

Debrief of 2009-10 and Planning for 2010-11 Accreditation Activities: Discussion with Commission Consultants August 2010

Overview of this Report

This report provides background information for the discussion among the COA members and the Commission's accreditation consultants.

Staff Recommendation

This is an information item.

Background

Between 2002-03 and 2006-07, only joint NCATE/CTC site visits for accreditation were conducted. In the 2007-08 year, the Commission began implementation of the revised accreditation system with fourteen site visits, some of which were joint NCATE/CTC reviews. At the end of the 07-08 year's accreditation activities, the individuals who served as Team Leads as well as the Commission's accreditation staff met with the COA for a discussion. During the 2008-09 year, fifteen accreditation site visits were conducted and at the end of the 2008-09 year's accreditation activities, the COA, along with all Commission accreditation consultants, had a discussion focusing on the site visit.

In the 2009-10 year, thirteen reports were developed during the accreditation visits for review and action by the COA. For each visit the Team Lead and Commission consultant presented the accreditation report to the COA. Because 2009-10 is the first year where both Biennial Reports and Program Assessment were completed prior to the site visit, the discussion between the COA and the Commission's professional staff will address all components of the accreditation system. One of the cohort-specific Cohort Maps is provided in Appendix A as a reference for the discussion.

It is anticipated that suggestions from the discussion between the COA and the Commission's professional staff will be incorporated into future BIR trainings, focused Team Lead and team member update trainings, and will be used to guide the ongoing professional development of Commission consultants. This discussion also serves to assist in the accreditation system's evaluation requirements regarding the implementation of the accreditation system.

During the meeting, the COA and Commission consultants will discuss the topics below. Information and decisions arising from the discussion will guide the accreditation activities in 2010-11.

1. The process used in 2009-10 and planned for 2010-11 for the review of Biennial Reports including the feedback templates (Appendices B and C).
2. The process used in 2009-10 and planned for 2010-11 for the review of Program Assessment documents.
3. The guidance (Appendix D) that teams use when coming to a decision about standards.

4. The guidance (Appendix E) that teams use when coming to consensus on making an accreditation recommendation.
5. The accreditation report sections that describe the standard findings and the information that supports that standard finding. What is too much information and what is insufficient information? Does this differ between the Common Standards and Program Standards Reports?
6. The rationale statements that teams develop to explain to the COA, the institution and the public why that specific accreditation recommendation is made. What is too much information in the rationale and what is insufficient information?
7. The process used in 2009-10 to develop stipulation statements. The guidance (Appendix F) team leads and Commission consultants use to assist them in developing draft stipulations. How can we establish some level of consistency in formulating draft stipulations that meet the needs of both the institution and the COA? How can the draft stipulation address a program standard and a related common standard

Board of Institutional Reviewers (BIR)

The BIR has 147 individuals who attended BIR training before the restart of the Commission’s accreditation system. Of these, approximately 100 were active in the 2009-10 year and participated in one or more accreditation activities (IPR, Program Assessment, and/or site visits). Since the implementation of the revised accreditation system, an additional 242 educators have already completed or will have soon completed BIR training. Staff plans to hold two additional BIR training sessions in 2010-11 (August 2010 and January 2011). The table below describes BIR training activities to date.

BIR Session Date	New BIR Participants
September 2007	15
January 2008	38
June 2008	28
January 2009	29
June 2009	26
August 2009	31
January 2010	28
June 2010	15
<i>August 2010</i>	32
<i>January 2011</i>	32
	242

Italics indicate the activity is in the future

The BIR training has evolved over the three years since the revised accreditation system was adopted by the Commission. Initially the sessions included big, bulky binders with many sections. This evolved to a small binder along with the use of laptops during the sessions, and then to fully technology-mediated sessions. Now, each participant copies a folder of files onto the laptop and works from those files. The design of the BIR sessions involves the individuals in understanding the BIR member’s role in Initial Program Review, Program Assessment and accreditation site visits along with the use of Biennial Reports in both Program Assessment and

the site visit. Participants are provided time for guided and independent practice of each of the skills and activities in which BIR members participate. Feedback has been collected and has been consistently positive. Constructive comments were gathered from BIR members and used to fine tune both the initial BIR training and the BIR Updates.

Next Steps for BIR

The BIR training sessions will decrease in frequency. Instead of holding three sessions annually, only one or two sessions will be scheduled. This will allow the focus of work with BIR members to shift to the standards and to calibrating all members on both the Common Standards and Program Standards.

