to improve a team's efficiency and effectiveness.

Proponent

An Army organization or staff element designated by the HQDA, Deputy Chief of Staff, G-3/5/7, who has primary responsibility for materiel or subject matter expertise in its area of interest or is charged with the accomplishment of one or more functions. (TP 350-70-14)

Proponent assessment

A quality assurance process in which proponent learning institutions evaluate their outlying subordinate schools and functionally aligned RC learning institutions against the AEAS. The resulting proponent assessment report becomes part of the higher-level accredited institution's accreditation report.

Proponent assistance

An informal event in which proponent QAOs provide the learning institutions that they assess with ongoing informal assistance, coaching, counseling, mentoring, and other quality assurance support throughout the three-year Army accreditation cycle. The purpose is to assist, coach, counsel, and mentor assessed learning institutions on the AEAS and proponent assessment process. It is not an assessment or pre-assessment. The type and level of assistance varies depending on the needs of the assessed learning institution and the resources available.

Qualitative data

Data that are non-numerical and descriptive and can be analyzed using a variety of methods such as content or narrative analysis. They provide context and meaning and can reveal a part of a story that quantitative data cannot, such as how or why something has occurred. They either cannot be converted to numerical data or are considered more valuable in qualitative form. Examples include interview, focus group, and observation notes; document content; and responses to open-ended survey questions.

Quality

The ability of a product or service to satisfy the needs of the internal and external stakeholders who use or otherwise benefit from the product or service.

Quality assurance

A function that provides leaders assurance that an organization is efficiently and effectively meeting its mission requirements, also assuring that controls are in place to effect quality performance across the organization.

Quality assurance evaluation rubric

An evaluation tool that provides a common framework for evaluation. It provides performance criteria and describes standards for different levels of performance of each criterion. It guides judgment on performance and facilitates efficient analysis, synthesis, and evaluation.

Quality assurance office

An organization or individual (depending on the mission and size of an Army learning institution) that executes the AQAP and reports directly to and serves as the “eyes and ears” of their learning institution’s commander, deputy commander, commandant, assistant commandant, or civilian or military equivalent, as appropriate.

Quality control

The day-to-day actions taken to ensure a program, product, or process meets applicable specifications and standards. It has three objectives: find defects, correct defects, and validate the deliverable.

Quantitative data

Data that are numerical and can be statistically analyzed. Examples include scores, quantities, frequencies, time, and responses to closed-ended survey questions.

Quarterly quality assurance review

Provides an Army learning institution’s senior leaders with summarized progress and results collated and synthesized from all quality assurance activities conducted during the last quarter, internal and external evaluations; self-assessments, and Army accreditations or proponent assessments, as applicable. Includes a summary of the quality assurance trends across the institution, any new impact issues and value-added practices, and the status of any open corrective action plan items and impact issues.

Required critical information

The information needed to answer the evaluation questions.

Root cause analysis

A systematic process of uncovering the underlying causes of problems and identifying and applying appropriate solutions. It can also be used to diagnose successes and discover where something went right.

Rebuttal

An argument or claim providing evidence that a reported accreditation rating, finding, recommendation, or impact issue is inaccurate or false.

Self-assessment

An internal evaluation process in which an Army learning institution evaluates its own programs and processes against approved standards. It provides the means to assure that training and education products, programs, and processes are efficient and produce desired results. It also provides the means to identify and correct deficiencies to improve and sustain high levels of institutional performance across the DOTMLPF-P domains.

Self-study

An internal evaluation process in which an Army learning institution critically examines its form and substance, programs and processes, and strengths and challenges, then judges its

performance and effectiveness relative to its goals. Its primary purpose is to advance an institution's understanding of itself.

Standard

An accepted level of quality, attainment, or achievement.

Survey

A process of collecting data, or feedback, from a group of people, and of aggregating, analyzing, and interpreting that data. A survey always contains a written set of questions, known as a questionnaire.

Systematic inquiry

The process of methodically and holistically seeking information needed to make decisions, draw conclusions, and ensure accurate and credible evaluation results. It drives decisions about high-level evaluation questions and the approaches and methods needed to answer those questions. It also drives decisions about specific questions, such as interview questions, needed to explore shortcomings and strengths and help answer the higher-level evaluation questions. It considers interacting systems of people, processes and/or structures and how they may influence one another. It aims to both develop theories about facts or situations by using inductive reasoning, and to test existing theories about facts or situations by using deductive reasoning.

Theme

Common or repeating ideas, concepts, and/or meaningful patterns that emerge when collecting and analyzing data.

Trend

A positive or negative change or development in a general direction.

Value-added practice

An Army learning institution's practice that enhances the value of an AEAS criterion, is effective and applicable across Army learning institutions, can be supported within the limits of regulatory guidance and resources, and promotes the institution as a learning organization.