CODED CORRESPONDENCE

DATE:	NUMBER:
April 14, 2017	17-03
TO:	**FROM:**
All Individuals and Groups Interested in the Activities of the Commission on Teacher Credentialing	Mary Vixie Sandy Executive Director Commission on Teacher Credentialing

SUBJECT: Proposed Amendments to Title 5 Regulations Pertaining to Cost Recovery Fees for Extraordinary Accreditation Activities

Notice of Public Hearing is Hereby Given
The Commission on Teacher Credentialing (Commission) proposes to take the regulatory action described below after considering all comments, objections, and recommendations regarding the proposed action. A copy of the proposed regulations is attached with the added text underlined and the deleted text lined out.

A public hearing on the proposed actions will be held:

June 16, 2017
8:30 a.m.
Commission on Teacher Credentialing
1900 Capitol Avenue
Sacramento, CA 95811

Written Comment Period
Any interested person, or his or her authorized representative, may submit written comments relevant to the proposed action by fax, through the mail, or by email. Written comments may be submitted at the public hearing, or must be received by fax, through the mail, or by email by 5:00 p.m. on May 30, 2017.

You may fax comments to (916) 327-3165; write to the Commission on Teacher Credentialing, attn. Kathryn Polster, 1900 Capitol Avenue, Sacramento, California 95811; or submit an email to kpolster@ctc.ca.gov.

Any written comments received by the closing of the public comment period will be reproduced by the Commission's staff for each member of the Commission as a courtesy to the person submitting the comments and will be included in the written agenda prepared for and presented to the full Commission at the hearing.

Authority and Reference

Education Code (EC) section 44225 authorizes the Commission to adopt the proposed regulation amendments. The proposed regulations implement, interpret, and make specific EC section 44374.5 pertaining to fees related to extraordinary accreditation activities.

Information Digest/Policy Statement Overview

Summary of Existing Laws and Regulations

This rulemaking action proposes amendments to sections 80691 and 80692 of Title 5 of the California Code of Regulations (CCR) related to cost recovery fees for extraordinary accreditation activities. The initial cost recovery fee regulations went into effect October 30, 2013 after Commission approval on September 27, 2013 as a result of the addition of EC section 44374.5 which authorized the Commission to develop and implement a cost recovery plan for extraordinary accreditation activities.

Since the approval of the fee structure in October 2013, the Commission has undertaken significant work to strengthen and streamline the state's Accreditation System. From December 2013 to June 2014, the Commission held discussions with stakeholders regarding how the Accreditation System could be strengthened and streamlined. A conceptual framework for the project was approved at the June 2014 Commission meeting. At the August 2014 Commission meeting, a call was made, for applications from educators interested in serving on one of the six Accreditation Advisory Panel task groups. The six task groups were convened in December 2014 and met several times through June 2015. The task groups provided the Commission recommendations on how to strengthen and streamline the current Accreditation System.

In addition to the recommendations provided by the Accreditation Advisory Panel, the Budget Act of 2015 (Assembly Bill 93, Chap. 10, Stats. 2015) provided a one-time General Fund appropriation of $3.467 million which was allocated to streamline the Commission's Accreditation System.

As a result of the Accreditation Advisory Panel work and the allocated funds, the Commission adopted significant changes to the Accreditation System including, but not limited to:

- Revised Initial Institutional Approval procedure;
- Restructured accreditation activities; and
- Updated preconditions and common program standards.

The changes to the Accreditation System resulted in the need to amend sections 80691 and 80692 of Title 5 of the CCR related to cost recovery fees for extraordinary accreditation activities. At the December 2016 meeting, the Commission approved the proposed changes to the regulations, as outlined below, and directed staff to proceed with the rulemaking process.

The proposed amendments include two fee changes and general clean-up to align terms with the Commission's restructured Accreditation System.

Proposed Amendments to Regulations

This proposed amendments include one addition and one deletion to the fee schedule, as well as changes to the fee structure and terminology order.

Additional Fee:

The initial institutional approval process now includes multiple stages for which documentation is submitted for review and action by the Commission. This format requires a significant amount of additional staff time to review eligibility requirements, a step that was not part of the previous Accreditation System. An additional fee of $1,000 is proposed to recover a portion of the funds for staff time allocated to the review of the eligibility requirements.

The $1,000 fee for the review of eligibility requirements is proposed to recover a portion of the expenses associated with the significant amount of staff time required for the following: delivering the Accreditation 101 training free of cost to participants; offering technical assistance to programs preparing eligibility requirements documentation for review; acceptance and review of documentation by Commission staff; and the staff time needed to prepare a summary for Commission review and action. The minimum staffing required for an Accreditation 101 session is two Consultants (Consultant in Teacher Preparation (Program Evaluation and Research)) and two Administrators (Teacher Preparation Administrator I (Program Evaluation and Research)) for a minimum of eight hours each. The number of staff required is dependent on the number of interested participants. Using the low end of pay scales, the daily rate for a beginning Consultant is approximately $272/day and a beginning Administrator is approximately $311/day. (This calculation was made by taking the low end of the current civil service pay scales for one month of pay and dividing it by 22 which is the average number of work days in a month according to the state calendar. The beginning monthly salary for a Consultant is $5,984 and an Administrator is $6,850.). Running the Accreditation 101 session costs approximately $1,166 when using the low end of pay scales.

Accreditation 101 is offered free of charge so those who run prospective programs may fully understand the responsibility of running a teacher preparation program prior to making a financial investment into the process. The training has been operational for the past year, during which time several prospective institutions have chosen not to move forward after understanding the scope of the process and ongoing responsibilities.

Prospective institutions choosing to move forward with the process are required to submit documentation responding to the eligibility criteria. A Consultant will spend approximately sixteen hours providing technical assistance to a prospective institution compiling and submitting their documentation, as well as analyzing the submitted documentation for Commission action. Sixteen hours of Consultant pay is approximately $544. The Administrator over accreditation will also spend four or more hours working with the Consultant to finalize the information packet for Commission review at a minimum cost of approximately $155.

Each submission requires several senior staff members to review the accompanying agenda item, including the Commission's Executive Director. An individual Commission agenda item is prepared for each institution moving forward with eligibility requirements.

The proposed $1,000 fee for the review of eligibility requirements provides a reasonable amount of cost recovery to ensure Accreditation 101 training remains free of charge, provide the necessary technical assistance to prospective institutions, and cover the time for review of eligibility requirements by staff.

Deleted Fee:
The program assessment process has been renamed to "program review" and streamlined to have only one review session. For this reason, fees associated with multiple late reviews are no longer necessary and are proposed to be deleted from the fee structure.

Fee Structure Amendments:
Amendments to the regulations are being proposed due to the changes in the Accreditation System and efforts to update and revise program standards. Currently, the cost recovery fee structure is based on the number of standards required for the submission of a new program and any change in the number of standards a program requires may directly affect the calculation of fees. However, since program standards have been streamlined and strengthened, the number of standards in a program is no longer indicative of the complexity of efforts needed to review the program. As standards were streamlined, they were also strengthened and each standard now addresses multiple competencies. Proposed amendments include categorizing standards based on the type of authorization that results from them (preliminary credential, clear credential, or added authorization) which provides the flexibility needed to continually improve standards without having to amend the fee structure or regulations.

The table below describes the current regulation, the proposed amendment, and the rationale for each amendment.

Current Regulation	Proposed Amendment	Rationale
§80691		
§80691(a)	*Update:* Revision date for incorporated document from 2012 to 2016.	Significant revisions to handbook chapter. See Summary of Updates to the Articles Incorporated by Reference table.

Current Regulation	Proposed Amendment	Rationale
§80691(b)	Definition for "Focused site visit" relocated to §80691(f).	Relocated to maintain alphabetical order of definitions.
	Addition: Definition for "Category I: Preliminary/Initial Preparation"	The current fee structure is based on the number of standards required for the submission of a new program. Changes to the number of standards a program requires may directly affect the calculation of fees. Since program standards were streamlined and strengthened, the number of standards in a program is no longer indicative of the complexity of the efforts needed to review the program. As standards were streamlined, they were also strengthened and each standard now addresses multiple competencies. Therefore, language defining the fee to be assessed for initial program review of Category I programs is needed. Preliminary preparation programs are those that lead to an entry-level credential with a limited validity period (typically 5 years), which must eventually be "cleared" through a second tier program to receive the full credential. Initial preparation programs are those that only have one level for the full credential (i.e. Speech-Language Pathology, School Nurse). Preliminary and Initial preparation programs have the most rigorous and complex standards and require the most amount of time for review. A table listing each category with the respective programs is provided on page 12.
§80691(c)	Definition for "Initial institutional approval" relocated to §80691(g).	Relocated to maintain alphabetical order of definitions.

Current Regulation	Proposed Amendment	Rationale
	Addition: Definition for "Category II: Second Tier Preparation"	The current fee structure is based on the number of standards required for the submission of a new program. Changes to the number of standards a program requires may directly affect the calculation of fees. Since program standards were streamlined and strengthened, the number of standards in a program is no longer indicative of the complexity of the efforts needed to review the program. As standards were streamlined, they were also strengthened and each standard now addresses multiple competencies. Therefore, language defining the fee to be assessed for section tier program review of Category II programs is needed. Second tier preparation programs lead to a secondary credential. These programs are typically the "journey-level" or "professional-level and are attended by those who already hold a preliminary credential. Second tier preparation program standards are slightly less complex and require slightly less time to review than Category I programs. A table listing each category with the respective programs is provided on page 12.
§80691(d)	Definition for "Initial program review" relocated to §80691(h).	Relocated to maintain alphabetical order of definitions.
	Addition: Definition for "Category III: Added Authorizations"	The current fee structure is based on the number of standards required for the submission of a new program. Changes to the number of standards a program requires may directly affect the calculation of fees. Since program standards were streamlined and strengthened the number of standards in a program is no longer indicative of the complexity of the efforts needed to review the program. As standards were streamlined, they were also strengthened and each standard now addresses multiple competencies. Therefore, language defining the fee to be assessed for section tier program review of Category III programs is needed.

Current Regulation	Proposed Amendment	Rationale
		Added authorization preparation programs lead to an authorization that is added to a pre-existing credential. Added authorization preparation program standards are less complex and require less time to review than Category I and II programs. A table listing each category with the respective programs is provided on page 12.
§80691(e)	Definition for "Institution" relocated to §80691(i).	Relocated to maintain alphabetical order of definitions..
	Addition: Definition for "Eligibility Requirements"	The Commission adopted a strengthened Initial Institutional Approval process which requires submission and review of Eligibility Requirements as the first step in a multi-step approval process. Significant staff and commissioner time is required to review the Eligibility Requirements and a $1,000 fee is proposed to cover that cost as it is outside of normally scheduled accreditation activities.
§80691(f)	*Update:* Revision date updated	Significant revisions to handbook chapter. See Summary of Updates to the Articles Incorporated by Reference table.
	Relocation	Definitions reordered to maintain alphabetical order. Reference to another section updated as a result of reordering of definitions.
	Addition: Language added so that the Commission may request a focused site visit.	Language updated to include the Commission as a possible requestor of a focused site visit. The revised accreditation system provides for the Commission to request a focused site visit when a new institution is going through the phases of the Initial Institutional Approval process.
§80691(g) and §80691(h)	*Update:* Revision date and chapter title updated	Significant revisions to handbook chapter, including the title. See Summary of Updates to the Articles Incorporated by Reference table. Both subsections contain the same updates as the same chapter is referenced.

Current Regulation	Proposed Amendment	Rationale
	Relocation	Definitions reordered to maintain alphabetical order. Reference to another section updated as a result of reordering of definitions.
§80691(i)	*Update:* Update to subsection reference.	Definitions reordered to maintain alphabetical order. Reference to another section updated as a result of reordering of definitions.
§80691(j)	*Update:* Revision date updated	Significant revisions to handbook chapters, including the titles. See Summary of Updates to the Articles Incorporated by Reference table.
	Relocation	Definitions reordered to maintain alphabetical order. Reference to another section updated as a result of reordering of definitions.
	Update: Definition term updated	Changed from "Late review" to "Late Submission of Documentation." Multiple reviews are no longer required. Therefore, language has been changed to a more accurate term that applies to late submission of any document required in the regular accreditation activity cycle.
	Update: Terminology updated	The revised accreditation system requires annual data submission, therefore the term "Biennial Report" is updated to "Annual Data Report."
	Update: Terminology updated	The revised accreditation system has changed the term "Program Assessment" to "Program Review." The process has changed from a year four activity to a year five activity, has a different process for submission of program information, and no longer requires multiple reviews. The name change is also intended to communicate to the field that the old process is no longer in place.
§80691(k)	*Update:* Revision date updated	Significant revisions to handbook chapter. See Summary of Updates to the Articles Incorporated by Reference table.
	Relocation	Definitions reordered to maintain alphabetical order. Reference to another section updated as a result of reordering of definitions.

Current Regulation	Proposed Amendment	Rationale
	Update: Terminology updated and accreditation activity year change	The revised accreditation system has changed the term "Program Assessment" to "Program Review." The process has changed from a year four activity to a year five activity, has a different process for submission of program information, and no longer requires multiple reviews. The name change is also intended to communicate to the field that the old process is no longer in place.
§80691(m)	*Update:* Revision date updated	Significant revisions to handbook chapter. See Summary of Updates to the Articles Incorporated by Reference table.
	Relocation	Definitions reordered to maintain alphabetical order. Reference to another section updated as a result of reordering of definitions.
§80691(n)	*Update:* Revision date updated	Significant revisions to handbook chapter. See Summary of Updates to the Articles Incorporated by Reference table.
§80691(o)	*Update:* Revision date updated	Significant revisions to handbook chapter. See Summary of Updates to the Articles Incorporated by Reference table.
§80691(p)	*Update:* Revision date updated	Significant revisions to handbook chapter. See Summary of Updates to the Articles Incorporated by Reference table.
§80692		
§80692(a)(1)	*Deletion:* Remove fee from location and move to (a)(1)(B)	New Initial Institutional Approval process requires addition of subsections (A) and (B). The Initial Institutional Approval process has been strengthened by creating a multi-step process requiring a multi-level pay schedule.
§80692(a)(1)(A)	*Addition:* $1,000 flat fee for review of Eligibility Requirements	The Commission adopted a strengthened Initial Institutional Approval process which requires submission and review of Eligibility Requirements as the new first step in a multi-step approval process. Significant staff and commissioner time is required to review the Eligibility Requirements and a $1,000 fee is proposed to cover that cost as it is outside of normally scheduled accreditation activities.

