

**Discussion of Proposed Accreditation Handbook Changes:  
Introduction, Chapters 10-14  
March 2016**

**Overview**

At the January 2016 COA meeting the COA reviewed chapters 1-4, 8, 9, and 15. This item presents additional revisions to Chapters 10-14 of the *Accreditation Handbook* for COA consideration and discussion. The proposed revisions would ensure that the *Handbook* better reflects the newly strengthened and streamlined accreditation process.

**Background**

During the past year, the Commission has engaged in work to strengthen and streamline the accreditation system. As a result, the *Accreditation Handbook* needs to be revised to reflect new terminology and to align with the new accreditation process. Several items pertaining to strengthening and streamlining the accreditation system have come before the COA during 2015. The proposed changes to the *Accreditation Handbook* reflect the policies adopted by the Commission, the adopted changes to the *Accreditation Framework*, and input from the COA.

**Staff Recommendation**

This item is for information and discussion only.

**Proposed Handbook Changes**

The *Accreditation Handbook* is a reference document that is used by many individuals involved in the Commission's accreditation process. Previous agenda items have been brought forward regarding proposed *Accreditation Handbook* changes. This item proposes additional revisions to Chapters 10-14. As revisions are proposed for chapters continues, they will also be brought forward for COA approval.

The following proposed revisions are recommended in order to update and clarify the information as it relates to strengthening and streamlining the accreditation system. Full text of the chapters are also included in the appendix.

The proposed changes, summarized by chapter, are listed below:

Introduction

- Updated chapter descriptions to match revised accreditation process
- Deletion of references to Chapter Sixteen

Chapter Ten: Accreditation Site Visit Team Member Information

- Language updated to reflect data reporting rather than Biennial Reports and Program Review rather than Program Assessment

- Language revised to reflect use of the Team Report Summary rather than the full team report being shared with the institution at the end of the visit. Language added that the Site Visit Report is sent to the institution for review of accuracy and to correct errors of fact approximately one week after visit.
- Updated language from NCATE to CAEP

#### Chapter Eleven: Board of Institutional Review Member Skills and Competencies

- Descriptions of responsibilities updated to reflect revised accreditation system including language regarding Program Review process for reviewers.

#### Chapter Twelve: Team Leadership

- Language revised to reflect use of the Team Report Summary rather than the full team report being shared with the institution at the end of the visit. Language added that the Site Visit Report is sent to the institution for review of accuracy and to correct errors of fact approximately one week after visit.

#### Chapter Thirteen: Articulation Between State and National Accreditation

- Updated language to reflect CAEP rather than NCATE/TEAC
- Added Council on Social Work Education: Educational Policy and Accreditation Standards (CSEW-EPAS) to list of adopted alignment matrices

#### Chapter Fourteen: Evaluation of the Accreditation System

- Language updated to reflect annual data reporting rather than Biennial Reports and Program Review rather than Program Assessment
- Clarifying language added regarding technical assistance

#### **Next Steps**

Based on COA discussion at this meeting, staff will bring back another agenda item reflecting the COA's discussion for further consideration and possible adoption. Staff will also bring forward remaining *Accreditation Handbook* chapters for discussion.

## Introduction to the Accreditation Handbook

### Overview of Accreditation in California

Under the auspices of Senate Bills 148 (Bergeson, 1988) and 655 (Bergeson, 1993), the education community in California launched an initiative to create a professional accreditation and certification system that would contribute to excellence in California public education well into the 21st Century. The Commission on Teacher Credentialing, the nation's oldest independent teaching standards board, has long engaged in credential program reviews. The original *Accreditation Framework*, developed by the Accreditation Advisory Council to replace credential program reviews, represented a unique, pioneering effort to advance the quality of educator preparation through the creation of an integrated accreditation *and* certification system. During 2014-15, the Commission undertook efforts to strengthen and streamline the accreditation system. The 2016 Accreditation Framework details the requirements of the CTC's revised accreditation system and informed this version of the *Handbook*.