Biennial Reports

Biennial Reports are due after the 1st, 3rd, and 5th years of the accreditation cycle. The reports are due in August, October or December after the year when the data was collected. Early in the calendar year, each institution in the three identified cohorts indicates the preferred month for submission of its Biennial Report. All Biennial Reports for the institution are due at one time so that the dean or director can complete the summary (Part B). All submissions are electronic. The table below indicates the accreditation cohorts that will have submitted Biennial Reports prior to their site visits.

Year	Cohorts Submitting	Site Visit with Prior Biennial Report	Comments
2006-07	Voluntary/Pilot only	No visits	
2007-08	Orange, Green, and Violet	none	
2008-09	Red, Yellow, and Indigo	Green	
2009-10	<i>Orange, Blue and Violet</i>	Yellow	Second submissions for Orange and Violet First submission for Blue
2010-11	<i>Red, Green and Indigo</i>	<i>Orange</i>	Second submissions for all three cohorts

Italics indicate the activity is in the future

Each institution’s original Biennial Report (BR) submission was reviewed by Commission staff. Initially two accreditation staff members, Cheryl Hickey and Rebecca Parker, were reviewing all BRs and submitting the feedback for review by the Administrator of Accreditation prior to providing the feedback to the institution. During the past year, accreditation staff trained and supported additional staff from the Professional Services Division and other divisions of the Commission to review the BRs on a pilot basis. The template for the initial BR feedback is provided in Appendix B. When additional Commission staff review a BR, they work in partnership with a second staff member. The feedback from the pair of staff members is reviewed by the accreditation staff focusing on the BR, fine-tuned if necessary, and then reviewed by the Administrator of Accreditation.

In fall 2010, the Violet and Orange cohorts will be submitting a second BR. Previously, each Biennial Report that was submitted was the institution’s first required BR. Staff has been

working to develop a modified feedback form for institutions submitting a second BR. A preliminary version of this modified feedback form under consideration is included as Appendix C. In addition, after reviewing quite a number of BRs, accreditation staff is in the process of developing a suggested list of comments and language for staff to consider when responding. Staff hopes to have a draft of this feedback form as an infolder item for the August COA meeting.

Use of Biennial Reports at the 2009-10 Accreditation Site visits

Site visit team members were asked to provide feedback on their use of and the usefulness of BRs during 2009-10.

Please Indicate which of the following you reviewed prior to arriving at the site visit. (56 responses)	Biennial Report	CTC Feedback
Yes--for ALL programs	23	22
Yes--for all programs ASSIGNED TO ME	22	24
Yes--for SOME of the programs assigned to me	0	2
No--did not have time, but knew where they were	3	0
No--did not know how to find	3	4
No--did not know about prior to the visit	1	1
No--was a member of the Common Standards/NCATE cluster and did not think I needed to	4	3
Total Responses	56	55

BIR Members who served on site visit teams were also asked how useful the Biennial Report and the CTC Feedback were to them at the site visit.

55 BIR members responded	Very Useful	Useful	Somewhat Useful	Not Useful	Did not use it
Biennial Report	38.2% (21)	41.8 % (23)	14.5 % (8)	0 % (0)	5.5 % (3)
CTC Feedback	56.4 % (31)	23.6 % (13)	14.5 % (8)	0% (0)	5.5 % (3)

Further Discussion Regarding Biennial Reports

Staff continues to be challenged by response time to institutions. However, as furloughs are discontinued and more staff are trained and become experienced, the response time should be reduced. Staff has updated the cohort specific maps with detailed expected timelines for response (Appendix A) In addition; a comment template is being developed for use by the staff reviewing Biennial Reports and may be available as an insert at the meeting. Providing timely feedback will be a priority for staff.

Program Assessment

Program Assessment is the activity where the implementation of the approved program’s design as described in the program narrative is reviewed by members of the BIR. The degree of alignment with the adopted program standards is evaluated by the BIR members. If the response is not deemed to be aligned initially, additional information is requested from the program. The

table below indicates the accreditation cohorts that will have Program Assessment prior to their site visits.

