Update on the Accreditation Handbook
June 2010

Overview of this Report
This report provides an update on the work to revise the *Accreditation Handbook* for discussion and input. The item contains five chapters for action by the COA that were updated by staff to reflect the changes identified by COA members at the May 2010 meeting. The item also contains one chapter that was updated by staff to reflect the implementation of the revised accreditation system and that is provided as information for the COA. Finally, the item contains a timeline that shows when each chapter should be brought to the COA for initial review, editing, and adoption.

Staff Recommendation
Staff recommends that the COA discuss and adopt the proposed changes to

- Chapter Five: Biennial Reports,
- Chapter Six: Program Assessment,
- the Introduction,
- Chapter Twelve: Team Leadership, and
- Chapter Fourteen: Evaluation of the Accreditation System.

Staff, furthermore, recommends that the COA direct staff to post the adopted chapters.

Proposed Changes to Five Chapters of the Accreditation Handbook
During the May 2009 COA meeting, members and staff discussed the need to update the *Accreditation Handbook* to reflect the revised accreditation system. The COA directed staff to prepare one or more chapters for COA review and adoption at each subsequent meeting until the entire Handbook was updated and adopted. Edits for Chapters Five and Six were identified prior to the April 2010 meeting that conform the chapters to current accreditation practices so that the chapters will be useful for institutions as they prepare their Biennial Reports and Program Assessment documents. Members of the COA identified changes to Chapters Five and Six during the April meeting and directed staff to revise the chapters and bring them back to the May meeting. Members made additional changes to chapters Five and Six during the May meeting and, again, directed staff to make the identified edits and bring the chapters to the June meeting. Chapter Five describes the role of the Biennial Report in the accreditation cycle and provides information to institutions about how to prepare their Biennial Report. Chapter Six provides information about the Program Assessment process and provides information for institutions to follow as they prepare for the Program Assessment process.

Staff made basic changes to the Introduction, and Chapters Twelve and Fourteen before bringing the chapters to the May meeting for information. The COA identified edits for the chapters and directed staff to revise the chapters accordingly and bring them to the June COA meeting. The Introduction provides an overview of accreditation in California and a guide to readers. Chapter Twelve describes the role and requisite skill of team leads for accreditation site visit teams. This chapter is useful for individuals who are interested in becoming team leads as well as for all team members as a guide to distinguishing team member roles. Chapter Fourteen describes the

accreditation system's evaluation processes and activities. This chapter is of interest to policymakers, institutional leadership, and BIR members because it describes how the COA holds itself accountable in a way that is similar to how the accreditation cycle holds program sponsors accountable.

Next Steps

Consistent with directions provided to staff at the May 2009 COA meeting, staff will continue to revise chapters in the *Accreditation Handbook* and will bring proposed revised chapters to the COA for its approval at future COA meetings.

Introduction to the Accreditation Handbook

Overview of Accreditation in California

Under the auspices of Senate Bills 148 (Bergeson, 1988) and 655 (Bergeson, 1993), the education community in California launched an initiative to create a professional accreditation and certification system that would contribute to excellence in California public education well into the 21st Century. The Commission on Teacher Credentialing (CTC), the nation's oldest independent teaching standards board, has long engaged in credential program reviews. The original *Accreditation Framework*, developed by the Accreditation Advisory Council to replace program review, represented a unique, pioneering effort to advance the quality of educator preparation through the creation of an integrated accreditation *and* certification system. The Accreditation Framework of December, 2007, details the requirements of the CTC's revised accreditation system and informed this version of the Handbook.

The 2007 *Accreditation Framework* substantially changed the accreditation process. This handbook documents the procedures the Committee on Accreditation (COA) has put in place to implement the CTC's Accreditation System. The COA encourages both approved institutions and Board of Institutional Reviewers (BIR members) to utilize this handbook. The COA is committed to providing full disclosure of its accreditation process to all.

The purposes of this accreditation system are

- To be accountable to the public and the educator preparation profession regarding the knowledge, skills, and abilities of educators prepared in California.
- To promote quality — both in educator preparation and in candidate performance.
- To ensure that all educator preparation programs prepare all prospective educators to support students in acquiring the knowledge and skills defined in California's K-12 Student Academic Content Standards.
- To support all programs in focusing on continuous improvement based on the analysis of candidate competence data.

This accreditation system for California emphasizes the essential participation of professional educators in the development of accreditation policies and procedures, the conduct of institutional reviews, and the determination of accreditation decisions. Institutions have some choice of deadlines for critical documents and some new tasks have been added. The Accreditation Study Group which was composed of representatives from the major stakeholder groups and members of the COA worked for close to two years reviewing the Commission's accreditation system and developing the recommendations for a revised system.

One action of the COA was to develop criteria for the selection of the Board of Institutional Reviewers (BIR) who conduct accreditation visits and make recommendations regarding institutional accreditation to the COA. These criteria plus other key elements of the system are contained in this *Handbook* to make clear the requirements and expectations of this unique system. Finally, the *Accreditation Framework* provides significant options regarding national accreditation in lieu of state accreditation and the use of individual program standards other than California's for approved program sponsors as they prepare for initial and continuing accreditation. In providing these options, the *Framework* also mandates that one accreditation

decision be made for the entire institution rather than separate decisions made for each program. These changes are intended to foster institutional options and innovations, and to increase the rigor of professional accreditation through the application of high professional standards.

A Reader's Guide to the Accreditation Handbook

The *Accreditation Framework* calls for the development of an *Accreditation Handbook* that is intended to provide information about all adopted accreditation procedures to both educator preparation institutions preparing for an accreditation visit and accreditation team members who will conduct the visit. Thus, this single document is written for two audiences. The *Handbook* is divided into eleven chapters and contains nine attachments. A *Glossary* (Appendix is available to clarify terms used in the *Accreditation Handbook* and the *Accreditation Framework.*

Chapter One provides specific information about the division of responsibility for professional accreditation matters between the CTC and the COA. Although the legislation that mandated the development of the *Accreditation Framework* gave primary responsibility for making accreditation decisions to the COA, the CTC does have certain tasks to perform in this area. These tasks are delineated in Chapter One. They should be of interest to institutions of higher education and to team members.

Chapter Two discusses the role of standards in the initial and ongoing accreditation of an institution and of its credential preparation programs.

Chapter Three provides information on the process of initial institutional and program approval.

Chapter Four provides an overview of the accreditation cycle and discusses the purposes and attributes of the cycle.

Chapter Five discusses the role of the biennial report in the accreditation cycle and provides directions for developing the reports.

Chapter Six describes the program assessment process including and the kinds of documents that will be reviewed by a team of BIR members and how the review is summarized in a Preliminary Report of Findings to the institution prior to the site visit.