The 2016 *Accreditation Framework* substantially changed the accreditation process. This handbook documents the procedures the Committee on Accreditation (COA) has put in place to implement the CTC's Accreditation System. The COA encourages both approved institutions and Board of Institutional Review (BIR) members to utilize this handbook. The COA is committed to providing full disclosure of its accreditation process to all.

The purposes of this accreditation system are

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

This accreditation system for California emphasizes the essential participation of professional educators in the development of accreditation policies and procedures, the conduct of institutional reviews, and the determination of accreditation decisions. The twelve-member COA, carefully selected from a pool of outstanding nominees, embodies the expertise, experiences, and commitment envisioned by the writers of the *Accreditation Framework*.

One action of the COA was to develop criteria for the selection of the Board of Institutional Reviewers (BIR) members who conduct accreditation visits and make recommendations regarding institutional accreditation to the COA. These criteria plus other key elements of the

system are contained in this *Handbook* to make clear the requirements and expectations of the accreditation system. Finally, the *Accreditation Framework* provides significant options regarding national accreditation in lieu of state accreditation and the use of individual program standards other than California's for approved program sponsors as they prepare for initial and continuing accreditation. In providing these options, the *Framework* also mandates that one accreditation decision be made for the entire institution rather than separate decisions made for each program, however in extreme cases, the COA could require an institution to close an individual program as a stipulation to accreditation. These changes, embodied in the *Accreditation Framework*, are intended to foster institutional options and innovations, and to increase the rigor of professional accreditation through the application of high professional standards.

### **A Reader's Guide to the Accreditation Handbook**

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

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

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

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

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

**Chapters Five through Seven** discuss the three primary elements of the accreditation cycle. Chapter Five discusses the role of the data reporting in the accreditation cycle and provides directions for identifying, analyzing, and submitting the data. Chapter Six describes the Program Review process including and the kinds of documents that will be reviewed by a team of BIR members and how the review is summarized in a Preliminary Report of Findings to the

institution prior to the site visit. Chapter Seven provides information to assist institutions in preparing for the institutional site visit which will focus primarily on institution's implementation of the Common Standards and to confirm information provided through data reporting, completer surveys, and the program review. This chapter gives specific information about the actual procedures followed in the conduct of an accreditation visit. These chapters are focused on the on-going activities of the accreditation process, including special circumstances affecting institutions seeking national accreditation, either for their education unit or for individual credential programs.

**Chapter Eight** discusses the different kinds of accreditation recommendations that can be made by a team depending on the evidence reviewed by the team and as a result of the team's deliberations. The chapter presents the operational implications of each decision and describes what an institution must do to improve its accreditation status.

**Chapter Nine** addresses the possible follow-up activities that might take place in Year Seven of the accreditation cycle.

**Chapters Ten and Eleven** describe what team members do before and during a visit. These chapters will be of particular interest to individuals who are trained, or wish to be trained, as Board of Institution Review (BIR) members. Training is required for all potential BIR members and includes online and in-person training, which includes simulations and other instructional activities, as well as the information provided in this chapter. Chapter Eleven focuses on the role of BIR members who are working as a site team and includes information about performing the various team member tasks. The chapter also describes the data collection procedures utilized by team members.

**Chapter Twelve** discusses the role of the team lead and articulates the particular responsibilities of the team lead while preparing for and conducting a site accreditation visit, and providing the final report to the COA. This chapter focuses on the substantially enhanced role of the Team Lead.

**Chapter Thirteen** discusses articulation between the state and national accreditation systems and is of primary importance to institutions interested in national accreditation. Institutions may opt for a joint state and national accreditation visit. All institutions are urged to review these options carefully before determining if this option is appropriate for their own accreditation needs.

**Chapter Fourteen** discusses the on-going evaluation of the accreditation system.

**Chapter Fifteen** provides information regarding revisits. The COA may determine that a revisit is necessary during Year Seven of the accreditation cycle for institutions that had significant issues during the Year Six site visit.