Current Regulation	Proposed Amendment	Rationale
§80692(a)(1)(B)	*Relocation:* $2,000 flat fee relocated	Additional flat fee for Eligibility Requirements added, requiring relocation of this subsection.
§80692(a)(2)(A)	*Update:* Terminology updated	The current fee structure is based on the number of standards required for the submission of a new program. Changes to the number of standards a program requires may directly affect the calculation of fees. As programs standards were streamlined and strengthened, the number of standards in a program is no longer indicative of the complexity of the effort needed to review the program. As standards were streamlined, they were also strengthened and each standard now addresses multiple competencies. The fee amount is staying the same, however the language is being updated to read: Category I: Preliminary/Initial Preparation program review.
§80692(a)(2)(B)	*Update:* Terminology updated	The current fee structure is based on the number of standards required for the submission of a new program. Changes to the number of standards a program requires may directly affect the calculation of fees. As programs standards were streamlined and strengthened, the number of standards in a program is no longer indicative of the complexity of the effort needed to review the program. As standards were streamlined, they were also strengthened and each standard now addresses multiple competencies. The fee amount is staying the same, however the language is being updated to read: Category II: Second Tier Preparation program review.
§80692(a)(2)(C)	*Update:* Terminology updated	The current fee structure is based on the number of standards required for the submission of a new program. Changes to the number of standards a program requires may directly affect the calculation of fees. As programs standards were streamlined and strengthened, the number of standards in a program is no longer indicative of the complexity of the effort needed to review the program. As standards were streamlined, they were also strengthened and each standard now addresses multiple competencies. The fee amount is staying the same, however the language is being updated to read: Category III: Added Authorization program review.

Current Regulation	Proposed Amendment	Rationale
§80692(b)(3) and §80692(b)(3)(A)	*Deletion:* Delete obsolete language	The Program Assessment process has changed to Program Review. Additionally, the process no longer requires a back and forth review process between readers and institutions. Therefore, this fee and language is obsolete, as multiple reviews have been eliminated.
§80692(b)(3)(B)	*Update:* Terminology updated and relocation	The deletion of language from subsections §80692(b)(3) and §80692(b)(3)(A) requires moving the language from this subsection to §80692(b)(3). Deleting "Program Assessment" and replacing with "Program Review" to update terminology.
§80692(b)(4)(B)	*Update:* Revision date updated	Significant revisions to handbook chapter. See Summary of Updates to the Articles Incorporated by Reference table.
§80692(b)(4)(C)	*Update:* Revision date updated	Significant revisions to handbook chapter. See Summary of Updates to the Articles Incorporated by Reference table.

Proposed changes to fee structure:
Below is a table of the relevant current activities and fees as well as the proposed changes.

Beyond Standard Accreditation Cycle Activities Education Code §44374.5	Cost Recovery Fee
Current: None **Proposed:** Review of Eligibility Requirements	***Current:*** *None* ***Proposed:*** *$1,000*
Current: Initial Program Review: Programs 12 or more standards **Proposed:** Initial Program Review: Category I Preliminary/Initial Preparation programs	***Current:*** *$2,000* ***Proposed:*** *No changes*
Current: Initial Program Review: Programs 6-11 standards **Proposed:** Initial Program Review: Category II Second Tier Preparation programs	***Current:*** *$1,500* ***Proposed:*** *No changes*
Current: Initial Program Review: Programs fewer than 6 standards **Proposed:** Initial Program Review: Category III Added Authorization programs.	***Current:*** *$1,000* ***Proposed:*** *No changes*
Current: Late Document Reviews **Proposed:** Late Submission of Documentation	***Current:*** *$500 per program* ***Proposed:*** *No changes*

Beyond Standard Accreditation Cycle Activities Education Code §44374.5	Cost Recovery Fee
Current: Program Assessment Requiring More than 3 Reviews **Proposed:** Eliminate	***Current:*** *$1,000* ***Proposed:*** *Eliminate Fee*
Current: Full Program Review during Site Visit as a result of not completing program assessment process **Proposed:** Full Program Review during a Site Visit as a result of not completing the program review process	***Current:*** *$3,000 per program* ***Proposed:*** *No changes*

Program Category Listing

Category I Preliminary/Initial Preparation	Category II Second Tier Preparation	Category III Added Authorizations
• Multiple Subject • Single Subject • Education Specialist-Mild/Moderate • Education Specialist-Moderate/Severe • Education Specialist-Early Childhood • Education Specialist-Deaf and Hard of Hearing • Education Specialist-Visual Impairments • Education Specialist-Physical and Health Impairments • Education Specialist-Language and Academic Development • Administrative Services • School Psychology • School Counseling • School Social Work • Designated Subjects: Career Technical Education • Designated Subjects: Adult Education • Clinical or Other Rehabilitative-Orientation and Mobility	• General Education Induction • Clear Education Specialist Induction • Administrative Services Induction • California Teachers of English Learners • Bilingual Authorization • Agriculture Specialist • Adapted Physical Education • Early Childhood Specialist • Designated Subjects: Supervision and Coordination • Designated Subjects: Special Subjects • Pupil Personnel Services-Child Welfare and Attendance • Teacher Librarian • School Nurse • Audiology	• Education Specialist Added Authorization-Autism Spectrum Disorder • Education Specialist Added Authorization-Deaf-Blind • Education Specialist Added Authorization-Early Childhood Special Education • Education Specialist Added Authorization-Emotional Disturbance • Education Specialist Added Authorization-Orthopedic Impairments • Education Specialist Added Authorization-Other Health Impairments • Education Specialist Added Authorization-Resource • Education Specialist Added Authorization-Traumatic Brain Injury • Reading and Literacy Added Authorization • Reading and Literacy Leadership Specialist • Mathematics Instructional Added Authorization • Mathematics Instructional Leadership Specialist • Teacher Librarian Special Teaching Authorization

Category I Preliminary/Initial Preparation	Category II Second Tier Preparation	Category III Added Authorizations
		• School Nurse Special Teaching Authorization • Speech-Language Pathology Special Teaching Authorization

Summary of Updates to the Articles Incorporated by Reference

Justification for Updates to the Articles Incorporated by Reference

The Commission adopted a new Accreditation Framework in February 2016, necessitating amendments to several accreditation handbook chapters which were subsequently adopted by the Committee on Accreditation pursuant to EC 44372. Updates have been made to the articles incorporated by reference in the current approved cost recovery fee regulations. Agenda items from Commission meetings and Committee on Accreditation meetings were relied upon in preparing the summary and justification of the updates to the articles incorporated by reference. All of the articles incorporated fall under the category of Accreditation Handbook Chapters and must be adopted by the Committee on Accreditation. Adoption dates are located in the footer of each chapter.

Global Updates

Throughout all chapters, the acronym for Commission on Teacher Credentialing (CTC) was used. To limit the number of acronyms used throughout the chapters, CTC has been changed to Commission. All chapters have been updated to reflect the month and year the Committee on Accreditation adopted the handbook revisions. Throughout the chapters, terms for Program Assessment and Biennial Reports have been changed to Program Review and Annual Data, respectively. Terminology has changed to align with the adopted Accreditation Framework, however specific justification for terminology changes can be found under each chapter's summary of amendments. Finally, throughout the chapters language was added to reflect that preconditions and common standards review are part of the accreditation cycle. Review of preconditions and common standards documents has always been part of the cycle, however this was not clear in previous handbook chapters. In several locations updated terminology and the inclusion of preconditions and common standards is included. Several of the later chapters required edits to update terminology and clarify existing language. The information below details individual chapter changes and the justification behind the amendments.

Accreditation Handbook Chapter Three, Institutional and Program Approval

- Title change: extended title to included "and Change of Status" so program sponsors are aware that chapter three is the chapter that deals with the change of status (i.e. inactive, withdrawn, etc.).
- Introduction: Updated language for clarity.
- I. Initial Institutional Approval: Language added to reflect the new strengthened three part Initial Institutional Approval process which was approved by the Commission, and

subsequently the Committee on Accreditation, after development by the Accreditation Advisory Panel.

- STAGE I – Prerequisites: Language added to reflect the new prerequisites required for prospective program sponsors. This process has been strengthened to require prospective programs to show proof of regional accreditation or district approval prior to attending the newly implemented Accreditation 101 training session. Accreditation 101 was added as a requirement so prospective institutions receive a clear understanding of the approval process as well as the requirements of participating in the Accreditation System, including fiscal costs. Training is delivered by a staff Consultant and Administrator and is offered free of charge so those running programs can decide if they want to move forward with accreditation after obtaining detailed information about the Accreditation System and approval process.
- STAGE II – Eligibility Requirements: New language added describing the eligibility requirements that prospective institutions must respond to as part of the Initial Institutional Approval process. These requirements closely mirror the current preconditions that all approved institutions must respond to within the Accreditation System and provides the Commission with a clear picture of the prospective institution's capacity to meet the rigorous California teacher preparation standards. Responses are reviewed by staff and presented to the Commission. A decision is made by the Commission on whether or not the prospective institution may move forward with the Initial Institutional Approval process.
- STAGE III – Alignment with all Applicable Standards and Preconditions: Language added to reflect the third stage which comes after the Commission grants permission to move forward with the process. This language details the submission information for Common Standards and General Preconditions which are reviewed by volunteers from the Board of Institutional Reviewers. Deleted language pertains to the obsolete process and is being eliminated for clarity.
- Commission Approval: New language added detailing the levels of approval. Provisional approval for two –to three years (as determined by the Commission) has been added to provide a "probationary" period for new institutions so data may be collected to determine the institution's effectiveness in educator preparation. Language on obtaining full approval also added.
- Obsolete language from the outdated Initial Institutional Approval process deleted.

Accreditation Handbook Chapter Four, the Accreditation Cycle

- Introduction: Minor edits for clarity purposes.
- I Purpose: Added the word preconditions to ensure program sponsors are aligned with <u>all</u> standards and requirements.
- II Overview: Updated language to provide a broad, yet more detailed, overview of the activities within the new Accreditation Cycle. Updated terminology justifications can be found in the associated chapters below. Removed table with generic cohort chart and replaced with information directing to the Commission website. Other minor language changes. Replaced figure showing accreditation cycle activities with updated chart of

accreditation cycle including updated terminology. (The figure appears to be under the "Biennial Reports" header, however that is a formatting error.)

- Biennial Reports: Heading changed from Biennial Reports to Annual Data Analysis. The Biennial data reports were previously due every other year, however the new system has been strengthened to require annual reports to determine possible needed programmatic changes in a timelier manner to ensure program effectiveness. Terminology renamed to reflect the new annual due dates of the reports.
- Precondition Review: Language added to establish the new review cycle requirements for program preconditions.
- Program Assessment: Title changed to Common Standards and Program Review for consistency with new accreditation cycle (see chapter six for justifications). Edits to first paragraph moving program review from year four to year five of the accreditation cycle. Deleted outdated language and replaced with language clarifying the Annual Data process. (Note: this is just a broad overview of the process, see chapter six).
- Site Visit: Updated language to provide a broad, yet more detailed, overview of the activities within the new Accreditation Cycle. Updated terminology justifications can be found in the associated chapters below. Language added to clarify that electronic copies of documentation must be submitted, as the process is now paperless.
- Follow Up: New header added to clarify that the follow up process is not happening during the site visit.
- III. Cohort Activities: Removed the language related to table I which has been removed and now directs program sponsors to the Commission's website for their cohort assignment.
- Table 1: Deleted, as program sponsors are now directed to the Commission's website for their cohort assignment.

Accreditation Handbook Chapter Five, Biennial Reports

- Title Change: Title changed to Annual Data Submission. The Biennial data reports were previously due every other year, however the new system has been strengthened to require annual reports to determine possible needed programmatic changes in a timelier manner to ensure program effectiveness. Terminology renamed to reflect the new annual due dates of the reports.
- Introduction: Amended to reflect purposed of the annual data submission.
- The majority of the chapter has been rewritten to clarify the annual process including the use of the newly implemented data warehouse. Information added to explain how the Commission will collect information electronically and how it will be analyzed within the accreditation process and used by all stakeholders.

Accreditation Handbook Chapter Six, Program Assessment

- Title Change: Title changed to Program Review. The new streamlined process significantly reduced the lengthy narrative that was required in the Program Assessment process, which occurred in year four, which required several revisions and resubmissions. The name was change to differentiate to the field that the process has changed significantly.

This accreditation activity now takes place in year five and it only requires one submission.

- Introduction: Language amended to give a broad overview of the new process.
- Purpose of Program Assessment: Name change from program assessment to program review. Delete language that described the outdated "assessment process." New paragraph added describing the new process and how review of the documents will be utilized prior to and during the site visit.
- II. Program Assessment Documentation *and* III. Review of Program Assessment Documents: Both sections combined and retitled to Program Review Submission. All of the section II language deleted, as it is obsolete under the new process. New language outlining the new process added to clarify the type of documentation that needs to be submitted for review. The new process outlined aligns with the adopted Accreditation Framework and creates a less onerous process for programs while still providing the necessary program specifics to reviewers.
- III. Review of Program Review Submission: This sections includes language that was previously in the section titled Preview of Program Assessment Documents. This section describes how the submitted program documents will be reviewed and includes amendments and new language to align with the updated process. Language added to reflect the cost recovery fees, should additional members be needed on the site visit team due to incomplete document submission. Language added to clarify that the site visit team makes recommendations to the Committee on Accreditation (COA) which then makes the accreditation decision. Sample version of Preliminary Report of Findings updated with minor edits for clarity.
- Additional Information: Amendments clarify how program sponsors can obtain technical assistance.
- IV. Program that are Transitioning to New Program Standards: Minor language changes to clarify the process when programs are transitioning to newly adopted standards.