Year	Cohort Submitting	Site Visit with Prior Program Assessment	Comments
2006-07	None	No visits	
2007-08	Yellow	None	
2008-09	Orange	None	
2009-10	Red	Yellow	1 st year PA process has been completed prior to the site visit.
2010-11	<i>Violet</i>	<i>Orange</i>	<i>2nd year PA will be completed prior to the site visit..</i>

Italics indicate the activity is in the future

A Program Assessment (PA) team (Kathryn Polster, Cathy Creeggan and Geri Mohler) began managing the PA process early in 2009. When the site visits for the yellow cohort were scheduled for fall 2009 through spring 2010 and there were PA documents that still needed to complete the PA process. The PA team organized monthly reading sessions where BIR members traveled to the Commission to work on the documents in pairs. In addition, the BTSA Induction programs' transition to the accreditation system involves three cohorts (Red, Yellow and Green) participating in PA in 2009-10. Due to a clerical error, the Orange cohort BTSA Induction programs were also included in PA, so four of the seven BTSA cohorts are in PA at this time. The table below indicates the number of PA documents read and the percentage of programs preliminarily aligned prior to the site visit for each of the four cohorts.

Cohort	Number of Institutions	Total number of Programs to be Read	Percent of PA Documents Read	Percent of Programs Where all Standards were Preliminarily Aligned Prior to Site Visit¹
Yellow	35	101	100 %	26.7%
Orange	27	60	100 %	46.7%
Red	44	129	81 %	20.4%
Violet	40	-	-	-

¹ For the orange and red cohorts document are still being reviewed and therefore, it is expected that these percentages will increase.

***Green Cohort BTSA Documents read include 20 programs, 8 read to date with 3 of those 8 deemed preliminarily aligned.*

Use of Program Assessment Reports at the 2009-10 Accreditation Site visits

Site visit team members were asked to provide feedback on their use of and the usefulness of Program Assessment documentation (program narratives, Preliminary Findings, and program summaries) during the 2009-10.

Please indicate which of the following you reviewed prior to arriving at the site visit. (56 responses)	Program Narrative	CTC Feedback	Program Summary
Yes--for ALL programs	19	21	20
Yes--for all programs ASSIGNED TO ME	21	21	25
Yes--for SOME of the programs assigned to me	2	2	1
No--did not have time, but knew where they were	5	0	0
No--did not know how to find	2	3	2
No--did not know about prior to the visit	3	4	2
No--was a member of the Common Standards/NCATE cluster and did not think I needed to	3	3	3
	55	54	53

BIR Members who served on site visit teams were also asked how useful the *Preliminary Findings from Program Assessment* and the Program Summary were to them at the site visit. The individuals who indicated that they did not use the Preliminary Findings and the Program Summaries served on the Common Standards cluster—and really should not have responded to the prompt.

	Very Useful	Useful	Somewhat Useful	Not Useful	Did not use it
Preliminary Findings from Program Assessment	59.3 % (32)	13.0 % (7)	7.4 % (4)	3.7 % (2)	16.9 % (9)
Program Summaries	59.3 % (32)	14.8 % (8)	7.4 % (4)	0 % 0	18.5 % (10)

Further Discussion Regarding Program Assessment

An item on the COA agenda for August 4, 2010 involves modification of the PA process for Preliminary Multiple and Single Subject Teacher Preparation programs with respect to the standards that address the implementation of the teaching performance assessment, Standards 17-19. If approved by the COA, these proposed changes in the review process for Standards 17-19 will impact the Violet cohort first as program documentation from this cohort is in October, November or December 2010.

In addition, the PA review process has not yet included a thorough review of the programs' instruments for assessing candidate competencies. Additional discussion with COA is expected on this topic.

One of the challenges staff has identified is the calibration among BIR members in reviewing the Program Assessment documentation. Additionally, tracking all program submissions has proved challenging as is the complicated process of tracking where each program is in the review process and ensuring timely reviews of all responses to requests for additional information.

Initial Program Review

In the past, each consultant assigned to a particular credential area would individually organize and was responsible for the review of program proposals in that particular credential area for initial program review. Based upon the information gained from implementing the PA review process, staff began a coordinated Initial Program Review (IPR) process in January 2010. The IPR team (Paula Jacobs, Jan Jones Wadsworth, Karen Sacramento, Helen Hawley and Nick Pearce) organize monthly sessions where initial program proposals for all types of educator preparation programs are reviewed at the Commission. The IPR process has been in place for just six months and information will be presented in the August 2011 COA report on the IPR process.

Accreditation Site Visits

The COA reviewed and discussed an agenda item at its June 2010 COA meeting that reported on the institution and team lead reflections on the 2009-10 site visits. Staff will prepare additional data summaries from the evaluation forms to further inform this August COA and consultant discussion. Overall, the new process went well and most institutions and team leads provided positive comments about the new process.

