Proposed Changes to the Accreditation Handbook
February 2012

Overview of this Report
This report presents possible changes to Chapters 3-12 of the *Accreditation Handbook* for COA consideration and possible adoption.

Background
The COA adopted its current *Accreditation Handbook* in parts from January 2010 to June 2010. This *Handbook* describes the current procedures and processes used in the Commission's accreditation system. This *Handbook* is used frequently by staff, program assessment reviewers, site visit teams, and program sponsor personnel. It is critical that this *Handbook* remain as updated as possible, reflecting current thinking and procedures as many individuals involved in the Commission's accreditation process rely on it to inform their actions.

Staff presented possible changes to the *Handbook* at the August and October 2011 COA meetings. These changes as well suggestions from COA discussion are reflected in this version of the *Accreditation Handbook* presented for your consideration. Again, these changes are presented in "tracked changes" format so that the proposed changes are easily identifiable.

Many of the proposed changes are nonsubstantive in nature. That is, proposed language may simply change grammatical and typographical errors, maintain consistency in capitalization, and use more specific and clearer language. Other proposed changes may reflect refinements in Commission processes. As the system matures, new and better ways of doing things are tried and former, less efficient and effective ways are no longer continued in the same manner. These refinements need to be better reflected in this document. And finally, some of the proposed changes may require a significant discussion of a substantive change. For instance, with the importance of revisits, new policies and procedures will need to be developed by the COA.

If the COA approves this version of the report today, additional work and modification are still necessary. As mentioned above, a section on revisits remains to be drafted for COA consideration. In addition, depending on the decision of the COA around denial of accreditation, further language will need to be developed for inclusion in the *Handbook* in the future.

Next Steps
If the COA approves the revised language, a revised *Accreditation Handbook* will be posted to the Commission's webpage and made available to institutions, team members, team leads, and staff to help guide the work of the accreditation system.

Chapter Three
Institutional and Program Approval

Introduction

This chapter describes the processes by which an institution gains initial institutional approval from the CTC that allows the institution to propose specific credential preparation programs for approval by the COA. This chapter also provides information about the different status options that a program might have, such as being approved, inactive, discontinued, or withdrawn.

I. Initial Institutional Approval

According to the *Accreditation Framework* (Section 1-B-1), the CTC is responsible for determining the eligibility of an institution that applies for initial accreditation and that has not previously prepared educators for state certification in California. The following procedures apply to those institutions:

A. The institution prepares a complete program proposal, responding to all preconditions, Common Standards and appropriate program standards. The proposal will be considered the application for accreditation as well as the application for credential preparation program approval.

B. Initial Accreditation will be considered a two-stage process:

1. The proposal will be reviewed for compliance with the appropriate institutional preconditions which can be found at http://www.ctc.ca.gov/educator-prep/STDS-preconditions.html. If the proposal meets the CTC's eligibility requirements as judged by trained reviewers, the institution will be recommended for initial institutional approval to the CTC which will consider the recommendation and take action.

2. If the CTC acts favorably on the proposal, the proposal will be forwarded to the COA for program accreditation action according to adopted procedures.

C. Once granted initial accreditation, the institution will then come under the continuing accreditation procedures adopted by the COA.

II. Initial Accreditation of Programs

According to the *Accreditation Framework* (Section 2-A-2), the COA is responsible for granting initial accreditation to new programs of educator preparation. If the COA determines that a program meets all applicable standards, the COA grants initial accreditation to the program. New credential program proposals by eligible institutions must fulfill preconditions established by state law and the CTC. They must also fulfill the Common Standards and one of the program standards options listed in Section 3 of the *Framework*: Option 1, California Program Standards; Option 2, National or Professional Program Standards; or Option 3, Experimental Program Standards.

Comment [GR1]: Where are they found and how does an institution know which ones are "appropriate"?

Section 4-B of the *Framework* contains the Policies for Initial Accreditation of Programs. Prior to being presented to the COA for action, new programs proposed by eligible institutions must go through Initial Program Review (IPR). During IPR, new program proposals are reviewed by panels of external experts, and occasionally by CTC staff with expertise in the credential area. During IPR, new programs are reviewed in relation to the preconditions, Common Standards and the selected program standards. The COA considers recommendations by the external review panels and CTC staff when deciding on the accreditation of each proposed program.

An institution that selects National or Professional Program Standards (Option 2) should consult the chapter on National or Professional Standards for appropriate procedures. The acceptability of the standards should be assured before the institution prepares a program proposal. An institution may choose to submit a program that meets the Experimental Program Standards (Option 3) adopted by the CTC when the program is designed to investigate professional preparation issues or policy questions related to the preparation of credential candidates.

Program Submission and Implementation: Basic Steps in the Accreditation of New Programs

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There are several steps that must be followed by the CTC, its staff, and the COA during the process of reviewing proposals from institutions and agencies wishing to sponsor educator preparation programs.

1. Preliminary Staff Review

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Before submitting program proposals for formal review and initial accreditation, institutions are encouraged to request preliminary reviews of *draft* proposals by the CTC's professional staff. The purpose of these reviews is to assist institutions in developing programs that are consistent with the intent and scope of the standards, and that will be logical and clear to the external reviewers. Program proposals may be submitted for preliminary staff review at any time. Institutions are encouraged to discuss the potential timeframe for such a review with CTC staff. Preliminary review is voluntary.

2. Review of Preconditions

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Preconditions are requirements necessary to operate a program leading to an educator preparation license in California. They are based on state laws and regulations and do not involve issues of program quality. An institution's response to the preconditions is reviewed by the CTC's professional staff. At the institution's discretion, preconditions may be reviewed either during the preliminary review stage, or after the institution's formal submission of a proposal. If staff determines that the program complies with the requirements of state laws and administrative regulations, the program is eligible for a further review of the standards by staff or a review panel. If the program does not comply with the preconditions, the proposal is returned to the institution with specific information about the lack of compliance. Such a program may be resubmitted once the compliance issues have been resolved.

3. Initial Program Review (IPR)

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Unlike the preconditions, the common and program standards address issues of program quality and effectiveness. Consequently, each institution's formal response to these standards is reviewed by a review panel of experts in the field of preparation or by CTC

staff. During the Initial Program Review process, there is opportunity for institutional representatives to confer with staff consultants to answer questions or clarify issues that may arise.

If staff or the review panel determines that a proposed program fulfills the standards, the program is recommended for initial accreditation by the COA at one of its regular meetings. Action by the COA is communicated to the institution in writing.

If staff or the review panel determines that the program does not meet the standards, the proposal is returned to the institution with an explanation of the findings. Specific reasons for the decision are communicated to the institution. Representatives of the institution can obtain information and assistance from the CTC's staff. After changes have been made in the program, the proposal may be submitted for re-consideration.

Appeal of an Adverse Decision

There are two levels of appeal of an adverse decision. The first is an appeal of a decision by CTC staff, or its review panel, that the preconditions or relevant program standards were not satisfied and that the proposal should not be forwarded to the COA for action. This appeal is directed to the COA.

The second is an appeal of an adverse decision by the COA. This appeal is directed to the Executive Director of the CTC.

If a program is not recommended to the COA for approval by staff or the review panel, the institution may submit a formal request to place that program on the agenda of the COA for consideration. In so doing, the institution must provide the following information:

- The original program proposal and the rationale for the adverse decision provided by the CTC's staff or review panel.
- Copies of any responses by the institution to requests for additional information from CTC's staff or review panel, including a copy of any resubmitted proposal (if it was resubmitted).
- A rationale for the institution's request.

The COA will review the information and do one of the following:

- Grant initial accreditation to the program.
- Request a new review of the institution's program proposal by a different CTC staff member or a different review panel.
- Deny initial accreditation to the program.

Within twenty business days of the COA's decision to deny initial accreditation, the institution may submit evidence to the Executive Director of the CTC that the decision made by the COA was arbitrary, capricious, unfair, or contrary to the policies of the *Accreditation Framework* or the procedural guidelines of the COA. (Information related to the quality of the program that was not previously presented to the CTC's staff or the review panel may not be considered by the CTC.) The Executive Director will determine whether the evidence submitted by the institution responds to the criteria for appeal. If it does, the Executive Director will forward the appeal to the CTC. If it does not, the institution will be notified of the decision and provided with information describing how the information does not respond to the criteria. The institution will be given ten business days to re-submit the appeal to the Executive Director.

The appeal, if forwarded to the CTC by the Executive Director, will be heard before the Professional Services Committee of the CTC. The Professional Services Committee will consider the written evidence provided by the institution and a written response from the COA. In resolving the appeal, the CTC will take one of the following actions:

- Sustain the decision of the COA to deny initial accreditation to the program.
- Overturn the decision of the COA and grant initial accreditation to the program.

The Executive Director communicates the CTC's decision to the COA and the institution.

III. Program Status for Approved Programs

Once a program has been accredited by the COA, it will be considered an approved program. As conditions change, however, it is sometimes necessary for programs to be granted either the inactive status or to be withdrawn by the institution. Institutions are responsible to initiate either a change from approved-active to approved-inactive or withdrawn.

The chart below illustrates the operational differences in the three possible status options followed by more specific information on each.

Institution/Program Sponsor	**Program Approval Status**		
	Withdrawn	**Inactive**	**Active**
May Accept New Candidates	No	No	Yes
May Recommend Candidates for a Credential	Only those already in the program	Only those already in the program	Yes
Participates in Biennial Reports	No	Modified	Yes
Participates in Program Assessment	No	Modified	Yes
Participates in Site Visit	No	Modified	Yes
How to Request Reinstatement	New Program Document Submitted and reviewed by	Letter to the COA*	NA

Institution/Program Sponsor	Program Approval Status		
	Withdrawn	Inactive	Active
	panel members		

* If the CTC adopted revised program standards while the program is in inactive status, a new program document will be required to re-activate a program.

Approved Program

Once an institution and its program(s) have gained initial accreditation, the institution will be assigned to one of the seven accreditation cohorts. Participation in all activities in the accreditation cycle, which takes seven years to complete, is essential for on-going accreditation. Each accreditation cohort enters year one of the accreditation cycle in a different academic year and every institution is performing accreditation-related activities every year. The annual cycle of activities is consistent with the accreditation cycles underlying premise that credential preparation programs engage in annual data collection and analyses to guide program improvement.

An approved educator preparation program will be identified as such on the CTC's web page and may be identified as approved on the sponsor's web page, if applicable.

- All approved programs will participate in the CTC's accreditation system, in the assigned cohort.
- In the first, third, and fifth years of the accreditation cycle the programs will submit Biennial Reports.
- In the fourth year of the accreditation cycle, the programs will submit Program Assessment documents.
- In the sixth year of the accreditation cycle, the programs will participate in the Site Visit activities.
- In the seventh year of the accreditation cycle, the programs will participate, as needed, in the 7th Year Follow-up Report.

Inactive Program

An institution or program sponsor may decide to declare a program that has been previously approved by the CTC or accredited by the COA as 'inactive.' The following procedures must be followed:

- The institution or program sponsor notifies the Administrator of Accreditation of its intention to declare the program inactive. The program can ~~only~~ be deemed inactive when it no longer accepts new candidates into ~~the current candidates have completed~~ the program and then is recognized only to exist to complete the program for current candidates.
- The notification to the Administrator must include the anticipated date that the inactive status will begin (i.e. ~~.~~

Comment [GR2]: Has policy been altered so that the program is inactive as soon as it stops accepting new candidates (e.g. LAUSD in 2009-2010)?

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- ~~The notification must include~~ the date from which candidates will no longer be admitted to the program).
- Candidates already admitted to the program are notified in writing by the institution or program sponsor that the program is being declared inactive.
- The institution files the list of candidates and date of their program completion with the CTC. This locked list of candidates must be provided to the COA before the start of the inactive status. No other candidates will be considered for a credential recommendation.
- The institution assists enrolled candidates in planning for the completion of their program. A plan regarding how current candidates will complete the program must accompany the inactive request.
- The institution or program sponsor determines a date by which all enrolled candidates will be able to finish the program, not to exceed a maximum of one year after the normative completion date.. ~~The institution assists enrolled candidates in planning for the completion of their program~~. ~~The institution files the list of candidates and date of their program completion with the CTC.~~
- Following the date after which all current candidates will ~~no longer be enrolled~~able to complete the program, as determined by the institution, the program may no longer operate and the institution may no longer recommend candidates for the credential until such a time as the program is re-activated. The program will not be listed on the CTC's public web page for approved programs. The program will appear as inactive in the Credential Information Guide (CIG) web page (http://134.186.81.79/fmi/xsl/CIG_apm/PPPM_all.xsl).
- An inactive program will be included in accreditation activities in a modified manner as determined by the COA.
- An inactive program may be re-activated only when the institution submits a request to the COA and the COA has taken action to reactive the program. If the program standards under which the program was approved have been modified, the institution or program sponsor must address the updated standards before the program may be re-activated.
- An inactive program may stay on inactive status for no longer than 5 years; after which, the program sponsor should determine whether the program should be withdrawn permanently or reactivated.

Withdrawal of Credential Programs

An institution may decide to withdraw a program that has been previously approved by the CTC or accredited by the COA. The withdrawal of a program formalizes that it is no longer part of the institution's accredited program offerings and, from the CTC's perspective, no longer part of the accreditation system. In order to withdraw a program, the following procedures must be followed:

- The institution notifies the Administrator of Accreditation of its intention to withdraw the program when the current candidates complete the program. The notification must include the date from which candidates will no longer be admitted to the program.

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Comment [GR3]: This bullet needs to be reworked if inactive status begins with no longer enrolling new candidates. Should it read "Following the date after which all current candidates will be able to finish the program, as determined by….."

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- Candidates already admitted to the program are notified in writing by the institution that the program is being withdrawn. The institution determines a date by which all enrolled candidates will be able to finish the program. The institution assists enrolled candidates in planning for the completion of their program. The institution files the list of candidates and date of their program completion with the CTC.

- Following the date after which candidates will no longer be enrolled (as determined by the institution), the program may no longer operate and the institution may no longer recommend candidates for the credential.

- A program being withdrawn will not be included in any continuing accreditation visits while candidates are finishing the program, provided that the Administrator of Accreditation ~~Executive Director of the CTC~~ was notified of the institutional intent to withdraw the program at least one year before the continuing accreditation Site Visit.

- A withdrawn program may be re-accredited only when the institution submits a new proposal for initial accreditation according to the COA initial accreditation policies. From the date in which candidates were no longer admitted to the program, the institution must wait at least two years before requesting re-accreditation of the program.

Discontinuation of Credential Programs

When an institution is required by the COA to discontinue a credential program, the following procedures must be followed:

- Within 60 days of action by the COA, the institution must file, with the ~~Executive Director of the CTC~~Administrator of Accreditation, the institution's plan for program discontinuation.

- Candidates are no longer admitted to the program once the institution is required to discontinue the program.

- Candidates already admitted to the program are notified in writing by the institution that the program is being discontinued. The institution determines a date by which all enrolled candidates will be able to finish the program. The institution helps candidates plan for completion of their program by helping them complete their program at the institution where they are currently enrolled or at another institution. The institution files the list of candidates and dates of program completion with the CTC.

- Following the date after which the institution will no longer enroll candidates (as determined by the institution), the program may no longer operate, and the institution may not recommend candidates for the credential.

A discontinued program may be re-accredited only when the institution submits a new proposal for initial accreditation according to the COA's initial accreditation policies. The institution must wait at least two years after the date of discontinuation before requesting re-accreditation.

Comment [GR4]: In line with the first bullet of this section, should this be changed to the Admin of Accreditation? If so, how does the Executive Director know about the withdrawal?

Comment [GR5]: Same question as above.. is this the Executive Director or the Administrator of Accreditation?

Loss of Initial Approval

When an institution withdraws its last program, it loses approval as an accrediting institution. It must wait two years from the date of submitting the withdrawal before applying for approval once again and complete the Initial Program Review anew.

Chapter 4
The Accreditation Cycle

Introduction

This chapter provides an overview of the accreditation cycle which is comprised of three major activities. These activities and their purpose are briefly described below. In the following chapters each activity is reviewed in more detail. The underlying expectation of the accreditation process is that all accredited credential programs are implementing programs that are aligned to the Commission's adopted standards and are engaged in continuous, on-going collection of data about candidate competence and program effectiveness, are analyzing the data, and are using the results to make programmatic improvements. Taken as a whole, the elements of the accreditation cycle prepare the institution and the accreditation review team to identify an institution's strengths and any areas needing improvement.

I. Purpose

The overarching goal of the accreditation system is to ensure that educator preparation programs are aligned with the Common Standards and all relevant Program Standards which require, among other things, that institutions develop comprehensive data collection systems to support continuous program improvement and to demonstrate candidates' knowledge and skills for educating and supporting all students in meeting the state-adopted academic standards. The graphic in Figure 1 emphasizes the continuous nature of the accreditation system.