Chapter Seven will help institutions prepare for the institutional site visit which will focus primarily on institution's implementation of the Common Standards and to confirm information provided through the biennial reports and the program assessment. This chapter gives specific information about the actual procedures followed in the conduct of an accreditation visit. The *Accreditation Framework* provides opportunities to individualize an accreditation visit. Institutional representatives should confer with their assigned CTC consultant if there are innovations or alterations to regular procedures of importance to the institution. These chapters are focused on the on-going activities of the accreditation process, including special circumstances affecting institutions seeking national accreditation, either for their education unit or for individual credential programs.

Chapter Eight presents the accreditation decision options that are available for accreditation teams to recommend to the COA and for the COA to render. In addition, this chapter explains the implications of each of the possible accreditation decisions. This chapter is intended for use by institutions, team members, team leads, and the COA.

Chapter Nine describes activities an institution might be required to complete as follow-up to a site visit. Depending on the accreditation decision, these activities can range from continuing routine accreditation activities, such as collection and analysis of candidate data, to major revisions of programs to bring them into alignment with state-adopted standards. The specific activities depend upon the issues identified by the review team and the accreditation decision rendered by the COA. Many, but not all, institutions will be required to submit a seventh year report. This Chapter describes expectations for each of the follow-up activities the institution may be required to complete during the seventh year of the cycle and, if required, beyond.

Chapter Ten focuses on the responsibilities and duties of the individuals who actually conduct accreditation visits and the principles that guide the visit. Individuals selected for the Board of Institutional Reviewers (BIR) will have received specialized training prior to service on an accreditation team. The information presented in this handbook is designed to reinforce that formal training and to provide other interested parties with an understanding of the responsibilities and duties of accreditation team members. This chapter provides descriptions of essential team activities that occur during the actual accreditation visit and that culminate in an accreditation recommendation

Chapter Eleven describes the knowledge and skills of members of the Board of Institutional Review (BIR). BIR members complete activities that are central to the quality and success of the educator preparation accreditation system in California. The BIR is a large group of K-12 and higher education educators, administrators and policy setters who were trained and are assigned to work in pairs or small groups to review documents, interview stakeholders, and develop consensus decisions on the quality of educator preparation programs. This chapter would be of interest to individuals who are interested in joining the BIR, previously trained BIR members who wish to refresh their skills, and other parties interested in the accreditation process.

Chapter Twelve focuses on the skills the team lead will utilize during the visit and describes the team lead's activities. The audience for this chapter is anyone who has been or would like to become a team lead and it provides information for team members as well.

Chapter Thirteen discusses articulation between the state and national accreditation systems and is of primary importance to institutions interested in national accreditation. These options are relatively new to California and represent powerful alternatives to state accreditation. Institutions may opt for a combination of state and national accreditation or combine national accreditation, state accreditation and experimental standards, all in one accreditation visit. All institutions are urged to review these options carefully before filing a Preliminary Report with the COA.

Chapter Fourteen describes the evaluation system used to improve the accreditation system.

The attachments provide the reader with examples of a sample team report and documents and of standard forms used in the accreditation process. The team report presented is provided only to give an example of a complete team report. It is not intended to serve as a model in its entirety.

By providing these chapters in a combined document, the COA believes that all constituents will have a clearer understanding of the revised professional accreditation process.

Finally, the *Accreditation Handbook* has been produced in a manner that will foster revisions and updates. The COA intends this document to reflect its procedures and expects to make revisions in those procedures as the professional accreditation process continues. The *Handbook* will be revised periodically. Additionally, it is available on the CTC website. www.ctc.ca.gov. The COA welcomes comments and suggestions for improving its *Accreditation Handbook*.

Chapter Five
Biennial Reports

Introduction

This chapter provides information on the role of biennial reports in the accreditation cycle. An underlying expectation of the accreditation system is that all credential preparation programs are engaged in continuous program improvement that is grounded in the collection and analysis of data about their candidates. The biennial report formalizes that expectation by requiring institutions to submit, on a biennial basis, the most recent two years of assessment data that the institution is using to ensure that candidates are developing, and completers have acquired, the appropriate skills and knowledge to prepare them to be professional educators. Ongoing program improvement efforts also require that program effectiveness data is being collected in a comprehensive and systematic way and that, although the Commission on Teacher Credentialing (CTC) requires biennial reports, the institution and its programs collect data at least on an annual basis. Analyses of program effectiveness data are also required to be included in the biennial report. Special instructions for programs that are transitioning to new standards are included where appropriate.

I. Purpose

The purpose of the biennial report is for every credential preparation program to demonstrate how it utilizes candidate, completer, and program data to guide on-going program improvement activities. In addition, the biennial reports help move accreditation away from prior years "snapshot" approach to a process in which accreditation is on-going. The biennial report process allows for the recognition that effective practice means program personnel are engaged constantly in the process of evaluation and program improvement.

The biennial report includes a section in which the institution can briefly describe its credential preparation programs, summarize the number of candidates and completers in each program, and provide a brief update on changes made to the programs since the last site visit or biennial report was submitted. In addition to candidate and program data, the report also includes a section in which institution leadership will identify trends that were observed across programs and describe institutional plans for remedying concerns identified by the data. Program-specific improvement efforts must align to appropriate common or program standards.

II. Organization and Structure of Biennial Reports

The Biennial Report template may be found on the CTC's website at http://www.ctc.ca.gov/educator-prep/program-accred-biennial-reports.html.

The Biennial Report is comprised of two major parts – Section A and Section B. Each program offered at an institution must complete Section A. For instance, if an institution offers a Multiple Subject program, an Education Specialist program, and a School Nurse program, it must complete three sets of Section A – one for *each* of the three programs. Section B is an overall institutional report that summarizes findings across the institution and identifies any institutional

change proposed or planned across programs. Section B must be completed by the unit leader (typically the Dean or Superintendent) and only one Section B is completed by the institution. Below is additional information about each of these two Sections. The information below is not comprehensive. Please consult the CTC's webpage on biennial reports (http://www.ctc.ca.gov/educator-prep/program-accred-biennial-reports.html) for more specific and up-to-date information. If questions are still unanswered, contact the CTC consultants assigned to biennial reports.

Section A. Program Specific Information

Section A is comprised of the following four parts: (I.) Contextual Information; (II.) Candidate Assessment, Performance and Program Effectiveness information; (III.) Analysis of Candidate Assessment Data; and (IV.) Use of Assessment Results. Completion of the entire Section A is intended to be brief, approximately 10 pages per program, and to include only enough narrative to respond to the prompt.

