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May 8, 2017

Dr. Joyce Loveday  
Interim President  
Clover Park Technical College  
4500 Steilacoom Blvd. SW  
Lakewood, WA 98499

Dear Interim President Loveday:

Greetings from the Northwest Commission on Colleges and Universities.

Clover Park Technical College is scheduled to submit a Mid-Cycle Evaluation Report and host a visiting committee of peers for a Mid-Cycle evaluation visit scheduled for October 25-26, 2017. Approximately eight weeks prior to the visit we will write with logistical arrangements for the visit and provide names and contact information of the evaluators.

As you know from President Elman's letter of February 19, 2014, and a follow-up letter of March 28, 2014, the Commission revised the former Year Three *Resources and Capacity* Self-Evaluation Report to become the Mid-Cycle Self-Evaluation report. As stated in the Guidelines for a Mid-Cycle Self-Evaluation Report: *The Mid-Cycle Evaluation is intended to ascertain an institution's readiness to provide evidence (outcomes) of mission fulfillment and sustainability in the Year Seven. It is to assist institutions in determining if the process of outcomes assessment will lead them to a successful Year Seven self-evaluation and peer evaluation. It is intended to be a formative and collegial evaluation with the institution in conversation with the evaluators.*

We ask that by Monday, May 22, 2017, please reply to Mellissa Thoreson at [mthoreson@nwccu.org](mailto:mthoreson@nwccu.org) with the information requested on the enclosed NWCCU Visit Logistics Form. For convenience, the Visit Logistics Form can be accessed online in Word format via the NWCCU website; located in the forms tab and listed under the heading "Forms for Institutions."

Approximately four-five weeks prior to the on-site evaluation each evaluator is to receive one printed and an electronic copy of the Mid-Cycle Self-Evaluation Report and related materials.

Approximately four-five weeks prior to the on-site evaluation, the Commission office is to receive:

- 1) Two printed copies of the Mid-Cycle Self-Evaluation Report and related materials;
- 2) One electronic copy of the Mid-Cycle Self-Evaluation Report as a single Windows-compatible file in Adobe Acrobat format; (Given their nature, any appendices to the Mid-Cycle Report are not required to be provided in electronic form but will be accepted if available as a single Windows-compatible file in Adobe Acrobat format.)

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Dr. Beckie Hermansen, Director, Institutional Research, Snow College, will chair the visit. An invoice for evaluator travel and lodging expenses and costs of preparing and distributing the final evaluation report will be sent under separate cover.

Please contact me if you have any questions or concerns. We look forward to hearing from you by Monday, May 22, 2017, regarding logistical considerations for the visit. Thank you and all the best.

Sincerely,

*Les Steele*

Les Steele, Ph.D.  
Senior Vice President

LLS:mat

Enclosures: Visit Logistics Form

cc: Ms. Tawny Dotson, Vice President for Strategic Development

<b>Institution Name:</b>	<b>Visit Dates:</b>
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**1. Airport Information: Where Evaluators should arrive and depart?**

**Airport Name, City and State:**

**2. Transportation: Please provide transportation details for each item listed below.**

**Airport to hotel:**

**Hotel to campus and back each day:**

**Campus to Airport final day of visit:**

**3. Hotel: Please provide three hotel choices if possible as hotel sites may fill up and an alternate site is needed.**

<b>Hotel:</b>	<b>Hotel:</b>	<b>Hotel:</b>
<b>Address, City, State:</b>	<b>Address, City, State:</b>	<b>Address, City, State:</b>
<b>Hotel Phone:</b>	<b>Hotel Phone:</b>	<b>Hotel Phone:</b>

**4. Opening Meeting First Day of Visit:**

**Gathering Time for Evaluators to meet in hotel lobby for transportation to campus:**

**Opening Meeting Location:**

**Opening Meeting Time:** **Is breakfast being provided at the opening meeting?**

**5. Workroom: (location, room name and/or reference name of room). The workroom needs to be private and secure; supplied with a printer, a shredder, a copier (or access to a copier), writing materials, telephone, staff directories and a campus map.**

**Workroom Name/Location for Evaluators:**

**6. Institutional Contact Information: Please provide name(s), title, phone, email of Institution CEO and ALO, as well as, the contact information of the individual who will coordinate with evaluators regarding their travel logistics for the visit.**

**CEO:**

**ALO:**

**Logistics Contact:**