Accreditation Handbook Chapter Eight, Accreditation Decisions: Options and Implications

- GLOBAL NOTE: The repeating underlined headings for "Operational Implications" and "Removal of Stipulations" are not new language. They were stylistically underlined in the original chapter for ease while browsing through the chapter for information. They are underlined in the revised chapter as well.
- I. Accreditation Decision Options: Language related to the operation implications of each accreditation decision relocated to page three for better flow of information in the chapter. Table 1 has been relocated to page two and has been restructured to align with the new accreditation system and adopted framework.
- Accreditation: Accreditation with Stipulations: Additional language added to clarify what stipulations may include. Language added clarifying that stipulations requiring the closure of an individual program may not be removed because a closed program requires a minimum waiting period of two years before the institution may reapply to operate the program again.
- Accreditation with Major Stipulations: Language added to explain that the COA will determine whether programs with major stipulations will be required to notify students

of the accreditation status. Relocation of language for better flow of information from page 9 to page 8. Language added clarifying that major stipulations requiring the closure of an individual program may not be removed because a closed program requires a minimum waiting period of two years before the institution may reapply to operate the program again.

- Accreditation with Probationary Stipulations: Language added requiring programs with probationary stipulations to notify students of the accreditation status and provide periodic updates to the COA. Language added regarding what an institution with probationary stipulations may do while on probationary status to include the institution's right to close the program and the prohibition of accepting new candidates into the program. Language added clarifying that probationary stipulations requiring the closure of an individual program may not be removed because a closed program requires a minimum waiting period of two years before the institution may reapply to operate the program again.
- Stipulations Requiring Closure of an Individual Program: Section added to clarify the process that must take place when the COA requires the closing of an individual program.
- Denial of Accreditation: General language edits for clarity and flow of information.
    - NOTE: The underlining of the following sentences are stylistic underlining for ease of locating information and does not indicate new information:
        - Page 13: "Part 1: General Definitions, Parameters, Operational Implications for Denial of Accreditation" is a stylistic underlining and does not indicate new information, however the strike through for the word "and" is an indication of a deletion.
        - Page 15: "Operational Implications (for either Initial Visits or Revisits)" is not new language. Stylistic underlining only and appears in both chapter versions (new and old). "Part II: Procedures to Be Used by COA Regarding Denial of Accreditation" is not new language, but has been newly underlined for stylistic purposes.
        - Page 16: "Process of Re-applying for Initial Institutional Accreditation" is not new language. Stylistic underlining only and appears in both chapter versions (new and old).

- II. Guidance for the Team Recommendation: General language edits for clarity and flow of information.
- Table 2: Numbers have changed to lower numbers due to the change in the number of Common standards being reduced from nine to five as a result of strengthening and streamlining efforts.

Accreditation Handbook Chapter Nine: Activities during the Seventh Year of the Accreditation Cycle:

- All of the edits in this chapter are general language edits for clarity with the exception of the removal of table 1. Table 1 was removed because it was not as helpful to the field as the narrative explanations that followed it.

Accreditation Handbook Chapter Eleven, Accreditation Decisions: Board of Institutional Review Member Skills and Competencies:

- The majority of the edits in this chapter are general languages for clarity so that the chapter aligns with the adopted Accreditation Framework.
- Reading and Analyzing Documents: Paragraphs with the headings "Identify How and Institution Responds to each Standard," "Note Generalization and Other Vague Language," "Note Key Forms," and "Look for Formulas" have been removed. Institutions are no longer required to write a lengthy narrative and include forms and formulas, rather a matrix is utilized, leaving these paragraphs obsolete.
- Identify Whether All Required Documentation is Present: Section added to ensure that key pieces of evidence are included in submissions. This is a reinforced reminder to programs. It has been noted in the past that large institutions with several programs have had difficulty in making sure this happens.
- Determine Relationships: Relocated from previous location as the fourth paragraph in this section. Moved for better flow of information.
- NOTE: The underlined headings above paragraphs are not new language, rather stylistic changes made by the handbook authors for ease while browsing through the chapter for information. These stylistic changes begin with the underlined heading on page 2 for Initial Program Review (IPR) and continue throughout the chapter.

Accreditation Handbook Chapter Fifteen, The Accreditation Revisit:

- Introduction: Paragraph one moved to paragraph two for better flow of information.
- What is the Relationship Between Stipulations and Standards Decisions in Revisits?: Language added to clarify that institutions may choose to address standards that are less than fully met, even if they are not related to stipulations. Previous language explaining this has been struck out and expanded clarifying language added.
- What Further Action can be Taken Beyond Removal of Stipulations?: Language added providing the ability for the COA to implement a shortened accreditation cycle for institutions with stipulations, and that this may necessitate a change in cohort. This addition has been made to ensure that institutions with demonstrated inability to meet standards is not able to wait the full seven years before an additional site visit is conducted to ensure that candidates are receiving the proper training to become credentialed teachers.
- Sample template removed on page 5, as it is obsolete.

Documents Relied Upon in Preparing Regulations:

Commission Agenda Items

June 2014 Commission Agenda Item 2E:
http://www.ctc.ca.gov/commission/agendas/2014-06/2014-06-2E.pdf

October 2014 Commission Agenda Item 3A:
http://www.ctc.ca.gov/commission/agendas/2014-10/2014-10-3A.pdf

February 2015 Commission Agenda Item 4D:
http://www.ctc.ca.gov/commission/agendas/2015-02/2015-02-4D.pdf

April 2015 Commission Agenda Item 4B:
http://www.ctc.ca.gov/commission/agendas/2015-04/2015-04-4B.pdf

June 2015 Commission Agenda Item 5B:
http://www.ctc.ca.gov/commission/agendas/2015-06/2015-06-5B.pdf

August 2015 Commission Agenda Item 3C:
http://www.ctc.ca.gov/commission/agendas/2015-08/2015-08-3C.pdf

August 2015 Commission Agenda Item 3D:
http://www.ctc.ca.gov/commission/agendas/2015-08/2015-08-3D.pdf

October 2015 Commission Agenda Item 2D:
http://www.ctc.ca.gov/commission/agendas/2015-10/2015-10-2D.pdf

February 2016 Commission Agenda Item 3B:
http://www.ctc.ca.gov/commission/agendas/2016-02/2016-02-3B.pdf

February 2016 Commission Agenda Item 3C:
http://www.ctc.ca.gov/commission/agendas/2016-02/2016-02-3C.pdf

December 2016 Commission Agenda Item 3C:
http://www.ctc.ca.gov/commission/agendas/2016-12/2016-12-3C.pdf

February 2017 Commission Agenda Item 2C:
http://www.ctc.ca.gov/commission/agendas/2017-02/2017-02-2C.pdf

Committee on Accreditation (COA) Agenda Items

January 2016 COA Agenda Item 15:
http://www.ctc.ca.gov/educator-prep/coa-agendas/2016-01/2016-01-item-15.pdf

January 2016 COA Agenda Item 17:
http://www.ctc.ca.gov/educator-prep/coa-agendas/2016-01/2016-01-item-17.pdf

January 2016 COA Agenda Item 18:
http://www.ctc.ca.gov/educator-prep/coa-agendas/2016-01/2016-01-item-18.pdf

January 2016 COA Agenda Item 19:
http://www.ctc.ca.gov/educator-prep/coa-agendas/2016-01/2016-01-item-19.pdf

March 2016 COA Agenda Item 9:
http://www.ctc.ca.gov/educator-prep/coa-agendas/2016-03/2016-03-item-09.pdf

March 2016 COA Agenda Item 12:
http://www.ctc.ca.gov/educator-prep/coa-agendas/2016-03/2016-03-item-12.pdf

March 2016 COA Agenda Item 16:
http://www.ctc.ca.gov/educator-prep/coa-agendas/2016-03/2016-03-item-12.pdf

April 2016 COA Agenda Item 17:
http://www.ctc.ca.gov/educator-prep/coa-agendas/2016-04/2016-04-item-17.pdf

April 2016 COA Agenda Item 18:
http://www.ctc.ca.gov/educator-prep/coa-agendas/2016-04/2016-04-item-18.pdf

April 2016 COA Agenda Item 19:
http://www.ctc.ca.gov/educator-prep/coa-agendas/2016-04/2016-04-item-19.pdf

April 2016 COA Agenda Item 21:
http://www.ctc.ca.gov/educator-prep/coa-agendas/2016-04/2016-04-item-21.pdf

February 2017 COA Agenda Item 14:
http://www.ctc.ca.gov/educator-prep/coa-agendas/2017-02/2017-02-item-14.pdf

March 2017 COA Agenda Item 9:
http://www.ctc.ca.gov/educator-prep/coa-agendas/2017-03/2017-03-item-09.pdf

Documents Incorporated by Reference:

Accreditation Handbook Chapter Three, Institutional and Program Approval (rev. March 2017):
http://www.ctc.ca.gov/educator-prep/accred-handbook/2016/AH-Chapter-03.pdf

Accreditation Handbook Chapter Four, The Accreditation Cycle (rev. March 2016):
http://www.ctc.ca.gov/educator-prep/accred-handbook/2016/AH-Chapter-04.pdf

Accreditation Handbook Chapter Five, Annual Data Submission (rev. February 2017):
http://www.ctc.ca.gov/educator-prep/accred-handbook/2016/AH-Chapter-05.pdf

Accreditation Handbook Chapter Six, Program Review (rev. April 2016):
http://www.ctc.ca.gov/educator-prep/accred-handbook/2016/AH-Chapter-06.pdf

Accreditation Handbook Chapter Eight, Accreditation Decisions: Options and Implications (rev. March 2016):
http://www.ctc.ca.gov/educator-prep/accred-handbook/2016/AH-Chapter-08.pdf

Accreditation Handbook Chapter Nine, Activities during the Seventh Year of the Accreditation Cycle (rev. March 2016):
http://www.ctc.ca.gov/educator-prep/accred-handbook/2016/AH-Chapter-09.pdf

Accreditation Handbook Chapter Eleven, Board of Institutional Review Member Skills and Competencies (rev. April 2016):
http://www.ctc.ca.gov/educator-prep/accred-handbook/2016/AH-Chapter-11.pdf

Accreditation Handbook Chapter Fifteen, The Accreditation Revisit (rev. March 2016):
http://www.ctc.ca.gov/educator-prep/accred-handbook/2016/AH-Chapter-15.pdf

Objectives and Anticipated Benefits of the Proposed Regulations

The objective is to amend the regulations that permit the Commission to recover costs incurred for extraordinary accreditation activities, including Initial Institutional Approval and new program reviews. Amending the regulations will benefit pupils in California public schools by aiding in ensuring high quality educators. The proposed amendments align the fee structure with the strengthened and streamlined Accreditation System and create regulations that will last through the strengthening and streamlining of program standards in the future.

The Commission anticipates that the proposed amendments will benefit the welfare of students attending public schools in the State of California by providing the monetary means to perform its statutorily-mandated accreditation duties, thereby ensuring high quality educator preparation for the instruction of California public school pupils.

The proposed regulations promote fairness and prevent discrimination by specifying that cost recovery fees apply to all institutions offering Commission-approved programs, regardless of agency type. The proposed regulations also increase openness and transparency in government by clarifying the cost recovery fees associated with initial institutional and new program review and accreditation activities in excess of the regularly scheduled data reports, program assessments, and accreditation site visits. The Commission does not anticipate that the proposed regulations will result in the protection of public health and safety, worker safety, or the environment, the prevention of social inequity or an increase in openness and transparency in business.

Determination of Inconsistency/Incompatibility with Existing State Regulations

The Commission has determined that the proposed regulation amendments are not inconsistent or incompatible with existing regulations. There are no other 5 CCR sections that specify cost recovery fees for extraordinary accreditation activities associated with Commission-approved programs.

Disclosures Regarding the Proposed Actions

The Commission has made the following initial determinations:

Costs to any local agency or school districts requiring reimbursement pursuant to Gov. Code sec. 17500 et seq: Non Commission-approved Local Education Agencies (LEAs) that elect to offer a program(s) will be required to submit fees to cover the cost of Initial Institutional Approval and Initial Program Review (IPR). Currently approved institutions pursuing additional Commission-approved programs will also be subject to IPR fees. Institutions may avoid all Cost Recovery Fees for Extraordinary Accreditation Activities (IPR, late fees, etc.) provided new programs are not proposed and accreditation activity requirements are followed in a timely manner.

Other non-discretionary costs or savings imposed upon local agencies: None.

Cost or savings to any state agency: None.

Cost or savings in federal funding to the state: None.

Significant effect on housing costs: None.

Significant statewide adverse economic impact directly affecting businesses including the ability of California businesses to compete with businesses in other states: None.

These proposed regulations will not impose a mandate on local agencies or school districts that must be reimbursed in accordance with Part 7 (commencing with section 17500) of the Government Code.

Cost impacts on a representative private person or business: Non Commission-approved private/independent education entities that elect to offer a program(s) will be required to

submit fees to cover the cost of Initial Institution Approval and IPR. Currently approved institutions pursuing additional Commission-approved programs will also be subject to IPR fees. Institutions may avoid all Cost Recovery Fees for Extraordinary Accreditation Activities (IPR, late fees, etc.) provided new programs are not proposed and accreditation activity requirements are followed in a timely manner.

Statement of the Results of the Economic Impact Assessment [Govt. Code § 11346.5(a)(10)]: The Commission concludes that it is (1) unlikely that the proposal will create any jobs within the State of California; 2) unlikely that the proposal will eliminate any jobs within the State of California; 3) unlikely that the proposal will create any new businesses within the State of California; 4) unlikely that the proposal will eliminate any existing businesses within the State of California; and 5) unlikely the proposal would cause the expansion of businesses currently doing business within the State of California.