However, there remain several areas in which refinements may be made to the system. One of the challenges in 2009-10 visits included knowledge by team members and team leads of the possibility of a 7th Year report for institutions with full Accreditation. A greater awareness of this fairly recent addition to the accreditation system may certainly provide an option for team members who struggle with determining whether the concern identified rises to the level of a stipulation. This option was designed to allow the COA to obtain information from the institution in follow up to a site visit, but still make a decision of Accreditation. While consultants are aware of this option, it is clear that more dissemination of information to team leads regarding the 7th year report option may be beneficial.

Further discussion is also warranted at this time with respect to the portion of the accreditation report which includes staff recommendations rather than team recommendations. These include recommendations related to: 1) Preconditions, 2) whether the institution should be allowed to offer new credential programs, 3) and whether the institution will remain in the same cohort and engage in the accreditation activities accordingly.

In the past, these staff recommendations have been a matter of routine. However, over the course of the last two years in particular, the COA has had a number of discussions about whether it is advisable for new programs to be offered by an institution that has been deemed to have either major stipulations or probationary stipulations. As a result, staff believes it may be time to reconsider this particular aspect of the accreditation system. The COA and staff should discuss the general policy of when an institution should be allowed to offer new programs and when it likely should not. Additional language to add to the Accreditation Handbook could be drafted and returned to the COA at a future meeting, ideally in time for next year's visits.

Future Activities

A number of activities designed to support the implementation of the revised accreditation system are planned for the 2010-11 year. It is anticipated that the discussion between the COA

and the Commission accreditation consultants will help inform and guide the accreditation activities including the following activities:

- * A meeting for BIR members identified as Team Leads will take place prior to the 2010-11 site visits to allow the group of team leads to fully understand the roles of the team lead and of the Commission consultant, and to prepare for the site visits. If a team lead is not able to attend the meeting, the meeting will be archived and available on the Commission's website, or a phone meeting will take place with the team lead prior to the site visit.
- * Update sessions for current members of the BIR will be provided to orient members to the revised accreditation system, revisit important information from the BIR training, and recalibrate individuals on the Commission's standards and the level of evidence expected when considering program findings and accreditation recommendations. These include the meetings listed below:

BIR Role	BIR Update Scheduled
Team Lead	Friday, September 24, 2010
NCATE Cluster members	Tuesday, September 28, 2010
Programs Cluster members	Wednesday, November 3, 2010
Common Standards Cluster members	Friday, November 5, 2010

Staff will take the information and suggestions from the COA discussion and work to develop improved accreditation procedures for the 2010-11 site visits.

Appendix A

ORANGE COHORT (16)

California State University

*Cal Poly, San Luis Obispo(S)**
Cal State TEACH

University of California

Santa Barbara

Private/Independents

Antioch Santa Barbara
Cal Baptist University
Chapman ~
Occidental College

Private/Independents (cont)

Saint Mary's College
The Master's College
*University of La Verne (S)**
University of Phoenix
University of the Pacific (S)

Other Sponsors

ASCA
SAIL
Santa Barbara CEO

Academic Year (AY)	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Cycle Year	5	6	7	1	2	3	4
Accreditation Activity	Institutional Data Collection Biennial Report	Institutional Data Collection Site Visit	Institutional Data Collection Site Visit follow	Institutional Data Collection Biennial Report	Institutional Data Collection	Institutional Data Collection Biennial Report	Institutional Data Collection Program Assessment
Due to CTC	Biennial Report (Data for AY 2008-09 and 2009-10)	Preconditions Report (6-12 months in advance of visit) Self Study	Up to 1 Year after Site Visit, if applicable	Biennial Report (Data for AY 2010-11, 2011-12, and 2012-13)	Nothing	Biennial Report (Data for AY 2013-14 and 2014-15)	Program Assessment Document
Due dates	Aug. 2010, Oct. 2010, or Dec. 2010	2 months before Site Visit	1 Year after Site Visit, if applicable	Aug. 2013, Oct. 2013, or Dec. 2013	None	Aug. 2015, Oct. 2015, or Dec. 2015	Oct. 2015, Nov. 2015 or Dec. 2015
COA/CTC Feedback What & when	-CTC Staff feedback in Aug: 6-8 wks Oct: 6-8 wks	Accreditation decision made by COA	COA Review of 7 th Year Report, if applicable	-CTC Staff feedback in Aug: 8-10wks Oct: 10-12 wks Dec: 12-16 wks	None	-CTC Staff feedback in Aug: 8-10wks Oct: 10-12 wks Dec: 12-16 wks	Preliminary findings on each program and all standards by Jan. 2017
Notes							