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

The *Handbook* is available on the Commission website <http://www.ctc.ca.gov/educator-prep/accred-handbook.html> and is divided in separate chapters. The *Accreditation Handbook* has been produced in a manner that will foster revisions and updates. The COA intends this document to reflect its procedures and expects to make revisions in those procedures as the professional accreditation process continues. The *Handbook* will be revised periodically. The COA welcomes comments and suggestions for improving its *Accreditation Handbook*.

## **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. To remain current, BIR members are required to attend additional periodic trainings and meetings. Members with a gap of two years or more in their service must participate in online training modules prior to resuming their service in BIR. This practice ensures calibration across all reviews.

The information presented in this handbook is designed to reinforce the formal BIR 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.

#### **I. Purposes and Responsibilities of Accreditation Site Visit Teams**

Accreditation teams convene at educator preparation institutions to confirm the findings of the BIR review of Common and Program Standards, and Preconditions, examine additional program documents and evidence, and 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 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 that it offers. A site visit accreditation team determines whether the institution and its programs are *effectively implementing* standards. 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 Review and Common Standards Response, Program Summaries, and supporting documentation and related evidence; implementation is verified through interviews across stakeholder groups 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 Common Standards Response; b) the institution's Data Analysis and the CTC staff's responses, and c) the Program Review and Program Summaries.
2. Collect additional information to confirm or dispute 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 as to 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 extremely serious and pervasive issues 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, accreditation 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. Effective

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.

The Commission staff or team lead will assign team members to focus on the unit (one or more of the Common Standards) or on two to three educator preparation programs. Team members assigned to review programs are usually reviewing programs organized into clusters consisting of 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;
- Reviewing supporting evidence available only at the institution and;
- Writing a report of their findings

### **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.

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 Commission's Common Standards and the current Commission 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 6-9 months 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. The consultant works to ensure that the reviewers conduct their visit under the auspices of the *Accreditation Framework*, and the 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 Commission 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 Commission 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 could have the potential to 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 Summary 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 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 team meeting room to research issues that were identified in the Program Review, 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 Commission. 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 electronic exhibits and/or materials placed in the documents room o 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 Commission encourages institutions to utilize electronic documents and evidence (e.g., flash-drive 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 Review process. This process, which is described in more detail in Chapter Six, occurs in the fifth year of the accreditation cycle. During Program Review, trained BIR members read and analyze all program documents submitted by each institution. The outcome of a Program Review 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 Commission and will reflect the preliminary findings of BIR members who reviewed the institution's program documents during the Program Review 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 during Program Review, if any. These areas of concern may suggest interview questions or documents to review.

### Read the Common Standards Narrative

The *Common Standards Response* will be provided electronically to facilitate team members' review prior to the site visit. In responding to each Common Standard, the *Common Standards Response* should include all evidence and documentation as outlined by the Commission.

### 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 Review process. This includes the following:

- *The Preliminary Report of Findings* prepared by the Program Review Team;
- The Program Summary prepared by the program;
- Current Narratives Addressing the Program Standards, for reference only
- Data Analysis

### 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 implemented 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*, *Accreditation with Probationary Stipulations* or *Denial of Accreditation*.

## **XI. Concluding the Visit**

When the draft summary report is finished and ready for presentation, team members should prepare to return home. Prior to departure, team members must leave drafts of their complete reports. If at all possible, expense forms should also be completed and left with the State consultant. The expense form allows the state to reimburse the team members for out-of-pocket expenses associated with the site visit. Shortly after the visit, team members will be contacted electronically to complete an evaluation. The evaluation 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 Commission follows state administrative guidelines for reimbursing individuals. As required by different team members, the Commission will purchase airline tickets or reimburse for mileage at state rates. The agency will contract with the institution to pay the hotel bill. In addition, the Commission 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 Commission will pay for that substitute when billed by the district.