Section A. Part I. Contextual Information. This part of the report asks program sponsors to provide general information to help reviewers understand the program, the context in which it operates (such as multiple sites) including the number candidates and completers or graduates, and what has changed significantly since the CTC approved the current program document. If the program is transitioning to new standards, please describe the institution's plans for that transition.

Section A. Part II. Candidate Assessment or Performance and Program Effectiveness Information. This part of the report asks program sponsors to submit information on how candidate and program completer performance are assessed and a summary of the data for two academic years. It also requires program sponsors to describe how program effectiveness is measured and to provide a summary of the data for two academic years. The length of this section depends on the size of the program and how data is reported. The information and data submitted in this section will be used as the basis for the analysis and action plan submitted in Sections III and IV.

Section A Part II asks program sponsors the following questions: *What candidate assessment(s) does the program use to ensure its candidates have the knowledge and skills required for a credential? What assessments or evaluations are used to make critical program improvement decisions?* This section asks program sponsors to describe;

- the data they collect (e.g., TPA, portfolios, observations, employer survey),
- how the data is collected (as a class assignment, through observations, surveys), and
- the structure of the data (scale or categorical, maximum and minimum scores).

A table format provides an efficient way of reporting this information. The program should also indicate which of the instruments was used to gather data being reported.

The program should create a table or chart that displays summaries of data from each instrument for the most recent two years. Only aggregated data should be provided; no data on individual candidate performance should be included. The table or chart must clearly state the number of cases sampled and the response rate (e.g., the number of candidates assessed), the minimum and maximum scores or array of available response options, and a summary statistic appropriate for

the type of data being reported. (A mean score is appropriate for a scaled item but not for a categorical item. Categorical items should be reported as the percent of responses for each response option.) The data should be presented in a summary fashion, identifying the minimum and maximum scores, the mean (or other measure of central tendency), and, if the sample size is large, the standard deviation. This information can be reported in a table format or as a chart. The CTC encourages institutions to make good use of tables and appropriate types of charts so that the results of an analysis are obvious and to reduce the need for text.

This part also asks program sponsors the following questions: *What additional information about candidate and program completer performance or program effectiveness is collected and analyzed that informs programmatic decision making? What additional assessments are used to ascertain program effectiveness as it relates to candidate competence?* Programs must identify and describe the specific tools or procedures they use to measure program effectiveness. These procedures can include analyses of candidate assessment data that compares candidate competencies between the beginning and end of the program (e.g., at the beginning of the program, or at the middle of the program compared to at the end of the program). Program effectiveness instruments also include program satisfaction surveys completed by graduates or alumni, and course evaluation surveys completed by candidates at the end of a term. Descriptions about the procedures or tools should include the types of data collected (e.g. employer data, post program surveys, candidate competency data, other types of data), and an explanation of the data collection process. The program must summarize the data and identify any strengths or weaknesses that are revealed by the data analysis.

Information prepared for national or professional accrediting bodies may be used for the biennial report as long as the resulting report satisfies requirements of the biennial report.

Programs that are transitioning to new standards must participate in this activity by reporting data that was being collected while the current standards were in place, regardless of whether the particular assessments in place at one time will be retained in the future. Programs that have recently transitioned to new standards and/or that have begun implementing a new assessment tool should include data from that assessment and provide some contextual information about the length of time the assessment has been in place, number of candidates that have taken the assessment, and other relevant information that the reviewer may need to fully understand the assessment data presented.

Section A. Part III. Analyses of Candidate Assessment Data. This part of Section A asks each program to provide an analysis of the data provided in Section A, Part II. It asks program sponsors to identify strengths and areas for improvement that have been identified through the analysis of the data and asks the program sponsor what the analysis of the data demonstrates about: a) candidate competence and b) program effectiveness.

The CTC does not prescribe a particular level of analysis as long as the analyses reported are useful for determining whether or not candidates are developing the appropriate competencies, and for identifying the strengths and weaknesses of the credential program(s). The reports must show that the institution's personnel analyzed the data and used the results to identify

programmatic changes and improvements. In general, inclusion of the possible response or score options, the range of responses or scores, the mean (or mode(s)) and standard deviation, along with limited narrative if desired, are sufficient analyses for describing candidate and program information.

Programs that are transitioning to new standards are expected to analyze the candidate assessment and program performance data they report. Program staff is encouraged to indicate whether particular assessment instruments or program performance tools will be retained during and after the transition and, if not, what other instruments will be utilized to enable the institution to continue its ongoing data collection, analyses, and interpretation.

Section A. Part IV. Use of Assessment Results to Improve Candidate and Program Performance

This part of Section A asks program sponsors to indicate how they used the data from assessments and analysis of that data to improve candidate and program performance. This could include, but is not limited to, continued monitoring, proposed changes to the program, or collection of additional data to determine the most appropriate course of action. Any proposed changes should be linked to the data that support the modification.

Section B. Institutional Summary

Section B. Institutional Summary and Plan of Action. This section of the Biennial Report addresses all credential programs within an institution. It asks for institutional leadership to indicate trends observed in the data across programs and to identify areas of strength, areas for improvement, and next steps or a plan of action. The summary is submitted by the unit leader: Dean, Director of Education, Superintendent, or Head of the Governing Board of the Program Sponsor. Only one Section B per institution should be provided to the Committee on Accreditation (COA), regardless of how many programs or sites the institution operates.

III. Review Process for Biennial Reports

Staff Review

Staff reviews the reports 1) for completeness, 2) for the inclusion of candidate data, 3) for the analyses of candidate and program data, and 4) to ensure that the next steps or action plan reflects the data analyses and is aligned with program and common standards. At least annually, staff will summarize the information for the COA,

Institutions/Program Sponsors will be notified of receipt and review of the Biennial Report. CTC staff provides feedback to the institutions/program sponsors and, when appropriate, suggest additional steps that would make the Biennial Report more useful to the institution. At no time are staff comments to be construed as an indication that the institution meets standards. Only site review teams, after a review of all relevant evidence, can make the determination about standards. Rather, staff comments are limited to whether the requirements for the biennial reporting have been met and, where appropriate, suggestions for consideration to improve future biennial reports.

It is possible that information provided by an institution in a biennial report could reveal a significant concern with the operation or efficacy of a credential program. In such cases, the COA could proceed by requesting additional information from the institution, directing staff to hold a technical assistance meeting with the institution to address the concerns, or scheduling a focused site Biennial Reporting visit to be conducted by members of the Board of Institutional Reviewers (BIR) apart from the regularly scheduled accreditation visit. However, only after an accreditation site visit by a review panel of experts would the institution become subject to stipulations or denial of accreditation.