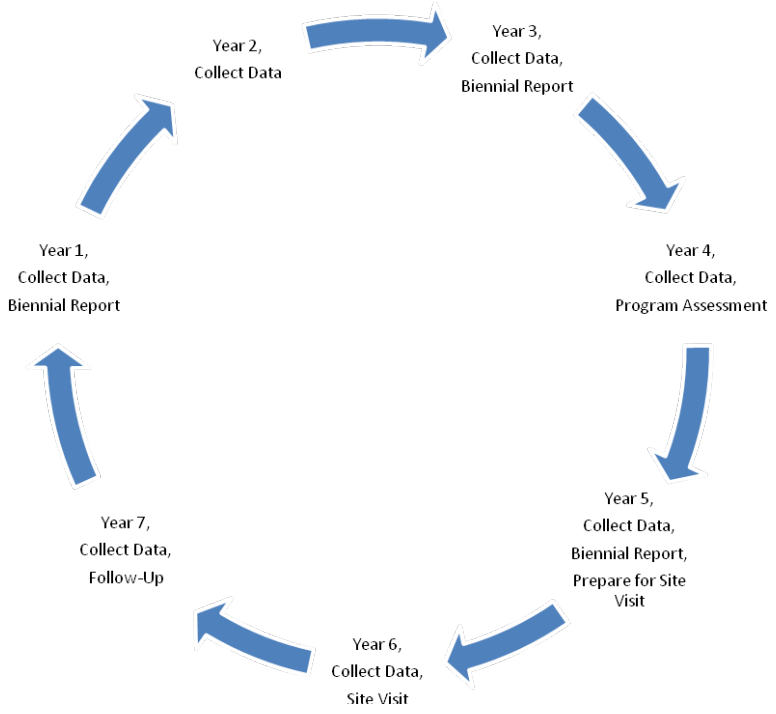
Four primary purposes are achieved through the accreditation system. First, the process creates a mechanism by which educator preparation programs, their institutions, and the COA are held accountable to the public and to the education profession. Through participation in the accreditation process, educator preparation programs document their adherence to educator preparation standards and their use of data for on-going analyses of program effectiveness. Second, the cycle supports institutions' adherence to appropriate program standards, generally the CTC-adopted teacher preparation standards. Third, by requiring institutions to use data to identify areas needing improvement, the accreditation process helps ensure high quality educator preparation programs. Fourth, the accreditation cycle encourages institutions to create and utilize systematic and comprehensive evaluation processes to ensure their candidates are well qualified for teaching or specialist services credentials and that their programs are providing the rigorous content and pedagogical preparation new teachers and other educators need to be successful.

II. Overview

The accreditation process is a seven-year cycle of activities. Figure 1, below, illustrates the accreditation cycle of activities. These activities are the biennial reports, program assessment and the site visit. Each educator preparation institution has been assigned to a cohort. Each cohort is on a specific seven-year cycle. Table 1, at the end of this chapter, is a generic cohort chart for a cohort that is in Year 1 and is completing Year 1 activities. Institutions are, therefore, at different points in the accreditation cycle, depending on their assigned cohort.. The cohort model distributes the workload of the CTC, its staff, and the Board of Institutional Review (BIR) members, which is composed of trained education professionals who review program

documents and conduct the accreditation site visits. A brief overview of each activity will be provided here. For a full description and guidance on preparing for each activity, please see the appropriate chapters.

Figure 1 Accreditation cycle of activities



Biennial Reports

Biennial reports are submitted to the CTC every two to three years. The purposes of the reports are to ensure that institutions are collecting and analyzing candidate and program data on a regular basis and that program improvement activities are being identified based on the results of the analyses. Institutions prepare the biennial reports by collecting and analyzing two to three years of candidate and program data. Submissions occur following years one, three, and five. Each institution identifies one of three due dates on which its submission will be due: August 15, September 15, or October 15.

When writing the report, the institution briefly describes its programs, the number of candidates in each program, the types of programs it runs, and any programmatic changes that have occurred since the last accreditation activity. Each program separately reports candidate and program effectiveness data by presenting the data, analyzing the data, and identifying program strengths and concerns. The reports conclude with an institutional summary and plan of action that describes actions the institution will take to address any concerns identified by the analysis of the data within and/or across programs. Subsequent biennial reports will give the institution an opportunity to report on changes that were implemented as a result of the prior biennial report.

Program Assessment

Program Assessment is the activity during which key program documents are reviewed to determine whether the educator preparation program appears to be aligned to program standards. This activity begins in the fourth year of the accreditation cycle and may require 12-15 months to complete depending on the reviewers' need for more information from the institution.

During an institution's Program Assessment year, each of its educator preparation programs submit documents demonstrating how their program meets the relevant program standards. If the program is transitioning to newly adopted standards, it may submit a transition plan (see Chapter Six for more information). The program document has three parts.

- Part One is a narrative describing how the program is meeting each program standard.
- Part Two includes course of study and key assignments/assessments that provide the documentation to support the narrative in Part One.
- Part Three describes the procedures used to measure candidate competence* and program effectiveness as measured against appropriate standards, including documentation that those measures are administered in a consistent and equitable manner. Information from Part Three supports the program's Biennial Reports.

Each program at an institution may determine when to submit its document ~~from a list of dates provided by the CTC~~during the Program Assessment window *(see Commission's website for due dates)* ~~(October, September, or November)~~. **For Tier II educator preparation programs candidate competence refers to a candidate's growth in competence while enrolled in the Tier II program.*

Pairs of trained BIR members review program documents to determine whether each program is preliminarily aligned with program standards or whether more information is needed to make that determination. Following each round of reviews, the feedback form, the Preliminary Report of Findings, is sent to the program. The Preliminary Report describes which standards are preliminarily aligned with standards and identifies what additional information is needed to make a preliminary determination of other program standards. Institutions are encouraged to provide additional information, if requested, so that the Program Assessment process can be completed in advance of the Site Visit. Results of the process are used to determine the configuration of the site visit team. For example, if reviewers have determined that additional information is still needed before a program can be found to be preliminarily aligned, an additional person might be assigned to that institution's site visit team who can focus on the program that didn't complete Program Assessment.

Site Visit

The Site Visit takes place in year six of the accreditation cycle. The site visit allows a BIR team to consolidate and verify information from the Biennial Reports and the Program Assessment processes for the purpose of making findings about the extent to which an institution and its programs meet the Common and Program Standards and to generate an accreditation recommendation. The team performs interviews with samples of stakeholders from each of an institution's programs and completes limited document reviews to confirm or disconfirm information from the other sources. The team also examines evidence about the institution's policies and practices as they impact educator preparation programs. Based upon the findings of all three activities, an accreditation recommendation is made to the COA.

Institutions are assigned a state consultant a year in advance of the site visit in order to help them prepare for the visit. The Administrator of Accreditation works with each institution to establish the visit dates, site team size and configuration. During this time, the institution prepares both its Preconditions Report (which describes the institution's context and describes how it satisfies program preconditions) and its Site Visit Documentation~~Common Standards Report~~, which describes how it satisfies the Common Standards. These documents are sent in advance of the Site Visit to all team members.

Comment [GR6]: Site Visit Documentation

In year seven of the accreditation cycle, institutions provide follow up information from the site visit findings to the COA per ~~as may be required by~~ the COA's accreditation decision.

III. Cohort Activities

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All approved educator preparation sponsors are assigned to one of seven cohorts. Table 1, below, illustrates the accreditation tasks associated with each year in the cycle. To identify the cohort assignment of an institution, use the link below the table which takes one to the main accreditation webpage. At the bottom of the page is a link to an alphabetized list of institutional assignments to cohorts. Above that link are links to each cohort.

Table 1. Sample of one cohort's cycle of accreditation activities. Each cohort started its cycle in a different year to spread out the work of CTC staff.

Academic Year (AY)	**2007-08**	**2008-09**	**2009-10**	**2010-11**	**2011-12**	**2012-13**	**2013-14**
Cycle Year	1	2	3	4	5	6	7
Institutional Activity	Institutional Data Collection **Biennial Report**	Institutional Data Collection	Institutional Data Collection **Biennial Report**	Institutional Data Collection **Program Assessment**	Institutional Data Collection **Biennial Report**	Institutional Data Collection **Site Visit**	Institutional Data Collection Site Visit follow-up
Due to CTC	Biennial Report (Data for Academic Years 6, 7, and 1)	Nothing	Biennial Report (Data for Academic Years 2 and 3)	Program Assessment	Biennial Report (Data for Academic Year 4 and 5)	Precondi-tions Report Common Standards Self-Study	7th Year Follow Up Report, if applicable
Due dates	15th of Aug., Oct. or Dec. of Academic Year 2	None	15th of Aug., Sept., or Oct., of Academic Year 4	Oct., Nov., or Dec. of Academic Year 4	15th of Aug. or Oct. of Academic Year 6[1]	6-12 months before visit 2 months before visit	Up to 1 Year after Site Visit, if applicable
COA/CTC Feedback What & when	-CTC Staff feedback due - Aug: 8-10 weeks Oct: 10-12 weeks Dec: 12-16 weeks	None	-CTC Staff feedback due - Aug: 8-10 weeks Sept: 10-12 weeks Oct: 12-16 weeks	Preliminary findings on each program and all standards by Jan. of Year 5	-CTC Staff feedback due - Aug: 6-8 weeks Oct: 6-8 weeks	Accredita-tion decision made by COA	COA Review of 7th Year Report and a Revised Accredita-tion decision, if applicable

Italics = COA/NCATE Joint Visit (F= Fall Semester; S= Spring Semester)

Each institution can determine its cohort assignment by consulting the CTC's webpage. The information will be found at http://www.ctc.ca.gov/educator-prep/program-accred.html.

[1] CTC staff strongly encourage institutions to submit the Third Year Biennial Report on the August or September due dates so that it won't conflict with the Program Assessment submission.

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 educator preparation programs are engaged in continuous program improvement that is grounded in the collection and analysis of data about their candidates and program effectiveness. The Biennial Report formalizes that expectation by requiring institutions to submit, on a biennial basis, 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.

I. Purpose

The purpose of the biennial report is for every credential preparation program to demonstrate to the CTC 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 part of a continual evaluation system. 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 educator 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 an Induction 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 and signed 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, and significant changes since the CTC approved the current program document or the most recent Biennial Report.

Section A. Part II. Candidate Assessment/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 how the program gathers information from stakeholders regarding the effectiveness of program administration. A summary of the data for two academic years is required. 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.

Only aggregated data should be provided; no data on individual candidate performance should be included. Programs sponsors should provide a brief description of the way the data was collected and describe the structure of the data (e.g., minimum and maximum values of a continuous measure, a four-point rubric used for portfolio information, etc.). 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 clear and obvious and to reduce the need for text.

All Multiple Subject and Single Subject programs must include data related to the TPA as one of the primary candidate assessments. Included should be descriptive statistics such as the range, median, mean, or percent passed. In addition, information specified in the report template related to TPA assessors must also be provided. ~~beginning with reports submitted in Fall 2011.~~ The program must summarize the data and identify any strengths or weakness that have been revealed by the analysis of the data.

Comment [GR7]: Recommend that this be removed since we are past that effective date

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.

Section A. Part III. Analyses of Candidate Assessment and Program Effectiveness 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.

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 signed and 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.

Institutions with only one program are asked to complete Section B as well. An institutional representative from outside the program, who oversees the program in some capacity, is asked to review the document on behalf of the institution, noting patterns and trends. This administrator then writes a response outlining how the institution will aid in program modifications outlined in Section A, Part IV.

Biennial Reports are submitted to the CTC's designated email (BiennialReports@ctc.ca.gov) using the following guidelines:

- All files and documents are grouped into one file.
- The file title for IHE: <institution name> <Biennial Report> <submission year>. For example, College of California Biennial Report 2012
- The file title for BTSA Induction programs: <program #> <program name>
 <Submission year>. For example 999 Superfine USD BR 2012

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Upon submission, the institution should receive an automatic email reply that the email was received, followed by a personal email within 3-5 days that the submission was opened and checked for readability. If an institution does not receive an automated reply email immediately after submitting a report, an error is probable and follow up should be made to that email address.

III. Review Process for Biennial Reports

Staff Review

Staff reviews the reports 1) for completeness, 2) for the inclusion of candidate and program 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. Staff will summarize the information for the COA.

Institutions/Program Sponsors will be notified of receipt and review of the Biennial Report. 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 Review (BIR) members, apart from the regularly scheduled accreditation visit. However, only after an accreditation site visit by a review panel of experts would the institution be 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.

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 reports should include only data for candidates already enrolled in educator preparation programs or program completers/graduates. Admissions data should not be included.

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 may 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). In addition, the combined report should contain disaggregated data for each credential program to determine differences between programs. Institutions should consult CTC staff (BiennialReports@ctc.ca.gov) if it is considering combining data from multiple credential programs in their biennial reports.

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 must reflect all candidates enrolled at all sites, but should be disaggregated by site to determine whether any differences exist between sites. 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 CTC's biennial report.

Programs Not Currently Operating – These programs should 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 program sponsors to use in submitting their biennial report. In addition, a second template is posted specifically for BTSA Induction programs. 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 would likely still 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 ~~4~~ four of the accreditation cycle. The Program Assessment submission includes a clear description of how a program is currently operating. The required information includes the program narrative which describes the course of study candidates complete, 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. Programs transitioning to new standards should refer to section IV of this chapter.

I. Purposes of Program Assessment

Program Assessment takes place in year ~~4~~ four of the accreditation cycle and examines each approved credential program individually. It is the feature of the accreditation system that allows trained BIR members the opportunity to review each approved educator preparation program and determine whether the programs are preliminarily aligned to the relevant standards-(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 six ~~6~~ of the accreditation cycle.

II. Program Assessment Documentation

Program Assessment documentation is submitted for each approved educator preparation program offered by the institution. ~~Each program can choose its submission date~~ During year three of the accreditation cycle, each program chooses its submission date for one of the months of the Program Assessment window (*see Commission website for due dates* ~~September, October, or November~~).
~~from a list provided by the CTC. There are three parts to the Program Assessment document.~~

Comment [GR8]: Include the months is we do so in chapter 4, page 17. "either October, November, or December".

Part I—Meeting Each Standard

Part I is the narrative response to the current program standards~~, that is~~ describing how the program is meeting each of the program standards. In the preparation of Part I, those writing the responses must remember that re-phrasing the standard does not provide information on **how** the program is meeting the standard. Each program's response may 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. The CTC strongly encourages programs to submit their program narratives in the template format available for the Common Standards at http://www.ctc.ca.gov/educator-prep/program-standards.html and for the program standards at http://www.ctc.ca.gov/educator-prep/STDS-prep-program.html

Part II—Course of Study/Syllabi

Part II includes the candidates' current course of study, to provide readers with the documentation 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, ~~or~~ professional development offering, or formative assessment system activity, readers should be able to substantiate that claim by finding documentation in the objectives, schedule, assignments, readings and other information noted in the course syllabi, professional development agenda, or formative assessment system documentation.

If the institutions use a particular form as a template or course outline that is required as the core of each course, it may submit that one course outline in the Program Assessment document. However, if each instructor designs their section of the course on their own, institutions must include each course syllabus for all courses taught in the two years prior to Program Assessment. Reviewers will need to 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 program's Biennial Reports. It includes assessments that are used to determine candidate competence and program effectiveness, including rubrics, training information, and calibration activities that the program reports on in the Biennial Report.

For institutions 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, validity and reliability information, etc. However, it is important to note how assessors are trained in the particular area, how often the scoring is calibrated, and the information particular to the location for how the TPA is administered.

For other programs, it will be necessary to provide more comprehensive information about the assessments being reported on in the Biennial Report. If observation forms are used to measure candidate competence, the standards or rationale on which the tool is based must be identified. Programs must describe how they ensure that all assessors are using institution-developed assessments in a similar manner. Programs must also describe the training and practice that are provided to assessors to ensure common scoring expectations.

This part will include only the 4-6 assessment tools described in the Biennial report as tools or processes used at key points ~~those assessment tools or processes used at key points~~ in the program to determine whether candidates have developed the appropriate knowledge and skills and are ready to move to the next step or need remediation. This part will also include the assessment tools that are used to assess program effectiveness but only if data from those assessment instruments are reported in the most recent Biennial Report. Examples of these assessment tools or processes might be those used to determine when candidates are ready to assume fieldwork, how well candidates do in fieldwork, and when candidates can be recommended for the credential. In addition, program effectiveness information should also be included such as the results of surveys of completers and their employers to determine whether the program adequately prepared educators for their positions in school districts. For Second Tier credential programs like BTSA Induction or the clear Administrative Services credential, these might include participant tracking and pacing documents, protocols for benchmark meetings, and rubrics for portfolio reviews.

Comment [GR9]: I'd like to consider changing this to read "will include only the 4-6 assessment tools described in the Biennial report as tools or processes used at key points in the program"

III. Review of Program Assessment Documents

The Program Assessment document will be reviewed by trained members of the Board of Institutional Review (BIR) who have expertise in each program area. The reviewers will also have access to the biennial reports that have been submitted in this 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 to" or "candidates demonstrate in the field," has the program demonstrated **how** it meets each key phrase within the standard?
- Does the documentation substantiate the claims made in the narrative? That is, does the narrative include links to syllabi or course of study examples of what the program narrative claims? Furthermore, does the program narrative or course of study link to assessments used to ensure that candidates develop the required knowledge and skill?
- What is the evidence that a program gathers from each candidate to demonstrate competency or completion of the program and by what means is that evidence judged? For example, in a Tier II program, how does the program know that each candidate demonstrated required elements of formative work?

Comment [GR10]: I'm checking more and more PA feedback that are really asking HOW does the program know that the elements are being demonstrated--the programs want to say "because we do FACT/FAS/LAS" which isn't enough (e.g. differentiation might be addressed in the docs but if every candidate writes "no differentiation needed in every instance" the program doesn't "pass" on differentiation demonstration). Getting off soap box now….

As the reviewers read, they are to determine if the standard is preliminarily aligned or if more information is needed. If more information is needed, they are to write clearly and specifically what additional information is needed and how it relates to one of the points above. For example, is more information needed on how the standard is met or, is documentation to support the narrative needed?

Once the reviewers have completed their work, a Preliminary Report of Findings review form will be sent by CTC staff to the institution. The institution will be encouraged to submit the additional information to ensure that the Program Assessment process is completed before the site visit begins. After the institution has submitted the additional information, the same reviewers will be asked to revisit 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 and will identify any additional information that is still needed. This dialogue between institution and reviewers may continue until 4-6 months before the site visit. If there are questions or concerns 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.