*Italics = COA/NCATE Joint Visit (F= Fall Semester; S= Spring Semester) *Initial NCATE Visit ~ COA/TEAC Joint Visit*

Appendix B
Feedback Table for Initial Biennial Reports

<Insert Institution Name>
Biennial Report Response, Fall 2009

Credential Certificate Program	Candidate/Program Data Submitted	Data Analyzed	Program Modifications Discussed	Comments/Additional Information Required
	<u>Data Presented</u> <u>Data discussed but not presented</u>			
	<u>Data Presented</u> <u>Data discussed but not presented</u>			
Part B. Institutional Summary and Plan of Action				

√ Use a checkmark if the data is analyzed or if program modifications follow logically from the analysis of the data

Appendix C

PRELIMINARY DRAFT Feedback Table for Second Biennial Reports from an Institution

**<Insert Institution Name>
Biennial Report Response, Fall 2010**

Credential Certificate Program	Candidate and Program Data	Components of the Biennial Report	Comments/Additional Information Required												
	<u>Data Presented</u> <u>Data discussed but not presented</u>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Context</td><td style="width: 20px;"></td></tr> <tr><td style="text-align: center;">Changes since last BR/SV</td><td></td></tr> <tr><td style="text-align: center;">Assessments tied to Standards</td><td></td></tr> <tr><td style="text-align: center;">Aggregated Data</td><td></td></tr> <tr><td style="text-align: center;">Analyze Data</td><td></td></tr> <tr><td style="text-align: center;">Program Modifications</td><td></td></tr> </table>	Context		Changes since last BR/SV		Assessments tied to Standards		Aggregated Data		Analyze Data		Program Modifications		
Context															
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Context															
Changes since last BR/SV															
Assessments tied to Standards															
Aggregated Data															
Analyze Data															
Program Modifications															
Part B: Institutional Summary and Plan of Action															
<i>Submission of a Biennial Report for each approved educator preparation program is required as part of the Commission's accreditation activities but does not, in and of itself, imply that any of the Commission's Common or Program Standards are Met . Nor should any of the comments made by the CTC staff above be construed as indicating whether any of the Commission's Common or Program Standards are Met. The decision if each standard is met or not is the responsibility of the site visit team.</i>															

Appendix D

Standard Decision Guidance

Standards Findings

For each standard (Common and Program) the team will make one of three decisions:

Met	<u>All</u> phrases of the standard are <u>evident</u> and <u>effectively implemented</u> .
Met with Concern	<u>One or more</u> phrases of the standard are <u>not evident</u> or are <u>ineffectively implemented</u> .
Not Met	<u>Significant</u> phrases of the standard are <u>not evident</u> or are <u>so ineffectively implemented</u> that it is <u>not possible to see the standard</u> in the program.

Make sure the team members articulate the triangulated evidence that leads to the standard decision! A single person saying one thing should be treated as an outlier...each finding must be supported by multiple sources of evidence.

Appendix E

Accreditation Recommendation Guidance

Accreditation

The recommendation of *Accreditation* means that the accreditation team verified that the institution and its programs, when judged as a whole, met or exceeded the CTC's adopted Common Standards and the Program Standards applicable to the institution. The institution (including its credential programs) is judged to be effective in preparing educators and is demonstrating overall quality in its programs and general operations. The status of *Accreditation* can be achieved even if there are one or two Common Standards identified as "met with concerns" or if one or more areas of concern are identified within its credential programs.

Accreditation: Accreditation with Stipulations

The recommendation of *Accreditation with Stipulations* means that the accreditation team verified that the institution and some of its programs have "not met" or "met with concerns" some Common Standards or Program Standards applicable to the institution and that action is required to address these deficiencies. The institution is judged to be generally effective in preparing educators and in its general operations apart from the identified areas of concern. The concerns or problems identified are confined to specific issues that minimally impact the quality of the program received by candidates or completers.