Use by Review Teams

When an institution submits documents for program assessment (year 4 of the accreditation cycle) and when preparing for a site visit (year 6 of the cycle), the biennial reports will be sent to the appropriate review team to provide them with a more comprehensive representation of the institution's activities over time. It will be used by these review teams as another source of information upon which standards findings and accreditation recommendations may be based. Findings on standards and accreditation recommendations may not be based solely on information provided in biennial reports. And again, at no time are staff comments provided in the feedback forms to be construed by the institution or the review team as an indication that the institution meets standards. This is determined solely by review teams after a comprehensive review of all relevant evidence.

COA Review

On an annual basis, CTC staff will present a summary of the biennial reports that were completed during the preceding year. In addition to this annual review, if information provided by an institution in a biennial report reveals a possible significant concern with the operation or efficacy of a credential program, staff may bring this situation to the attention of the COA. The COA can take appropriate action *(see Staff Review).*

Commission Review

Summary information about the biennial report process each year will be included in the Annual Report on Accreditation submitted by the COA to the CTC each year.

IV. Additional Information and Questions about Biennial Reports

Provided below is some additional information related to Biennial Reports. For additional, and up-to-date information, consult the CTC's website at: http://www.ctc.ca.gov/educator-prep/program-accred-biennial-reports.html

Admissions data – The biennial report should include only data that reflects the impact of the program on candidates. Admissions data reflects the status of candidates prior to their participation in the program. Consequently, admissions data will not be considered as a candidate assessment for the purposes of the biennial report.

Candidate level data – The Biennial Report is focused on aggregated data. Program Sponsors should not submit candidate level data.

Combined reports – In appropriate circumstances and with appropriate disclosure, program reports can be combined. If an institution operates two programs that are very similar but differ slightly in coursework or field experience, it would be acceptable for the institution to combine these two programs into a single biennial report. Programs may combine Section A responses as long as there is significant commonality within the programs. However, the institution must include a brief statement that clarifies which programs are represented in the data and a brief statement of the similarities and differences in program structure (a rationale for why the institution chose to combine the reporting of the data).

Delivery Models (Intern and Traditional) – Institutions that offer different pathways to a particular credential must include data in the report from all pathways. Institutions are encouraged to disaggregate the data by pathway to allow for a greater level of understanding of any differences in program strengths and weaknesses that might exist.

Multiple Sites - An institution must submit one biennial report Section A for each approved credential program it operates. This means that if a program is offered at different sites, the data presented in the report must include all sites. The data may be aggregated across all sites or, preferably it could be presented disaggregated by site. Institutions are encouraged to choose this latter option as it allows for a greater level of understanding of any differences in program strengths and weaknesses by site. Accreditation looks at the institution as a whole and all its programs together. The biennial reporting process is no different in approach. The location of all programs will be noted in Section A of the report.

National or Professional Organizations - Information prepared for national or professional accrediting bodies may certainly be used for the biennial report as long as the resulting report satisfies requirements of the biennial report.

Programs Not Currently Operating – These programs may submit a modified biennial report. Using the biennial template, please identify the program and then, in Section A.I., indicate that the program is not currently operating.

Programs with Few Candidates- Programs with very small enrollments (less than 10) should report aggregated data as long as student identification cannot be inferred by the data. When feasible, these programs might wish to combine data from more than one year into one analysis to gain a better measure of student growth towards competency. This method would not be appropriate if significant programmatic changes had been made between the different cohorts.

Report Template – The CTC provides a standard template for all program sponsors to use in submitting their biennial report. Program sponsors may combine sections of the report or submit information in a different order than what is set forth in the template, so long as the biennial report submitted includes all the information requested in the directions and in the CTC template. For example, a program sponsor may wish to discuss a data source, analyze that data source, and report on next steps before moving on to a second key assessment. This will meet the CTC's expectations as long as all the requirements are included.

Chapter Six
Program Assessment

Introduction

This chapter provides an overview of the Program Assessment process, which occurs during year four of the Accreditation Cycle. The Program Assessment documents include updated versions of the program documents submitted to gain initial approval to operate an educator preparation program, course syllabi, and documentation about assessment tools used by the institution to ensure that all candidates recommended for a credential have satisfied the appropriate knowledge and skill requirements. This chapter will be of interest to staff of institutional sponsors preparing for the Program Assessment document submission. The last section of the chapter discusses how a program that is transitioning to new standards can participate in the Program Assessment activity.

I. Purposes of Program Assessment

Program Assessment takes place in year four of the accreditation cycle and examines each approved credential program individually. This is the feature of the accreditation system that allows trained Board of Institutional Reviewers (BIR) members the opportunity to review each approved educator preparation program and determine whether the programs are preliminarily aligned to the relevant standards--either approved California program standards, Experimental Program Standards, or National or Professional Program Standards. Results from the Program Assessment process inform the Site Visit that will take place in year 6 of the accreditation cycle.

II. Program Assessment Documentation

A Program Assessment document is submitted for each approved preparation program offered by the institution. Each program can chose its submission date in October, November or December. There are three parts to the Program Assessment document.

Part I—Meeting Each Standard

Part I is the narrative response to the current program standards that describes how the program is meeting each of the program standards. There are several ways that an institution could write this section. In the preparation of Part I, those writing the responses must remember that re-phrasing the standard does not provide information about **how** the program is meeting the standard. Each program's response will be unique in how it meets the standards because the program was developed to reflect the institution's mission, needs of the surrounding area, philosophical beliefs, etc. Therefore, the response to each standard should clearly and succinctly state how the program is meeting all parts of the standard.

Part II—Course Syllabi

Part II includes current course syllabi as well as updated vitae for program faculty. The purpose of including course syllabi in the Program Assessment document is to provide readers with the evidence that links the narrative response to the program's current practices. If a program claims that any or all of a standard is met in a course, readers should be able to substantiate that claim

by finding evidence in the course objectives, schedule, assignments, readings and other information noted in the course syllabi.

If the institution uses a single course outline that serves as the core syllabus for multiple sections of the course, it may submit that one course outline in the Program Assessment document. However, if instructors independently design their syllabi for different sections of the same course, the institution must include each syllabus for each section of that course that was taught in the two years prior to Program Assessment. Reviewers will read each one in order to substantiate the claims made in the narrative.

Part III—Assessment Information

Part III is the documentation that supports the assessment instruments used by the program to collect candidate competency data for reporting in the Biennial Report. For programs reporting data from the TPA (Cal TPA, PACT or FAST models), there is no need to give the background on the development of the examination or to document the validity and reliability of the instrument. However, it is important to describe how assessors are trained in the particular geographic area, how often their scoring is calibrated, and other information regarding how the TPA is administered.