The format of the feedback will provide information regarding each program standard, using a form similar to the one below:

Program Assessment
Preliminary Report of Findings

Status	Standard
More Information Needed OR	**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 documentation needs to be provided.
Preliminarily Aligned	**Program Standard 2:** Communication and Collaboration ***Questions, Comments, Additional Information Needed*** Identify any evidence to be reviewed at the site visit
	Row inserted for each program standard

Additional Information
Additional information regarding Program Assessment 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 CTC 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 is utilizing to transition to the new program standards. This document should include an analysis of changes that must be made to align the 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.

Chapter Seven
Preparation for an Accreditation Site Visit

Introduction

This chapter describes the steps an institution will take to prepare for an accreditation site visit. The size and composition of the accreditation team are briefly described. The chapter provides detailed information on the procedures, activities, and decisions that precede the actual accreditation site visit which is intended as a guide for those who are charged with the administrative tasks of an accreditation site visit. The responsibilities of the state consultant provided by the CTC to the institution are listed and the Year-Out and Two Month-Out Pre-Visits are also described. For more information about the accreditation team, see Chapter 10.

I. Scheduling an Accreditation Visit

Accreditation visits occur during the sixth year of the accreditation cycle. The Committee on Accreditation (COA) also retains the right to schedule more frequent site visits as a stipulation of institutional accreditation or based on reviews of the Biennial Reports or Program Assessment.

The institution will want to consider the following criteria in order to determine a date for the site visit:

1. Select a time period when students are on campus, student teachers are in classrooms, and all stakeholder groups (e.g. support providers, candidates, completers, partners) will be available. Be certain to avoid local school holidays, testing schedules when possible, major academic conferences and other times that will draw faculty away from campus or otherwise impede collection of information from program completers, employers of program completers, cooperating schools, or community members.

2. The visit, if it is a merged accreditation visit, must be coordinated with the national accrediting body. If the visit will involve a national or professional accrediting body for one or more credential programs, early planning must be initiated to allow the institution and CTC staff time to study the alignment of the national or professional organizations' standards with California's standards, and to report the results of the alignment study to the COA for its determination of alignment.

3. ~~As a rule~~For IHE, the most common schedule has the ~~the first full day of an accreditation visit will be a Monday, and~~ team members arriving around noon on Sunday and beginning their work mid-afternoon; for K-12 institutions, the schedule most often selected has the team arriving on Monday. Exceptions are permitted to this rule, but they should be requested early in the process by the institution. Institutions with multiple sites, unusual class schedules, or other issues should also make these circumstances known early in the planning process.

4. The institution should identify the most appropriate dates from a series of dates proposed by the CTC. The COA and the CTC must schedule the year's accreditation visits in a manner

that does not adversely impact the staff. The Administrator of Accreditation will confirm the dates for the site visit and the assignment of a CTC consultant at least 15 months prior to the site visit.

II. The Institutional Overview Meeting (The Year Out Pre-Visit)

Approximately twelve to eighteen months prior to the scheduled accreditation visit, the CTC will host a webcast ~~state consultant will contact the institution to schedule a pre-visit meeting. The purpose of this meeting is~~ to acquaint the administration and faculty of the institution/program sponsor with the *Accreditation Process*, to provide assistance in the development of the *Preconditions Report* (due 10-12 months before the scheduled site visit) and the institutional *Site Visit Documentation (SVD)* (due two months prior to the actual accreditation visit), and to address specific issues for different types of reviews. About this same time, the CTC's assigned state consultant will contact the institution for an introduction and to schedule a follow-up phone conference for a date after the institution has viewed the webcast. The purpose of this phone conference is to review the webcast and answer other questions that may arise. The institution may invite anyone it chooses to ~~attend this meeting~~view the webcast, although ~~the presence of the Superintendent or Dean~~ is expected that the Superintendent or Dean will participate.

Logistical and Budgeting Arrangements

The CTC is responsible for all direct expenses of the state accreditation team, including lodging, per diem, and travel expenses. The CTC is also responsible for (a) the direct expenses incurred by the Team Lead and the consultant in working with the institution on arrangements for the visit, (b) direct expenses involved in a focused site visit and any re-visits related to noted stipulations from the original visit and, (c) the substitute expenses for team members who are classroom teachers, if requested. The CTC will enter into a contract with the institution through which the lodging and meal expenses of the team members will be paid.

If the institution/program sponsor is planning a merged accreditation visit, the institution is responsible for the costs associated with the national accrediting body. This is also true if the institution elects to have one or more of its credential programs accredited by a national professional association.

The institution is responsible for covering the costs of assigned time to its faculty and staff for the development of reports or documents. If the institution elects to have a reception for the team or to provide snacks to the team during the visit, the institution bears the cost of these items.

The institution is responsible for the preparation of all necessary documents including, but not limited to the *Preconditions Report* and the *Site Visit Documentation* (*SVD)* with sufficient copies of these reports for team members, all necessary back-up documents and files to support the *SVD*, and any other materials deemed useful to the team by the institution. All materials sent to the CTC and to team members should be considered the property of the CTC. Any materials of value should be kept on campus in the document room.

The institution is responsible for providing sufficient space on campus for a private room for the team, a document room for all files and materials, space for all team members to conduct their

interviews, access to telephones for team members required to make telephone interviews, and if needed, computers to facilitate team writing.

The institution is also responsible for assisting the CTC state consultant in identifying an acceptable hotel in close proximity to the campus, arranging for meals for the team, and arranging parking permits or other forms of transportation during the visit for team members.

The institution is responsible for working with the CTC state consultant to make all necessary arrangements regarding the interview schedules. The institution is responsible for scheduling the interviews, ensuring that an adequate number of interviews are scheduled for the institution and all its programs, providing parking for interviewees, assigning campus guides to direct individuals to their interview locations, and arranging for back-up interviews as needed. When necessary, institutions are encouraged to propose innovative arrangements for handling interviews (e.g., interactive audio and video connections or dispersed interview sites) and required to ensure that sufficient numbers of interviews are scheduled across all key groups.

In the case of a re-visit or the visit of a focused site team, the institution is responsible for making the same type of arrangements as noted above for an original visit.

The institution is responsible for all expenses involved in attending a COA meeting, including the meeting at which that institution's accreditation is scheduled for discussion and decision. In the event of an appeal, the institution must bear the cost of making the appeal and attending any appeal hearings or meetings. If a re-visit is required as a result of the appeal, the standard division of responsibilities and costs as noted above will apply.

III. Preparation for a Site Visit

The COA uses a comprehensive process of evidence collection and evaluation for the site visit. The *Preconditions Report* is the first element, providing updated information regarding the institution, including the number of current candidates per program, per delivery model, per location and the number of completers in the past school year. The *Preconditions Report* to provide current information about its responses to the preconditions, and provides information about the context in which the institution/program sponsor operates. The *SVD* constitutes the second element, the documentation of how the program meets Common and Program Standards, and participates in on-going program improvement. The third element in the collection and evaluation of evidence is the team's review and analysis of supporting documentation. The fourth element is the array of interviews conducted with a broad spectrum of individuals involved in the program the faculty/instructional personnel, candidates, program completers, cooperating educators, advisory committee members, and employers of program completers.

1. Preconditions Report

Program sponsors will prepare a *Preconditions Report* (http://www.ctc.ca.gov/educator-prep/accred-files/Preparing-Precondition-Report.doc) to be submitted to the CTC staff consultant six to 12 months before the site visit. This brief report describes the institutional mission and includes information about the institution's demographics, special emphasis programs, and other unique features of the institution/program sponsor. The institution must include the following information in its *Preconditions Report:*

a. Special Characteristics of the Institution: The institution notes any special characteristics about its credential programs that would affect the composition of the team, the organization of the visit, or the development of the team schedule. Offering programs at multiple sites, the use of unusual delivery formats-including technology, and/or unusual staffing patterns are of particular interest to the CTC and may require particular expertise among the review team members. Institutions with multiple-site programs must include specific information about the administrative relationships among the various locales and options, and include a table that shows, for each site, the program completers from the prior year and the current enrollment.

b. Response to Preconditions: In its *Preconditions Report*, the institution includes its response to accreditation preconditions established by state laws and the CTC. The institution must respond to preconditions for all credential programs offered by the institution. The Preconditions may be found on the Precondition web page (http://www.ctc.ca.gov/educator-prep/STDS-preconditions.html) or within each approved program's standards handbook.

2. Site Visit Documentation

The *Site Visit Documentation (SVD)* must be provided by the institution in the year prior to the site visit. The *SVD* must include, at a minimum, the following items:

a. Letter of Transmittal by Dean or Director including verification by President/Provost or Superintendent
b. Background of the Institution and Education School or Department Mission and Goals (May be included in the Preconditions Report, the Biennial Reports, or response to Common Standards)
c. Narrative Addressing the Common Standards including supporting documentation
d. Current Narratives Addressing the Program Standards including supporting documentation
e. Program Summary for each approved program
f. *Preliminary Report of Findings* from Program Assessment for each approved program
g. All Biennial Reports and Commission Feedback, since the last site visit

Educator preparation institutions have the capacity to produce electronic documents, spreadsheets, and documents with hyperlinks. The CTC encourages institutions and agencies preparing for site visits to utilize their electronic capacity and create a document room that is primarily electronic. This can be done by creating websites with links to all documents, including minutes of meetings, class syllabi, student evaluations, and student portfolios. Although the *Preconditions Report* and the *SVD* may be submitted in paper form, institutions are encouraged to utilize electronic transmission.

All other background material and data should be placed in the document room on campus and referenced in the *SVD*. Institutions are encouraged to use graphic representations and other visual information in the SVD document. Institutions planning to use multi-media presentations should confer with the CTC state consultant early in the planning process. No less than 60 days before the visit, the institution should post all materials on the accreditation web page or mail sufficient copies of its *SVD* to the team.

Among its tasks, site team members will review evidence that substantiates, confirms, or contradicts the preliminary findings of the Program Assessment. Using information from the Program Assessment Preliminary Report of Findings and the institution's Preconditions Report, the Administrator of Accreditation will determine the size of the site visit team. If the Preliminary Report of Findings identifies concerns with one or more of the programs, the site team may be expanded to include team members with specific expertise in that program to allow for a focused review of the identified program(s).

3. Campus Exhibits

In the document room on campus, the institution is required to assemble detailed materials that verify and support the assertions made in the *SVD.* The following list of supporting documentation is not exhaustive; it is intended to be illustrative. The institution should tailor its supporting materials to its own mission and goals, organizational structure, and array of credential programs. The institution is also encouraged to utilize alternate means of presenting supporting materials including videotapes, CD-ROMs, wall displays, interactive computer programs, and audio tapes. If the institution makes use of alternate approaches to providing support, its representatives should confer with the assigned consultant and the Team Lead to ensure that sufficient time is allocated within the master schedule to permit the full review and appraisal of the developed materials.

These materials include, but are not limited to:

a. Complete *vitae/resumes* from full-time and part-time faculty/instructional personnel who work at the institution.

b. Descriptions of responsibilities for program administrators.

c. Information regarding recruitment and retention procedures for full-time and part-time faculty and instructional personnel.

d. Information on support for full-time and part-time faculty including research, travel, and staff development support.

e. Information on recruitment and admissions procedures including the actual selection process for admission.

f. Copies of all advisement materials used in all credential programs and the advice and assistance procedures.

g. Copies of student handbooks, supervisor handbooks and other relevant credential publications.

h. Copies of relevant budgets, including school budgets, departmental budgets and program budgets, if available.

i. Institutional procedures on budget and faculty allocations.

j. Copies of recent catalogues and individual course syllabi. (Note: Where multiple sections of credential courses are offered, institutions should provide additional evidence that all sections of the required credential courses attend to the relevant standards.)

k. Internship programs should provide evidence of district and bargaining representative agreements and other evidence that internship standards are being met. Copies of all Memoranda of Understanding (MOU) should be available in the document collection.

l. Minutes of advisory group meetings or other evidence of collaboration and community involvement.

m. Evidence of on-going, systematic, comprehensive program evaluation and improvement with specific evidence of changes made or contemplated as a result of this evaluation process.

n. Candidate assessment instruments and procedures with summary information on candidate evaluation results as appropriate.

o. Candidate records, including evidence of the process for ensuring all requirements have been met by each candidates prior to recommending to the CTC.

p. Evidence of institutional commitment to and assessment of all field supervisors (individuals serving as cooperating teachers or others who serve as non-employee evaluators of candidates).

q. Evidence of leadership within the institution and leadership among the elements of the institution with particular attention to articulating a vision, fostering collegiality, delegating responsibility and authority, and advancing the stature of professional education within the institution.

The supporting materials serve as verification of the assertions made in the *SVD*. Institutions are encouraged to ensure that the display of these materials is clearly linked to the appropriate standards. The institutional planners should encourage faculty and staff to begin to collect documents, hand-outs, and other programmatic materials early in the development process. Sorting and selecting materials is easier once all possible documents have been pulled together. In assembling the document room itself, institutions may wish to use one or more of the following organizational schemes:

a. Color-coding files or sets of documents by Common Standard

b. Labeling documents by Standard number within a credential program or closely related set of credential programs

c. Sorting materials in banker's boxes or crates by credential

d. Developing a website where team members will be able to find the documents and supporting evidence

e. Providing team members with "look-up only" capacity on campus computer systems or computers provided to the team

f. Providing information presented in the order in which students experience the credential program (i.e., recruitment and admission materials presented first, then curriculum materials)

g. Providing mock-ups of highly detailed student files that clearly show how curriculum, field experience, and candidate competence standards are met.

h. Developing story boards, organizational charts, or other visual display devices that depict aspects of the institution and its various credential programs

Institutions are encouraged to use other presentation devices and approaches that may assist team members in understanding how the institution meets or exceeds all common and any program standards that were not met through the Program Assessment process. Care should be taken to alert the state consultant and Team Lead to any innovative methods being contemplated to ensure that the team will be properly advised before the visit begins.

4. Scheduling Interviews

It is the institution's responsibility to set up the interview schedule for both the Common Standards reviewers and the Program Sampling reviewers. Programs should develop interview schedules in consultation with the CTC state consultant. Since the time available to the team is limited and COA policy dictates that sufficient numbers of individuals from all constituent groups be interviewed, **creating a workable interview schedule is a critical task for the institution and should receive as much attention as the preparation of the *SVD*.** A matrix identifying interviewees can be found in Appendix B.

It is very important that the interviews occur in a room that is secure and private. Interviewees who believe their comments might be overheard by others may be less willing to identify concerns or problems they are experiencing in the program. The same consideration needs to be made for phone interviews; team members need to feel that their responses and questions are not being overheard by anyone associated with the program, institution, or agency.

Who Should be Scheduled for Interviews by the Team

Site visit team members interview persons involved in the development and coordination of the programs, the preparation of the candidates, and those who employ program completers. These interviewees come from the credential program and partner school districts.

A list of persons who are typically scheduled for interviews is noted below:

Candidates

Beginning Candidates (very small number)
Middle of Program Candidates (larger number than Beginning Candidates)
Candidates who are nearing completion, especially those in student teaching and/or field experiences (majority of candidates interviewed)

Master Teachers/Supervisors/Support Providers

Currently working with candidates or have worked with a candidate in the past year. If the professional development school model is used, then the bulk of the interviews should be with the cooperating faculty from participating schools.

Administrators

From schools where candidates and student teachers are placed, and/or who assist with field work placements. These should be school sites where placements are routinely made or program participants are working. If the program works with multiple school districts, representation from a broad spectrum of districts is required.

Program Completers
Completers from the two previous years. In cases where most program completers leave the area, it may be necessary to go back one more year to ensure that a sufficient number of interviews are conducted. If necessary, the team will call completers who have left the area to ensure that the interviews adequately represent individuals who have completed the credential program.

Employers of Program Completers
School District Personnel Office Administrators
School Site Principals
Although not Employers, Department Chairs of program completers may be helpful in providing information about candidate preparation

Administration and Faculty of the Institution
President/Superintendent (optional unless merged NCATE/COA visit)
Academic Vice-President/Deputy Superintendent
Chief Financial Officer of Institution
Dean of the College or School of Education/Director
Chairs of the involved Departments
Program Coordinators of each credential program
Field Supervisors in each credential program
Professors and Instructors from each credential program (Full-time and Part-time)
Credential Analyst
Advisory Committee for credential programs

Institutions that have satellite campuses must ensure that a representative sample of each category of stakeholder at each satellite campus is scheduled for interviews. If the satellite locations cannot be readily accessed by car, it might be necessary to establish a telephone or electronic connection to permit the interviews to occur. Review teams cannot, with confidence, develop program findings or accreditation recommendations if they have not interviewed enough candidates, faculty, completers, and administrators from satellite areas. The responsibility rests with the institution to anticipate the need to for adequate interviews with off-campus constituencies. If the dean or director of an institution has concerns about off-campus interviews, that person must talk with the institution's assigned consultant.

NOTE: The number of individuals to be interviewed will vary by category and program, and will depend upon program size, relative "importance" to the credential preparation program, availability, and location of the interviewees. For a small credential program, generally everyone associated with the program will be interviewed. Specific problems with interview sample size must be discussed well in advance of the visit with the Team Lead and the CTC state consultant.

Selection of Interviewees
The institution should begin assembling lists of potential interviewees 4-6 months before the visit. For IHE, the Placement and Alumni offices should be consulted along with the Credential

Analyst for the names of program completers, district-employed supervisors and other personnel. The names of current candidates should be assembled as soon as practicable in the months prior to the visit. Faculty who teach or provide services in the program should be alerted to the visit dates to ensure their availability. Special arrangements may be necessary for part-time faculty or faculty on early retirement or sabbatical leave.

Candidates and program completers may be interviewed in small groups (8-20 individuals). Faculty and field supervisors may be interviewed in small groups (3-10 individuals) and administrators should be interviewed individually. Telephone interviews, closed-circuit television, videoconferencing, off-campus interview sites, and other innovative means of conducting the interviews are strongly encouraged, particularly at locations where parking and travel are difficult or where program completers work at significant distances from the campus.