### *Concluding Activities and Team Report*

The presentation of the team summary report is typically held during the late morning or early afternoon of the last day of the team visit. The Summary Report is a summary of all findings regarding program standards, listing what standards were met, met with concerns, or not met. It will also include the team's recommendation to the COA. . The findings are presented to the institution lead and appropriate directors in a closed session by the team Lead and State Consultant. A copy of the team findings are left with the institution lead. The site visit team holds a public presentation of the team findings after the closed session. The format of this meeting is an oral presentation of the summary report by the team lead. Typically, the team lead reports the findings 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 State Consultant will take all team members report drafts and compile them into one comprehensive Site Visit Report. Within one week of the visit, this report will be sent to the institution which will have one week to review for accuracy and to correct errors of fact. It is

the institution's responsibility to notify the Commission of needed changes. The report will be posted on the Commission 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 visit, the CAEP report is prepared and submitted to the Unit Accreditation Board in accordance with CAEP policy. The institution may prepare a rejoinder, a document that explains steps that have been taken to address any deficiency or addressing why no deficiency ever existed as described in CAEP policy. The decision of the CAEP 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 Commission 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. 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.

## **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 policymakers who are trained and 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**

Individuals are selected for membership in the BIR based on the recommendation of a colleague, the individual's 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. 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 Commission 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 cites sources 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 Review submission (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. 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 determines 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 Review and Common Standards Submissions

BIR members are also instrumental in the Program Review and Common Standards review process (Chapter Six) which occurs in the fifth year of the accreditation cycle. Performing this review requires reading and analyzing brief program narratives, course syllabi, and other required 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 Review Preliminary Report of Findings (PRF)* that reflects the result of their deliberations. The *PRF* is sent to the institution, which prepares an addendum for review by the site visit team. Responses to the Common Standards are also reviewed by BIR members during Year Five. Specific evidence regarding the implementation of the Common Standards combined with documentation submitted during Program Review are examined by BIR team members to provide a Common Standards Preliminary Report of Findings to the institution as well as to the site visit team. The institution will prepare an addendum for the team prior to the site visit. It is anticipated that a subset of Program Review and Common Standards review team members will serve on the site visit team in Year Six.

### Accreditation Site Visits

BIR members participate in accreditation site visits that generally run for four days (traditionally Sunday through Wednesday 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 eight items:

1. Common Standards Responses, Common Standards Preliminary Report of Findings, and Institutional Addendum
2. Program Summary for each approved educator preparation program
3. Program Review submissions, Preliminary Reports of Findings, and Institutional Addendums addressing all adopted program standards for each Commission-approved educator preparation program
4. Data, including survey data submitted to the Commission since the last site visit
5. Commission feedback relevant to data submissions.

The purpose of the site visit is for the BIR 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 overall functioning and individual programs.

### 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.

<b>BIR Member Tasks</b>	<b>Initial Program Review</b>	<b>Program Review</b>	<b>Common Standards Response</b>	<b>Site Visit</b>
Reading and Analyzing Documents	Yes	Yes	Yes	Yes
Interviewing Stakeholders				Yes
Decision Making	Yes	Yes	Yes	Yes
Preparing Preliminary Report of Findings	Yes	Yes	Yes	
Writing the Reports				Yes

### Reading and Analyzing Documents

Both Program Review and responses to the Common Standards require the submission of specific evidence rather than lengthy narratives. Therefore, the initial task that faces BIR members in all of the assignments is reading and analyzing specific documentation. Below are some techniques that may assist in this critical task.

### 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.

### Identify Whether All Required Documentation is Present

Programs are required to submit key pieces of evidence identified in Chapter Six of this and available on the Commission's website <insert link>. These requirements eliminate the need for lengthy narratives and **must** all be present. To determine whether the institution or program meets the relevant standards, it is important to initially identify *that all required evidence has been submitted*.

### Determine Relationships

Programs are required to submit an organizational chart or graph of the program and its place within the 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.

### 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 Commission 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, the institution must be able to verify that claim through documentation and/or interviews. This is the kind of information the BIR team member can identify during Program Review and alert a site team member to verify. 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. It is critical that reviewers, whether during Program Review or the site visit, examine documentation to ensure that these claims are accurate.