For programs using institution-developed assessment instruments (including other forms of the TPA), the documentation must include comprehensive information about the assessment instrument(s); information about the development of the assessment instrument, how its validity and reliability were established, how assessors are trained, calibrated and recalibrated, and information specific to the location where the instrument is administered. If observation forms are used to measure candidate competence, the Program Assessment documentation must include information about the development of the observation instrument, how its validity and reliability were established, how assessors are calibrated and recalibrated, and any factors that are unique to the program. In sum, it is very important to document how the institution ensures that all assessors are calibrated and using institution-made assessments in the same way.

Part III will only include documentation for assessment tools and processes that are reported in the Biennial Reports. Other assessment instruments used by the institution do not need to be documented.

III. Review of Program Assessment Documents

Each Program Assessment document will be reviewed by a pair of trained members of the BIR who have expertise in the program area. The reviewers will also have access to the program's biennial reports that have been submitted in the current accreditation cycle. Reviewers will be looking for the following:

- Does the narrative describe **how** the standard is met?
- Does the implementation, as described, meet the standard?

  That is, if there are key phrases in the standard such as "multiple systematic opportunities" or "candidates demonstrate in the field," reviewers will determine whether the program has demonstrated **how** it meets each phrase in the standard.

- Does the evidence substantiate the claims made in the narrative?
- Add a question about quality of the instrument…..

As the reviewers read, they determine whether the standard is preliminarily aligned or whether more information is needed to make that determination. If more information is needed, reviewers identify clearly and specifically what additional information they need and how it relates to one of the points above. For example, is more narrative needed to describe how the standard is met, or is evidence to support the narrative needed?

Once the reviewers have completed their work, a Preliminary Report of Findings for each program will be sent by CTC staff to the institution. (Figure 1, below, contains part of a Preliminary Report of Findings.) The Report will include all questions or concerns identified by the reviewers. If additional information is requested, the institution will be encouraged to submit additional information in response to these questions to complete the Program Assessment process before the site visit begins. After the institution has submitted the additional information, the same reviewers will review the document and determine whether the additional information supports a finding that a standard is preliminarily aligned. The updated Preliminary Report of Findings will be sent by CTC staff to the institution. As before, the Report will contain the reviewers' decisions about whether the documents are preliminarily aligned with program standards or whether additional information is still needed. This dialogue between institution and reviewers may continue until about 4-6 months before the site visit. If there are questions or concerns regarding a specific program that have not been resolved when the Program Assessment process concludes, the Administrator of Accreditation may include an additional member on the site visit team who can focus exclusively on the program in question.

The feedback to the program sponsor will provide information regarding each program standard using a Preliminary Report of Findings form similar to the one below:

Program Assessment
Preliminary Report of Findings

Status	Standard
More Information Needed OR **Preliminarily Aligned**	**Standard 1:** Program Design ***Questions, Comments, Additional Information Needed:*** **Identify the parts of the standard that did not have sufficient descriptive narrative, the parts of the standard where it was not clear "HOW" the program aligns with the standards, or what additional evidence needs to be provided.**
More Information Needed OR	**Program Standard 2:** Communication and Collaboration ***Questions, Comments, Additional Information Needed*** **Identify any evidence to be reviewed at the site visit**

Status	Standard
Preliminarily Aligned	
	Row for each program standard

Additional Information

Additional information regarding the submission of Program Assessment documents and the review process is available on the Commission website at http://www.ctc.ca.gov/educator-prep/program-accred-assessment.html. Those who are preparing Program Assessment documents may also contact Commission staff for technical assistance.

IV. Programs that are Transitioning to New Program Standards

Programs that are transitioning to newly adopted standards in the year that Program Assessment documents are due may, instead, submit a description of the processes the program will utilize to transition to the new program standards. This document should include an analysis of changes that must be made to align the current program to the new standards and the timeline by which those changes will be accomplished. The document should also describe how current candidates are being helped to complete their course of study while the program is transitioning to the new standards.

Programs that plan to transition to the new standards the year after the Program Assessment process is completed must submit updated copies of their program documents according to the dates specified on the timeline posted at http://www.ctc.ca.gov/educator-prep/program-accred-assessment.html.

Chapter Twelve
Team Leadership

Introduction

This chapter focuses on the skills the team lead will utilize during the visit and describes the team lead's activities. The audience for this chapter is anyone who has been or would like to become a team lead and it provides information for team members as well.

I. Building a Professional Team

The team lead is responsible for ensuring that all team members can participate equally and effectively. Accreditation site visits occur in a variety of settings, including public and private higher education institutions, K-12 agencies, and charter schools; and it is likely that at least one team member will be unfamiliar with either the setting or type of institution. For this reason, an important part of the team lead's role is to describe contextual issues of the particular visit (e.g., institutional cultures and structures, recent changes in leadership, budget or enrollment issues), explain relevant terminology (e.g. "reflective practitioner," "critical theory," "highly qualified teachers"), and shape group discussions so that all members have opportunities to participate fully in making team decisions.

Much of the team lead's time is spent in close proximity with fellow team members, working on complex issues, and extends beyond the normal work day. During these activities, the team lead has the responsibility to set a positive, professional, and productive tone to ensure that the team works harmoniously and effectively within the COA framework for institutional accreditation.

The site visit is the culmination of much planning and effort by the institution and its faculty, administration and staff. As a consequence, the team must accord the faculty, administration, and staff careful attention and professional consideration throughout the visit. Although a team's recommendation may have positive or negative implications for an institution and its members, the team lead cannot allow team members to be influenced by such considerations. The role of the accreditation site review team is to gather information about the institution and to determine whether the institution is satisfying the common and program standards; the team lead must ensure that the review process occurs in an objective, evidence-based manner. The state-adopted standards of program quality allow and encourage institutions to create programs with diverse structures and curricula that reflect each institution's particular mission and vision for educator preparation. Team members must not impose their personal views or biases as they make determinations about the institution's success in meeting educator preparation standards. Instead they must allow the evidence as it is related to standards to lead the decision-making.

II. Communicating with the Team and the Institution

The team lead's role in ensuring sufficient and effective communication within the team and between the team and the institution cannot be overstated. The team needs to clearly understand its roles and responsibilities throughout the entire process. In addition, the team needs a means to communicate what it needs from the institution in order to do its job effectively. Likewise, the institution should be kept apprised of the team's inclination with respect to its evidence-based

findings, and given the opportunity to provide information and materials that are needed by the team. The team lead, in conjunction with the state consultant, plays this critically important role.