It is essential that representation from all stakeholder groups (faculty, staff, candidates, program completers, employers, and district-employed supervisors) for each approved credential program be available for interview. In addition, if the program is provided at satellite locations or through distance learning, stakeholders from these locations must be included. A matrix of interviewees by common standards is shown in Appendix B.

Review of Interview Schedules by Team Lead

A rough draft of the interview schedule must be available at the Two-Month Out Pre-Visit and the interview schedule should be finalized approximately three weeks before a site visit. When the schedule is complete, it is sent to the CTC state consultant and the Team Lead for their final review. If an institution does not get the interview schedule completed in time for consultant and Team Lead review before the visit, the schedule will be reviewed on the afternoon or evening before the interviews begin. This may cause complications if changes are requested, so institutions are urged to avoid this problem. Once any changes are made by the Team Lead, the schedule will be followed as amended. Late additions to the schedule, if needed, should be clearly noted.

Additional Notes on Creating an Interview Schedule

The interview schedule should be thought of as a table with one column for each team member (see Appendix B for a Sample Interview Schedule). A time frame on the left margin gives the number of allowable slots for the interviews. Whenever possible, the scheduler should be cognizant of teaching and travel schedules. Generally, all faculty who teach full-time in the program should be on campus for interviews during the visit. Programs with heavy afternoon and evening classes will need to work with the CTC state consultant to balance the time commitments of the team. Scheduling interviews during the late afternoon of the first full day will be critical for campuses with evening classes. If getting to the institution is a challenge, interviews may take place at a school site or other location, depending on the amount of travel required. This could be very helpful to campuses where parking is difficult or where getting to campus is a problem. Institutions selecting this option should discuss the specific needs with the CTC state consultant well in advance of the visit.

The most frequent concerns expressed by team leads/members relate to lengthy introductions which delay the onset of the interviews, gaps in the interview schedule, significant imbalances

in the numbers of interviews scheduled, and insufficient privacy for sensitive interviews. Institutions are urged to attend to these concerns.

Institutions are encouraged to not just "invite" interviewees, but to take steps to ensure they will actually attend. Confirmation calls in the days just prior to the visit are advisable. Schedulers are urged to think about over-booking slightly to account for individuals that may not make the interview, to avoid, if possible, scheduling one constituency (e.g., program completers) into only one afternoon, and to entice off-campus constituents with additional reasons to make the journey to campus. The institution may also wish to combine an alumni event, professional development offering, or some special activity with group interviews to encourage candidates, program completers, master teachers, and district-employed supervisors to come to the campus. A final option is to have someone available to make stand-by calls or to provide the names and telephone numbers of individuals who could be interviewed by telephone.

Given the importance of the interview process to the final team recommendation and the complexities of bringing large numbers of people on and off campus, institutional planning teams should begin early to develop plans for handling this element of the program evaluation.

IV. The Accreditation Site Team Daily Schedule

Day One: ~~afternoon~~

~~Accreditation team visits are scheduled for four days.~~ The team arrives at its hotel site ~~on Sunday, typically around~~ sometime before noon. Some examples of Day 1 activities include:

- Orientation
- Team meeting
- Document review
- Interviews
- Reception~~Institutions may request another schedule if they believe it will be beneficial to them.~~

~~The team holds an organizational meeting at the hotel, may attend a campus orientation/reception provided by the institutional sponsor, spends some time in the document room, and reconvenes as a group to prepare for Monday, completing its business normally by 9:00 p.m~~.

~~Institutions are encouraged to consider scheduling an event on Sunday at the hotel or at the institution for the accreditation team. This event provides an opportunity for general remarks by the Dean, senior administrators/program leaders, an introduction to the dean and program directors, and an overview of the institution for the team. For example, a poster session that describes the different educator preparation programs at an institution provides team members with a valuable overview of each program and creates an informal setting for team members to talk with candidates, completers, faculty, and community members. Institutions may want to have community members or other guests included in this event, including adjunct faculty and program completers who may not be available during the week. Details of this optional part of the visit should be arranged during the preliminary discussions with the CTC state consultant.~~

Day Two

The first full day of the accreditation visit is devoted to document review and interviews with samples of all major interest groups -- faculty, administration, candidates, program completers,

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employers of program completers, district-employed supervisors, program providers, advisory boards, cooperating school personnel, and community members. The team schedule created by the institution must allow sufficient time during the day for document review and team meetings. Interviews should not be scheduled after 6:00 p.m. without agreement by both the team lead and the CTC state consultant

Day Three

The second full day of the accreditation visit can duplicate the first full day or it may include visits to important collaboration sites or other facilities deemed essential by the institution. The team schedule created by the institution must include time for a mid-visit meeting early in the morning to permit the Team Lead to share with representatives of the institution (a) areas where the standards appear not to be fully satisfied, and (b) requests for additional information pertaining to those standards. Interviews should conclude by 4:00 p.m., if at all possible, to ensure the team will have sufficient time to conclude its activities.

Day Three evening

The evening of the second full day is set aside for report writing by the team and no other activities can be scheduled. During this time, individual members will report their findings about each program and the team will deliberate about its accreditation recommendation. Once the team agrees on the program findings and recommendation, the program reviewers, team lead, and state consultant will write their various portions of the report. If possible, a complete draft of the report will be completed this evening.

Day Four

The morning of the third day, the team meets at the hotel so that all members have an opportunity to read and comment on the draft report. As soon as all edits are completed, the team and state consultant will prepare to present the team's findings and accreditation recommendation to the institution.

Exit Report

By mid-morning or early afternoon, the team presents a summary of its findings and the recommendation to the institution. The institution may invite anyone to attend this presentation of the report. Usually, the team lead and state consultant hold a private briefing meeting with the dean or director to provide a review of the report and answer any questions.

Report to the COA

Within one month to two months of the site visit, during a regularly noticed public meeting of the COA, the Team Lead will make a presentation of the team's findings. The institution may invite anyone to attend this public presentation of the accreditation team's report. The COA will make an accreditation determination after hearing the report from the team lead and a response from the institution.

V. Special Circumstances

According to the *Accreditation Framework*, the COA makes a single decision about the continuing accreditation of educator preparation at each institution (college, university, school district, county office of education or other entity), including a decision about the specific credentials for which an institution may recommend candidates. Because of that, the following special circumstances need attention:

1. **Off-Campus Programs, Distance Learning Programs, Extended Education Programs, Consortiums, and Professional Development Centers** - Information about all sites where programs are offered must be a part of the planning for the accreditation visit. Interviews must be scheduled to represent participants at all sites. If necessary, members of the accreditation team may be asked to conduct visits to off-campus sites prior to the accreditation visit. In some cases, the team size may be increased to facilitate the gathering of data from multi-site institutions. It is expected that the CTC's standards are upheld at all sites where the programs of the institution are offered. Information from the various sites will be a part of the accreditation decision made about the institution.
2. **Programs Not Assigned to the Education Unit** - Even though a particular credential program may reside outside of the education unit at an institution, it will be included in the accreditation visit and will be affected by the single accreditation decision that is made about the institution. Pertinent information about these programs must be included in the *SVD*. The education unit is considered, by the CTC, to be responsible for assuring program quality for all credential preparation programs.
3. **Cooperative Programs Between Institutions** - Since the accreditation decision is made about the institution and all of its related programs, cooperative programs between institutions must be included in the accreditation visit and treated as a part of each institution's accreditation visit. An accreditation decision made at one institution that co-sponsors a cooperative program may be different than the decision made at another institution that co-sponsors the same program.
4. **Other Special Circumstances** - As other special circumstances arise, the COA will develop policies and procedures to address them.

VI. Accreditation Findings, Accreditation Recommendations and Team Report

The accreditation team report includes a statement about the team's accreditation recommendation, summary information about the standards findings of the team, and summary information about the institution and its programs. The report includes a table that identifies for each program how many standards apply to the program, and, separately, how many of those standards were met, met with concerns, and not met.

Accreditation Team Recommendations

Once the team reaches consensus about program and common standards findings, the team must deliberate on its accreditation recommendation. For a thorough discussion of the accreditation recommendations and their operational implications, see Chapter 8. The team lead and CTC state consultant will support the team as it determines whether the findings of the institution and its programs support a recommendation for accreditation or whether the findings are substantive enough to warrant a recommendation of accreditation with stipulations or Denial of Accreditation. There are three levels of accreditation with stipulations:

Accreditation with Stipulations

Accreditation with Major Stipulations

Accreditation with Probationary Stipulations

Comment [GR11]: Consider adding information regarding a possible Denial of Accreditation at an initial site visit.

In the event an institution fails to address stipulations assigned by the COA within the time period determined by the COA, a subsequent review team may recommend Denial of Accreditation.

Comment [GR12]: Needs alteration, dependent on what is said in the previous paragraph

Should there be situations that are so serious where Denial of Accreditation would be the most responsible course of action for an agency responsible for oversight of educator preparation programs, the review team may recommend that the COA consider a Denial of Accreditation.

VII. Activities after the Site Visit

Committee on Accreditation Actions

Following the site visit, the CTC state consultant will assist the Team Lead in preparing the team recommendation for submission to the COA. At the COA meeting, the team lead and CTC state consultant will present the site report and the accreditation recommendation. The institutional representatives will be present and will have an opportunity to respond to the report and recommendations. The COA will deliberate about the report and act upon the recommendation: whether to accept or modify the recommendation. The COA will include in its accreditation action any stipulations placed on the institution, the due date by which the institution must remedy any stipulations, and whether a seventh year report or a follow-up team visit should occur. For a thorough discussion of the seventh year report, see Chapter Nine.

Appeal Procedures

In the event the institution believes the site review team demonstrated bias or acted arbitrarily or capriciously or contrary to the policies of the *Framework* or procedural guidelines, it may appeal the team recommendation to the COA within 30 days of its decision (see *Accreditation Framework, page 20)*. The CTC's state consultant for the institution will assist the team as it prepares for and presents its appeal.

The institution may also file a dissent with the CTC regarding the action of the COA. In that case, the CTC state consultant will help the Team Lead prepare for and present the review team perspective.

Committee on Accreditation Actions

Every member of the COA receives a copy of the accreditation team report at least ten days prior to the scheduled meeting where the institution's report will be discussed. Members study the materials in advance of the meeting and are prepared to ask for clarification and to discuss their perspectives of the report and the findings. The COA may not refute the findings of the site review team. The COA's task is to review the standards findings and to discuss the accreditation recommendation in light of the findings. Following deliberations, the COA will vote on an accreditation status and will specifically identify any stipulations to be placed on the institution and the means by which the stipulations may be removed.

Chapter Eight
Accreditation Decisions: Options and Implications

Introduction

This chapter 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.

I. Accreditation Decision Options

At the conclusion of the site visit, the accreditation review team makes a recommendation about the accreditation status of the institution. This recommendation is included in the team report and must be supported by the team's findings on standards. The COA, after reviewing the team report and hearing from the team lead, consultant, and institutional representatives, adopts the team report and renders an accreditation decision. The possible options for accreditation decisions are as follows:

- Accreditation
- Accreditation with Stipulations
- Accreditation with Major Stipulations
- Accreditation with Probationary Stipulations
- Denial of Accreditation ~~(designated only after a revisit)~~

Below are definitions for each of the accreditation decisions followed by the operational implications of each of the options. When the COA reviews a team's accreditation report, they will consider two types of standards findings identified by the team. The first will be shown as Common Standards or program standards that are "not met" or that are "met with concerns." The second will be shown as statements ("stipulations") that describe what an institution must do to meet a standard that is substantially "not met" and that, because of its significant impact on the quality of candidate preparation, prevents the institution from being recommended for accreditation. The stipulations are conditions that must be satisfied before the COA can consider granting an accreditation decision of *Accreditation.* Table 1 identifies the possible follow-up activities that may be required in the COA's accreditation decision.

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 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 one or two common standards were identified as "met with concerns" or one or more areas of concern were identified within its credential programs.

Operational Implications

An institution that receives the status of *Accreditation* **must**:

- Participate in the accreditation activities required of its assigned cohort, which are Biennial Reports, Program Assessment, and Site Visits (see Table 1).
- Respond to all concerns identified in the adopted accreditation team report or specified in the COA action. This follow-up may take place in the Biennial Report or in a seventh year follow-up report, as determined by the COA.
- Abide by all CTC and state regulations.

An institution that receives the status of *Accreditation* **may:**

- Continue all accredited credential programs and propose new credential programs to the COA at any time.
- Indicate in all publications and documents that it is accredited by the CTC.

The COA will note the accreditation status in the Committee's annual report to the CTC. The report of the accreditation team and the action taken by the COA will be posted on the CTC's website.

Table 1: Requirements the COA may impose as follow-up activities

Institution Actions Following an Accreditation Site Visit	**Accreditation (✓ Indicates a possible follow-up activity)**				**No Accreditation**
	Accreditation	**with Stipulations**	**with Major Stipulations**	**with Probationary Stipulations**	**Denial of Accreditation**
No required follow-up beyond the routine accreditation activities, i.e. Biennial Reports and Program Assessment.	✓				
Submit ***Seventh Year Follow-up Report*** addressing all identified area(s) of concern and/or questions.	✓				
Submit ***Seventh Year Follow-up Report*** addressing all stipulation(s), identified area(s) of concern and/or questions.		✓	✓	✓	
Provide addendum to Biennial Report and Program Assessment documents addressing all stipulation(s), identified area(s) of concern and/or questions.			✓	✓	

Submit request for Initial Institutional Approval to restart program?					✓

Accreditation: Accreditation with Stipulations

The recommendation of *Accreditation with Stipulations* means that the accreditation team, at the site visit, verified that the institution and some of its programs have "not met" or "met with concerns" some common standards and/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.

Operational Implications

An institution that receives the status of *Accreditation with Stipulations* **must:**

- Participate in the accreditation activities required of its assigned cohort, which are Biennial Reports, Program Assessment, and Site Visits.
- Respond to all concerns identified in the adopted accreditation team report and all stipulations specified in the COA action, and submit, within one year, a written seventh year report with appropriate documentation that demonstrates how all concerns and stipulations have been addressed.
- Abide by all CTC and state regulations.

An institution that receives the accreditation status of *Accreditation with Stipulations* **may**:

- Continue all accredited credential programs and propose new credential programs to the COA at any time.
- Indicate in all publications and documents that it is accredited by the CTC.

The COA will note the accreditation status in the Committee's annual report to the CTC. The report of the accreditation team and the action taken by the COA will be posted on the CTC's website.

Removal of Stipulations

The institution must respond to all concerns identified in the adopted accreditation team report and all stipulations placed on it by action of the COA. This is done by preparing a written seventh year report for submission to the assigned state consultant within one calendar year of the visit. The seventh year report must contain documentation demonstrating that all concerns and stipulations have been addressed. Typically, the state consultant, in consultation with the team lead assigned to the original visit, will review the report, ensure that all instances of deficiencies have been addressed in the institution's response, analyze progress made by the institution in meeting any standards that do not appear to be fully addressed in the report, and make a recommendation to the COA regarding the removal of the stipulations. In rare instances, the COA may require a revisit by the state consultant or the team lead.

The COA may act to remove the stipulations and change the status of the institution from *Accreditation with Stipulations* to *Accreditation*.

The COA will note the change in accreditation status in the Committee's annual report to the CTC. The report and the action taken by the COA will be posted on the CTC's website.

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.

Operational Implications

An institution receiving a recommendation of *Accreditation with Major Stipulations* **must**:

- Participate in the accreditation activities as required of its assigned cohort, which are Biennial Reports, Program Assessment, and Site Visits.
- Respond to all concerns identified in the adopted accreditation team report and all stipulations specified in the COA action, and submit, within one year, a written seventh year report with appropriate documentation that demonstrates how all concerns and stipulations have been addressed.
- Prepare for a focused revisit by the team lead and consultant and, as required, members of the accreditation team.
- Work with the state consultant to plan the revisit that will address the concerns contained in the adopted team report and the stipulations placed upon it by the COA action.
- *Depending on the particular stipulations placed on the institution, the COA will determine whether new programs may be proposed to the COA.*
- Abide by all CTC and state regulations.

An institution receiving a recommendation of *Accreditation with Major Stipulations* **may**:

- Continue all accredited credential programs.
- Indicate in all publications and documents that it is accredited by the CTC.
- Be required to notify students of its accreditation status. The COA will determine whether student notification is required, and if so, whether all students or only students in particular credential programs are to be notified.
- Submit periodic reports if required by the COA accreditation action.

Removal of Stipulations

The institution must respond to all concerns identified in the adopted accreditation team report and all stipulations placed on it by action of the COA. This is done by preparing a written seventh year report for submission to the state consultant within one calendar year of the visit. The seventh year report must contain documentation demonstrating that all concerns and

stipulations have been addressed. Typically, the consultant, in consultation with the team lead assigned to the original visit, will review the report, determine whether all instances of deficiencies have been addressed in the institution's response, and analyze progress made by the institution in meeting any standards that do not appear to be fully addressed in the report.

The institution must also work with its state consultant to plan the revisit that will provide an opportunity for the consultant and team lead to confirm that changes identified in the 7th year report are being implemented at the institution and that the institution has adequately addressed the concerns identified in the adopted accreditation report and the stipulations placed upon the institution by the action of the COA. The report of the revisit team will be submitted to, and acted upon by, the COA within one calendar year of the original visit.

The COA will review the revisit report and determine whether all stipulations and concerns have been addressed. If the COA determines that all stipulations and concerns have been corrected, the COA will act to remove the stipulations and change the status of the institution from *Accreditation with Major Stipulations* to *Accreditation*. If the COA grants the institution *Accreditation*, the institution will be permitted to continue all accredited credential programs and to propose new credential programs to the COA at any time. The revisit report of the team, the action of the COA to remove the stipulations, and the new accreditation decision will be posted on the CTC's website. The institution may then notify its constituency of its change of accreditation status as appropriate.