### In Common Standards and Program Review 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 during Program Review, 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 Review does not provide adequate evidence that a standard is preliminarily aligned, 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 Review determined that the program is not aligned with significant parts of standards, or whole standards, 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 Site Visit 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 fully -structured interview is not appropriate, however, 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 Commission. 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 Commission*

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 Commission because their role as interviewers is performed on behalf of the Commission. 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 need clarification or require elaboration. 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 conflicting evidence. Questions like these can help identify patterns: "What were the most common problems mentioned?" "What phrases or words were used across most interviews?"

### 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 4, 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 3). 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 conflicting evidence). The *Site Visit Documentation* 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 Three 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. It also provides useful information for team members.

### **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, the team lead 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 allows the lead to describe his or her leadership style and to establish expectations for the team's decorum and use of evidence. Team members become aware of preliminary questions or concerns identified by other team members and can keep those concerns in mind as they conduct interviews and document reviews in the event they identify information that might be helpful to their colleagues. 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 team lead'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 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. 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. 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 lead's 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 Commission 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. 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 summary 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 summary 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 will be

provided with a draft of the full report within one week and that it also will have one week to clarify any factual information in the draft report. The institution is also reminded 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 lead 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 Thirteen**

### **Articulation between State and National Accreditation**

#### **Introduction**

One of the objectives of the *Accreditation Framework* was to create a system of professional accreditation that enables institutions to reduce or eliminate redundancy between state and

national reviews of the same programs. Institutions have an option whereby state and national accreditation of an education unit can be accomplished in a single review that is based on the Common Standards. The national and the state accreditation teams and visits are merged and the national accreditation of a credential program can substitute for the state review of that program. Central to the option is determination that the accreditation standards and processes of the two entities are comparable. Current information can be found on the Commission's National Professional Organization Accreditation web page (<http://www.ctc.ca.gov/educator-prep/accred-alignment.html>)

The following elements of the *Accreditation Framework* govern articulation between national and state accreditation:

### **I. National Accreditation of an Education Unit**

Upon the request of an institution, the accreditation of an education unit (school, college or department of education) by a national accrediting body may substitute for state accreditation under the Common Standards provided that the COA certifies to the Commission that the national accrediting entity fulfills the following conditions.

- The national accrediting entity agrees to use the Common Standards that have been adopted by the Commission or the national standards if deemed comparable by the COA.
- The accreditation process of the national entity includes on-site reviews.
- The team has co-leaders, one appointed according to state accreditation procedures and one appointed by the national accrediting body.
- The team members reviewing the Common Standards include members appointed by the national body and one or more California members selected according to state accreditation procedures.
- The review of all program documentation must be completed prior to the site visit, the preliminary findings on all programs will be available to the accreditation team, and the state team members will substantiate the preliminary findings at the visit.
- Accreditation teams represent ethnic and gender diversity, and include elementary and secondary school practitioners and postsecondary education members.
- The period of accreditation is consistent with a seven-year cycle and is compatible with the accreditation activities established by the state.
- The team develops a single report regarding all Common Standards and program standards which is submitted to the COA and the national accrediting body.

#### Implementation

Currently, the only national accrediting body that satisfies the requirements of the *Accreditation Framework* is the Council for the Accreditation of Educator Preparation (CAEP).

California had an agreement with the National Council for Accreditation of Teacher Education (NCATE) for many years and developed an agreement with the Teacher Education Accreditation Council (TEAC) in 2009. In July 2013, NCATE and TEAC unified into a single body and the national accrediting organization for educator preparation is now CAEP. Beginning with the 2016-2017 accreditation site visits, all institutions seeking national accreditation must meet the CAEP standards (<http://caepnet.org/standards/introduction>) rather than the NCATE or TEAC standards. For information about utilizing a different set of national educator preparation unit accreditation standards and processes, see Section III below. The following is the description of the status of the Partnership Agreement and the major features of the Partnership.