Accreditation with Major Stipulations

The recommendation of *Accreditation with Major Stipulations* means that the accreditation team concluded that the institution and some of its programs have "not met" or "met with concerns" multiple standards in the Common Standards, and/or Program Standards applicable to the institution, or that the team found areas of concern (such as matters of curriculum, field experience, or candidate competence) that impact, or are likely to impact, the preparation of credential program candidates. The team identified issues that impinge on the ability of the institution to deliver high quality, effective programs. The review team may have found that some of the institution's credential programs are of high quality and are effective in preparing educators, or that the general operations of the institution are adequate, but the team concluded that these areas of quality do not outweigh the identified areas of concern.

Accreditation with Probationary Stipulations

The recommendation of *Accreditation with Probationary Stipulations* indicates that an accreditation team identified serious and pervasive deficiencies in the institution's implementation of the Common Standards and the Program Standards applicable to the institution, or that the team found areas of concern (such as matters of curriculum, field experience, or candidate competence) that substantially impact the preparation of credential program candidates. The team identified issues that prevent the institution from delivering high quality, effective programs. The review team may have found that some of the institution's credential programs are of high quality and are effective in preparing educators and/or that its general operations are adequate, but the team determined that these areas of quality do not outweigh the identified areas of concern.

Appendix F Drafting Stipulations Guidance

When is a Stipulation needed?

- If the team has determined the accreditation recommendation will be *Accreditation with Stipulations*, *Major Stipulations*, or *Probationary Stipulations*.

Who Drafts Stipulations?

- The team lead and the consultant typically draft the stipulation(s), based upon the conversation of the team, and share it with the team for refinement, if necessary.

General Thoughts about Stipulations

- If a **Common Standard** is “*Not Met*” a stipulation should be drafted.
- A **Common Standard** “*Met with Concern*” does not necessarily need a stipulation if the team’s recommendation is “*Accreditation*.”
- If one or more **Common Standards** are “*Met with Concern*” and the teams recommendation is “*Accreditation with Stipulations*,” then a stipulation or stipulations is/are needed
- **Program standards** that are “*Met with Concern*” or “*Not Met*” do not necessarily need specific stipulations. This will depend on the professional judgment of the team, team leader, and consultant.
- A stipulation should provide direction to the institution about what aspect of the standard needs to be rectified to allow a recommendation of “*Accreditation*” to be appropriate.
- A stipulation must avoid telling the institution HOW to address the standard, but provide enough information that institutions have some clear direction about what they need to do to address the stipulation.
- Stipulations should generally not include language that requires that the institution must provide evidence that all standards less than fully met are now met.

Prefacing Statement

- Within one year of this action, the institution will submit written documentation to the team lead and Commission consultant documenting all actions to remove the stipulations noted below.

OR

- Within one year of this action, the institution will host a re-visit with the team lead and Commission consultant (add additional team members if appropriate) to collect evidence of actions to address the stipulations noted below.

Sample Stipulations for Common Standards

1. That the institution provide evidence that leadership supports a clear vision for teacher preparation and fosters cohesive management, including clear communication and lines of authority and responsibility. *(1: Educational Leadership)*
2. That the institution provide evidence of the implementation of a comprehensive program evaluation system involving program participants, graduates, and local practitioners. The system must demonstrate the potential for assuring continuous program improvement and must be applied to all credential program areas. *(2: Unit and Program Evaluation System)*
3. That the institution provide evidence that each program within the unit receives sufficient resources to allow for effective operation of the credential program. The resources must enable each program to effectively operate in terms of coordination, recruitment, advisement, program development and instruction. *(3: Resources)*
4. That the institution provide evidence that all faculty that teach and supervise courses and field experiences are qualified and have a thorough understanding of the public schools including the accountability systems, academic standards and frameworks *(4: Faculty and Instructional Personnel)*
5. That the institution provide evidence that candidates are admitted on the basis of well-defined admission criteria and that consistent advice and assistance is readily available to candidates. *(5: Admissions and 6: Advice and Assistance)*
6. That the institution provide evidence that it collaborates effectively with local school personnel in selecting school sites all along the planned fieldwork sequence and that district field supervisors are carefully selected, trained, and oriented. *(7: Field Experiences and Clinical Practice and 8: Program Sponsor, District and University Field Supervisors)*
7. That the institution provide evidence documenting a process of candidate assessment and implementation of said plan including candidate competence data, analysis, suggestions for program improvement arising from such analysis; and documentation that clinical experiences occur in diverse placements for all candidates (with individual documentation in student files prior to credential issuance). *(9: Assessment of Candidate Competence)*