In the event the COA determines that the institution has not made significant progress on resolving the stipulations as evidenced in the 7th year report or verified by the state consultant and team lead at the revisit, the institution will be brought back to the COA for consideration of *Accreditation with Probationary Stipulations* or *Denial of Accreditation*.

On some occasions, significant progress may have been made, but additional time beyond one calendar year is needed for the institution to remedy all of the identified deficiencies. If this is the case, the COA may continue the current stipulations or adopt revised stipulations. When the COA adopts revised stipulations, it will do so as an *Accreditation with Stipulations* decision. In the same action, the COA will specify the amount of additional time the institution will have to address the remaining stipulations. In such cases, the COA may determine appropriate follow-up by the institution and a timeline for COA action to remove the remaining stipulations and concerns.

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 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 effective in preparing educators and/or that its general operations are adequate, but the team determined that these areas of quality clearly do not outweigh the identified areas of concern.

Operational Implications

An institution receiving a recommendation of *Accreditation with Probationary Stipulations* **must:**

- Participate in the accreditation activities as required of its assigned cohort, which are Biennial Reports, Program Assessment, and Site Visits.
- Respond to all concerns identified in the adopted accreditation team report and all stipulations specified in the COA action, and submit, within one year, a written seventh year report with appropriate documentation that demonstrates how all concerns and stipulations have been addressed.
- Prepare for a focused revisit by the team lead and consultant and, as required, members of the accreditation team.
- Abide by all CTC and state regulations.
- Notify all students in all credential programs in writing of its accreditation status.
- Submit an action plan describing the institution's plan to address the stipulations and concerns.
- Provide updates at specified intervals, as determined by the COA.

An institution receiving a recommendation of *Accreditation with Probationary Stipulations* is permitted to continue all accredited credential programs for a period of one calendar year. The institution **may not**:

- Propose new programs of professional preparation or expand existing programs.

An institution receiving a recommendation of *Accreditation with Probationary Stipulations* **may**:

- Continue all accredited credential programs for a period of one calendar year, although the COA may place limitations on particular programs.
- Be required to demonstrate to the COA satisfactory progress in addressing particular areas of interest, whether identified as stipulations or concerns, prior to one calendar year. This will be determined by the COA in its accreditation action.

The COA will note the accreditation status of the institution in the Committee's annual report to the CTC and the accreditation team report, as well as the action taken by the COA, will be posted on the CTC's website.

Removal of Stipulations

The institution must respond to all concerns identified in the adopted accreditation team report and all stipulations placed on it by action of the COA. This is done by preparing a written seventh year report for submission to the state consultant within one calendar year of the visit. The seventh year report must contain documentation demonstrating that all concerns and stipulations have been addressed. Typically, the state consultant, in consultation with the team lead assigned to the original visit, will review the report, determine whether all instances of deficiencies appear to have been addressed in the institution's response, and analyze progress made by the institution in meeting any standards not fully addressed in the report.

The institution must also work with its state consultant to plan the revisit that will provide an opportunity for the state consultant and team lead to confirm that changes identified in the 7th year report are being implemented at the institution and that the institution has adequately addressed the concerns identified in the adopted accreditation report and the stipulations placed upon the institution by the action of the COA. The report of the revisit team will be submitted to, and acted upon by the COA within one calendar year of the original visit.

The COA will review the revisit report and determine whether all stipulations and concerns have been addressed. If the COA determines that all stipulations and concerns have been corrected, the COA will act to remove the stipulations and change the status of the institution from *Accreditation with Probationary Stipulations* to *Accreditation*. If the COA grants the institution *Accreditation,* the institution will be permitted to continue all accredited credential programs and to propose new credential programs to the COA at any time. The revisit report of the team, the action of the COA to remove the stipulations, and the new accreditation decision will be posted on the CTC's website. The institution may then notify its constituency of its change of accreditation status as appropriate.

In the event that the revisit team determines that the institution has not made significant progress in addressing the stipulations according to the timeline set by the COA, a recommendation of *Denial of Accreditation* will be made to the COA.

On some occasions, significant progress may have been made, but additional time beyond one calendar year is needed for the institution to remedy all of the identified deficiencies. If this is the case, the COA may continue the current stipulations or adopt revised stipulations. When the COA adopts revised stipulations, it will do so as an *Accreditation with Stipulations* decision. In the same action, the COA will specify the amount of additional time the institution will have to address the remaining stipulations. In such cases, the COA may determine appropriate follow up by the institution and a timeline for COA action to remove the remaining stipulations and concerns.

Denial of Accreditation

~~The COA would deny accreditation only if an accreditation team, upon conducting a revisit to an institution that received major or probationary stipulations, finds that the stipulations have not been adequately addressed or remediated, or determines that significant and sufficient progress has not been made towards addressing the stipulations. If an accreditation team finds that: (a) sufficient progress has been made, and/or (b) special circumstances described by the institution justify a delay, the COA may, if requested by the institution, permit an additional period of time for the institution to remedy its severe deficiencies.~~ If the COA votes to deny accreditation, all credential programs must close at the end of the semester or quarter in which the decision has taken place. In addition, the institution's institutional approval ceases to be valid at that time and the institution will no longer be a CTC approved program sponsor.

Comment [GR13]: Needs revision if structure is altered

Operational Implications

An institution receiving *Denial of Accreditation* **must**:

- Take immediate steps to close all credential programs at the end of the semester or quarter in which the COA decision occurs.
- Announce that it has had its accreditation for educator preparation denied. All students enrolled in all credential programs must be notified that accreditation has been denied and that all programs will end at the end of the semester, quarter, or within 3 months of when the COA decision occurs.
- File a plan of discontinuation within 90 days of the COA's decision. The plan must give information and assurances regarding the institution's efforts to place currently enrolled students in other programs or to provide adequate assistance to permit students to complete their particular programs.
- Upon the effective date of the closure of credential programs, as determined by the COA, remove from all institutional materials and website any statements that indicate that its programs are accredited by the CTC.

The revisit report of the team, the action of the COA, and the new accreditation decision will be posted on the CTC's website.

Furthermore, an institution receiving a *Denial of Accreditation* would be enjoined from re-applying for institutional approval for a minimum of two years.

Process of Re-applying for Initial Institutional Accreditation

If the institution were to desire to provide educator preparation programs at a future date, it would be required to make a formal application to the CTC for initial institutional approval. This would include the submission of a complete self-study report including responses to the preconditions, common standards, and program standards. The self-study must show clearly how the institution attended to all problems noted in the accreditation team revisit report that resulted in *Denial of Accreditation*. The CTC would make a decision on the status of the institution and would be made aware of the previous action of Denial of Accreditation by the COA. If the CTC grants initial institutional approval to the institution, the COA would review, and if appropriate, approve its programs. An accreditation site visit would be scheduled within two years to ensure the newly approved programs adhere to the Common and all program standards.

II. Guidance for the Team Recommendation

The site visit team must use its collective professional judgment to reach an accreditation recommendation for an institution. The site visit team's recommendation for an accreditation decision is a holistic decision based on the common standard findings, and on the number and severity of "Met with Concerns" or "Not Met" findings for the specific programs offered at the institution.

The COA makes one accreditation decision for the institution and all of its approved educator preparation programs. This accreditation decision reflects, to a great degree, the team's findings on the C~~c~~ommon S~~s~~tandards. However, if one or more programs are found to have significant issues, it is likely that one or more related common standards will reflect findings of "Met with Concerns" or "Not Met."

The table below provides general guidance to site visit teams as they discuss which accreditation recommendation is appropriate for the institution.

General Guidance for Initial Site Visit Team Recommendations*

Common Standards Less than Fully Met		Range of Accreditation Recommendations				Denial of Accreditation
# Met with Concerns	# Not Met	Accredit-ation	with Stipulations	with Major Stipulations	with Probationary Stipulations	
0	0	•				~~Not a recommendation for an initial site visit. The recommendation of "Denial of Accreditation" is considered only after a Revisit.~~Used only in extreme situations
1-2	0	●	●			
1-2	1-2		●	●		
1-2	3-4			●	●	
3-4	0		●	●		
3-4	1-2		●	●	●	
3-4	3-4			●	●	
3-4	5+				•	
5+	0-2			●	●	
5+	3+				•	

* *Findings on program standards must be considered by the team in making the accreditation recommendation, and those findings play an integral role in helping the team reach consensus on its recommendation.*

Comment [GR14]: Alter as needed if structure is changed

When teams are deliberating about the accreditation recommendation, they must consider the findings on the common standards, as well as the number and severity of standard findings for the programs. The table identifies the range of likely accreditation recommendations for an institution based on the number of common standards that are "Met with Concerns" or "Not Met." If an institution has only a couple of common standards found to be "Met with Concerns" or "Not Met," then the accreditation recommendation would likely be *Accreditation* or *Accreditation with Stipulations* which are on the left side of the range shown on the table. If, on the other hand, there are a number of common standards found to be "Met with Concerns" or "Not Met," then the team's accreditation recommendation would likely be in the middle or towards the right side of the range identified above.

In its determination of an appropriate accreditation recommendation, the accreditation team must also take into consideration the number of educator preparation programs an institution offers. If an institution offers a small number of programs, then a small number of program standards found to be less than fully met becomes significant. On the other hand, if an institution offers a large number of programs, then a few program standards found to be less than fully met might not be as significant a factor in the accreditation recommendation.

The information provided in the table is only a general reference tool for teams as they consider the impact of the findings on all common and program standards to determine an accreditation recommendation. It does not replace the critically important professional judgment that team members bring to discussions about the *degree* to which an institution and its programs align with the adopted standards. Similarly, it does not replace the team's assessment of the strengths

and weaknesses of an institution and its programs, nor of the team's judgment about the impact of the institution on candidates or the quality of the institution's offerings. By the end of the site visit, team members have a great deal of information about an institution, its unique characteristics, and the quality of its programs. That knowledge, as supported by evidence, is used by the team to generate and justify an accreditation recommendation.

In like fashion, the table serves as a reference tool for the COA which must consider information from the accreditation report, the team lead, and the institution to render a single accreditation decision. The table is not a substitute for the professional judgment and experience of the COA members nor is it a substitute for the deliberations that take place at the COA meeting where the accreditation report is presented.

Chapter Nine
Activities during the Seventh Year of the Accreditation Cycle

Introduction

Once an accreditation decision has been made by the COA, institutions still have an on-going responsibility to attend to accreditation matters in the 7th year of the accreditation cycle. Depending on the accreditation decision, these activities can range from simply continuing routine accreditation activities, such as collection and analysis of candidate and program data, to major revisions of programs to bring them into alignment with state-adopted standards. The specific activities will 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 clarifies the expectations for the seventh year of the cycle and the seventh year reporting requirement.

I. Accreditation Decisions and Consequent Institution Activities

As described in the previous chapter, the COA can make one of five accreditation decisions. These include the following:

- Accreditation
- Accreditation with Stipulations
- Accreditation with Major Stipulations
- Accreditation with Probationary Stipulations
- Denial of Accreditation ~~(available only after a revisit)~~

The previous chapter delineated the operational implications for each of the possible accreditation decisions. The table below summarizes some, but not all, of the required activities for each of the various accreditation decisions. The previous chapter should be consulted for specific information about the definition and operational implications of each accreditation decision. Ultimately, the specific actions required of any given institution in the seventh year will be set forth in the action taken by the COA.

Expectations for All Institutions in the Seventh Year of the Cycle

Underlying the various major components of the current accreditation system is the expectation that all institutions will be vigilant in addressing issues of program quality on an on-going basis. In the current system, this expectation does not cease with the completion of the site visit in the sixth year. On the contrary, the seventh year of the cycle is critical to the achievement of the purposes of accreditation (ensuring accountability, ensuring quality programs, adherence to standards, and fostering program improvement). Not only does the current system require that the institution act in a timely manner to address issues identified during the accreditation review, it assumes that all institutions engage in on-going program improvement that does not begin nor end with the site visit, regardless of the accreditation status of the institution.

For institutions for which stipulations were determined, action must be taken to address the stipulations in one calendar year. For this reason, the activities undertaken in the seventh

year are particularly critical. Institutions with Major Stipulations or Probationary Stipulations that do not sufficiently address the stipulations could be faced with Denial of Accreditation.

The table below summarizes the expectations related to the seventh year of the accreditation cycle. More detailed information follows.

Table 1: Accreditation Decisions and Consequent Institution Activities

Institution Actions Following an Accreditation Site Visit	**Accreditation**				No Accreditation
	Accreditation	**with Stipulations**	**with Major Stipulations**	**with Probationary Stipulations**	**Denial of Accreditation**
No required follow-up beyond the routine accreditation activities, i.e. Biennial Reports and Program Assessment.	✓				
Submit ***SeventhYear Follow-up Report*** addressing all identified area(s) of concern and/or questions.	✓				
Submit ***SeventhYear Follow-up Report*** addressing all stipulation(s), identified area(s) of concern and/or questions.		✓	✓	✓	
Submit **periodic Follow-up Reports** (30 days, 90 days, as determined by the COA) to ensure that appropriate action is being taken in a timely manner.			✓	✓	
Report on the stipulation(s) through the next accreditation cycle's activities.			✓	✓	
Re-visit by CTC staff and team leader.		✓	✓	✓	
Re-visit by CTC staff, team leader, and 1 or more team members.			✓	✓	
Institution notifies all current and prospective candidates of the institution's accreditation status.			✓	✓	
Institution is prohibited from				✓	

Comment [GR15]: Another column needed if denial becomes an option of the initial site visit team.

Institution Actions Following an Accreditation Site Visit	Accreditation				No Accreditation
	Accreditation	with Stipulations	with Major Stipulations	with Probationary Stipulations	A
accepting new candidates in one or more programs until the stipulation(s) has been met.					
Institution is prohibited from proposing new programs until the stipulation has been met.				✓	
After a two-year hiatus, an institution must file for Initial Institutional Approval					✓

✓ *Possible follow-up activity*

Comment [GR15]: Another column needed if denial becomes an option of the initial site visit team.

All Institutions in the Seventh Year

Institutional follow-up is required of all approved institutions in the seventh year of the cycle, although a follow-up *report* is not necessarily required of all institutions. In the seventh year of the cycle, all institutions are expected to address issues raised during the accreditation process by the review teams and the COA. This means taking action within the policies and procedures of the institution to rectify and/or address issues related to CTC adopted standards. If an institution has no specific issues identified by the review teams and all standards were found to be met, it is expected that institutional personnel will continue to review candidate assessment data and available program effectiveness data with the objective of program improvement.

Accreditation

The revised *Accreditation Framework* provides the COA with the flexibility to require follow-up regardless of the accreditation decision, including "accreditation." The COA may require institutions with "accreditation" to provide a follow-up report that addresses how the institution is addressing standards "not met" or "met with concerns," and the progress being made to address any other issues raised in the report or raised during the presentation to COA. The COA has broad flexibility to request a follow-up report on any topic or issue identified in the accreditation report. The COA may require that the information requested be provided either in the form of a seventh year report, or be included as part of the institution's next biennial report if the type of information desired is consistent with the purpose of biennial reports and if the COA determines the timing to be sufficient. If follow-up reporting is required, the COA must specify this in the action taken at the time of the accreditation decision.

If the COA does not specify the need for a seventh year report from the institution receiving a decision of accreditation, then the institution, at a minimum, should participate in routine accreditation activities such as collection, analysis, and program improvement activities related to candidate assessment data and program effectiveness.

Accreditation with Stipulations

Any institution granted "Accreditation with Stipulations" must complete a seventh year report as part of the accreditation review process. This report should address the action taken by the

institution to address any stipulations as well as the standards determined by the review team to be "not met" or "met with concerns." In addition, the COA may require that the seventh year report address any other issue identified in the team report or raised during COA deliberations. All institutions with Accreditation with Stipulations must continue to work with a CTC consultant during the seventh year. In cases where the determination of Accreditation with Stipulations has been rendered, the COA will indicate whether the process for removal of stipulations includes a revisit to the institution.

No Revisit Required
In the cases where a revisit was determined unnecessary by COA, the consultant, and in some cases the team leader, will review the responses provided in the seventh year report by the institution. These responses will be summarized in an agenda item for the COA to consider in making its determination as to whether or not sufficient progress has been made to remove the stipulations. COA considers the recommendation of the CTC consultant and, if appropriate, the team leader in determining the removal of the stipulations at a regularly scheduled meeting. Institutional representatives should attend the meeting to ensure all questions and concerns of COA are addressed at the meeting as the members consider the removal of stipulations.

Required Revisit
If a site visit has been deemed necessary by the COA, it will be scheduled for approximately one year after the original site visit. The institution should continue working with a CTC staff consultant to plan for the revisit and to ensure common understanding of what is expected to be addressed at the revisit. If COA has determined a revisit or a focused site visit is necessary, the seventh year report will be provided to the review team to help the team's assessment of the progress being made in addressing the findings of the review. The CTC consultant will work with the institution to determine the specific revisit needs as directed by the COA action and help guide the institution in determining the type of evidence and progress expected at the time of the site visit.

Upon the conclusion of the revisit, the revisit team will determine whether those standards deemed "not met" or "met with concerns" are now found to be met. A report of the revisit team will be provided to the COA and the COA, at one of its regularly scheduled public meetings, will discuss with the staff consultant, team lead, and institutional representatives the progress made in addressing the standards. If it is determined that sufficient progress has been made in meeting the standards, then the COA will remove the stipulations. If sufficient progress has not been made, the COA may change the accreditation decision and/or may impose additional stipulations with new timelines and expectations for compliance with the state adopted educator preparation standards.