*Partnership with the Council for the Accreditation of Educator Preparation (CAEP)*

CAEP accreditation standards and the Common Standards have been judged as comparable, thus eliminating the need for a separate review of those standards by the state. This merging is accomplished through the Memorandum of Understanding between the CTC and CAEP (<http://caepnet.org/working-together/state-partners/state-partnership-agreements>).

Formalized in December 2015, that allows California institutions to request joint or concurrent accreditation visits. The joint state and national accreditation team satisfies requirements for state and national accreditation under the Common Standards and the applicable program standards through a single site visit.

CAEP accreditation requires the institution to satisfy CAEP Standards in lieu of California's Common Standards, however institutions must also respond to elements of California's Common Standards that are not adequately addressed by the CAEP Standards. In January 2016, the COA adopted a Common Standards-CAEP alignment matrix for use by institutions who are seeking both state and national accreditation. The alignment matrix can be found at <http://www.ctc.ca.gov/educator-prep/accred-alignment.html>. Institutions are not required to submit program documents to CAEP for approval but may select one of the three sets of program standards described in Chapter 2. Presently, twenty-three (23) institutions in California are CAEP accredited and have Commission approval.

The major elements of the Partnership Agreement between the COA and CAEP are as follows:

- California institutions are exempt from CAEP Program Review. California's Program Review process stands in lieu of the CAEP Program Review.
- All California visits will be joint visits.
- A single team will conduct the on-site accreditation visit. There will be co-chairs for the visit, one selected by CAEP and one selected by the Administrator of Accreditation for the Commission.

- The team will have a total of 6 to 10 members depending on the size of the institution. The team will focus on both the Common Standards (NCATE Unit Standards) and the programs offered by the institution. Selected portions of the Common Standards will supplement the five CAEP Standards.
- Team members will represent ethnic and gender diversity; and include elementary and secondary practitioners, and postsecondary education members.
- The team will prepare a single accreditation report including the findings of the CAEP Standards, the selected portions of the Common Standards and program standards. The team will submit its report to the COA in the format approved by the COA. The CAEP report will be submitted to the Unit Accreditation Board of CAEP. The COA and CAEP will make separate and independent accreditation decisions.
- The period of accreditation will be consistent with a seven-year cycle.

Institutions interested in seeking CAEP accreditation must send a letter of interest to CAEP's president and notify the Commission's Administrator of Accreditation. The letter should identify the semester and year in which the institution plans to host a site visit. Upon acknowledgement of receipt of the letter, the institution will become a "pre-candidate," have access to CAEP support from staff and through announcements, and will receive an invoice for annual CAEP fees. More details on the Partnership Agreement can be found here: <http://caepnet.org/working-together/state-partners/state-partnership-agreements>.

## **II. National Accreditation of Credential Programs**

Upon the request of an institution, the accreditation of a credential program by a national accrediting entity may substitute for state review of the program provided that the COA certifies to the Commission that the national accreditation entity satisfies the following conditions:

1. The accrediting entity agrees to use either:
  - a. The adopted California program standards for the specific credential under Option 1, or
  - b. The standards used by the national entity once they are determined by the COA to be equivalent to those adopted by the Commission under Option 2.
2. The accreditation team represents ethnic and gender diversity.
3. The accreditation team includes both postsecondary members and school practitioners; a minimum of one voting member is from California.

4. The period of accreditation is consistent with a seven-year cycle and is compatible with the accreditation activities established by the state.
5. Nationally accredited credential programs participate in the unit accreditation process. The national accreditation of the program may serve as part of the state's Program Review process.

### Implementation

Under this provision of the *Accreditation Framework*, an institution may request initial program approval and continued accreditation through a national professional entity as long as the conditions identified above are met. For information about utilizing a different set of national educator preparation program accreditation standards and processes, see Section III below. Currently the standards for four national professional associations may substitute for California program standards. Specifically, standards for the Council on Social Work Education Educational Policy Standards and Accreditation Standards (CSWE-EPAS), Council for Accreditation of Counseling and Related Educational Programs (CACREP), National Association of School Psychologists (NASP), and American Speech-Language Hearing Association (ASHA) have been certified to be aligned to the relevant program standards. The alignment matrices can be found at <http://www.ctc.ca.gov/educator-prep/accred-alignment.html>.