The team lead begins to build an effective and efficient review team before the start of the site visit. This is often accomplished through e-mails to team members, welcoming them to the team and assigning each member specific work to be completed in preparation for the visit. The first meeting of the site visit allows the lead to describe his or her leadership style and to establish expectations for the team's decorum and use of evidence. During the Sunday evening meeting, which occurs after the team has spent some time reviewing the institution's documents the team lead will solicit observations and concerns that team members identified from reviewing the documents. This discussion alerts team members to questions or concerns preliminarily identified by other team members about information their colleagues need help collecting and apprises them of issues to observe during the visit. It also helps the team develop a sense of shared responsibility for reviewing the institution's programs fairly and objectively.

III. Decisions on the Standards

While much of a team lead's time is spent ensuring that the team completes its assigned tasks while following COA regulations, the position's key role is helping the team members arrive at a defensible decision regarding each of the common standards, program standards and the overall accreditation recommendation. Since these involve holistic professional judgment, the team lead must conduct team meetings in a manner that fosters open discussion, attention to the evidence, adherence to the language of the standards, and a balance between the realities of human organizations and the need for maintaining standards. It is important to have sufficient information from enough different sources that the team can utilize a triangulation process for determining whether standards are being met. For example, if dissimilar responses about a standard are received from two or more sources or two or more team members, extra care should be taken to gather more information about the standard during the remaining time available in the visit. Standards judged as met must be substantiated by the evidence used in making the judgment. Similarly, it is very important to ensure that any standard that initially lacks evidence of being fully met receives careful attention so that concentrated effort is made to secure evidence from enough sources and stakeholders is available to guide the team's decision. In addition, the institution needs to be apprised throughout the visit of any evidence the team may need, but cannot find, in determining whether a standard is met.

Team leads must be fully conversant with the standards that are being used for the review, especially the Common Standards, including the definitions and operational implications of findings on standards. As the team deliberates, the lead should ensure that they have adequately reviewed and weighed all the evidence. Factual information about elements of intentionality (is the absence of an item deliberate or accidental?), institutionalization of activity (was this done just for the COA visit or is it a long-standing practice?), recency (how long has this been in place?), and institutional politics (is the program affected by larger institutional policies or problems?) are important when arriving at these decisions. Information gained from single sources or that is significantly different from what other sources are providing should be viewed with great caution. One benefit of the Monday evening team meeting is that it provides early feedback about the institution and its programs. That meeting provides a critical opportunity to

identify discrepant information about a particular standard, or set of standards, and can alert the team lead to the need for additional information that must be requested on Tuesday at the mid visit briefing so that the team can develop a finding that is supported by sufficient and consistent data. Team leads must use their expertise to resolve differences among individual team members during the deliberation process and to help teams reach decisions clearly based on standards. The most difficult decisions will be those where there is evidence, both, that the standard is being met and that it is not being fully met. Sometimes it may be useful to shift responsibilities among team members to ensure an adequate exploration, and elimination, of possible bias. Team leads need to blend patience with leadership to bring the team to a consensus decision. A preponderance of the evidence regarding a standard is sufficient for making a decision. Individual pieces of contradictory or inconsistent data are commonly found in accreditation visits, but their importance needs to be weighed against the entire body of evidence.

After decisions have been made on all program standards and common standards, the team needs to develop a consensus recommendation regarding institutional accreditation. This process is similar to the process used for determining findings on standards, but it requires the team lead and the team to operate at a higher level of generality and to account for larger amounts of information. Here, too, the focus should be on matters of quality and effectiveness of the institution and all of its credential programs. Team leads should seek to guide their entire teams through joint discussions about the overall weight of the accumulated evidence, balancing strengths and concerns. The team leads' understanding of the options open to a team under the *Accreditation Framework* is vital, as is their clarity that the team must arrive at a consensus recommendation for the COA that reflects the teams' collective judgment regarding the overall quality and effectiveness of the institution and all of its credential programs, when viewed as a whole.

IV. Report Writing

Team leads' role in the writing of the team report should be that of editor more than author. That is, the team lead needs to ensure that the report is a defensible document that fairly addresses the standards and provides the COA and the institution with clear evidence for all findings on standards the final accreditation recommendation. Focusing the team's statements on the combined evidence collected during the visit, while avoiding charged language, helps all readers understand the basis for the decisions on standards, makes clear the basis of the institutional recommendation, and helps institutions in making any needed changes.

The CTC staff provides a standardized template for reports. Team leads should familiarize themselves with this template and can help their teams make the best use of time by establishing clear expectations for the depth of information that should be provided when discussing a standard finding and by encouraging plain writing rather than artful prose. The COA appreciates clear and straightforward language to help inform their decisions. Use of action verbs, simple sentences, and focused commentary will help the composition process. Team leads may need to step in during discussions to refocus the debate, mediate differences within the team, help the occasional team member who stands alone on an issue accept the consensus of the group, find solutions to apparent stalemates on issues, or call a break in the action. Once the draft document

is completed, the team lead may wish to do a light edit to gain clarity and consistency, but not make substantive changes in the language without team approval.
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V. Final Team Report Meeting

The team lead chairs the final team report presentation with assistance from the CTC consultant. The time and place of the meeting will have been set, by the institution, the team lead and the CTC consultant. Sufficient copies of the team's report should be available for all team members and institutional representatives. Attendance at this meeting is determined by the Dean or Director of the institution. While the exact format for the final team report meeting may vary a bit, generally the CTC consultant begins by thanking the institution and discussing the site review process. The consultant also reminds the institution that the team report meeting is not the time to argue with the team's findings. He or she will then turn it over to the team Lead to discuss the findings of the team and the accreditation recommendation.

To help the meeting go well, team leads should remember to:
A. Set the tone of the meeting as positive as possible and orient it toward improving the quality of educator preparation.

B. Remind the institutional representatives that the purpose of the meeting is to present a summary of the findings and that no discussion about the findings will take place.

C. Thank the institution's faculty and any individuals who have made your stay welcome and productive.

D. Review for the institution the steps the team took to arrive at its determination. Note the number and types of interviews conducted and documents examined.

E. Give a generalized statement about the relative strengths and weaknesses of the institution's implementation of its programs and then focus on the institutional recommendation.

F. If time permits, the team lead may wish to discuss the program standards that are not met, or met with concerns.

G. Ask team members if they have anything to add to the team leads' comments or any other statements they might like to make. The team lead and consultant might determine that it would be best if no other team member commented during the meeting. This should be decided before the team leaves the hotel for the final meeting and communicated clearly among all team members.

The CTC consultant should end the report by discussing next steps, including the presentation at the COA meeting.