Benefits of the Proposed Action: The Commission anticipates that the proposed amendments will benefit the welfare of students attending public schools in the State of California by providing the monetary means to perform its statutorily-mandated accreditation duties, thereby ensuring high quality educator preparation for the instruction of California public school pupils.

The Commission anticipates that the proposed regulations will result in an increase in openness and transparency in government by clarifying the cost recovery fees associated with initial institutional and new program review and accreditation activities in excess of the regularly scheduled data reports, program assessments, and accreditation site visits. The Commission does not anticipate that the proposed regulations will result in the protection of public health and safety, worker safety, or the environment, the prevention of social inequity, or an increase in openness and transparency in business.

Effect on Small Business: The proposed regulations will not have a significant adverse economic impact upon small business. The proposed regulations apply only to institutions electing to offer Commission-approved and accredited educator programs or existing Commission-approved educational entities that have not met the requirements of the Accreditation System.

Consideration of Alternatives

In accordance with Government Code section 11346.5, subdivision (a)(13), the Commission must determine that no reasonable alternative considered by the agency or that has otherwise been identified and brought to the attention of the agency would be more effective in carrying out the purpose for which the action is proposed. In addition, the Commission must also determine that no reasonable alternative would be as effective as and less burdensome to affected private persons than the proposed actions, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law. The Commission invites interested persons to present statements or arguments with respect to alternatives to the proposed regulations during the written comment period or at the public hearing.

Contact Person/Further Information
General or substantive inquiries concerning the proposed action may be directed to Kathryn Polster by telephone at (916) 445-0229 or Kathryn Polster, Commission on Teacher Credentialing, 1900 Capitol Avenue, Sacramento, CA 95811. General question inquiries may also be directed to the address mentioned above. Upon request, a copy of the express terms of the proposed action and a copy of the initial statement of reasons will be made available. This information is also available on the Commission's website at www.ctc.ca.gov. All information on which this proposal is based is available for inspection and copying.

Availability of Statement of Reasons and Text of Proposed Regulations
The entire rulemaking file is available for inspection and copying throughout the rulemaking process at the Commission office at the above address. As of the date this notice is published in the Notice of Register, the rulemaking file consists of the Notice of Proposed Rulemaking, the proposed text of regulations, the Initial Statement of Reasons, and an economic impact assessment/analysis contained in the Initial Statement of Reasons. Copies may be obtained by contacting Kathryn Polster at the address or telephone number provided above.

Modification of Proposed Action
If the Commission proposes to modify the actions hereby proposed, the modifications (other than non-substantial or solely grammatical modifications) will be made available for public comment for at least 15 days before they are adopted.

Availability of Final Statement of Reasons
The Final Statement of Reasons is submitted to the Office of Administrative Law as part of the final rulemaking package, following the conclusion of the public hearing. Upon its completion, copies of the Final Statement of Reasons may be obtained by contacting Kathryn Polster at (916) 445-0229.

Availability of Documents on the Internet
Copies of the Notice of Proposed Rulemaking, the Initial Statement of Reasons, and the text of the regulations can be accessed at http://www.ctc.ca.gov/notices/rulemaking.html.

CALIFORNIA CODE OF REGULATIONS
TITLE 5. EDUCATION
DIVISION 8. COMMISSION ON TEACHER CREDENTIALING
ARTICLE 3. Other Program Approval Procedures

Subarticle 3. Cost Recovery Fees for Program Approval and Accreditation

§80691. Definitions.
As used in this subarticle, the following terms shall have the meanings as set forth below:

(a) "Board of Institutional Review member" is an individual who has successfully completed the Commission-provided training detailed in the *Accreditation Handbook* Chapter Eleven,

Board of Institutional Review Member Skills and Competencies (rev. 4/201~~2~~6), available on the Commission's website and hereby incorporated by reference.

(b) "Category I: Preliminary/Initial Preparation" are preliminary or initial preparation programs.

(c) "Category II: Second Tier Preparation" are second tier or induction preparation programs.

(d) "Category III: Added Authorizations" are authorizations that can be added to an existing credential.

(e) "Eligibility Requirements" are criteria that must be responded to by a prospective institution and reviewed by Commission staff prior to Commission consideration for initial institutional approval as detailed in the Accreditation Handbook Chapter Three, Institutional and Program Approval and Change of Status (rev. 3/2017), available on the Commission's website and hereby incorporated by reference.

(~~b~~ f) "Focused site visit" is a site visit requested by the Commission or the Committee on Accreditation when it is determined that the professional preparation program is not complying with the accreditation system activities specified in the *Accreditation Handbook* Chapter Four, The Accreditation Cycle (rev. 3/201~~2~~6), available on the Commission's website and hereby incorporated by reference.

(~~c~~ g) "Initial institutional approval" is granted by the Committee on Accreditation when an institution that has not previously prepared educators for certification in California has been deemed to meet the accreditation requirements as explained in the *Accreditation Handbook* Chapter Three, Institutional and Program Approval and Change of Status (rev. 3/201~~2~~7), available on the Commission's website and hereby incorporated by reference.

(~~d~~ h) "Initial program review" is the review of a professional preparation program's formal response to the program standards associated with a specific program type as explained in the *Accreditation Handbook* Chapter Three, Institutional and Program Approval and Change of Status (rev. 3/201~~2~~7). Initial program review occurs when a professional preparation program intends to offer a new professional preparation program type or when the Commission revises program standards to such a significant degree that a professional preparation program must rewrite the program document.

(~~e~~ i) "Institution" means any of the following categories of agencies which are authorized to seek initial institutional approval as defined in subsection (c) in order to submit a professional preparation program for approval and accreditation as defined in subsection (~~h~~ l):

(1) A California county superintendent of schools office;
(2) A California school district;
(3) A charter school as established in Education Code Section 47605;
(4) A regionally-accredited college or university;

(5) A non-governmental or community-based organization.

(~~f~~ j) "Late Submission of Documentation ~~review~~" refers to the submission of an Annual Data ~~a Biennial~~ Report, as defined in the *Accreditation Handbook* Chapter Five, ~~Biennial Reports~~ Annual Data Submission (rev. 2/201~~2~~7), available on the Commission's website and hereby incorporated by reference, and/or a Program ~~Assessment~~ Review, as defined in Chapter Six, Program ~~Assessment~~ Review (rev. 201~~2~~6), available on the Commission's website and hereby incorporated by reference, after the deadline established pursuant to the *Accreditation Handbook* Chapter Four, The Accreditation Cycle (rev. 3/201~~2~~6).

(~~g~~ k) "Program ~~Assessment~~ Review" is a process that occurs in year ~~four~~ five of the seven year accreditation cycle and requires professional preparation programs to submit to the Commission a clear description of how a program is operating as explained in the *Accreditation Handbook* Chapter Six, Program ~~Assessment~~ Review (rev. 4/201~~2~~6).

(~~h~~ l) "Professional preparation program" refers to an institution that has been approved by the Commission and accredited by the Committee on Accreditation to offer a program which leads to the issuance of teaching credentials, services credentials, specialist credentials, added authorizations, or certificates.

(~~i~~ m) "Site revisit" is an accreditation visit that is conducted as a result of an action taken by the Committee on Accreditation to place stipulations on the accreditation of a professional preparation program as detailed in the *Accreditation Handbook* Chapter Fifteen, The Accreditation Revisit (rev. 3/201~~2~~6), available on the Commission's website and hereby incorporated by reference.

(~~j~~ n) "Site visit" is an accreditation visit conducted in the seventh year of the accreditation cycle as specified in the *Accreditation Handbook* Chapter Four, The Accreditation Cycle (rev. 3/201~~2~~6).

(~~k~~ o) "Standard accreditation cycle" refers to the seven-year accreditation cycle specified in the *Accreditation Handbook* Chapter Four, The Accreditation Cycle (rev. 3/201~~2~~6).

(~~l~~ p) "Stipulations" are placed on the accreditation of a professional preparation program by the Committee on Accreditation when it is determined that one or more applicable common and/or program standards have not been met or have been met with concerns as explained in the *Accreditation Handbook* Chapter Eight, Accreditation Decisions: Options and Implications (rev. 3/201~~2~~6), available on the Commission's website and hereby incorporated by reference.

Note: Authority cited: Section 44225, Education Code. Reference: Sections 44225(h), 44370, 44371, 44372, 44373(c) and 44374, Education Code.

§80692. Program Approval and Accreditation Fees

The following fees associated with the activities defined in §80691 shall be submitted to the Commission by the professional preparation program:

(a) Fees for document review beyond the Standard Accreditation Cycle shall be submitted with the professional preparation program's formal response to the applicable standards as follows:

(1) Initial institutional approval: ~~$2,000 flat fee.~~

(A) Review of Eligibility Requirements: $1,000 flat fee.

(B) Review of Initial Institutional Approval preconditions documents and common standards documents: $2,000 flat fee.

(2) Initial program review:

(A) Category I: Preliminary/Initial Preparation program review ~~Professional preparation program that addresses twelve or more standards~~: $2,000 flat fee.

(B) Category II: Second Tier Preparation program review ~~Professional preparation program that addresses six to eleven standards~~: $1,500 flat fee.

(C) Category III: Added Authorization program review ~~Professional preparation program that addresses fewer than six standards~~: $1,000 flat fee.

(D) A professional preparation program that provides a number of Board of Institutional Review members that is equal to or greater than two times the number of their program documents submitted for initial program review annually and that assume all travel costs related to the review of the program documents submitted for initial review shall be exempt from payment of the fees associated with this subsection.

(b) Fees for the following activities in excess of the regularly scheduled accreditation activities shall be submitted to the Commission in the year that the extraordinary activities are performed:

(1) Focused site visit: $1,000 for each individual attending the focused site visit.

(2) Late Submission of Documentation ~~reviews~~: $500 per document.

(3) ~~Program assessments~~:

~~(A) No fee shall be charged for the first three reviews of a program assessment submitted by a professional preparation program. The fee for review of a program assessment beyond the first three reviews: $1,000 flat fee.~~

~~(B)~~ A professional preparation program that does not complete the Program Review ~~program assessment~~ process at least six months prior to a scheduled site visit: $3,000 flat fee for two additional Board of Institutional Review members to review the program during the site visit.

(4) Stipulations:

(A) Site revisit: $1,000 per individual attending the site revisit;

(B) Review of a report due to stipulations that does not require a site revisit as detailed in the *Accreditation Handbook* Chapter Nine, Activities during the Seventh Year of the Accreditation Cycle (rev. 3/201~~2~~6), available on the Commission's website and hereby incorporated by reference: $500 flat fee;

(C) Review of a report associated with a site revisit as detailed in the *Accreditation Handbook* Chapter Nine, Activities during the Seventh Year of the Accreditation Cycle (rev. 3/201~~2~~6): $1,000 flat fee.

Note: Authority cited: Section 44225, Education Code. Reference: Sections 44225(h), 44371, 44372, 44373(c), 44374 and 44374.5, Education Code.

Commission on Teacher Credentialing

1900 Capitol Avenue Sacramento, CA 95811 (916) 445-0229Fax (916) 327-3165 www.ctc.ca.gov

Attn: Kathryn Polster, Consultant
Professional Services Division

Title: Proposed Amendments to Title 5 of the California Code of Regulations Pertaining to Cost Recovery Fees for Extraordinary Accreditation Activities

Section: 80691 and 80692

Response to the Attached Title 5 Regulations

To allow the Commission on Teacher Credentialing to more clearly estimate the general field response to the attached regulations, please return this response form to the Commission office, attention Kathryn Polster, at the above address or fax to her attention at (916) 327-3165. The response must arrive at the Commission by 5:00 pm May 30, 2017 for the material to be presented at the June 16, 2017 public hearing.

1. ☐ Yes, I agree with the proposed amendments Title 5 Regulations. Please count me in favor of these regulations.
2. ☐ **No**, I do not agree with the proposed amendments to regulations for the following reasons: **PLEASE LIST THE SPECIFIC SECTION**. If additional space is needed, use the reverse of this sheet or additional page.

3. ☐ Personal opinion of the undersigned and/or
   ☐ Organizational opinion representing: (Circle One) School District, County Schools, College/University, Professional Organization, Other _____
4. ☐ I shall be at the public hearing. Place my name on the list for making a presentation to the Commission.
   ☐ No, I will not make a presentation to the Commission at the public hearing.

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Employer/Organization: _____

Mailing Address: _____

Route to kp

Chapter Three
Institutional and Program Approval and Change of Status

Introduction

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

I. Initial Institutional Approval

According to the *Accreditation Framework* (Section 1-~~B~~C-1), the ~~CTC~~Commission is responsible for determining the eligibility of ~~an~~ a postsecondary education institution, local education agency (LEA), or other entity that is not currently approved to prepare educators for California's public schools. These institutions must submit an application to the Commission for initial institutional approval to submit programs.

The Initial Institutional Approval process has been organized into three sequential requirements

I) Completion of the prerequisites;
II) Successful completion of all eligibility requirements; and
III) Alignment to the applicable standards and preconditions.

Commission action after completion of the first two stages determines if an institution is eligible to continue with Part III of the Initial Institutional Approval process.

STAGE I – Prerequisites

Prerequisite 1: Regional Accreditation and Academic Credit

Institutions interested in seeking Initial Institutional Approval must identify which of the following applies ~~for initial~~ to their institution.

- The institution is accredited by the Western Association of Schools and Colleges or another of the six regional accrediting associations. A copy of a letter from the accrediting association must be hyperlinked as verification.
- The institution is a public school, school district, or county office of education and has received approval of sponsorship from the agency's governing board. Verification must

be submitted in the form of a letter or board minutes signed by the superintendent or CEO of the agency.