As of January 2016, the COA has adopted alignment matrices with four professional organizations:

*Council on Social Work Education Educational Policy Standards and Accreditation Standards (CSWE-EPAS);*

*Council for Accreditation of Counseling and Related Educational Programs (CACREP);*

*National Association of School Psychologists (NASP); and*

*American Speech-Language Hearing Association (ASHA).*

### **III. Steps in the Process to 'Substitute' National Professional Accreditation for some part of the California Accreditation Process**

#### Alignment of Standards

The first step in utilizing a national professional organization's accreditation in lieu of California's accreditation procedures is to complete an alignment study of the national professional organization's standards and the adopted California standards. If an institution or program sponsor is interested in working with an organization that is not listed on the Commission's National Accreditation web page (<http://www.ctc.ca.gov/educator-prep/accred-alignment.html>), the process may be initiated by submitting a request (<http://www.ctc.ca.gov/educator-prep/accred-files/Application-N-P-O-S-A.doc>).

In order to determine the comparability of national professional organization accreditation standards and processes, the COA took action in May 2008 to approve the following procedures:

1. The Commission must receive a request for an analysis of the alignment between a national professional organization's program standards and California's standards. This request can be submitted by an institution in preparation for its accreditation activities or can be from a national professional organization.
2. The alignment analysis can be performed in two ways:
  - a. The institution or national professional organization submitting the request can choose to conduct the analysis of alignment and submit a preliminary alignment matrix for approval by the COA. This process is estimated to take between 3 and 6 months; or
  - b. The institution or national professional organization submitting the request can request that the Commission convene a panel to develop an alignment matrix. When the request is submitted, it will be important for the request to identify upcoming accreditation activities that would utilize this alignment. This will serve to prioritize the requests for alignment to those that will actually be used for accreditation activities. This option could take up to one year to complete.
3. In accordance with its statutory responsibility to determine comparability of standards, the COA must make a determination of comparability and, if satisfied, approve the matrix. Alternatively, the COA may identify concepts or elements in the California standards that are missing in the national professional standards. The COA may choose to approve an alignment matrix that identifies these additional concepts and requires institutions to address the national professional standards AND the identified elements from the California standards that are not fully addressed in the national standards.
4. Upon approval by the COA, the alignment matrix may be used by the institution when submitting its response to the standards. The matrix will show where the response used for the national professional organization may be used, and where it will need to be supplemented to ensure that all aspects of the California standards are addressed.
5. Upon approval by the COA, the alignment matrix may be used by other institutions. An institution would notify the CTC of its desire to use national professional standards via its response to the preconditions. The matrix would no longer be valid at any time there are adopted revisions to either the state standards or the national professional organization's standards.

#### *Alignment of Professional Organization's Accreditation Activities*

The second step in utilizing a national professional organization's accreditation process is to conduct a study of the accreditation activities utilized by the professional accrediting organization. Once the study of the accreditation activities has been completed, the COA will

make a determination of which, if any, of California's accreditation procedures may be waived or amended due to the organization's accreditation procedures.

#### Annual Data Submission

Interim reporting required by the organization **may** be utilized for some or all of the annual data reporting requirements, if the COA has determined that the interim reporting required by the national professional organization addresses the critical aspects of California's Annual Data Submission.

#### Program Review

If the COA has determined that the national professional organization's procedures address the critical aspects of California's Program Review process, the institution may elect to utilize the national professional accreditation in lieu of Program Review. If the alignment matrix adopted by the COA identifies elements of some of the California program standards that are not adequately addressed by the national program standards, the institution must address the identified California program standards.