Institutions generally understand the purpose of the meeting and are unlikely to try and argue with the team's assessment at the meeting. In the event this should happen, the team lead and the consultant should intervene, kindly remind the group about the purpose of the meeting, and help

the team leave the room. Remember that the institution had an opportunity to respond to preliminary concerns during the Mid-Visit Status Report and to provide new evidence if available.

Chapter Fourteen
Evaluation of the Accreditation System

Introduction

This chapter provides information on how the Accreditation System will be evaluated. The evaluation system is designed to parallel the work done by institutions to meet Common Standard 2: Unit and Program Evaluation System. That is, each activity of the accreditation system will have data collected, analyzed and used to make ongoing improvement. Results then inform the larger system. The results will be reported to the COA and some of it will be included in the Annual Report presented to the Commission. The data can also be used to provide input on policy issues and provided to researchers or other interested stakeholders.

Each part of the evaluation system is designed to answer one of the questions below:

1. How well is the activity being implemented?
2. Does the activity provide useful information for other activities in the system, and, in making accreditation decisions?
3. Is the activity serving the objectives of the accreditation system?

This chapter will describe the evaluation system by providing information about each of the questions and proposed strategies for collecting data, analyzing the data and reporting information.

How well is the activity being implemented?

In order to answer this question, a variety of strategies will be used. A good starting place in determining if an activity is being implemented is to study the kind of information that was presented to the field. Therefore, data collection, analysis and improvement begin with Technical Assistance. Evaluations will be sent to participants in Technical Assistance meetings as well as those who access archived broadcasts of the meetings on-line. This data will be analyzed by both consultants and Administrator of Accreditation.

A second perspective for answering the question will come from those who completed the activity. Therefore, surveys will be sent to Program Coordinators and Deans. These surveys will ask about the process for completing a Biennial Report, Program Assessment or Site Visit and ask for elements that may need refinement or improvement. Each year, the COA will receive summary information from the surveys.

Finally, focus groups will help provide an even more in-depth understanding of how each of the activities is being implemented. The focus groups will consist of the appropriate stakeholders, such as Program Coordinators, Deans, and/or Team Leads.

Does the activity provide useful information for other activities in the system, and, in making accreditation decisions?

In 2009-2010, one cohort (Orange Cohort) will have submitted an initial Biennial Report and be submitting Program Assessment documents. Staff will share the Biennial Reports as well as the feedback with the Program Assessment readers. Readers will be asked to share if and how the

Biennial Report informed their understanding of the program and the types of questions they had for the program sponsor.

Team leads and team members conducting Site Visits to Yellow Cohort institutions in 2009-2010 will be asked if and how the Preliminary Reports of Findings (Program Assessment) were useful. Results will help Program Assessment readers refine the Preliminary Reports of Findings and help staff communicate the information effectively to the Site Visit Team.

Each year as the COA makes decisions about accreditation, a debrief discussion will continue in order to understand and fine tune how information from each activity of the accreditation system informed the COA as it made its accreditation decision.

Is the activity serving the objectives of the accreditation system?
Each year the COA's Annual Report will address the objectives of the accreditation system: accountability, quality, standards and on-going improvement. Summary information may include:

- the number of technical assistance activities completed, by whom, and the stakeholder evaluations of the activities.
- a summary of institutions' a) responses to requests for additional information, b) responses to the COA's questions or concerns, and c)additional information or activities completed to address stipulations.
- summary of focus groups or stakeholder surveys who participated in each accreditation activity. Topics to be discussed and explored will be how completion of accreditation activities supported on-going improvement, preparation of quality educators, and adherence to standards.

Upon completion of the first seven-year cycle, stakeholders who have been through the entire process, from Biennial Reports to Program Assessment through Site Visits, will be surveyed or interviewed to determine changes or improvements they can trace at their institution through the entire cycle and share how the accreditation activities supported the change or might be modified to better enable on-going improvement and change.

Does the accreditation system impact student learning?
A more overarching question about the accreditation system will be added for consideration as more data become available. That is "Does the accreditation system impact student learning?"

Answers to this question may come from a variety of sources. Staff could survey employers, use results of CSU surveys on teacher preparation and consider expanding the survey to include other credential preparation areas, use Cal TIDES data as in information source and use doctoral students to research questions about the system and its impact.

The charts that follow are designed for staff use and provide a comprehensive view of the entire system. Each activity of the accreditation system, Biennial Reports, Program Assessment and Site Visits is represented by a chart with the evaluation that will be completed, how it will be analyzed and to whom it will be reported. A final chart represents the overall goal of the

evaluation of the accreditation system…that is, how can one know that the accreditation system makes a difference in preparing effective educators who have a positive impact on student learning?

Biennial Report

Activity and Questions	Data Collected	Analysis	Reporting & Improvement
BR1—How well is the biennial report being implemented?	BR1.1 Feedback and evaluation from stakeholders from Technical Assistance meetings.	BR1.1 Collection of surveys and evaluations. Areas in need of improvement and areas of strength noted.	BR1.1 Changes made to Technical Assistance made to the field either in meetings, on website or by other means. Collection of data and improvement process are ongoing.
	BR1.2 Summary data	BR1.2 Number and types of programs submitted, trends, interesting findings.	BR1.2 Report to COA
	BR1.3 On-line surveys from Program Coordinators and Deans	BR1.3 Collection of information from those who completed Biennial Reports re: what was useful in completing the report, what was not, etc.	BR1.3 Report to COA and make any needed changes to instructions, webpage information, technical assistance meetings.
	BR1.4 Hold a focus group of Biennial Report completers to discuss process and elements that need improvement.	BR1.4 Staff collects responses to questions posed by staff and collected without rejoinder, identify themes	BR1.3 Report to COA
BR2—Does the Biennial Report provide useful information to the Program Assessment readers?	BR.2.1 Strategies to determine the answer to this question are under consideration and would first be implemented with Program Assessment for the Orange Cohort in 2008-2009.		
BR3—Does the Biennial Report provide helpful information to the Site Visit process and, in turn in making accreditation decisions?	BR 2.2 Strategies to determine the answer to this question are under consideration and would first be implemented with the Site Visits from the Orange Cohort in 2010-2011.		
BR4—Is the Biennial Report serving the objectives of the accreditation system?	BR3.1 Compile information from all sources noted above.	BR3.1 Staff summarizes information noting themes and trends.	BR3.1 Report to COA to be included in the Annual Report.

