



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING  
1722 N. Street, N.W., Washington, D.C. 20036  
Telephone : 202-955-1113 Fax: 202-955-1118  
<http://www.accet.org>

May 4, 2015

VIA EMAIL & FEDERAL EXPRESS  
(es\_law@hotmail.com)

Mr. Eungsun Law, President  
Center of English Language  
3434 Forest Lane  
Dallas, TX 75234

***Re: Initial Accreditation Denied  
(Appealable, Not a Final Action)  
ACCET ID #1458***

Dear Mr. Law,

This letter is to inform you that, at its April 2015 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Center of English Language, located in Dallas, Texas, with a branch campus in Richardson, Texas. The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER) and Branch Analytic Self-Evaluation Report (BASER), the on-site visit team reports (visits conducted January 13-16, 2015), and the institution's responses to those reports, dated February 24, 2015. It is noted that a few of the weaknesses cited in the team reports were adequately addressed in the institution's responses and accepted by the Commission. However, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard I-C: Planning (Dallas and Richardson campuses)

The institution failed to demonstrate that written one-year and longer-range business plans facilitate the accomplishment of broad institutional goals, are updated at least annually, include specific and measurable objectives, with corresponding operational strategies, and methods for subsequent evaluation of each objective.

The team reports noted the absence of a longer range plan. Both the 2014 short term and the incomplete 2015 "long term" plan presented to the team included some objectives that were neither specific nor measurable and did not specify methods of evaluation. The response included a much-expanded and improved long range plan, but no updated version of the short term plan in order to address the team's concerns. Further, the long term plan includes some strategies lacking necessary specificity in order to sufficiently measure its outcomes. For example, one strategy to support the goal of increasing enrollment simply states "update

student recruiting strategy.” The corresponding method of future evaluation is listed as “document exists and necessary budget is in place.” Therefore, the institution’s planning documents do not evidence effective implementation of and observable results from a systematic and ongoing strategic planning process.

2. Standard II-B: Operational Management (Dallas and Richardson campuses)

The institution failed to demonstrate that operational management is responsible for systematically and effectively implementing the strategies and policies of senior management within an organizational framework that is clearly defined, understood, and effective; or that written policies and procedures guide the day-to-day operations of the institution.

The team reports noted that operational policies and procedures were disorganized, found in disparate locations, and in some cases essential policies did not exist. Staff were generally uninformed concerning the details of the policies and procedures guiding their positions and were unaware of the location of those documents. The team reports noted confusion, repetition, and overlap as to job responsibilities among the staff, noting also that some job titles did not reflect currently assigned duties nor were stated consistently among different official documents and the organizational chart. Additionally, certain key operational duties were not assigned to anyone at the time of the team’s visit. The response provided a copy of the School Policies Binder Table of Contents and stated that instructors are now being informed of the location and relevant contents of the policy binder. However, the institution failed to provide the corresponding policies to demonstrate compliance with this standard, nor did it provide evidence of training of the new polices or evidence of the their implementation. The institution failed to provide an updated Organizational Chart or job descriptions to demonstrate consistent efficient operational management. Therefore, the institution did not demonstrate systematic and effective implementation of policies and procedures to guide day-to-day operations as required by the standard.

3. Standard II-D: Records (Dallas and Richardson campuses)

The institution failed to demonstrate that its record-keeping system ensures all records are maintained in an accurate, orderly, and up-to-date manner or facilitates ready access and review of those records by appropriate parties.

The teams reported that student file, including attendance, grades, admissions documents, and financial records, were inconsistently documented and often incomplete. Transcripts were not in evidence. Enrollment agreements often failed to indicate visa type, estimated completion date of the initially contracted session, number of weeks, total clock hours, level, costs, and administrative signature. Students did not execute additional, updated, or amended enrollment agreements or similar documents upon obligating themselves for additional sessions. Some instructors maintained paper attendance records, while others input directly into Engrade. The response provided blank copy of a revised enrollment agreement form, adding a second page to record details of subsequent sessions contracted, yet the Commission noted that this

addendum page includes no space for the student to signify re-enrollment with a dated signature. Moreover, no completed copies were submitted to evidence implementation in practice. The response acknowledged frequent administrative oversight resulting in the incomplete enrollment agreements cited by the team. It stated simply “this issue has been corrected,” yet failed to provide any further detail or supporting documentation to substantiate this claim. The response indicated that the institution is currently evaluating and selecting a new software records solution to replace the current paper-based system. No revised policy, procedure, nor evidence of a functioning process for maintenance of student records was submitted, pending selection of the new database. Therefore, the institution did not demonstrate implementation of a record keeping system that ensures accurate, orderly, and up-to-date records.

