
ACCREDITATION FLOW CHARTS OF NACTE

National Accreditation council For Teacher
Education, Pakistan
website: www.nacte.org.pk

Annex II

1.1.1 Formation of the Institutional Accreditation Committee: Guidelines and Composition

Two types of members constitute the committee:

- 1) Individuals who automatically become part of the committee due to the post they occupy e.g. (Head of Department)
- 2) Individuals from the program who are eligible due to their post or position.

| No. | Guidelines for the Selection of the Institutional Accreditation Committee |
|-----|---|
| 1. | An institutional Accreditation Committee is constituted by the Head of Department/ Institution / program, comprising of at least four members including two teacher educators and a senior support staff. HoD or his nominee may chair the Committee. |
| 2. | The HoD may add more members to the Committee, if needed, from teacher educators and support staff of the program / institution. |
| 3. | The Committee will be responsible for managing all accreditation activities in the institution and will be answerable to the HoD. |

| No. | Composition of the institutional Accreditation Committee |
|-----|--|
| 1. | Head of Department / Head of Program. |
| 2. | Two Teacher Educators |
| 3. | One senior support staff |

Annex III

1.1.2 Self-Evaluation: Flowchart of procedures

Pre-requisites to conduct this process:

Process 1.1.1: Formation of the institutional Accreditation Committee has to be finalized before initiating this process.

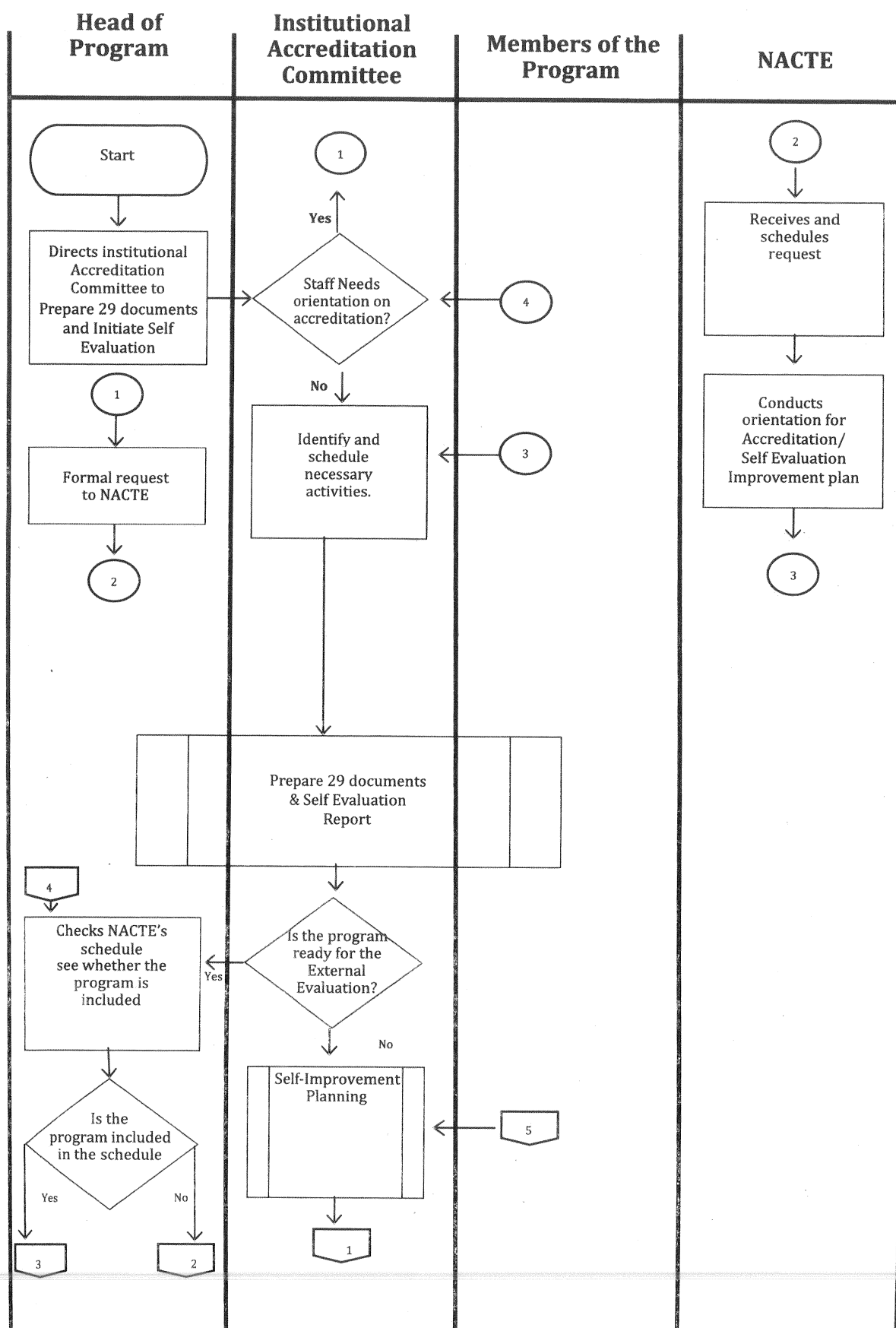
Activities for which this process is a pre-requisite:

Process 1.2: External Evaluation can only be conducted when Self-Evaluation has been concluded.