- The institution is neither of the above and is preparing to offer STEM (Science, Technology, Engineering and Math) programs pursuant to SBX5 1 (Chap. 2, Stats. of 2010). Additional requirements are necessary for institutions applying under this category (See http://www.ctc.ca.gov/educator-prep/SBX5-1.html)

Prerequisite 2: Accreditation 101 - Expectations and Responsibilities for Commission Approved Institutions

Prior to accepting an application for Initial Institutional Approval, the Commission requires that the institution send a team to *Accreditation 101 - Expectations and Responsibilities for Commission Approved Institutions*, a professional training that provides information regarding eligibility, and outlines the expectations and responsibilities of Commission-approved program sponsors including reporting requirements, applicable program standards, annual accreditation ~~and that has not previously prepared educators for state certification in~~ fees, credential recommendation and student record responsibilities, and other expectations for Commission approved institutions that sponsor educator preparation in California. ~~The following procedures apply to~~

Required attendees include:

- Unit Head
- Fiscal Officer or designee
- Directors of Proposed Program(s)
- Partner Employing Organization or Educational Entity
- Other participants deemed necessary by the institution

All travel expenses for attending Accreditation 101 are borne by the institution.

Following completion of the Prerequisites, an institution is required to submit a formal application and may move forward to Stage II – Eligibility Requirements. Institutions moving forward to Stage II by submitting the Eligibility Requirements will be listed on the Commission website for Initial Institution Approval.

STAGE II – Eligibility Requirements

Eligibility Requirements include twelve criteria to which prospective program sponsors must respond. Specific evidence and factors to consider for each of the eligibility requirements will be listed on the Commission's Initial Institutional Approval website. Once submitted, an institution's responses to the twelve criteria are reviewed. Responses to criteria 1 through 9 will be reviewed by Commission staff who will then make a recommendation to the Commission. Staff will not make a recommendation to the Commission regarding criteria 10, 11 and 12 but will summarize the information provided by the institution for the Commission. The Commission will make a determination on all criteria and grant an institution one of the following: 1) Eligibility; 2) Eligibility with specific topics to be addressed in Stage III; 3) Resubmission with additional information, or 4) Deny eligibility. A determination of either 1) Eligibility or 2) Eligibility with specific topics to be addressed in Stage III, allows an institution to move forward to Stage III of the Initial Institutional Approval process.

Criterion 1: Responsibility and Authority

The institution clearly identifies the lines of authority and responsibility for any and all educator preparation programs within the institution and provides assurance that only those ~~institutions:~~person(s) employed by the program sponsor will recommend individuals to the Commission for a credential or authorization.

Criterion 2: Lawful Practices

A program of professional preparation must be proposed and operated by an entity that makes all personnel decisions regarding employment, retention or promotion of employees without unlawful discrimination. The entity must make all decisions regarding the admission, retention and graduation of students without unlawful discrimination.

Criterion 3: Commission Assurances and Compliance

The institution ~~prepares~~assures all of the following:

a) That there will be compliance with all preconditions required for the initial program(s) the institution would like to propose (General preconditions, initial program preconditions and program-specific preconditions for proposed programs must accompany this document).
b) That all required reports to the Commission including but not limited to data reports and accreditation documents, will be submitted by the Commission-approved entity for all educator preparation programs being offered including extension divisions.
c) That it will cooperate in an evaluation of the program by an external team or a monitoring of the program by a Commission staff member.
d) That the sponsor will participate fully in the Commission's accreditation system and adhere to submission timelines.
e) That once a candidate is accepted and enrolled in the educator preparation program, the sponsor offer the approved program, meeting the adopted standards, until the candidates:
    i. Completes the program;
    ii. Withdraws from the program;
    iii. Is dropped from the program;
    iv. Is admitted to another approved program to complete ~~program proposal,~~the requirements, with minimal disruption, for the authorization in the event the program closes. In this event, an individual transition plan would need to be developed with each candidate.

Criterion 4: Requests for Data

The institution must identify a qualified officer responsible for reporting and responding to all ~~preconditions,~~ requests from the Commission within the specified timeframes for data including, but not limited to:

a) program enrollments
b) program completers
c) examination results
d) state and federal reporting
e) candidate competence
f) organizational effectiveness data
g) other data as indicated by the Commission

.

Criterion 5: Grievance Process

The institution has a clearly identified grievance process for handling all candidate grievances in a fair and timely manner. The grievance process is readily accessible for all applicants and candidates and is shared with candidates early in their enrollment in the program.

Criterion 6: Communication and Information

The institution must provide a plan for communicating and informing the public about the institution and the educator preparation programs. The plan must demonstrate that:

a) The institution will create and maintain a website that includes information about the institution and all approved educator preparation programs. The website must be easily accessible to the public and must not require login information (access codes/password) in order to obtain basic information about the institution's programs and requirements as listed in (b).
b) The institution will make public information about its mission, governance and administration, admission procedures, and information about all Commission approved educator preparation programs. Information will be made available through various means of communication including but not limited to website, institutional catalog, and admission material.

Criterion 7: Student Records Management, Access, and Security

The institution must demonstrate that it will maintain and retain student records. Institutions seeking Initial Institutional Approval will provide verification that:

a) Candidates will have access to and be provided with transcripts and/or other documents for the purpose of verifying academic units and program completion.
b) All candidate records will be maintained at the main institutional site or central location (paper or digital copies).
c) Records will be kept securely in locked cabinets or on a secure server located in a room not accessible by the public.

Criterion 8: Disclosure

Institutions must disclose information regarding:

a) The proposed delivery model (online, in person, hybrid, etc.)
b) All locations of the proposed educator preparation programs including satellite campuses.
c) Any outside organizations (those individuals not formally employed by the institution seeking Initial Institutional Approval) that will be providing any direct educational services, and what those services will be, as all or part of the proposed programs.

Criterion 9: Veracity in all Claims and Documentation Submitted

The institution and its personnel demonstrate veracity of all statements and documentation submitted to the Commission. Evidence of a lack of veracity is cause for denial of initial institutional accreditation.

Criterion 10: Mission and Vision

An institution's mission and vision for educator preparation is consistent with California's approach to educator preparation.

Criterion 11: History of Prior Experience and Effectiveness in Educator Preparation

Institutions seeking Initial Institutional Approval must have sponsored an educator preparation program leading to licensure, or participated as a partner in any educator preparation programs and/or programs focused on K-12 public education and provide history related to that experience. Commission staff will research available information about the institution relevant to the application for initial institutional approval. Institutions must submit:

a) Proof of third party notification enlisting comments to be sent to Input@ctc.ca.gov.

Criterion 12: Capacity and Resources

An institution must submit a Capacity and Resources plan providing information about how it will sustain the educator preparation program(s) through a 2 – 3 year provisional approval (if granted) at a minimum. A plan to teach out candidates if, for some reason, the institution is unable to continue providing educator preparation program(s).

STAGE III – Alignment with all Applicable Standards and Preconditions

Once an institution seeking Initial Institutional Approval receives Commission approval for eligibility following Stage II, Eligibility Requirements, the institution may continue in the Initial Institutional Approval process by submitting the following:

~~A.~~1) Common Standards ~~and appropriate program standards. The proposal will be considered the application for accreditation as well as the application for credential preparation program~~

~~approval.~~ Common Standards reflect aspects of program quality that are common across all educator preparation programs, regardless of type of program. The program sponsor must respond to each Common Standard by providing information and supporting documentation that is inclusive of all credential programs to be offered by the institution. An institution's responses are reviewed by Commission staff and must be aligned to the Common Standards before Initial Institutional Approval can be brought before the Commission for consideration.

~~**B.**~~ All General Preconditions, Initial ~~Accreditation is a two-stage process:~~

2) ~~The proposal will be~~ Program Preconditions and Program Specific Preconditions – Preconditions are statements of Commission policy or state statute. An institution's responses are reviewed ~~for~~ and must be in compliance with the ~~appropriate institutional~~general and program specific preconditions ~~and for alignment with~~before the ~~Common~~initial Institutional Approval can be brought before the Commission for consideration.

~~**1.**~~ Program Standards~~, both of~~ Document – A document addressing the specific credential program standards for programs which ~~can be found at http://www.ctc.ca.gov/educator-prep/program-standards.html.~~

~~**2.** If the proposal meets the CTC's eligibility requirements as judged by trained reviewers,~~ the institution ~~will be recommended for initial institutional approval~~seeks to initially offer must be submitted before the ~~CTC which will consider the recommendation and take action.~~

~~**3.**~~3) ~~If the CTC acts favorably on the proposal, the proposal will be forwarded~~institution's application for Initial Institutional Approval is brought to the ~~COA~~Commission for ~~program accreditation action according to adopted procedures~~consideration.

~~**C.** Once granted initial accreditation, the institution will then come under the~~ **Commission Approval**

Once an institution has satisfied Stages I, II, and III of the Initial Institutional Approval process, the institution's application will again be brought before the Commission for its consideration and determination regarding Provisional Approval. If the Commission determines that the institution is provisionally approved, the program(s) the institution wishes to offer during Provisional Approval must then be approved by the Committee on Accreditation.

Provisional Approval

If the Commission approves the new institution, it would be allowed to operate under *Provisional Approval*. The provisional timeframe will be determined by the Commission and will span two to three years, in accordance with the program's design. At a minimum of two years, this timeframe will be adequate for at least an initial group of candidates to complete the program thereby allowing for data to be collected to determine the institution's effectiveness in educator preparation. No additional programs will be approved during this period.

Full Approval

Full Approval will be determined by the Commission based on the following information:

1. Analysis of data collected during the 2-3 year provisional time period.
2. Recommendation of the accreditation site team as a result of a focused site visit conducted at the conclusion of the Provisional Approval. Any expenses incurred during the focused site visit are the responsibility of the institution seeking full approval.

Once granted full approval, the institution will then be required to meet the continuing accreditation procedures adopted by the COA.

~~II. Initial Accreditation of Programs~~

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

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

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

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

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

~~1. Preliminary Staff Review~~

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

~~2. Review of Preconditions~~

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

~~3. Initial Program Review (IPR)~~

~~Unlike the preconditions, the Common Standards or Common Standards Addendum and program standards address issues of program quality and effectiveness. The institution's formal response to the Common Standards or Common Standards Addendum and program standards are reviewed by panel of experts in the field of preparation or by CTC staff. During the Initial Program Review process, there is opportunity for institutional representatives to confer with staff consultants to answer questions or clarify issues that may arise.~~

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

~~If staff or the review panel determines that the program does not meet the standards, the proposal is returned to the institution with an explanation of the findings. Specific reasons for the decision are communicated to the institution. Representatives of the institution can obtain information and~~

~~assistance from the CTC's staff. After changes have been made in the program, the proposal may be submitted for re-consideration.~~

~~Appeal of an Adverse Decision~~

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

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

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

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

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

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

~~Within twenty business days of the COA's decision to deny initial accreditation, the institution may submit evidence to the Executive Director of the CTC that the decision made by the COA was arbitrary, capricious,~~

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

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

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

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

~~III. Program Status for Approved Programs~~

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

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

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

~~*See a description of the Re-activation process below. If the CTC adopted revised program standards while the program is in inactive status, a new program document will be required to re-activate a program.~~

~~***Approved Programs***~~

~~Already Approved Program Sponsors Authorized to Offer California Credentials~~

~~Approved programs participate in all activities in the accreditation cycle in accordance with their assigned cohort. The accreditation cycle takes seven years to complete and all activities are essential for on-going accreditation of all approved programs. The annual cycle of activities is consistent with the premise that credential preparation programs engage in annual data collection and analyses to guide program improvement.~~

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

- ~~All approved programs will participate in the CTC's accreditation system, in the assigned cohort.~~
- ~~In the first, third, and fifth years of the accreditation cycle the programs will submit Biennial Reports.~~
- ~~In the fourth year of the accreditation cycle, the programs will submit Program Assessment documents.~~
- ~~In the sixth year of the accreditation cycle, the programs will participate in the Site Visit activities.~~

- ~~In the seventh year of the accreditation cycle, the programs will participate, as needed, in the 7th Year Follow-up Report.~~

~~Newly Approved Program Sponsors Authorized to Offer California Credentials~~

~~Once an institution and its programs have gained initial accreditation, the institution will be assigned to an accreditation cohort. These newly approved institutions will enter into the second year of the cycle. Two years following the approval of a new institution and its program(s), which is the fourth year of the accreditation cycle, the approved institution will participate in a Technical Assistance Site Visit rather than submit the normally required Program Assessment document. This allows the Commission the opportunity to provide closer oversight of an institution new to California credentialing while providing some guidance and assistance. During the sixth year of the accreditation cycle, the approved institution takes part in an accreditation site visit. At that point the institution begins the regular annual cycle of activities.~~

~~Inactive Program~~

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

- ~~The institution or program sponsor notifies the Administrator of Accreditation of its intention to declare the program inactive. The program can be deemed inactive when it no longer accepts new candidates into the program and then is recognized only to exist to complete the program for current candidates.~~
- ~~The notification to the Administrator must include the anticipated date that the inactive status will begin (i.e. the date from which candidates will no longer be admitted to the program).~~
- ~~Candidates already admitted to the program are notified in writing by the institution or program sponsor that the program is being declared inactive.~~
- ~~The institution assists enrolled candidates in planning for the completion of their program. A plan regarding how current candidates will complete the program must accompany the inactive request.~~
- ~~The institution or program sponsor determines a date by which all enrolled candidates will be able to finish the program, not to exceed a maximum of one year after the normative completion date...~~
- ~~Following the date after which all current candidates will able to complete the program, as determined by the institution, the program may no longer operate and the institution may no longer recommend candidates for the credential until such a time as the program is re-activated. The program will not be listed on the CTC's public web page for approved programs. The program will appear as inactive in the Credential Information Guide (CIG) web page (http://134.186.81.79/fmi/xsl/CIG_apm/PPPM_all.xsl).~~
- ~~An inactive program will be included in accreditation activities in a modified manner as determined by the COA – Administrator of Accreditation.~~
- ~~An inactive program may be re-activated only when the institution submits a request to the COA and the COA has taken action to reactive the program. If the program standards under which the~~