4. Standard III-B: Financial Procedures (Dallas and Richardson campuses)

The institution failed to demonstrate that receipt of tuition payments and other monies is properly recorded and tracked, or that cancellation and refund policies are written, fair and equitable; are consistently administered; and comply with statutory, regulatory, and accreditation requirements.

The team reports indicated that the institution’s current insurance policy does not contain coverage for Workmen’s Compensation. No written policy was in place indicating the documentation to be maintained for student financial records. Student account ledgers were not maintained. Only one record of cancellation was provided to the team for review, in which file the refund calculation worksheet was incomplete. The institution’s response confirmed the lack of Workmen’s Compensation coverage, but indicated that a compliant policy has not yet been purchased. A new policy on documentation of student financial records was provided; however, the policy addresses only FERPA-related privacy concerns and permissions for disclosure of financial information, but failed to include the creation and maintenance of student financial records. In reference to tuition ledgers, the institution’s response referenced only the institution’s current search for recordkeeping software, as discussed under Standard II-D, which is still not implemented and thus cannot be evaluated. The response addressed the refund calculation worksheet cited by the team as incomplete, explaining that this student’s cancellation pre-dated the current policy and process, whereas more recent examples were reportedly not available for submission since refunds are so uncommon owing to the institution’s short enrollment periods. The Commission also noted that the current refund calculation worksheet does not stipulate how refunds are calculated for students who enroll/pay in advance for multiple sessions, such as students with a financial guarantee or scholarship who, in accordance with the institution’s enrolment policy, enroll for four months at a time. Therefore, the institution has failed to demonstrate systematic and effective implementation of a compliant refund policy or process.

5. Standard V-A: Instructional Methods (Dallas main campus)

The institution failed to demonstrate that instructional methods encourage active and motivated responses from participants, that written policies and procedures are in place to ensure that the curricula are followed and that there is consistency of application by all instructional staff, or that the instructional methodology is consistent with current training industry standards and appropriate to the educational goals and curricular objectives of the program.

The team report indicated that instructional methods observed in the classroom did not support the communicative methodology, to which the institution officially subscribes. Observed teacher talk time was high; pair and small group work was witnessed in only one class; and language input was delivered in a lecture-style format. The institution's response countered that the team's citation was based on a non-representative sample of methods observed, resulting from brief observation sessions during the visit. However, the response stopped short of providing any documentation (lesson plans, student/instructor feedback, records of faculty training) to actually evidence adherence to the communicative method. The Commission can only determine compliance based on a demonstrated record of effective implementation and observable results. Therefore, the institution did not demonstrate the systematic and effective implementation of the institution's instructional methodology.

6. Standard VI-B: Supervision of Instruction (Dallas and Richardson campuses)

The institution failed to demonstrate that regular classroom observations are documented and effectively utilized to enhance the quality of instruction.

The team reports indicated that multiple staff members conduct teacher evaluations, yet not all evaluators were qualified. There was an Academic Coordinator at the main campus and an ESL Program Coordinator at the branch campus, but their respective roles were unclear, as they were not responsible for faculty orientation or classroom observations. The institution's responses indicated that each of these individuals is in fact the primary faculty supervisor at his or her respective campus, but have only been assigned to serve as such in the recent past, thus creating the confusing record of disparate observations within the last year. The institution failed, however, to provide updated job descriptions and evidence of completed faculty orientation and evaluations as completed by the Academic Coordinator and ESL Program Coordinator. Therefore, the institution did not demonstrate that regular observations are documented and effectively utilized to enhance instruction.

7. Standard VII-D: Student Services (Dallas and Richardson campuses)

The institution failed to demonstrate that student services, consistent with the mission and learning objectives of the institution, are provided.

The team reports indicated that minimal activities beyond the classroom are offered that might benefit students culturally, socially, or personally, despite inclusion of "...*orientation in U.S.*

*culture...*” in the institution’s mission. The team could verify only two past events, and no future calendar of events was posted. The institution’s response included minimal evidence of activities in the form of several undated photographs of additional events hosted. The institution also provided a short pamphlet published by the City of Dallas Office of Cultural Affairs, but no evidence that the pamphlet is distributed to students. A 2015 calendar of events including one event planned every two or three months was also submitted, but without any accompanying information as to who arranged or will lead these events. Therefore, the institution did not demonstrate a regular, ongoing student services program to support its mission of orientation in U.S. culture.

8. Standard VIII-A: Student Progress (Dallas and Richardson campuses)

The institution failed to demonstrate that it effectively monitors, assesses, and records the progress of participants utilizing a sound assessment system, or that it publishes clear descriptions of the requirements for satisfactory student progress and utilizes sound written policies and procedures to determine student compliance with these requirements and to document the results.