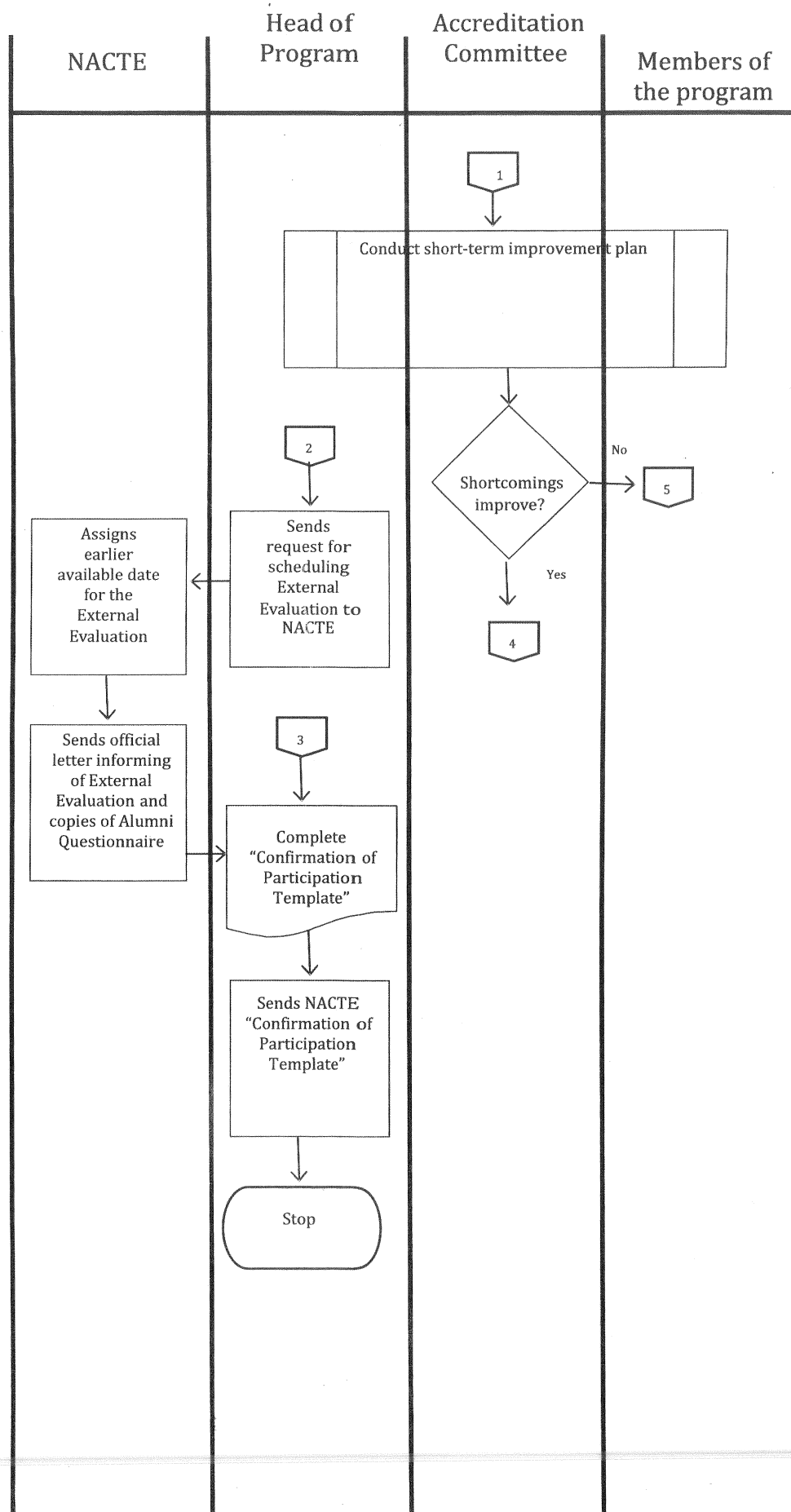
Process 1.4: Self-Improvement Planning can only be conducted when Self-Evaluation has been concluded.

Annex III

(1/2)



(2/ 2)



1.1.2-T1 Self Evaluation: Confirmation of participation template

CONFIRMATION OF PARTICIPATION IN EXTERNAL EVALUATION

Province / Area: Name of Institution:

Address of Institution:

Cell/ Ph #

Email:.

Name of Program:

Type of institution:

Public:

☐

Private:

☐

YES

☐

NO

☐

Accreditation:

☐

Reaccreditation:

☐

I _____, acting as Head of the Program

_____, hereby confirm our interest and

readiness to participate in NACTE's External Evaluation, Kindly schedule the

visit in Weeks of the month _____ of the year _____

readiness to participate in NACTE's External Evaluation Kindly, schedule the visit in _____ week (s) of the Month _____ of the year _____

Signature of person acting as Head of Program or Department

Date of Signature

Annex V**1.2.1 Preparation: Flowchart of procedures****Pre-requisites to conduct this process:**

Process 1.1.2: Self-Evaluation must be completed and a date of External Evaluation negotiated with NACTE.

Activities for which this process is a pre-requisite:

Process 1.2.4: External Evaluation Visit.

(1/ 1)