~~program was approved have been modified, the institution or program sponsor must address the updated standards before the program may be re-activated.~~

- ~~An inactive program may stay on inactive status for no longer than 5 years; after which, the program sponsor should determine whether the program should be withdrawn permanently or reactivated.~~

~~Re-activating an Approved Inactive Educator Preparation Program~~

~~An Inactive program cannot be Re-activated until the Committee on Accreditation (COA) takes action at a regularly scheduled meeting. The following procedures must be followed:~~

- ~~Submit a letter requesting re-activation to the Commission indicating the requested date of re-activation, why Re-activation is begin requested and if changes have been made to the program~~
- ~~Submit all necessary supporting documentation. The type of documentation will vary depending on a number of factors including, but not limited to, the length of time the program has been inactive, personnel changes and curricular changes. The institution will need to contact the Administrator of Accreditation to determine what documentation will be necessary.~~

~~Once all requested documentation has been reviewed and approved by Commission staff, the request for Re-activation is placed on the COA agenda for final approval. If approved, the Re-activated educator preparation program may, according to their approved activation date:~~

- ~~Accept candidates to the credential program~~
- ~~Begin operating the credential program~~
- ~~Recommend completers for the appropriate credential~~

~~Withdrawal of Credential Programs~~

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

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

~~.~~

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

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

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

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

~~Discontinuation of Credential Programs~~

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

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

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

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

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

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

~~Loss of Initial Approval~~

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

Chapter Four
The Accreditation Cycle

Introduction

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

I. Purpose

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

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

II. Overview

The accreditation process is a seven-year cycle of activities. Figure 1, below, illustrates the accreditation cycle of activities. These activities ~~are the biennial reports~~include annual data

analysis, preconditions review, Common Standards review, program ~~assessment and~~ review, the site visit, and seventh-year follow up activities. Each educator preparation institution has been assigned to a cohort. Each cohort is on a specific seven-year cycle. ~~Table 1, at the end of this chapter, is a generic cohort chart for a cohort that is in Year 1 and is completing Year 1 activities.~~ A list of Cohort assignments as well as summaries of accreditation activities (cohort maps) for each cohort can be found on the Commission's accreditation webpage. Institutions are, therefore, at different points in the accreditation cycle, depending on their assigned cohort~~.~~. The cohort model distributes the workload of the ~~CTC~~Commission, its staff, and the Board of Institutional Review (BIR) members, which is composed of trained education professionals who review program documents and conduct the accreditation site visits. A brief overview of each activity will be provided ~~here.~~in this chapter. For a full description and guidance on preparing for each activity, please see the appropriate chapters for each activity.

Figure 1 Accreditation cycle of activities

~~Biennial Reports~~

~~Biennial reports are submitted to the CTC every two to three years. The purposes of the reports are~~CHART OF ACCREDITATION CYCLE

Annual Data Analysis

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

When writing the report, the institution briefly describes its programs, the number of candidates in each program, the types of programs it runs,Data and any programmatic changes that have occurred since the last accreditation activity.analysis collected by an institution will be reported annually, and uploaded to the Commission data warehouse. Each program separately reports analyzes their data and identifies program strengths and concerns in regard to candidate competence and program effectiveness data by presenting the data, analyzing the data, and identifying program strengths and concerns. The reports conclude with an institutional summary and plan of action that describes actions the institution will take to address any concerns identified by the analysis of the data within and/or across programs., to determine if any programmatic changes are needed. Subsequent biennial reportsanalysis will give the institution an opportunity to report on changes that were implemented as a result of the prior biennial reportanalysis.

Preconditions Review

During Year One and Year Four of the accreditation cycle institutions must respond to all relevant preconditions which are grounded in statute, regulations and/or Commission policy, for each approved program.

Common Standards and Program AssessmentReview

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

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

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

  **For Tier II educator preparation programs candidate competence refers to a candidate's growth in competence while enrolled in the Tier II program.*

Each program at an institution may determine when to submit its document during the Program Assessment window (*see Commission's website for due dates*).

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

a. **Submission of Program Documents**. An Institution/program sponsor submits required documentation including, but not limited to, the key categories: Program Description, Organizational Structure, Qualifications of Faculty and Instructional Personnel, Course Sequence, Course Matrix, Fieldwork and Clinical Practice. Additional documentation may be required specific to each credential area.

b. **Review of Program Document and Preliminary Report of Findings**. Trained members of the Board of Institutional Reviewers serve as reviewers and consider all information and determine preliminary findings for all program standards. Documents will be reviewed once with feedback in the form of the *Preliminary Report of Findings* provided to the institution. An institution must prepare an addendum based upon the preliminary findings and make the addendum available to the site visit team prior to the accreditation site visit.

c. **Use of Results**. The Preliminary Report of Findings provides a basis for an accreditation site visit team's review of the program's implementation in year six. Findings will be used to determine the type, size and complexity of the programs to be reviewed and the structure, size and expertise of the site visit review team to be selected.

Site Visit

The Site Visit takes place in year six of the accreditation cycle. The site visit allows a BIR team to ~~consolidate and~~ verify information from the ~~Biennial Reports and the~~ institution's annual data analysis, Preconditions, Common Standards, and Program ~~Assessment~~Review processes for the purpose of making findings about the extent to which an institution and its programs meet the Preconditions, Common Standards and Program Standards and to generate an accreditation recommendation. The team performs interviews with samples of stakeholders from each of an institution's programs and completes limited document reviews to confirm or ~~disconfirm~~refute information from the other sources. The team also examines evidence about the institution's

policies and practices as they impact educator preparation programs. Based upon the findings of ~~all three~~these activities, an accreditation recommendation is made to the COA.

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

Follow Up

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

III. Cohort Activities

All approved educator preparation sponsors are assigned to one of seven cohorts. ~~Table 1, below, illustrates the accreditation tasks associated with each year in the cycle. To identify the cohort assignment of an institution, use the link below the table which takes one to the main accreditation webpage. At the bottom of the page is a link to an alphabetized list of institutional assignments to cohorts. Above that link are links to each cohort.~~ Each institution can find its cohort assignment and corresponding accreditation activity by year at the Commission's Accreditation Schedule and Activities webpage.

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

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

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

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

[1] CTC staff strongly encourage institutions to submit the Third Year Biennial Report on the August or September due dates to maximize the timeframe between Biennial Report and Program Assessment submissions.

Chapter ~~Five~~5
~~Biennial Reports~~

Annual Data Submission

Introduction

This chapter provides information ~~on the role of Biennial Reports in the accreditation cycle. An underlying expectation~~about annual data submission – one of the significant components of the accreditation system ~~is that all educator preparation programs are engaged in continuous program improvement that is grounded in the collection and analysis of data about their candidates and program effectiveness. The Biennial Report formalizes that expectation by requiring institutions to submit, on a biennial basis, two years of assessment data that the institution is using to ensure that candidates are developing, and completers have acquired, the appropriate skills and knowledge to prepare them to be professional educators. Ongoing program improvement efforts also require that program effectiveness data is being collected in a comprehensive and systematic way and that, although the Commission on Teacher Credentialing (CTC) requires biennial reports,~~ . One major purpose of the accreditation system is to determine whether the institution and its programs ~~collect data at least on an annual basis.~~

~~I. Purpose~~

~~The purpose of the biennial report is for every~~ are preparing educators with the knowledge, skills and abilities required of the credential ~~preparation program to demonstrate to the CTC how it utilizes candidate, completer, and program data to guide on-going program improvement activities. In addition, the biennial reports help move~~ for which they seek. Within the accreditation ~~away from prior years' "snapshot" approach to a process in which accreditation is part of a continual evaluation system. The biennial report process allows for the recognition that effective practice means program personnel are engaged constantly in the process of evaluation and program improvement.~~

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

~~II. Organization and Structure of Biennial Reports~~

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

The Biennial Report is comprised of two major parts – Section A and Section B. Each program offered at an institution must complete Section A. For instance, if an institution offers a Multiple Subject program, an Education Specialist program, and an Induction program, it must complete three sets of Section A – one for *each* of the three programs. Section B is an overall institutional report that summarizes findings across the institution and identifies any institutional change proposed or planned across programs. Section B must be completed and signed by the unit leader (typically the Dean or Superintendent) and only one Section B is completed by the institution. Below is additionalsystem as a whole and pertaining to the role of data, the Commission identified several objectives. One objective was to be able to collect basic information about each of these two Sections. The information below is not comprehensive. Please consult the CTC's webpage on biennial reports (http://www.ctc.ca.gov/educator-prep/program-accred-biennial-reports.html) for institutions and their programs in a more specific and up-to-date information. If questions are still unanswered, contact the CTC consultants assigned to biennial reports.

Section A. Program Specific Information

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

Section A. Part I. Contextual Information. This part of the report asks program sponsors to provide general information to help reviewers understand the program, the context in which it operates (consistent manner such as multiple sites) including the number candidates and completers, and significant changes since the CTC approved thethat the data remains current program document or the most recent Biennial Report.

Section A. Part II. Candidate Assessment/Performance and Program Effectiveness Information. This part of the report asks program sponsors to submit information on how candidate and program completer performance are assessed and how the program gathers information from stakeholders regarding the effectiveness of program administration. A summary of the data for two academic years is required. The length of this section depends on the size of the program and how data is reported. The information and data submitted in this section will be used as the basis for the analysis and action plan submitted in Sections III and IV.

Only aggregated data should be provided; no data on individual candidate performance should be included. Programs sponsors should provide a brief description of the way the data was collected and describe the structure of the data (e.g., minimum and maximum values of a continuous measure, a four-point rubric used for portfolio information, etc.). The data should be presented in a summary fashion, identifying the minimum and maximum scores, the mean (or other measure of central tendency), and, if the sample size is large, the standard deviation. This information can be

~~reported in a table format or as a chart. The CTC encourages institutions to make good use of tables and appropriate types of charts so that the results of an analysis are clear and obvious and to reduce the need for text.~~

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

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

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

~~The CTC does not prescribe a particular level of analysis as long as the analyses reported are useful for determining whether or not candidates are developing the appropriate competencies, and for identifying the strengths and weaknesses of the credential program(s). The reports must show that the institution's personnel analyzed the data and used the results to identify programmatic changes and improvements. In general, inclusion of the possible response or score options, the range of responses or scores, the mean (or mode(s)) and standard deviation, along with limited narrative if desired, are sufficient analyses for describing candidate and program information.~~

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

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

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

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

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

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

~~III. Review Process for Biennial Reports~~

~~Staff Review~~

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

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

~~Use by Review Teams~~

~~When an institution submits documents for program assessment (year 4 of the accreditation cycle) and when preparing for a site visit (year 6 of the cycle), the biennial reports will be sent to the appropriate review team to provide them with a~~and can be mined efficiently, thus allowing more ~~comprehensive representation of the institution's activities over time. It will be used by these review teams as another source of information upon which standards findings and accreditation recommendations may be based. Findings on standards and accreditation recommendations may not be based solely on information provided in biennial reports.~~transparency to the data that is available on programs statewide.

~~***COA Review***~~

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

~~***Commission Review***~~

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

~~IV. Additional Information and Questions about Biennial Reports~~

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

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

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

~~**Combined reports** – In appropriate circumstances and with appropriate disclosure, program reports may be combined. If an institution operates two programs that are very similar but differ slightly in coursework or field experience, it would be acceptable for the institution to combine these two programs into a single biennial report. Programs may combine Section A responses as long as there is significant commonality within the programs.~~

~~However, the institution must include a brief statement that clarifies which programs are represented in the data and a brief statement of the similarities and differences in program structure (a rationale for why the institution chose to combine the reporting of the data). In addition, the combined report should contain disaggregated data for each credential program to determine differences between programs. Institutions should consult CTC staff (BiennialReports@ctc.ca.gov) if it is considering combining data from multiple credential programs in their biennial reports.~~

~~**Multiple Sites** – An institution must submit one biennial report Section A for each approved credential program it operates. This means that if a program is offered at different sites, the data must reflect all candidates enrolled at all sites, but should be disaggregated by site to determine whether any differences exist between sites. Accreditation looks at the institution as a whole and all its programs together. The biennial reporting process is no different in approach. The location of all programs will be noted in Section A of the report.~~

~~**National or Professional Organizations** – Information prepared for national or professional accrediting bodies may certainly be used for the biennial report as long as the resulting report satisfies requirements of the CTC's biennial report.~~

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

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

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

Data plays an important role in accreditation by focusing attention on what the data may indicate about how well a program has prepared its candidates and program completers. In doing so, the accreditation system is focused on outcomes rather than inputs. A third objective is to use data to focus attention on those programs and institutions that appear to need greater attention and to streamline accreditation for institutions where the data indicate that the programs are sound and are preparing educators well.

Data Warehouse, Data Dashboards, and Annual Data Submission

The Commission will maintain a data warehouse in which information about each institution and its approved programs will be stored. In addition, the institution and its approved programs will be responsible for submitting to the Commission, on an annual basis, information related to program context and defined outcome measures. This submission will occur through a password-protected portal. All of the data submitted will be available to the institution, Commission staff, and members of the accreditation team for that institution. It will not be accessible without permission.

With respect to data related to program context some of the information may include, but not be limited to the following types of data

- Number and type of program pathways offered
- Whether the program is delivered face to face, on-line, or a combination
- Candidate demographics such as total enrollment, gender, ethnicity, percentage of full time/part time candidates.

- Admissions requirements such as minimum required GPA, whether satisfaction of the basic skills requirement and demonstration of subject matter is required at admission, percentage of applicants admitted
- Number of units required
- Average length of program
- Number of fieldwork/clinical practice hours required
- Number of solo teaching hours required

With respect to program outcomes, some of the data may include, but not be limited to

- First time pass rates on certain required candidate examinations
- Pass rates on required performance assessments
- To the extent possible, pass rates by candidate competencies on assessments
- Completion rates
- Survey data from the Commission's statewide surveys (such as program completer surveys, master teacher surveys, employer surveys)

Some of the information will be uploaded by program personnel while others may be directly available from the Commission.