Accreditation with Major Stipulations
Any institution granted "Accreditation with Major Stipulations" must complete a seventh year report as part of the accreditation review process. This report should address the action taken by the institution to address any stipulations as well as the standards determined by the review team to be "not met" or "met with concerns". In addition, the COA may require that the seventh year report address any other issue identified in the team report or raised during COA deliberations. This report will be used by the revisit team, along with any information collected during the revisit, to determine the progress being made in meeting the standards.

Required Revisit
In nearly all cases of Accreditation with Major Stipulations, a revisit to the institution will be required. This revisit should take place approximately one year after the original site visit. The COA will indicate in its action whether the revisit will be conducted by a CTC consultant and team lead, or with a full team. The size of the revisit team will largely depend on the number and type of stipulations and the number and type of programs with areas of concern identified.

During this seventh year, the institution should continue working with its CTC consultant to plan for the revisit and to ensure common understanding of what is expected to be addressed at the revisit. A seventh year report must be provided by the institution which will, in turn, be provided to the review team to help the team's assessment of the progress being made in addressing the findings of the review. The CTC consultant will work with the institution to determine the specific revisit needs as directed by the COA decision and help guide the institution in determining the type of evidence and progress expected at the time of the site visit.

Upon the conclusion of the revisit, the revisit team will determine whether those standards deemed "not met" or "met with concerns" are now fully met. A report of the revisit team will be provided to the COA and the COA, at one of its regularly scheduled public meetings, will discuss with the staff consultant, team lead, and institutional representatives the progress made in addressing the standards. If it is determined that sufficient progress has been made in meeting the standards, then the COA may remove the stipulations. If sufficient progress has not been made, the COA may adopt a decision of Denial of Accreditation. If, in some cases, it determines that some progress has been made and it is appropriate to allow additional time for the institution to address the remaining stipulations, the COA could change the accreditation decision and/or may impose additional stipulations with new timelines and expectations for compliance with the state adopted educator preparation standards.

Accreditation with Probationary Stipulations
Like Accreditation with Stipulations and Accreditation with Major Stipulations, an institution given Accreditation with Probationary Stipulations is required to submit a seventh year report to document how it has addressed all stipulations. However, numerous additional requirements are imposed on an institution with Accreditation with Probationary Stipulations during that seventh year of the cycle.

Plan to Address Stipulations
A determination of Accreditation with Probationary Stipulations requires that the institution submit an action plan describing the steps the institution will take to address the stipulations and provide updates at specified intervals, as determined by the COA. The COA determines the timeline for submitting the plan, but typically the plan must be submitted either 60 or 90 days after the COA meeting in which the COA has made the determination of Probationary Stipulations. The CTC staff consultant and the Administrator of Accreditation determine the sufficiency of the plan and provide updates to the COA as appropriate.

Revisit
A revisit is required for any institution with Accreditation with Probationary Stipulations. This revisit should take place approximately one year after the original site visit. During the seventh

year, the institution should continue working with its CTC staff consultant to plan for the revisit and to ensure common understanding of what is expected to be addressed at the revisit. A seventh year report must be provided by the institution which will, in turn, be provided to the review team to help the team's assessment of the progress being made in addressing the findings of the review. The CTC consultant will work with the institution to determine the specific revisit needs as directed by the COA action and help guide the institution in determining the type of evidence and progress expected at the time of the site visit.

The team leader, team members, and staff consultant will participate in the revisit and provide a report to the COA about the progress that has been made in addressing standards. The report will include an updated decision on standards findings. COA will make a determination whether sufficient progress has been made to remove the stipulations and change the accreditation decision. If COA determines that sufficient progress has not been made, it could act to Deny Accreditation.

If, in some cases, it determines that some progress has been made and it is appropriate to allow additional time for the institution to address the remaining stipulations, the COA could change the accreditation decision and/or may impose additional stipulations with new timelines and expectations for compliance with the state adopted educator preparation standards.

Denial of Accreditation

Comment [GR16]: Will need a new paragraph here

Institutional Requirement for seventh Year Report

The following chart clarifies which institutions are required to submit a seventh year report to the COA. Please note that the chart below only addresses the seventh year report, it does not list the numerous other possible requirements and limitations placed upon an institution as a result of a particular accreditation decision.

Accreditation Decision and Requirements for Submitting seventh Year Report

Activity	Accreditation	Accreditation with Stipulations	Accreditation with Major and Probationary Stipulations
Report Submitted to CTC	COA discretion	Yes	Yes
Type of Report	One of three options as determined by COA: 1) No report 2) seventh Year Report 3) Biennial Report	Seventh Year Report	Seventh Year Report
To be addressed in Report	(If required by COA) ∗ Standards Not Met (if applicable) ∗ Standards Met with	∗ All Stipulations ∗ Standards Not Met (if applicable) ∗ Standards Met with	∗ All Stipulations ∗ Standards Not Met (if applicable) ∗ Standards Met with

Comment [GR17]: Will a column need to be created for Denial?

Activity	Accreditation	Accreditation with Stipulations	Accreditation with Major and Probationary Stipulations
	Concerns (if applicable) Any other areas included in COA action at the time the accreditation decision is made.	Concerns (if applicable) Any other areas included in COA action at the time the accreditation decision is made.	Concerns (if applicable) Any other areas included in COA action at the time the accreditation decision is made.
Review Process	CTC staff reviews. Reports to COA that areas to be addressed were appropriately addressed in report.	If no revisit required, CTC staff reviews and reports progress made to COA. If revisit required, revisit review team reviews report, along with information collected during the revisit to determine whether progress has been made in meeting standards. In both cases, progress is reported to COA to determine whether to remove stipulations and change accreditation decision.	Revisit team reviews report along with information collected during the revisit to determine whether progress has been made in meeting standards. Revisit team makes findings on standards in light of this new information and COA determines whether to remove stipulations and change accreditation decision.

Comment [GR17]: Will a column need to be created for Denial?

Chapter Ten
Accreditation Site Visit Team Member Information

Introduction

This chapter 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 one of the Commission's accreditation activities including serving 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, which is discussed in Chapter Eight. Chapter Eleven contains a description of the skills and techniques used by BIR team members. The audience is BIR members, educator preparation program sponsors, and other parties who are interested in institutional accreditation.

Comment [GR18]: Where is a good place to address the requirement for "touch up" training every 3-4 years?

BIR members are encouraged to attend BIR Touch Up Training to learn about the changes instituted since their last training. Members with a gap of two years or more in their service are required to attend Touch Up Training before resuming their service in California's accreditation system.

I. Purposes and Responsibilities of Accreditation Site Visit Teams

Accreditation teams convene at educator preparation institutions to review the institution's narrative response to the Common and Program Standards, examine program documents and evidence, and to interview a variety of individuals representing stakeholders of the institution's educator preparation programs. The purpose of the team's work is to provide the Committee on Accreditation (COA) with sufficient information that the COA can determine whether the educator preparation program sponsors of California fulfill adopted standards for the preparation of professional educators. Accreditation teams are expected to focus on issues of quality and effectiveness across the educator preparation portion of the institution (the unit) as well as within all credential programs. A site visit accreditation team determines not only whether the institution and its programs meet standards in documentation, but that the standards are being *implemented* effectively. An accreditation team is expected to make its professional recommendation to the COA on the basis of the preponderance of evidence collected from multiple sources (e.g., Program Assessment Reports of Preliminary Findings, Program Narratives, supporting documentation and related evidence; Common Standards Narrative, supporting documentation and related evidence; interviews across stakeholder groups; and data in the biennial reports) and verified during the site visit. Site visits include off-campus programs as well as those on the main campus. To accomplish the purpose of the accreditation teams, its members will complete the following tasks:

1. Develop a preliminary perspective on the extent to which an institution and its educator preparation programs meet the Common and Program Standards by reviewing: a) the institution's narrative addressing the Common Standards; b) the institution's Biennial

Reports and the CTC staff's responses, and c) the Program Assessment Preliminary Reports of Findings and Program Summaries.

2. Collect additional information to confirm or disconfirm the preliminary perspective by: a) interviewing credential candidates, program completers, employers of program completers, field experience supervisors, program faculty, administrators, advisory boards, and other key stakeholders; and b) reviewing materials, such as course syllabi, formative assessment documentation, candidate records, and reports of follow-up studies or surveys, as well as any other pertinent sources of information available.

3. Develop consensus decisions on whether the institution's education unit meets each of the Common Standards and whether each educator preparation program meets each of the appropriate Program Standards.

4. Develop a consensus accreditation recommendation with supporting documentation to submit to the COA. The recommendation must be one of the following: *Accreditation*, *Accreditation with Stipulations*, *Accreditation with Major Stipulations*, *Accreditation with Probationary Stipulations or Denial of Accreditation* for the institution and all its credential programs. An accreditation team may recommend *Denial of Accreditation* only if an institution has egregious faults or failed to make sufficient progress in addressing deficiencies identified by the COA in a previous accreditation decision.

II. Responsibilities of Accreditation Team Members

During the accreditation site visit, team members represent the COA rather than their own institutions. As such, team members should identify themselves as a member of the Accreditation Team when introducing themselves to an institution's constituencies. In addition, effective and rewarding accreditation site visits occur when team members focus exclusively on tasks required for the visit and are fully committed to providing an impartial and comprehensive review of an institution and its programs. In keeping with this, team members are not permitted to schedule any professional or personal activities during the team visit.

Team members will be assigned to focus on the unit (e.g., one or more of the Common Standards) or on two to three educator preparation programs by the team lead or the CTC Administrator of Accreditation. In general, team members will be assigned to review either the unit, teacher preparation programs (e.g., multiple subject, single subject, education specialist, adult education, etc.) or services programs (e.g., education administration, pupil personnel services, etc.). Team members are expected to focus on interviews and documents that are relevant to their assigned standards or programs. As the visit progresses, team members will share what they are learning about their assignments with the rest of the accreditation team. Accreditation teams work on a consensus basis. Team members are expected to participate throughout the visit in that spirit.

Team members fulfill their responsibilities by participating in the following activities:

- Reviewing all documentation prior to the visit;
- Participating in all team meetings;
- Conducting all scheduled interviews; and

- Reviewing supporting evidence available only at the institution.

III. Roles of Accreditation Team Members

Team Lead

The role of a team lead during an accreditation visit is complex and challenging. The team lead helps team members make full use of their interview and document review time; conducts the pre-visit planning meetings, the Mid-visit Status Report meeting, and the final team report presentation; and leads all deliberations and writing tasks of the team. Additionally, the team lead serves as the representative of the COA, conducts interviews, and participates in other key activities of the visit.

Comment [GR19]: In the consultant section below it mentions his/her role at the COA presentation. Shouldn't this section do the same for the Team Lead?

Finally the team lead, in collaboration with the state consultant, has responsibility for presenting the report to the COA and ensuring that the COA has accurate and timely information about the review to make its accreditation decision.

To function effectively as a team lead, an individual must be completely familiar with the CTC's Common Standards and the current CTC procedures for accreditation visits. In addition, the lead must be knowledgeable about facilitating group work and handling complex decision-making. The overall effectiveness of the accreditation process and the value it has for California institutions depends, in part, on the preparations and professionalism brought by the team lead to this critical task. Information related to the specific roles and tasks for the team lead can be found in Chapter Eleven.

Team Members

Team members are assigned to credential areas about which they have knowledge and experience. Team members are charged with the task of reviewing the education unit or its programs and of determining the extent to which the institution and its programs are aligned with the Common and Program Standards. Team members are expected to conduct all assigned interviews, review all documents appropriate to their assignments, familiarize themselves with any additional supporting evidence, and participate fully in all team meetings. They participate in deliberations about the quality of the institution's response to the Common and program standards and reach consensus on 1) whether there is sufficient evidence to find that each Common or program standard is "Met," 2) whether there is sufficient evidence to find that a standard is "Met with Concerns" or "Not Met" and how the institution's response to that standard or element of that standard is inadequate, 3) an accreditation recommendation to the COA for the institution and all of its credential programs, and 4) any stipulations. As part of the review and reporting process, all team members have writing responsibilities during the visit.

IV. Role of Commission Staff

The state consultant's role begins before the site visit. The state consultant will typically work with an institution for about a year prior to the site visit. The focus of this work is on the logistics and preparation for the visit. The consultant likely has fielded questions from the institution about the meaning and intent of standards, state credential requirements, and various implementation issues. The state consultant works closely with the institution on the overall

visit schedule, the development of the interview schedule, and general logistics to ensure that the accreditation review team has what it needs to carry out its responsibilities once on site.

Once at the site, it is the state consultant's job to ensure the integrity of the accreditation process during the site visit. The consultant, with the team lead, will interact with the institution's accreditation coordinator throughout the entire visit on behalf of all team members~~beginning on the first day of the visit~~. The consultant works to ensure that the reviewers conduct their visit under the auspices of the *Accreditation Framework*, and the standards, procedures and protocols established by the COA. The consultant serves to assist the accreditation review team by providing information and assistance to the reviewers as necessary. In particular, it is critical that the consultant keep lines of communication open between the reviewers and the institution – ensuring that the institution has every opportunity to provide reviewers with information the reviewers need to make informed decisions. The consultant helps the team in its deliberations as well as in editing and reviewing the report.

Finally the state consultant, in collaboration with the team lead, has responsibility for presenting the report to the COA and ensuring that the COA has accurate and timely information about the review to make its accreditation decision.

V. Conflict of Interest, Professional Behavior, and Ethical Guidelines

Conflict of Interest

The COA will not appoint a team member to an accreditation team if that person has had any official prior relationship with the institution. Such relationships can include, but are not limited to, employment, application for employment, enrollment, application for admission, or any of these involving a spouse or family member. Moreover, team members have a responsibility to acknowledge any reason that would make it difficult for them to render a fair, impartial, and professional judgment. If a potential team member is uncertain whether a conflict of interest exists, it is that individual's responsibility to alert the CTC consultant about the relationship so that a determination can be made. This avoids embarrassment and the possibility that a team's findings will be vacated.

The list of potential team members is sent to the institution prior to the visit. If the institution believes one or more team members may have a conflict of interest, the Administrator of Accreditation will be notified as soon as possible. The Director of the Professional Services Division of the CTC will not assign a state consultant to an institution if the consultant has been employed by that institution, applied for employment to that institution, been an enrolled student at the institution, or otherwise had a prior relationship that would adversely affect the visit. Finally, members of the COA are required to recuse themselves from any decisions affecting institutions with which they have potential conflicts of interest.

Professional Behavior

Team members are expected to act professionally at all times. Intemperate language, accusatory questions, hostile behavior, or other actions or deeds that would compromise the professional nature of the accreditation process are not permitted. Any such conduct will bring a reprimand from the team lead and possible disqualification from the BIR. As representatives of the COA,

team members and the state consultant are expected to comport themselves with dignity, cordiality, and politeness at all times. Institutions will evaluate the performance and conduct of all team members and the evaluation will be considered in the determination of which individuals continue as members of the BIR.

Ethical Guidelines
The COA requires all team members to adhere to the highest standard of ethics while performing any accreditation-related activity. Interviews are to be held in strict confidence. Team sessions are also confidential and are not to be shared with non-team members. The presentation of the Team Report at the Exit Meeting is public and open. The meetings of the COA must follow all public meeting laws.

VI. Preparation for an Accreditation Visit

Being Assigned to a Team
The Administrator of Accreditation is responsible for developing the accreditation site teams. All team members must be trained BIR members who are free of all conflicts of interest (see above). BIR members are annually asked to identify dates during which they are available to participate in an accreditation site visit. Teams are usually created about six months before each site visit is scheduled to occur; team members will learn about their scheduled visit immediately afterward.

Travel Plans
Team members will receive instructions from the state consultant regarding their travel plans. Team members should make travel arrangements immediately upon receipt of the instructions, following the guidelines on arrival and departure.

Review Materials
The consultant should contact all team members to ensure they have received all materials and to determine if they have any questions about the visit. Team members should contact their consultant if they have questions or do not receive their materials 60 ~~45~~ days prior to the scheduled visit.

Clothing
Team members should dress in a professional manner while performing accreditation duties in public. Team members should also bring comfortable and casual clothes for evening team meetings at the hotel and to take advantage of fitness equipment that is available in most hotels.

Telephone Use and Internet Access
Although personal and professional telephone calls should be kept to an absolute minimum, team members should leave the hotel telephone number and the campus telephone number so they can be contacted in an emergency. On most accreditation visits, wireless connectivity will be available at both the institution and the hotel. Team members are encouraged to bring a laptop to the visit.

Special Needs

If a team member has allergies, specific housing needs, dietary restrictions, or other special needs, the state consultant should be contacted as soon as possible so appropriate arrangements can be made.

Participate in All Team Meetings
Members of the accreditation team are expected to arrange their travel so as to arrive at the team's hotel in time for all team meetings. Throughout the duration of the visit, team members are expected to travel together, dine together, and be available for all required meetings. Team members should plan to work every evening. Finally, team members must not leave the host campus prior to the presentation of the team's report, without prior arrangement with the state consultant.

Conduct All Assigned Interviews
Team members will be assigned to a series of interviews by the team lead. Team members should review the interview schedule and may request adjustments based on that review. Any changes in the schedule must be facilitated by the team lead and the state consultant. The institution being accredited has gone to substantial effort to produce the requisite number of interviewees, and team members must respect that effort by conducting the interviews as scheduled, if possible. Any unusual events or problems regarding the interviews should be discussed with the team lead or the state consultant.

Review Appropriate Supporting Documentation
Team members will be assigned time in the document room to research issues that were identified in the Program Assessment Preliminary Report of findings, through the team's review of the documents, or that arose during interviews. All supporting documentation and evidence is the property of the institution and may not be removed from the campus by team members. Since the accreditation process calls for a recommendation based on a balanced review of all available information, team members should ensure that they are as familiar with the supporting documentation and evidence as they are with the interview data.