Program Assessment

Activity and Questions	Data Collected	Analysis	Reporting & Improvement
PA1—How well is program assessment being implemented?	PA1.1 Feedback and evaluation from stakeholders from Technical Assistance meetings.	PA1.1 Collection of surveys and evaluations. Areas in need of improvement and areas of strength noted.	PA1.1 Changes made to Technical Assistance made to the field either in meetings, on website or by other means. Collection of data and improvement process are ongoing.
	PA1.2 Summary report on documents submitted.	PA1.2 Number and types of programs and institutions, trends	PA1.2 Report to COA
	PA1.3 On-line surveys from Program Coordinators and Deans	PA1.3 Compile information from survey as to what reader comments were helpful and what they found useful in the activity.	PA1.3 Report to COA Changes in instructions, webpage information, technical assistance meetings
	PA1.4 Hold a focus group of Program Assessment completers to discuss process and elements that need improvement.	PA1.1.4. Staff collects comments, notes themes	PA1.4 Report to COA
PA2—Does Program Assessment provide helpful information to the Site Visit process and, in turn in making accreditation decisions?	PA2.1 Strategies to determine the answer to this question are under consideration and would first be implemented with the Site Visits from the Yellow Cohort in 2009-2010. They might include: Questions asked on evaluations for the institution and site team members as to how well the Preliminary Report of Findings from Program Assessment was used during the site visit		
PA3—Is Program Assessment serving the objectives of the accreditation system?	PA3.1 Compile information from all sources noted above.	PA3.1 Staff summarizes information noting themes and trends.	PA3.1 Report to COA to be included in the Annual Report.

Site Visits

Activity and Questions	Data Collected	Analysis	Reporting & Improvement
SV1—How well are site visits being implemented?	SV1.1 Feedback and evaluation from stakeholders from Technical Assistance meetings.	SV1.1 Collection of surveys and evaluations. Areas in need of improvement and areas of strength noted.	SV1.1 Changes made to Technical Assistance made to the field either in meetings, on website or by other means. Collection of data and improvement process are ongoing.
	SV1.2 Evaluation forms sent to institutional representatives, team leaders, consultant and team members with questions regarding the visit process as well as recommendations for improvement.	SV1.2 Staff to note themes in comments.	SV1.2 Report to COA and propose changes to BIR training, consultant and/or team lead training. Propose changes to information given to institutions as they prepare for the site visit.
	SV1.3 Hold meetings with Team Leaders, Consultants and COA to determine what components of the process are working (e.g., report writing, reporting to COA), and what parts are not working	SV1.3 Staff to take notes during meeting and note themes from the comments.	SV1.3 Report to COA and propose changes in instructions, webpage information, technical assistance meetings. Also propose changes to information given to institutions as they prepare for the site visit.
	SV1.4 Note how stipulations are addressed; results of re-visits and follow up activities; and changes in Biennial Reports after a site visit.	SV1.4 Staff to summarize information and note themes from the information.	SV1.4 Report to COA and summary noted in the Annual Report
SV2—Are site visits serving the objectives of the accreditation system?	SV2.1 Compile information from all sources noted above.	SV2.1 Staff summarizes information noting themes and trends.	SV2.1 Report to COA to be included in the Annual Report.

Overall Impact of the Accreditation System

Activity and Questions	Data Collected	Analysis	Reporting & Improvement
O.1—What is the overall impact of the accreditation system?	O.1.1 Survey responses from programs after once through the 7 year cycle…How has the system impacted your program? What difference has it made for program completers? O.1.2 At several points in the cycle, select some institutions to see if changes can be tracked from biennial reports to program assessment to site visits. O.1.3 Call together a focus group of Deans who went through the process to talk about changes made at the institution based upon the site visit and other accreditation activities.	O.1.1 Staff to summarize responses. Consider problems, if any noted repeatedly, and make suggestions for change/improvement. O.1.2 Staff to summarize responses. Consider problems, if any noted repeatedly, and make suggestions for change/improvement. O.1.3 Staff to summarize information and note themes from the information.	O.1.1 Report to COA and propose changes to BIR training, consultant and/or team lead training. Propose changes to information given to institutions as they prepare for the site visit. O.1.1 Report to COA and propose changes to BIR training, consultant and/or team lead training. Propose changes to information given to institutions as they prepare for the site visit. Report summary in the Annual Report O.1.3 Report to COA and summary noted in the Annual Report
O.2—Does the accreditation system have an impact on the preparation of teachers in California?	O.2.1.1 Survey employers. O.2.1.2. Use results of CSU surveys on teacher preparation and consider expanding the survey to include other credential preparation areas. O.2.1.3 Use Cal TIDES data as in information source. O.2.1.4 Use doctoral students to research questions about the system and its impact.	O.2 Staff summarizes information noting themes and trends.	O.2 Report to COA to be included in the Annual Report.
O.3—Does the accreditation system have an impact on student learning?	O.3.1 Data collection to be determined.	O.3.1 Analysis will be based upon the types of data collected and are to be determined.	O.3.1 Reporting and Improvement strategies to be determined based upon the types of data collected.

Accreditation Handbook
Review and Adoption by the COA

Italics= Proposed Date
Bold = Adoption Date

	Reviewed by the COA		Adoption by COA
	Information	**Action**	
Introduction	*5/10*	*6/10*	*6/10*
Chapter One: Responsibilities of the Commission on Teacher Credentialing and the Committee on Accreditation		1/10	**1/10**
Chapter Two: Standards in Accreditation		1/10	**1/10**
Chapter Three: Institutional and Program Approval		8/09	**8/09**
Chapter Four: The Accreditation Cycle	1/10	*4/10*	**4/10**
Chapter Five: Biennial Reports	*4/10*	*5/10*	*6/10*
Chapter Six: Program Assessment	*4/10*	*5/10*	*6/10*
Chapter Seven: Preparation for an Accreditation Site Visit			**6/09**
Chapter Eight: Accreditation Decision Options and Implications	8/09	10/09	**10/09**
Chapter Nine: Activities during the 7th Year of the Accreditation Cycle	10/09	1/10	**1/10**
Chapter Ten: Accreditation Site Visit Team Member Information	10/09	1/10	**1/10**
Chapter Eleven: BIR Member Skills and Competencies	1/10	1/10	**1/10**
Chapter Twelve: Team Leadership	*5/10*	*6/10*	*6/10*
Chapter Thirteen: Articulation between State and National Accreditation	*6/10*	*8/10*	*8/10*
Chapter Fourteen: Evaluation of the Accreditation System	*5/10*	*6/10*	*6/10*
Appendix A: Sample Reports			
Appendix B: Sample Interview Schedule			
Appendix C: Team Report Development Forms			
Appendix D: Evaluation Forms			
Appendix E: Common Standards	Adopted by the Commission		
Appendix F: Experimental Standards	Adopted by the Commission		
Appendix G: Framework	Adopted by the Commission		