The team reports indicated that, while a Satisfactory Academic Progress (SAP) policy exists, it was not interpreted, applied, or documented consistently. Nominally, the policy is implemented and enforced by the Director of Admissions, but the teams could not verify this in practice. Certain provisions had not been enforced at all, whereas others had been enforced in different ways by different instructors. Evidence that students had fallen short of the SAP requirements without appropriate actions, or with inappropriate actions resulting in non-linear progression through levels, was found in a significant number of the academic files sampled. Specifically, two files revealed students taking courses out of sequence; nine files revealed students not consistently meeting the attendance requirements; and six files revealed students not consistently meeting the academic requirements. Although the policy includes a “three strikes” provision concerning students who repeatedly fail to advance, it has not been applied in practice. Further, the institution did not provide information relative to the correlation between its curriculum and exit tests, nor does it attempt any analysis of the results. Finally, the institution did not track, document, or analyze the academic success of its students, including students who complete two or more levels, students advancing to American Universities, or any students of the TOEFL program, whose course structure does not follow the four-weeks-per-level format of the other programs. The institution’s response addressed a few of the teams’ concerns, explaining that non-linear progression through proficiency levels occasionally resulted from the small number of levels offered each session, commensurate with the small overall student population. While acknowledging this situation as educationally unsound, the response included no evidence that it has been resolved. The response asserted that strict enforcement of the attendance policy has been implemented, but limited evidence (a single termination letter from one campus) of implementation was provided. Reinstatement of the three strikes provision is scheduled for future implementation. Regarding correlation between the institution’s curriculum and exit test, the response informed that a different exit test was once employed, but it was replaced with the Michigan Test during the accreditation

process, stating erroneously that the institution was “forbidden” to use the prior test that yielded more immediately meaningful results. The Commission notes that institutions are required to employ a nationally-normed exit test, but are not prevented from also employing any other instruments they like. The response acknowledged that correlating the Michigan test to their existing curriculum and entrance test will take additional work that has not yet been performed. The remainder of the teams’ concerns were addressed only with references to unspecified improvements to be enacted subsequent to the institution’s current search for recordkeeping software, as previously noted, which is still not implemented and thus cannot be evaluated. Therefore, the institution failed to demonstrate that it effectively monitors, assesses and records the progress of participants as required by the standard.

Since denial of initial accreditation is an adverse action by the Accrediting Commission, the institution may appeal the decision. The full procedures and guidelines for appealing the decision are outlined in Document 11, Policies and Practices of the Accrediting Commission, which is available on our website at [www.accet.org](http://www.accet.org).

If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier’s check in the amount of \$8,500.00, payable to ACCET, for an appeals hearing.

In the case of an appeal, a written statement, plus six (6) additional copies regarding the grounds for the appeal, saved as **PDF documents and copied to individual flash drives**, must be submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny or withdraw accreditation. The appeal process does not allow for consideration of changes that have been made by or at the institution or new information created or obtained after the Commission’s action to deny or withdraw accreditation, except under such circumstances when the Commission’s adverse action included a finding of non-compliance with Standard III-A, Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information provided all of the following conditions are met:

- The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution’s failure to meet ACCET Standard III-A, Financial Stability, with the institution’s non-compliance with Standard III-A the sole deficiency warranting a final adverse action;
- The financial information was unavailable to the institution until after the Commission’s decision was made and is included in the written statement of the grounds for appeal submitted in accordance with the ACCET appeals process; and
- The financial information provided is significant and bears materially on the specified financial deficiencies identified by the Commission.

Center of English Language

May 4, 2015

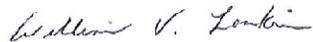
Page 7 of 7

The Appeals Panel shall apply such criteria of significance and materiality as established by the Commission. Further, any determination made by the Appeals Panel relative to this new financial information shall not constitute a basis for further appeal.

Initial applicants are advised that, in the instance of an appeal following a denial of accreditation being initialized in accordance with ACCET policy, the institution may not make substantive changes to its operations, such as additional programs or sites, until a notice of final action is forwarded by the Commission.

It remains our hope that the accreditation evaluation process has served to strengthen your institution's commitment to and development of administrative and academic policies, procedures, and practices that inspire a high quality of education and training for your students.

Sincerely,



William V. Larkin, Ed.D.

Executive Director

WVL/mln

cc: Mr. Herman Bounds, Chief, Accreditation Division, USDE (aslrecordsmanager@ed.gov)  
Ms. Rachel Canty, Deputy Director for External Operations, SEVP  
(rachel.e.canty@ice.dhs.gov)  
Ms. Katherine H. Westerland, Certification Chief, SEVP  
(katherine.h.westerland@ice.dhs.gov)