Participate in all Team Deliberations and Report Writing
Site teams are expected to use a consensus model in making decisions and teams that strive to be mutually supportive during deliberations arrive at consensus more readily. Respecting the viewpoint of all members and focusing the discussion on evidence about the institution and its programs facilitates making a decision that reflects a holistic assessment of the evidence. Writing the report is the shared responsibility of the entire team. The team lead will assign writing tasks which may begin as early as the first full day of the visit. It is every team member's responsibility to stay in the team room until, either the report is finished, or the team lead and staff consultant indicate that members may return to their rooms.

VIII. Collecting and Analyzing Data
The accreditation team is limited to interview data collected during the visit as well as documents and evidence supplied by the institution or the CTC. Team members may not collect data from other sources or use anecdotal information collected outside of the visit. All team members are required to keep a detailed record of all interviews conducted, materials reviewed, and the findings that result from the process. All information from the interviews is considered private and confidential. Any data or quotes used by the team will be reported anonymously or in the aggregate. All team member notes taken during the interviews or during document reviews are the property of the COA and are collected by the state consultant at the end of the accreditation visit. These materials will be retained by the consultant for one calendar year after

the visit. Similarly, all materials placed in the documents room or electronic exhibits remain the property of the institution.

Institutions are encouraged to utilize technology (e.g., phone, video conferencing) if necessary to ensure that an adequate number of individuals representing each group can be interviewed. Similarly, the CTC encourages institutions to utilize electronic documents and evidence (e.g., CD-ROM or an internet website) that can be easily accessed by the visiting team members. BIR members are expected to be flexible as institutions make the transition to electronic media and communications.

Reading and Analyzing Documents

The initial data collection task is completed during the Program Assessment process. This process, which is described in more detail in Chapter Six, occurs in the fourth year of the accreditation cycle. During Program Assessment, trained BIR members read and analyze all program documents submitted by each institution. The outcome of a Program Assessment is a *Preliminary Report of Findings.* In addition, each team member will review the Program Summary for identified programs.

Beginning sixty days before the visit, each team member will receive various documents about the institution's education unit and its educator preparation programs. Some of the information will come directly from the institution. Some types of information will come from the CTC and will reflect the preliminary findings of BIR members who reviewed the institution's program documents during the Program Assessment process (see Chapter Six). The documents are likely to arrive in electronic form and must be thoroughly read and reviewed prior to the visit. This is important because one of the team's first tasks will be to share concerns that were identified by team members as they prepared for the visit. Being prepared allows all team members to help collect information pertinent to any concerns identified and allows the reviewer more time at the site to focus on interviews and evidence available only at the site.

Develop Initial Questions

Team members should read the documents carefully, making notations where they have questions or concerns or require clarification. Team members should begin to write interview questions based on documents appropriate to their assignments. The Preliminary Report of Findings will identify areas of concern identified by the Program Assessment reviewers, if any. These areas of concern may suggest interview questions or documents to review.

Read the Common Standards Narrative~~Report~~

The *Common Standards Narrative ~~Report (CSR)~~* will be provided electronically and, if requested by a team member, in paper copy to facilitate team members' review prior to the site visit. In responding to each Common Standard, the *Common Standards Narrative~~CSR~~* should clearly state how the institution implements each standard and the quality of the institution's implementation, and should provide evidence of the institution's actions. Typically, the *Common Standards Narrative ~~CSR~~* includes, but is not limited to, the following components:

- Letter of Transmittal by Dean or Director;
- Background of Institution's and Education Unit's Mission and Goals;
- Institutional Response to the Common Standards; and
- Links or references to documents and evidence available electronically.

Read Assigned Program Documents
Each member of the review team will review all documents, in their assigned areas, that were already submitted to the CTC by the institution and that was generated by the Program Assessment reviewers. This includes the following:

- *The Preliminary Report of Findings* prepared by the Program Assessment Review Team;
- The Program Summary prepared by the program;
- Current Narratives Addressing the Program Standards, for reference only
- Biennial Reports for years one, three, and five; and
- the CTC Biennial Report Responses.

Interview Techniques
A critical method of obtaining sufficient data to make a determination of institutional and program quality and effectiveness is through interviewing many people with direct knowledge of the institution and/or program. Sufficient numbers of people from all the major constituencies related to the institution or program (faculty and administration from the institution, candidates in the programs, cooperating master teachers and school administrators, support providers, graduates of the programs, and advisory groups) must be interviewed carefully about their experiences with the institution and its programs in relation to the selected standards of quality. In order to maximize valuable interview time, the institution will schedule interviews with like stakeholders from the different programs team members are reviewing. For instance, for an institution with many programs, a reviewer focusing on teaching programs may interview candidates from the multiple subject, single subject, and adult education programs. At another time, that reviewer will interview district-employed supervisors from across programs. Some interviews will continue to be scheduled with individuals (e.g., department chairperson).

Accreditation review interviews are usually semi-structured. There is not sufficient time for a true, open-ended interview and the groups will vary enough in background and knowledge level that a structured interview is not appropriate. Reviewers should have some prepared questions in mind based on team discussions and the constituency of the person/people being interviewed. Depending on the initial responses, follow-up questions may vary significantly.

IX. Making Decisions about Standards

As team members complete the interview schedule, examine all available documents and evidence, and amass as much information as possible, the complex process of making sense out of the data and arriving at defensible decisions about each standard is occurring. The overall determination and recommendation of the team is contained in the final team report, which is written after the team has discussed all the standards. The team will discuss each standard and make a consensus determination using one of three available categories: “Met,” “Met with Concerns,” or “Not Met.” It is critical that the team’s assessment relies exclusively on evidence that was accumulated through the site visit and the *Preliminary Report of Findings* and not on anything else. The fact that the team has evidence from a number of different constituencies (students, faculty, supervising teachers, employers, program completers, and documents) is important in making the final decision. If the team decides that a standard is “Not Met” or is “Met with Concerns,” the team must document the basis for that judgment.

While the COA has developed statements about what constitutes a Standard as “Met”, ”Met with Concerns,” and “Not Met,” it is the professional judgment of the team members that will determine which category the collected data best fits.

Standards Findings
For each standard the team will make one of three decisions:

Standard Met
All phrases of the standard are evident and effectively implemented.

Standard Met with Concerns
One or more phrases of the standard are not evident or are ineffectively implemented.

Standard Not Met
Significant phrases of the standard are not evident or are so ineffectively implemented that it is not possible to see the standard in the program.

In all cases where a standard is “Met with Concerns” or “Not Met,” the team will provide specific information about the rationale for its judgment **and how the institution was deficient in meeting the standard.**

X. Writing the Team Report

The report should be written with this purpose in mind: to inform the COA about the extent to which an institution and its educator preparation programs satisfy applicable standards and to support the COA in rendering an accreditation decision. Basic declarative prose utilizing simple sentences, active verbs, and clearly defined subjects will result in a valuable report. Findings should be supported by evidence collected by the team during the visit. The report should contain specific comments about the group's judgments of program quality, strengths or deficiencies, and suggestions for improvement. The team lead will edit the final draft of all report sections for clarity, smoothness, and uniformity.

Chapter Eight provides guidance to teams about how to determine whether the standards findings suggest a recommendation for *Accreditation*, *Accreditation with Stipulations*, *Accreditation with Major Stipulations*, ~~or~~ *Accreditation with Probationary Stipulations* *or Denial of Accreditation.*
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X~~I~~. Concluding the Visit

When the draft report is finished and ready for presentation, team members should prepare to return home. Prior to departure, team members must complete expense forms and evaluation forms. The expense form allows the state to reimburse the team members for out-of-pocket expenses associated with the site visit. The evaluation form is part of the accreditation system's on-going improvement process as described in Chapter Thirteen. The state consultant will collect interview notes and any other documentation that was generated during the site visit.

The CTC follows state administrative guidelines for reimbursing individuals. As required by different team members, the CTC will purchase airline tickets or reimburse for mileage at state rates. The agency will directly pay the hotel bill. In addition, the CTC will pay *per diem* expenses for meals and incidentals paid for by team members in accordance with state policy. The consultant assigned to the accreditation team is responsible to review details with the team. Any expenses beyond those specified in state regulations will not be covered. If a team member's district requires a substitute during the site visit, the CTC will pay for that substitute when billed by the district.

Concluding Activities and Team Report

The presentation of the draft team report is typically held during the late morning or early afternoon of the last day of the team visit. The draft team report is duplicated for each team member, and for program faculty and administration members as determined by the Dean or Director. If possible, time will be allotted so that the institution's administration can read the team report prior to the meeting. The format of this meeting is an oral presentation of the draft team report by the team lead. Typically, the team lead summarizes the report and discusses the rationale for the accreditation recommendation. On occasion, the team lead may invite comments from team members. This is not a time for the institution to debate the recommendation, submit new data, or discuss the team's judgment. The program has one week to review the draft team report for accuracy and to correct errors of fact. It is the program's responsibility to notify the CTC of needed changes.

~~After one week, the team report becomes the final report.~~

Comment [GR20]: This is not true as CTC staff edits, asks questions, etc. which could significantly alter the report's content. Does the next sentence, in the next paragraph cover this?

Limited edits may be made in accreditation team report for clarity, but its substance will not be changed. The report will be posted on the CTC website as part of the COA agenda. The final copy of the report, as it will appear when presented to the COA for its review and final decision, will be sent to the institution and team lead prior to the date of the COA meeting.

In the case of a merged ~~NCATE/COA~~ visit (NCATE/COA or TEAC/COA), ~~the institution's Dean or Director determines whether team findings that apply to NCATE standards will be shared with the entire faculty of the institution. T~~the NCATE report is prepared and submitted to the Unit Accreditation Board in accordance with NCATE policy. The institution may prepare a ~~s~~ ~~its~~ rejoinder, a document that explains steps that have been taken to address any deficiency or addressing why no deficiency ever existed. as described in NCATE policy. The decision of the NCATE Unit Accreditation Board will be made separately from the decision of the COA. Merged visits are discussed in Chapter Thirteen.

Evaluation of Accreditation Process and Personnel

The CTC provides everyone associated with an accreditation site visit an opportunity to evaluate all aspects of the visit, ranging from the initial contact through the report presentation, including an evaluation of all team members. The instrument is comprised of multiple-choice and open-ended questions, and requests recommendations for improving the accreditation process. These data are used to identify areas for improvement in the process and areas where team members need additional support.

To assist in the quality of the BIR, the Dean or Director provides feedback about each member of the accreditation team. Team members also evaluate each other and are asked to identify future team leads as well as team members who were not strong members of the team. These data will be considered by the Administrator of Accreditation when decisions are made regarding retention of individuals on the BIR and identification of individuals able to assume leadership roles in future visits~~the role of cluster leader and/or team lead~~. If the institution has concerns about the performance of the state consultant, the Director of the Professional Services Division should be contacted.

Final Note

The accreditation team's responsibilities and workload may seem overwhelming when put into print, but the collective experiences of hundreds of professional educators suggests that participation in a COA accreditation visit is a tremendously valuable professional development activity. Working with fellow educators on a matter that will significantly improve the education profession is the primary purpose and value of the accreditation system. Of nearly equal importance is the professional growth that individuals experience by actively participating in an important project that requires the full participation of each individual supported by high levels of individual accountability. ~~The sate consultant will be on hand to provide assistance as needed.~~ Team members expand their knowledge, make new friends, and return to their regular post invigorated by the experience.

Chapter Eleven:
Board of Institutional Review Member Skills and Competencies

Introduction

This chapter 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 individuals interested in the accreditation process.

I. Selection of Team Members

Team members are selected for membership in the BIR based on the recommendation of a colleague, the team members' knowledge of the *Accreditation Framework*, and demonstration of the skills necessary for a successful accreditation visit. During the BIR training, prospective members participate in activities designed to develop the skills required during a site visit and to provide feedback to CTC staff on the skill level of the prospective members. BIR members assigned to a site visit are expected to utilize the following skills during the visit and, if necessary, to request assistance or guidance from the team lead and/or the CTC consultant. Qualifications of a prospective BIR member include**:**

- At least three years of professional experience in education;
- Experience with qualitative evaluations;
- Experience with multiple levels and different sets of education related standards;
- Personal characteristics including integrity, objectivity, empathy, ability to work under pressure, organizational ability, time management, and being a team player;
- Experience with collaboration in writing and problem solving;
- Good communication skills (both oral and written);
- Experience with data collection and analysis;
- Familiarity with technology, including the use of both MAC and PC platforms; and
- Ability to access electronic information, search for pertinent information, and appropriately cite the source for inclusion in the team report.

II. BIR Member Responsibilities

BIR members' primary responsibilities are to review and analyze written documentation developed by educator preparation institutions, examine source documents referenced in the written documentation, interview stakeholders who are knowledgeable about specific educator preparation programs at institutions under review, and determine the extent to which an education unit or its programs are aligned to adopted state standards. With regard to document reviews, BIR members may be assigned to work in pairs to complete an initial program review (please see Chapter Three) or a Program Assessment review (Chapter Six). Alternatively, a BIR member may be assigned as part of a three to eight member team to complete an accreditation site visit. (Chapter Ten describes the logistics and organizational requirements of an

accreditation site visit.) Site visits utilize the full array of BIR member skills, including document review, analyses of reference documents, interview skills, and the capacity to participate in team meetings during which every member contributes their concerns, shares new information, and cooperates to develop a set of consensus decisions reflecting the teams' best professional judgment.

Initial Program Review (IPR)

This kind of review occurs throughout the year with a schedule posted on the Commission's accreditation webpage. The outcome of the initial review of the program proposal is a set of responses for each program standard. The reviewers must agree whether there is sufficient evidence contained in the documents to find that each program standard is met. If not, the reviewers must identify the nature of the information that is not addressed or is not documented. Institutions then revise the program proposal and resubmit with additional documentation. The same pair of readers reviews the revisions and determine whether each standard has been satisfied. This process repeats until all adopted program standards are met. This process results in an agenda item for the Committee on Accreditation (COA) seeking approval for the proposed program. For more information on the initial approval of programs, please see Chapter Three.

Program Assessment Reviews

BIR members are also instrumental in the Program Assessment process (Chapter Six) which occurs in the 4th year of the accreditation cycle. These reviews occur periodically throughout the year and are performed at the Commission on Teacher Credentialing (CTC) office, and provide valuable information to an institution about whether any of its programs might not be aligned to standards. Performing this review requires reading and analyzing program narratives, course syllabi, and other supporting documentation. When the assigned member pairs have completed their independent reviews, they discuss their findings and agree whether each program standard is preliminary aligned or, if not, where additional information is needed. The pair will develop the *Program Assessment Preliminary Report of Findings (PRF)* that reflects the result of their deliberations. The *PRF* is sent to the institution, which revises its documents and resubmits them for another review. Once all program standards are preliminary aligned, or the accreditation site visit is within 3-6 months, the Program Assessment process ends.

Accreditation Site Visits

BIR members participate in accreditation site visits that usually occur in the spring and that generally run for four days (traditionally Sunday through Wednesday ~~although an alternate schedule may be requested~~or Monday through Thursday). These visits are the heart of the accreditation system and require highly trained, ethical, and experienced professionals to function as members of the site visit team. Prior to the visits, the team members will receive (and must review) the Site Visit Documentation (SVD) which is composed of ~~1) *Program Assessment Preliminary Report of Findings;* 2) Program Summaries for every assigned program, 3) Program Narratives addressing program standards and supporting documentation (for reference only); 3)Biennial Reports for years one, three, and five and 4) the CTC Feedback for the Biennial Reports (see Chapter Five), and 5) the Common Standards narrative and supporting documentation.~~ eight items:

1. Common Standards Narrative
2. Documentation linked from the Common Standards Narrative
3. Program Summary for each approved educator preparation program

Comment [GR21]: Imported from YOPV Handout. Let's say the same thing the same way in all places.

4. Program Narratives* addressing all adopted program standards for each Commission-approved educator preparation program
5. Documentation linked from each of the Program narratives.
6. Program Assessment Feedback for each of the Commission-approved educator preparation programs
7. Biennial Reports submitted since the last site visit (Section A, for each approved program and Section B, institutional summary)
8. Feedback from CTC for each Biennial Report

The purpose of the site visit is for the team of educators to make decisions on standards: each of the Common Standards and for all approved programs, the Program Standards. Soon after the team convenes at the site, team members will share their understandings and any concerns they have of each program at the institution and about the institution's education unit. Throughout the site visit, every team member will be utilizing document review, interview, writing, analytical, and communication skills to ensure that the institution receives a fair, impartial, and thorough review of its programs and its overall functioning.

III. BIR Member Tasks and Skills

In order to effectively and efficiently complete the responsibilities identified above, every BIR member must be skilled to complete a variety of critical functions. Each of the core tasks and necessary skills is identified and defined in the section below. The table identifies which of the tasks are utilized by each of the Commission's accreditation activities.

BIR Member Tasks	Initial Program Review	Program Assessment	Site Visit
Reading and Analyzing Documents	Yes	Yes	Yes
Interviewing Stakeholders			Yes
Decision Making	Yes	Yes	Yes
Writing the Reports			Yes

Reading and Analyzing Documents

The initial data collection task that faces BIR members in all of the assignments is reading and analyzing documents. Below are some techniques that may assist in this critical task.

Identify How an Institution Responds to each Standard

To determine whether the institution or program meets the relevant standards, it is important to identify how the institution responds to the standard, or what it does to satisfy the standard. The response should include the key people who initiate, complete, or verify activities that are required by the standards.

Note Generalizations and Other Vague Language

Responses to the standards should be clear and concise. The response should address "how" an institution meets a standard. It is important to follow up on language that is unclear or

statements that make claims that don't have supporting documentation. It may merely be unclear language; it can also point to possible areas of weakness.