How the data will be used

Continuous Improvement by Institutions

As required by Common Standards, each institution must be continually reviewing its program effectiveness and candidate outcomes data and making appropriate improvements. The data in the Commission's Annual Data submission system, data warehouse, and data dashboards will serve as the basis for some of that work.

Informing the Work of Accreditation Teams

In addition, accreditation teams will have access to the data for the institutions and programs for which they are responsible for reviewing. The data itself will not drive the findings, but rather inform further inquiry about whether and to what extent the institution is preparing prospective educators. The data will be used to inform accreditation decisions about program quality and alignment with standards. No accreditation decision will be based solely on any one data source, but rather all of the available evidence, including data, will inform the work of the accreditation teams. Training of reviewers will include understanding and interpreting data and the importance of multiple measures in accreditation.

Focusing Accreditation Efforts on Areas of Greatest Need

A system in which certain data may be reviewed easily will allow the Commission and the accreditation teams to be alerted to some areas that may require further inquiry thus achieving the objective of spending limited accreditation resources in areas in which there may be indications that there may be issues.

Ensuring Greater Transparency in Data for the Public

Certain data that resides in the data warehouse as well as data submitted by institutions annually will be included in the Institutional Profile data dashboard for any member of the public that wishes to view these data. The Commission will identify those data that will be included and available to the public on the dashboard.

Data Submission Timeline and Logistics

The manner in which the data will be submitted each year, the types of data, and the definitions for the specific data elements will be provided on the Commission's website. The Commission staff will consult with the COA and stakeholders in the field to ensure that the data submission process is clear and understandable and achieves the objectives set out in the *Accreditation Framework* of 2015.

Chapter Six
Program ~~Assessment~~Review

Introduction

This chapter provides an overview of the Program ~~Assessment~~Review process, which occurs during ~~year four~~Year Five of the accreditation cycle. ~~The~~ Program ~~Assessment submission includes a clear description of how a program is currently operating. The required information includes~~Review provides the ~~program narrative which describes the course of study candidates complete, and documentation about assessment tools used by the institution to ensure that all candidates recommended for a credential have satisfied the appropriate knowledge and skill requirements.~~Commission and the Institutional Review Team with evidence that an institution is consistently meeting program standards. Once programs have submitted full narrative responses to standards with supporting documentation during Initial Program Review (IPR) and are approved, programs will not be required to submit full narrative responses to standards again, unless it is determined that there is inadequate evidence to demonstrate implementation and it is determined that a full review of the standards is needed. The program documents enumerated below provide the required information for the initial review in Year Five. If the review team determines that additional narrative or documentation is needed, the institution will be able to provide it prior to the site visit. Programs transitioning to new standards should refer to section IV of this chapter.

I. Purposes of Program ~~Assessment~~Review

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

Trained reviewers from the Commission's Board of Institutional Review (BIR) will review the program submission during Year Five of the seven-year accreditation cycle along with annual program data and analysis, and provide a Preliminary Report of Findings on the alignment of program activities with Program Standards. The BIR will review the submission only one time and provide feedback to the institution, which may choose, or in some cases be required, to provide a Program Review addendum for additional review 60 days prior to the site visit by the site visit team. BIR members will review the Common Standards concurrently with Program Standards and in some cases will refer to the evidence presented for Program Review during the review of the Common Standards Submission. The Preliminary Report of Findings along with the Program Review addendum forms the basis of the BIR team's review of the program's implementation in Year Six during the accreditation site visit to determine the degree to which Program Standards

are met. Program Review is not a single source of information. Data available in the data warehouse, such as survey data and assessment data, and data submitted by the institution annually, such as enrollment and completion data will be critical components used by the BIR members in understanding the program.

II. II. Program Assessment DocumentationReview Submission

A Program Assessment documentationReview submission is submittedrequired for each Commission-approved educator preparation program offered by the institution. During year three of the accreditation cycle, each program chooses its submission date for one of the months of the Program Assessment window (*see Commission website for due dates*).

Part I – Meeting Each Standard

Part I is the narrative response to the current program standards describing how the program is meeting each of the program standards. In the preparation of Part I, those writing the responses must remember that re-phrasing the standard does not provide information on **how** the program is meeting the standard. Each program's response may be unique in how it meets the standards because the program was developed to reflect the institution's mission, needs of the surrounding area, philosophical beliefs, etc. Therefore, the response to each standard should clearly and succinctly state how the program is meeting all parts of the standard. The CTC strongly encourages programs to submit their program narratives in the template format available for the Common Standards at http://www.ctc.ca.gov/educator-prep/program-standards.html and for the program standards at http://www.ctc.ca.gov/educator-prep/STDS-prep-program.html

Part II – Course of Study/Syllabi

Part II includes the candidates' current course of study, to provide readers with the documentation that links the narrative response to the program's current practices. If a program claims that any or all of a standard is met in a course, professional development offering, or formative assessment system activity, readers should be able to substantiate that claim by finding documentation in the objectives, schedule, assignments, readings and other information noted in the course syllabi, professional development agenda, or formative assessment system documentationProgram Review submission dates will be determined by the Administrator of Accreditation. Each .

If the institutions use a particular form as a template or course outline that is required as the core of each course, it may submit that one course outline in the Program Assessment document. However, if each instructor designs their section of the course on their own, institutions must include each course syllabus for all courses taught in the two years prior to Program Assessment. Reviewers will need to read each one in order to substantiate the claims made in the narrative.Program Review is outlined below. The submission guidelines are subject to change as deemed appropriate by the Committee on Accreditation.

Part III – Assessment Information

~~Part III is the documentation that supports the program's Biennial Reports. It includes assessments that are used to determine candidate competence and program effectiveness, including rubrics, training information, and calibration activities that the program reports on in the Biennial Report.~~

~~For institutions reporting data from the TPA (Cal TPA, PACT or FAST models), there is no need to give the background on the development of the examination, validity and reliability information, etc. However, it is important to note how assessors are trained in the particular area, how often the scoring is calibrated, and the information particular to the location for how the TPA is administered.~~

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

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

~~III. Review of Program Assessment Documents~~

~~The Program Assessment document~~Differentiated instructions for both preliminary and second tier induction programs can be found at the Commission's Accreditation webpage.

Program Description

The program description is a clear and brief description providing context for the evidence being submitted during Program Review. This section might provide information as to whether courses are taken as a cohort, can be taken out of order, or other pertinent information that provides a clear picture of how the program is designed. The guiding philosophies for the program or specific mission should be included. The Program Description is not to exceed 500 words.

The program description should also include a table showing delivery models and other options/pathways available at each location (if more than one).

Organizational Structure

This section requires a graphic to demonstrate how the program leadership and faculty/staff are organized within the program and how the program fits into the education unit, including faculty serving in non-teaching roles, including the roles and responsibilities of those involved in mentoring and/or supervision of candidates in field placement aspects of the program. The graphic should depict the chain of authority and include individuals up to the dean or superintendent level.

Faculty/Mentor and Professional Development Personnel Qualifications

This section requires institutions to provide information on the qualifications of faculty and instructional personnel. Requirements include a table that provides an overview of faculty and/or mentors, coaches and professional development personnel. The table should include the number of full time, part time, adjunct, and retired annuitants. Vacancies should also be noted.

Preliminary Programs are required to submit a current annotated faculty and/or instructional personnel list. The list will denote faculty name, degree, status (full time, part-time, retiree), and list of courses he/she teaches. Links to all courses and most recent syllabus should be provided for each faculty member listed. Induction programs submit similar information for mentors and professional development providers. *Complete instructions and required templates for both preliminary and induction programs can be found at the Commission's Program Review Webpage.*

Course/Program Sequence

This section requires institutions to provide a link to clear information about the sequence in which candidates take courses or complete the program. Program sequence should be provided for each pathway or model.

Course Matrix (applies to preliminary programs only)

Each preliminary program must provide a course matrix denoting the introduction, opportunities to practice, and candidate assessment for each of the competencies for that credential. Required course matrix templates can be found on the Commission's Program Review webpage. These templates provide the candidate competencies for each program and must be used.

Fieldwork and Clinical Practice

This section requires institutions to provide specific evidence of meeting the requirements of fieldwork and clinical practice as described in the Commission standards for that program. Complete information and required templates regarding specific submission requirements for both preliminary and induction programs can be found on the Commission's Program Review webpage.

Credential Recommendation

This section requires a brief description of the program's process to ensure that only qualified candidates are recommended for the credential. This section should include a link to the program's candidate progress monitoring document or other tracking tool used to verify that candidate has met all requirements for the program prior to recommendation.

For required exhibits and guidance, differentiated instructions for Program Review submission can be found on the Commission's Program Review webpage.

III. Review of Program Review Submission

The Program Review submission will be reviewed by trained members of the Board of Institutional Review (BIR) who have expertise in each program area. The reviewers will also have access to the ~~biennial reports that have been submitted in this accreditation cycle.~~institution's portion of the data warehouse, such as survey and assessment data, and data submitted by the institution annually, such as enrollment and completion data. Reviewers will be looking for the following:

- Does the narrative ~~describe **how** the standard is met~~provide a brief description that provides the context for the review team?
- Does the implementation, as ~~described~~provided through evidence, meet the standard? That is~~, if there are key phrases in the standard, such as "multiple systematic opportunities to" or "candidates~~ does the evidence demonstrate ~~in the field," has the program demonstrated **how** it~~**how** the institution meets ~~each key phrase within~~ the standard?
- Does the ~~documentation substantiate~~evidence provided demonstrate that the ~~claims made in the narrative?~~institution is consistently meeting Program Standards? That is, does the ~~narrative~~submission include links to ~~syllabi or~~the organizational structure, faculty qualifications, course ~~of study examples of what the program narrative claims?~~sequence, course syllabi, and other exhibits as required? Furthermore, does the ~~program narrative or course of study~~evidence link to the assessments used to ensure that candidates develop the required knowledge and skill?
- What is the evidence that a program gathers from each candidate to demonstrate competency or completion of the program and by what means is that evidence judged? ~~For example, in a Tier II program, how does the program know that each candidate demonstrated required elements of formative work?~~

~~As the reviewers read, they are~~Program Review submissions are reviewed to determine if the standard is preliminarily aligned or if more information is needed. If more information is needed, ~~they are to write~~reviewers clearly ~~and specifically~~specify what additional information is needed and how it relates to one of the points above. ~~For example, is more information needed on how~~The program provides an Addendum to Program Review for the ~~standard is met or, is documentation to support~~team during the ~~narrative needed?~~ site visit.

~~Once the reviewers have completed their work, a Preliminary Report of Findings review form~~The Program Review submission is reviewed only one time by the BIR team. BIR team feedback will be sent by ~~CTC~~Commission staff to the institution~~. The institution~~ in a Preliminary Report of Findings that will be ~~encouraged to submit~~ required as part of the ~~additional information to ensure that the Program Assessment process is completed before~~preparation for the site visit ~~begins. After~~in Year Six. Once the institution has ~~submitted the additional information, the same reviewers will be asked to revisit the document and determine whether the additional information supports a finding that a standard is preliminarily aligned. The updated~~ received the Preliminary Report of Findings ~~will be sent by CTC staff to the institution and will identify any additional information that is still needed. This dialogue between institution and reviewers may continue until 4-6 months before the~~ , it has the option to provide a Program Review addendum 60 days prior to the site visit for additional review by the site visit team that addresses any areas needing further information. However, depending on the findings of the program review team, the Commission may require an institution to submit an addendum 60 days prior to the site visit. The Preliminary Report of Findings along with the Program Review Addendum, provides a basis for the BIR team's review of the program's implementation in Year Six during the accreditation site visit.

If the ~~. If there are questions or concerns that have not been resolved when the Program Assessment process concludes~~reviewers determine that there is inadequate evidence to understand program implementation and conclude that a full program review is needed, the Administrator of Accreditation may ~~include~~assign an additional member ~~on~~to the site visit team who can focus exclusively on ~~the program~~that program. This constitutes an extraordinary activity and cost recovery fees of $1000 per additional member will be assessed to the institution.

The site visit team makes all decisions to determine the degree to which Program Standards are met and makes an accreditation recommendation to the COA, who then determines accreditation status.

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

Program ~~Assessment~~ Review
Preliminary Report of Findings

Status	Standard
More Information Needed OR	**Standard 1: Program Design** ***Questions, Comments, Additional Information Needed:*** Identify the ~~parts of the standard~~areas that did not have sufficient ~~descriptive narrative~~evidence, the parts of the standard where it was not clear "HOW" the program aligns with the standards, or what additional documentation needs to be ~~provided~~made available at the site visit.

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

Additional Information

~~Additional information regarding Program Assessment is available~~Please see the Program Review webpage on the Commission website ~~at http://www.ctc.ca.gov/educator-prep/program-accred-assessment.html.~~for additional information. Those who are preparing Program ~~Assessment documents~~Review submissions may also contact ~~CTC staff~~their Cohort Consultant for technical assistance.

IV. Programs that are Transitioning to New Program Standards

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

Programs that plan to transition to the new standards the year after the Program ~~Assessment process~~Review submission is completed must submit updated ~~copies~~evidence and links of their program documents.

Chapter Eight
Accreditation Decisions: Options and Implications

Introduction

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

I. Accreditation Decision Options

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

- Accreditation
- Accreditation with Stipulations
- Accreditation with Major Stipulations
- Accreditation with Probationary Stipulations
- Denial of Accreditation

~~Below are definitions for each of the accreditation decisions followed by the operational implications of each of the options.~~ When the COA reviews a team's accreditation report, they ~~will~~ consider two types of ~~standards~~ findings identified by the team. The first ~~will be shown~~is a determination as to whether Common Standards or ~~program standards~~Program Standards that are ~~"~~met, not met~~"~~, or that are ~~"~~met with concerns~~."~~.