#### Site Visit

The Commission will be involved in site visits designed to assess the institution or program sponsor's institutional capacity to offer educator preparation programs. These visits focus on the Commission's Common Standards but information from the national professional organization's review could be considered instead of the *Report of Preliminary Findings* from California's Program Review.

## **Chapter Fourteen**

### **Evaluation of the Accreditation System**

#### **Introduction**

This chapter provides information about the evaluation of the Commission on Teacher Credentialing's Accreditation System. The evaluation system is parallel to the work done by institutions to meet Common Standard4: Continuous Improvement. That is, data for each activity of the accreditation system is collected and analyzed and the results are used to make ongoing improvement to the individual activity and the system as a whole. Results of the analyses are reported to the Committee on Accreditation (COA) and, in some cases, are included in the Annual Report presented to the Commission. In this way, evaluation results are available to provide input on policy issues and inform the larger educator preparation system.

For each major activity of the accreditation system, the following questions are asked:

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

This chapter describes when and how the evaluation system operates to collect, analyze and report information pertinent to each of the questions. This information is useful to the COA as it manages the accreditation system, to the Commission as it deliberates about policy related to the accreditation system, and to Commission staff responsible for administering the accreditation cycle.

### **How well is the component being implemented?**

Every component of the accreditation system has training activities. For program sponsors, Commission staff provides technical assistance for each accreditation activity in a variety of formats. For reviewers, there are several trainings; the initial Board of Institutional Reviewers (BIR) training occurs annually, follow-up training specific to particular roles at the site visits are held in the Fall, and preparation for Program Review submissions and calibration training are provided just before the review commences.

Technical assistance for program sponsors and follow-up trainings for BIR members are often provided through webcasts. The benefit of webcasts is that they are archived and viewed as needed by program sponsors or BIR members. Following every training event, participants receive a link to an online evaluation survey and an invitation to provide feedback about the training through the survey. Individuals who access archived broadcasts of the meetings online also receive the link and a request to complete the survey. These surveys ask respondents to rate the effectiveness of particular aspects of the trainings, including the trainers, and always include multiple opportunities for respondents to provide written comments. These data are immediately available to consultants and the Administrator of Accreditation and have been used to identify strengths and areas in need of improvement when developing subsequent trainings.

Feedback from program sponsors after a site visit provides a second perspective on the implementation and effectiveness of accreditation activities. Invitations to participate in brief evaluation surveys are sent to institutions following a site visit. These surveys ask several questions about the effectiveness of different activities that prepare institutions for a site visit, and about the team leads' and consultants' effectiveness and objectivity during the site visit. Each year, the COA receives summary information from the site visit surveys.

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

Following completion of accreditation site visits, team members and program sponsors have the opportunity to provide feedback about the usefulness of earlier accreditation activities on the site visit. For example, site visit team members provide insight into how the Annual Data Collection and Analysis and Program Review documents and reviewers' feedback supported their work during the visit. Similarly, program sponsors are asked to describe whether completing the Annual Data Collection and Analysis and Program Review processes affected their preparation for the site visit and, if so, how the effect occurred.

**Is the activity serving the objectives of the accreditation system?**

Each year the COA's Annual Report to the Commission addresses the COA's Work Plan, which is structured around the objectives of the accreditation system: accountability, quality, standards and on-going improvement. Summary information includes information about the frequency and effectiveness of:

- Activities completed by CTC staff to increase and maintain public access to the COA, including electronic newsletters, program sponsor alerts, and the website;
- Professional accreditation of institutions and their educator preparation programs, including initial program review, accreditation site visits, BIR trainings;
- Technical assistance activities, program assessment activities, the integration of additional programs into the Commission's accreditation system, and dissemination of information related to the Commission's standards; and
- Ongoing program improvement activities including annual data collection, the evaluation system for the accreditation system, and developing partnerships with national and professional accrediting organizations.

Upon completion of the full seven-year cycle, information will be collected from stakeholders who have been through all the activities, including Annual Data Collection and Analysis, Program Review, and Site Visits.