Determine Relationships
It can be helpful to use an organizational chart or graph of the program or institution. The chart can be helpful in learning how the institution or program is organized and operated and to identify key reporting relationships that may clarify how critical functions are completed.

Note Key Forms
Most programs operate using a system of forms or documents that show candidate progress through the program or institution, verify a candidate's demonstration of knowledge or skills, and record that other legal or required steps are completed (e.g., Certificate of Clearance). Reviewing these forms can tell readers the type and quality of information collected by the program.

Look for Formulas
Many institutions operate under formulas, which determine such things as class size, supervisory and support provider ratios, admissions, and other standard operations. Site visit team members may find this information useful for determining whether resources are appropriately allocated to each program.

Respect Institutional Mission and Goals
Institutions and their programs are permitted to meet adopted standards in their own ways. There is no one best way of preparing educators. The team's task is to ensure that the institution or program is meeting the standards it claims it is meeting and that the institution or program is providing a quality educational experience. The exact means to this common end will, and should, vary. It may not be to team members' taste, but such variances are perfectly permissible.

Review Documents Thoroughly
Sometimes, documents look well prepared because they are professionally compiled or reflect high quality presentation skills. The reviewer's task is to look beyond the presentation and examine the content. High quality presentation does not always reflect high quality content. Likewise, documents that are poorly presented may not accurately reflect the quality of the work going on at the institution. While the CTC encourages institutions to prepare high quality documents, when presented with a weak document, the reviewer may need to communicate more frequently with the state consultant and (at a site visit) with the team lead to ensure the reviewer has sufficient information to make an informed decision about how well the standards are being addressed.

Investigate Omissions
In some cases, omissions in a report can reveal a great deal about the institution or program. As documents are being reviewed, reviewers should ask themselves, "What is not being presented?" "What is in the background?" Familiarity with the credential area can be a great

help here. Noted omissions should not lead to assumptions about institutional or program quality, but they may help focus further examination and help pose some questions.

Follow the Candidate
Try to understand what the program looks like from the perspective of a candidate entering it. What activities, what documents, what experiences are provided to the candidate or asked of the candidate? Once evidence is gathered, the reviewer should put it all together to see whether the entire process makes sense - from admission, through coursework and fieldwork, to program completion - for a hypothetical candidate. This process might help identify gaps in the information presented, or it may help rectify or confirm contrary pieces of information gathered from other sources.

Verify Claims
If an institution makes a claim in its documents, the institution must be able to verify that claim through documentation and/or interviews. This is the kind of information a program assessment reviewer can alert a site team member to verify. For example, if an institution claims that it has established a close working relationship with three local school districts but hasn't provided documentation that supports the claim, a program assessment reviewer should include a note on the *PRF* document alerting the site visit team that one of its members should verify this relationship by interviewing administrators from the districts or reviewing MOUs or advisory board records. During the site visit, evidence cited in any of the reports should be available for the team to review. If the team members conclude that claims are made without supporting documentation, the team lead and consultant should be informed so they can include that information in the mid-visit report. Many reports make reference to specific documents and forms; it is critical that reviewers, whether during program assessment or the site visit, look for these supporting documents to ensure that these claims are accurate.

In Program Assessment Only:
Describe What Documentation Must be Reviewed at the Site Visit
If the program documents provide an adequate description of how the institution responds to a standard and is supported by documentation available to the program assessment reviewer, the reviewer will indicate on the *PRF* that the standard is preliminarily aligned. That will inform the site visit reviewer that the institution's alignment to the standard can be verified through "sampling" interviews (which are described below). However, if the program documents describe a response that appears to be aligned with the standards but no supporting documents were included with the program documents, the reviewer must provide a clear description in the *PRF* of what the site visit reviewer needs to review at the site visit.

Interviewing Stakeholders
A critical method of obtaining sufficient data to make a determination of institutional and program quality and effectiveness is through interviewing many people with direct knowledge of the institution or program. The number of people who need to be interviewed from a particular program depends, in large part, on the *PRF*. If program assessment reviewers have found that the program continues to be not aligned with significant parts of standards, or whole standards, despite resubmissions by the program, the accreditation administrator may add a member to the site visit team to focus exclusively on that program. In that event, it is important that a sufficient number of people from all the major constituencies related to that program

(faculty and administration from the institution, candidates, cooperating master teachers and school administrators, graduates of the programs and their employers, and advisory groups to the programs) be interviewed carefully about their experiences with the institution and the program in relation to the standards.

For programs with standards that are all preliminarily aligned, or that have small parts of standards "not aligned," each team member will be assigned three to four programs to review. To maximize valuable interview time, these team members will interview groups of stakeholders from multiple programs at the same time (e.g., advisory board members from the multiple subject, single subject, reading, and clear programs.) This process is called "sampling" and allows the team to gather information from "samples" of stakeholders rather than from multiple members of a particular stakeholder type for each program. Some interviews will continue to be scheduled with single individuals (e.g., department chairperson). The team lead and state consultant will be able to clarify the interview responsibilities of any particular team member.

Accreditation review interviews are usually semi-structured. There is not sufficient time for a true, open-ended interview and the groups will vary enough in background and knowledge level that a structured interview is not appropriate. Reviewers should have some prepared questions in mind based on team discussions and the constituency of the person/people being interviewed. Depending on the initial responses to a question, follow-up questions may vary significantly. The information that follows is intended to help team members improve their interviewing skills and complete the review task effectively. Remember, an interview is simply a "purposeful conversation with two or more people directed by one in order to get information."

Introductory Comments and Setting the Tone

The interview begins with introductions that include the team member's name and identifies the team member as a member of the Accreditation Team for the CTC. Depending on who is being interviewed (particularly for candidates), it may be necessary to provide a brief explanation of accreditation. Make sure not to make it sound like a punitive or a "gotcha" process, but rather a regular review process to ensure quality and to make recommendations for improvement, if necessary.

BIR Members Represent the CTC

During the site visit, team members are not representing their own institutions, nor are they using experiences at their own institutions as standards for the review. Identifying as a member of the accreditation team is important in two respects. First, when reviewers introduce themselves during interviews, they need to explicitly state that they are representing the CTC because their role as interviewers is performed on behalf of the CTC. It is not appropriate for a team member to identify their own institutional affiliation even though some stakeholders may inquire about it. Second, while it might be tempting for a team member to compare the host institution with their own, reviewers must analyze all information gained from the visit in relation to the standards. Whether the host institution's practices are similar to, or different from, their own institution is immaterial. Team members must listen carefully to the content of stakeholders' comments in relation to the standards and to ask follow-up questions that shed greater light on how the institution responds to the standards.

Explain Why Each Person Is Being Interviewed

Explain the purpose of the interview and the types of questions that will be asked (the questions may vary somewhat depending on the constituency being interviewed). For instance, when interviewing master teachers, the explanation might be, "I am here to ask you some questions about the preparation of student teachers you have worked with from _____ Institution."

Reduce Anxiety
Some individuals will be anxious and a few may be reluctant to say much. Team members should be gracious and ease into the questions by asking some general questions. It might also reduce the interviewees' anxiety to know that their comments will be kept confidential and that findings will be reported in the aggregate so that no particular comment can be traced back to an individual.

Assure Confidentiality
Team members must be certain to inform interviewees that any information shared will be kept strictly confidential and that only aggregate data will be reported to the institution. This is particularly important with candidates in the program and, often, with program faculty.

Maintain a Professional Perspective
Team members must use their skills and experiences to focus directly on gathering and analyzing data to determine how well the program meets the particular standards or guidelines. They must be as objective as possible at all times and should avoid making comparisons between their institutions and the institution under review as such comments may be interpreted as demonstrating bias, even if unintended.

Confirm Understanding
It is important that reviewers confirm that they have heard and correctly understood comments made by interviewees. The interviewer can do this by paraphrasing back to the interviewee the main idea contained in the interviewee's comment. This practice encourages the interviewees to clarify something the interviewer had not understood correctly and to elaborate on their previous response.

Take Notes
Team members must make careful notes. This becomes particularly important when conflicting responses are received by several team members. Reviewers frequently consult their notes during the deliberations because by then, the reviewer has conducted numerous interviews and met numerous people over the course of several days at the institution, and they need to make sure they are reporting their findings accurately and completely. Document the number of responses on a specific item to identify patterns of evidence on a particular standard.

Ask Questions Related to Standards
It is important to ask questions that will help the team determine whether specific standards are "Met." Team members may use program planning prompts of the standards as a basis for their questions. They should focus their questions on standards the interviewee is likely to know about. For example, questions about candidate competence are most appropriate for supervising teachers or graduates of the program and their employers, while the program administrator should be a primary respondent to questions on program design.

Avoid Questions That Can Be Answered "Yes" or "No"
Some simple factual questions may need to be asked. However, Yes/No type questions generally receive a one-word response. To the extent possible, word questions in a way that invites respondents to describe their experience with the issue being reviewed. For example, an interviewer could ask candidates, "How did you arrange for a field/clinical placement?" rather than "Did you make the arrangements for your field/clinical placement?"

Pursue Questions Until They Are Answered
Reviewers must listen to the answer and decide whether they gained the information they are seeking. If not, they must pursue the matter further. Some answers will require an elaboration or need clarification. Reviewers should ask for specific examples of incidents or situations. Follow-up questions should focus on clarifying, amplifying, or verifying initial responses. Remember that not all interviews will yield the same amount of information. Some people have more knowledge of an institution or its programs than others.

Do Not Accept Unsupported Conclusions
Be sure that sufficient information is gathered to substantiate any conclusions. Sources of evidence are critical and should be referenced and substantiated in the team report.

Follow Hunches and Look for Evidence to Confirm
Most site team members have a great deal of experience with educational institutions and have excellent insight about how institutions function. While these perceptions alone are not evidence, site teams should not ignore them during the data collection phase or even when making judgments. Insights can lead to confirming interviews and can help to sharpen the entire process.

Be Aware of Time - Adhere to a Time Schedule
It is up to each team member to control the time allotted for interviews. Interviews with individuals are generally scheduled for 20 minutes while those with groups are generally scheduled for 45 minutes. Try to keep the interviews within the allotted time frame. It is important that all team members honor the schedule prepared by the institution. It usually represents many hours of work and many individuals have made special arrangements to be present and interviewed. If there is a need to eliminate or rearrange some interviews, be sure to discuss this with the team lead and state consultant. Under no circumstances may a team member unilaterally cancel an interview. In all cases, the cancellation of interviews needs to be done with caution and after discussion with the team lead and state consultant who will then inform the institution, if appropriate.

Ask a Wrap-up Question
Most interviewees will have thought about this interview in advance and may have issues they want to mention. Invite them to do so at the end of the interview to ensure they have provided all the information they can.

Cross-Check Information
It is necessary to get information from a variety of sources, such as candidates or participants, master teachers, public school administrators, student teaching supervisors, support providers,

student teachers and program completers, and employers of completers and then cross-check the validity of the information. This is part of the triangulation strategy discussed below.

Relate Non-Specific Comments to Specific Standards
Answers are sometimes general and experiential rather than factual. Verify that the answer relates to specific program standards. Avoid accepting hearsay statements or comments that are overly vague. Remember that some interviewees will have "axes to grind." Do not allow individuals with personal issues to consume valuable reviewer time. While it might be difficult during a site visit to distinguish between those with “axes to grind” and those with legitimate concerns about a program, a reviewer must consider individual comments during an interview session in context with the totality of the evidence he or she is reviewing and with information reported by other team members.

Use Stimulated Recall
A good technique for improving responses is to provide a context within a program that interviewees are familiar with and ask questions related to that context. For example, use the program’s handbook with interviewees and ask questions related to its contents. Another example is to ask the person to remember a particular time in the program (e.g., beginning clinical practice) to sharpen their responses and enable them to be specific about how the program works.

Ensure Adequate Representation from All Programs
Interviewing groups can present particular challenges not found in interviews with individuals. One challenge is ensuring that representatives from every program have the opportunity to respond to questions on every issue of importance. One method for dealing with interviewees who are dominating the group interview is to acknowledge their contribution and invite others to respond to the same prompt. For example: “I just heard about some single subject candidates’ experiences in finding student teaching positions. What is the experience like for candidates in other programs?” Another method is to invite quiet individuals to speak. The interviewer might say: “I’ve heard from field supervisors in education administration and school nursing but haven’t heard anything from field supervisors in counseling. Can you please tell me what your experiences have been like working with school counseling candidates?”

Decision Making Considerations
No one individual is expected to collect and analyze data for every piece of the puzzle. Members should ask each other what they saw, heard, and read. Are they hearing the same general things? Did someone obtain information that is valuable to another member’s area of responsibility? In most cases, team members can either confirm they are seeing and hearing similar things about a program or they can provide information to fill in the blanks where other members are lacking information.

Look for Patterns/Themes
By the mid-point of the site visit, team members will have listened to numerous interviews, reviewed many documents, and talked with other team members about their interviews and document notes. They will probably have identified some possible patterns or themes. The team lead will provide opportunities for members to describe what they’re thinking. Other members can provide supporting or disconfirming evidence. Questions like these can help identify

patterns: "What were the most common problems mentioned?" "What phrases or words were used across most interviews?"

~~Cluster~~ Organize Responses by Constituency or by Standard.
As team members review information obtained from each constituency, the reviewers should ask whether common concerns, strengths, or weaknesses were identified. The reviewer might rank the concerns, strengths, or weaknesses by the frequency of responses to get a measure of the "weight" of such issues. Alternatively, they might want to look at each standard to see how responses cluster.

Use Metaphorical/Analogical Thinking
Some people find creating metaphors to be a useful way to bring general impressions into focus. This should be done only when most of the evidence has been reviewed so as not to cloud later data collection. A possible example is:

"If I had two words to describe this institution's attention to Standards 2 and 9, they would be _____ and _____."

Talking about metaphors that describe an institution's program can help team members' thoughts coalesce. Although all metaphors are false at some level of analysis, their use can help crystallize team members' sense of a program or standard.

Build a Logical Chain of Evidence
Team members often find that individuals from different programs independently report similar concerns or problems. The challenge to the team is to determine whether the issues reflect program findings or whether they reflect an institution-wide problem that should be registered as a Common Standard finding.

For example, at one institution, candidates, program completers, and master teachers representing multiple programs reported during interviews that candidates were often confused about what should be happening during field experiences and clinical practice. One team member verified those claims through a review of the course syllabi, which failed to reveal any evidence that field experiences were organized into a planned sequence of experiences to help candidates develop and demonstrate knowledge and skills (Common Standard 7). In talking with other team members, the members acknowledged that some candidates and program completers had indicated that they felt supported during field experiences and were confident about their abilities to function effectively in a classroom (an example of disconfirming evidence). The *SVD* indicated that these experiences were incorporated into several courses, but it was difficult to find clear evidence that sufficient planning had been done to ensure the field experiences were appropriately sequenced and that candidates were able to incorporate material from courses into their field experiences. Faculty interviews revealed that each faculty member thought others were focusing on this topic.

Here is a logical, verifiable relationship. If field experience and clinical practice turned up in interviews as a weakness across multiple programs, one would expect to find little attention paid to it in the formal curriculum. In the above example, this appears to be the case. Therefore, the

preponderance of evidence indicates that Common Standard Seven is either "Met with Concerns" or "Not Met." If these concerns arise only in one program, the decision for the common standards would likely be "Met," and the program cluster team members would need to determine how to report their findings on that standard.

Triangulate and Avoid Bias

When the team has similar information from different sources about how an institution is implementing a standard, it is easier to come to consensus about the findings. Repeated evidence from believable sources helps the team make its decisions. Avoid over-emphasizing testimony from a small number of articulate, informed, or high status respondents. Avoid campus politics – something that is inevitable even in the most positive work environment. Team members must be diligent not to impose their own values and beliefs about how educator preparation "should" be done on the data collection and analysis performed for the accreditation site visit. It can be helpful to look carefully at extreme cases where people with the most at stake reveal contrary data. This can be powerful information if it is not tainted by ulterior motives. Finally, not all data are equal. Volunteered information collected from people with low bias but high knowledge about the program can be weighted more heavily than can information from respondents with high bias but little familiarity with the program.

Writing the Team Report

The report must be written to inform the COA about the extent to which an institution and its educator preparation programs satisfy applicable standards and to support the COA in rendering an accreditation decision. The site visit report includes examples from the site visit and the team's rationale for its decisions and recommendation—this is why the site visit is held.

Basic declarative prose utilizing simple sentences, active verbs, and clearly defined subjects will result in a valuable report. Findings should be supported by evidence collected by the team during the visit. The report should also contain examples of practices at the institution. The team lead will edit the final draft of all report sections for clarity, smoothness, and uniformity.

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.

Prior to the site visit, t~~T~~he team lead ~~begins~~ collaborates 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. A team conference call ~~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 that team lead will solicit observations and concerns that team members identified from reviewing the documents.~~ Team members become aware of preliminary questions or concerns identified by other team members and can keep those concerns in mind as they conduct~~complete~~ interviews and document reviews in the event they identify information that might be helpful to their colleague. 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 important that any standard that initially lacks evidence of being fully met receives careful attention to ensure that adequate evidence is collected 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 Day Two 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 Day Three 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

The team lead's 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.

V. Final Team Report Meeting

The team lead chairs the 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 state 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 team report meeting may vary a bit, generally the state consultant begins by thanking the institution and discussing the site review process. The consultant explains that the institution has one week to clarify any factual information in the draft report but 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 a positive tone for the meeting 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 staff 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 were not met, or met with concerns.

The state consultant should end the report by discussing next steps, including making the report final and 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 by providing additional or new evidence if available.

Chapter 13
Other Types of Accreditation Visits

Comment [GR22]: This will require the renumbering of the current chapters 13 and 14.

A. Technical Assistance Visits

B. Revisits

Include
- who is involved with each type of visit
- expectations for each type of visit
- description of what is involved with each type of visit