The second ~~will be shown as~~type of findings is statements ~~("~~(stipulations~~")~~) that describe what an institution must do to meet a standard that is ~~substantially "~~not met~~"~~ and that, because of its significant impact on the quality of candidate preparation, prevents the institution from being recommended for accreditation. The stipulations are conditions that must be satisfied before the COA can consider granting an accreditation decision of *Accreditation.* Table 1 identifies the possible follow-up activities that may be required in the COA's accreditation decision.

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

Institution Actions Following an Accreditation Site Visit	Accreditation Status ✓Indicates a required follow-up activity * Indicates a possible follow-up activity				
	Accreditation	with Stipulations	with Major Stipulations	with Probationary Stipulations	Denial of Accreditation
Participate in routine accreditation activities, i.e. Annual Data Analysis and Program Review.	✓	✓	✓	✓	
Submit ***Seventh Year Follow-up Report*** addressing all stipulation(s), identified area(s) of concern and/or questions.	*	✓	✓	✓	
Provide additional program documents and/or data addressing all stipulation(s), identified area(s) of concern and/or questions per instructions of COA.		✓	✓	✓	
Submit periodic Follow-up Reports (30 days, 90 days, as determined by the COA) to ensure that appropriate action is being taken in a timely manner.		*	*	*	
Revisit by Commission staff, team lead, and 1 or more team members.		*	*	✓	
Institution notifies all current and prospective candidates of the institution's accreditation status.			*	✓	✓
Institution is prohibited from accepting new candidates in one or more programs until the stipulations have been removed.			*	*	✓
Institution is prohibited from proposing new programs until the stipulations have been removed.		*	*	✓	✓
If a stipulation is included that requires closure of a program, the institution must wait a minimum of two years to submit new educator preparation program proposal for Initial Program Review of the same credential type.		*	*	*	

Below are definitions for each of the accreditation decisions followed by the operational implications of each of the options.

Accreditation

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

Operational Implications

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

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

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

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

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

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

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

~~**Institution Actions Following an Accreditation Site Visit**~~	~~**Accreditation (✓ Indicates a possible follow-up activity)**~~			
	~~**Accreditation**~~	~~**with Stipulations**~~	~~**with Major Stipulations**~~	~~**with Probationary Stipulations**~~
~~Provide addendum to Biennial Report and Program Assessment documents addressing all stipulation(s), identified area(s) of concern and/or questions.~~			✓	✓
~~Submit periodic Follow-up Reports (30 days, 90 days, as determined by the COA) to ensure that appropriate action is being taken in a timely manner.~~			✓	✓

~~Re-visit by CTC staff and team lead.~~		✓	✓	✓
~~Re-visit by CTC staff, team lead, and 1 or more team members.~~			✓	✓
~~Institution notifies all current and prospective candidates of the institution's accreditation status.~~			✓	✓
~~Institution is prohibited from accepting new candidates in one or more programs until the stipulations have been removed.~~				✓
~~Institution is prohibited from proposing new programs until the stipulations have been removed.~~				✓

Accreditation: Accreditation with Stipulations

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

Operational Implications

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

- Participate in the accreditation activities required of its assigned cohort, which are ~~Biennial Reports, Program Assessment~~Annual Data Review/Analysis, Preconditions Review, Common Standards Review, Program Review, and Site Visits.
- Respond to all concerns identified in the adopted accreditation team report and all stipulations specified in the COA action, and submit, within one year, a ~~written seventh year~~ report with appropriate documentation that demonstrates how all concerns and stipulations have been addressed.
- Depending on the particular stipulations placed on the institution, the COA will determine whether new programs may be proposed to the COA.
- Abide by all ~~CTC~~Commission and state regulations.

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

- Be required to submit additional periodic reports, host a revisit, refrain from proposing new programs, and/or close an individual program as determined by COA.
- Continue all accredited credential programs and propose new credential programs to the COA at any time, unless otherwise directed by COA.
- Indicate in all publications and documents that it is accredited by the ~~CTC~~Commission.

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

Removal of Stipulations

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

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

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

Stipulations requiring Closure of Individual Programs may not be removed. Institutions must wait a minimum of two years before submitting a proposal for Initial Program Review of the same credential type.

Accreditation with Major Stipulations

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

Operational Implications

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

- Participate in the accreditation activities as required of its assigned cohort, which are ~~Biennial Reports, Program Assessment~~Annual Data Review/Analysis, Preconditions Review, Common Standards Review, Program Review, and Site Visits.
- Respond to all concerns identified in the adopted accreditation team report and all stipulations specified in the COA action, and submit, within one year, a ~~written seventh year~~ report with appropriate documentation that demonstrates how all concerns and stipulations have been addressed.
- Notify students of its accreditation status. The COA will determine whether student notification is required, and if so, whether all students or only students in particular credential programs are to be notified
- Abide by all Commission and state regulations.

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

- Continue all accredited credential programs, unless otherwise directed by COA.
- Depending on the particular stipulations placed on the institution, the COA will determine whether new programs may be proposed to the COA.
- Indicate on its website its accreditation status.
- Submit periodic reports if required by the COA accreditation action.

- Prepare for a focused revisit by the team lead and consultant and, as required, members of the accreditation team.
- Work with the state consultant to plan the revisit that will address the concerns contained in the adopted team report and the stipulations placed upon it by the COA action.
- Close a specific program.
- ~~Depending on the particular stipulations placed on the institution, the COA will determine whether new programs may be proposed to the COA.~~
- Abide by all CTC ~~and state regulations.~~

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

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

Removal of Stipulations

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

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

The COA will review the revisit report and determine whether all stipulations and concerns have been addressed. If the COA determines that all stipulations and concerns have been corrected, the COA will act to remove the stipulations and change the status of the institution from *Accreditation with Major Stipulations* to *Accreditation*. If the COA grants the institution

Accreditation, the institution will be permitted to continue all accredited credential programs and to propose new credential programs to the COA at any time. The revisit report of the team, the action of the COA to remove the stipulations, and the new accreditation decision will be posted on the ~~CTC's~~Commission's website. The institution may then notify its constituency of its change of accreditation status as appropriate.

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

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

Stipulations requiring Closure of Individual Programs may not be removed. Institutions must wait a minimum of two years before submitting a proposal for Initial Program Review of the same credential type.

Accreditation with Probationary Stipulations

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

Operational Implications

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

- Participate in the accreditation activities as required of its assigned cohort, which are ~~Biennial Reports~~Annual Data Review/Analysis, Preconditions Review, Common Standards Review, Program ~~Assessment~~Review, and Site Visits.

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

An institution receiving a recommendation of *Accreditation with Probationary Stipulations* is permitted to continue all accredited credential programs for a period of one calendar year~~.~~, although the COA may place limitations on particular programs. The institution **may not**:

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

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

- Close a specific program.
- Be prohibited from accepting new candidates in one or more programs until the stipulations have been removed
- Continue all accredited credential programs for a period of one calendar year, although the COA may place limitations on particular programs, including closure.
- Be required to demonstrate to the COA satisfactory progress in addressing particular areas of interest, whether identified as stipulations or concerns, prior to one calendar year. This will be determined by the COA in its accreditation action.

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

Removal of Stipulations

The institution must respond to all concerns identified in the adopted accreditation team report and all stipulations placed on it by action of the COA. This is done by preparing a written ~~seventh year~~ report for submission to the state consultant within one calendar year of the visit. The ~~seventh year~~ report must contain documentation demonstrating that all concerns and stipulations have been addressed. Typically, the state consultant, in consultation with the team lead assigned to the original visit, will review the report, determine whether all instances of

deficiencies appear to have been addressed in the institution's response, and analyze progress made by the institution in meeting any standards not fully addressed in the report.

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

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

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

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

Stipulations Requiring Closure of Individual Programs may not be removed. Institutions must wait a minimum of two years before submitting a proposal for Initial Program Review of the same credential type.

Stipulations Requiring Closure of an Individual Program

In some instances the review team may find that a specific credential program does not meet more than one-half of the standards and determine that the program should be closed.

An institution receiving a recommendation of *Accreditation with Stipulations, Accreditation with Major Stipulations or Accreditation with Probationary Stipulations* that includes a stipulation that the institution close a credential program **must**:

- Take immediate steps to close the identified program at the end of the semester or quarter in which the COA decision occurs.
- Announce that it has had its accreditation for the identified educator preparation program denied. All students enrolled in the program must be notified within 10 days of COA action that the COA has acted to require closure of the program and that the program will terminate at the end of the semester, quarter, or within 3 months of when the COA decision occurs, as determined by the COA. The Commission must receive a copy of this correspondence.
- File a plan of discontinuation of the identified program within 30 days of the COA's decision. The plan must give information and assurances regarding the institution's efforts to place currently enrolled students in other credential programs to provide adequate assistance to permit students to complete their particular credential program.
- Upon the effective date of the closure of the credential program, as determined by the COA, the institution will remove from all institutional materials and website any statements that indicate that the program is accredited by the Commission.
- The action of the COA and the closure of the program will be posted on the Commission's website.
- Once the program has closed, an update must be provided to the COA at its next regularly scheduled meeting.
- The institution would not be eligible to re-apply for accreditation of the closed credential program for a minimum of two years after which the institution must submit a new program proposal and adhere to the review process for a new educator preparation program including all applicable fees.
- In situations where the COA has acted to close a program and the timeframe for doing so is subsequent to the end of the fiscal year, the institution will not be charged an annual accreditation fee for the program into the new fiscal year.

An institution receiving a recommendation of *Accreditation with Stipulations, Accreditation with Major Stipulations or Accreditation with Probationary Stipulations* that includes a stipulation that the institution close a credential program **may**:

- Continue all accredited credential programs with the exception of the specific credential program that must be closed.

Denial of Accreditation

Part 1: General Definitions, Parameters, ~~and~~ Operational Implications for Denial of Accreditation

The COA can deny accreditation upon either an initial visit or a revisit to an institution. Although a recommendation of Denial of Accreditation typically comes after a finding of probationary status at an initial visit and after the institution has been provided with an opportunity to institute improvements, a review team can recommend Denial of Accreditation at **any time** if the situation warrants the finding in accordance with this section of the Handbook.

a) Initial Visits

A COA decision of Denial of Accreditation upon an initial visit means that extremely serious and pervasive issues exist at an institution. In these instances, the COA has determined that it is highly unlikely that the issues and concerns identified by a review team and COA can be successfully addressed and rectified in a timely manner. The particular facts, the leadership and/or the infrastructure indicate that a significant amount of time and work must be devoted should the institution choose to address the identified issues during which time it is not prudent to have candidates enrolled in the credential program.

Parameters to be Used in Considering a Team Recommendation of Denial of Accreditation at an ~~initial site visit~~Initial Site Visit

If on an initial site visit, the review team's findings are more serious than what is defined in the Accreditation with Probationary Stipulation section above, the review team may consider Denial of Accreditation at an initial site visit. These findings might include:

- An overwhelming number of the standards were found to be not met, suggesting that candidates are not able to acquire the knowledge, skills, and abilities required in the standards.
- Significant misrepresentations that were apparently intentionally made to the site visit team and/or in the documents presented to the site visit team.
- The institution qualifies for the ruling of Probationary Stipulations in the table General Guidance for Initial Site Visit Team Recommendations (based upon the number of standards unmet), but the team feels that candidates and/or students in the K-12 classroom are possibly being harmed or a disservice is being done to them due to the degree to which those standards are not being met. The degree of harm makes the determination "denial" instead of "probationary".
- The institution has blatantly and systematically disregarded the policies and processes of the Commission on Teacher Credentialing regarding credential program approval, credential program implementation, and candidate completion, establishing a pattern of disregard.
- The institution is routinely credentialing candidates who were clearly not meeting all credential requirements.
- ~~An overwhelming number of the standards were found to be not met, suggesting that candidates are not able to acquire the knowledge, skills, and abilities required in the standards.~~

b) Revisits

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

Operational Implications (for either Initial Visits or Revisits)

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

- Take immediate steps to close all credential programs at the end of the semester or quarter in which the COA decision occurs.
- Announce that it has had its accreditation for educator preparation denied. All students enrolled in all credential programs must be notified within 10 days of Commission action that accreditation has been denied and that all credential programs will end at the end of the semester, quarter, or within 3 months of when the COA decision occurs. The Commission must receive a copy of this correspondence.
- File a plan of discontinuation within ~~90~~30 days of the COA's decision. The plan must give information and assurances regarding the institution's efforts to place currently enrolled students in other credential programs to provide adequate assistance to permit students to complete their particular credential programs.
- Upon the effective date of the closure of credential programs, as determined by the COA, remove from all institutional materials and website any statements that indicate that its credential programs are accredited by the ~~CTC~~Commission.

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

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

Part II: Procedures to Be Used by COA Regarding Denial of Accreditation

Revisits

Denial of Accreditation after a **revisit** by a site visit team requires a simple majority vote by the COA.

Initial Visits

A Denial of Accreditation after an **initial site** visit requires a 2/3 majority vote of COA members present at the meeting. In determining a decision of Denial of Accreditation after an **initial** site visit, the COA will employ the following protocol:

- The COA takes action at a regularly scheduled meeting (via a 2/3 vote) to deny accreditation.
- ~~Subsequent to the COA vote to deny accreditation, the COA **may** send a focused site visit team (2 or more experienced staff or BIR members) to revisit the institution to verify the initial findings or outline additional information that may influence the COA's decision/vote and to work with the institution to identify possible next steps for the institution.~~
- ~~If a focused site visit team has been convened, the COA revisits its decision at the next regularly scheduled COA meeting after receiving focused site visit team report.~~

Process of Re-applying for Initial Institutional Accreditation

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

II. Guidance for the Team Recommendation

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

The COA makes one accreditation decision for the institution and all of its approved educator preparation programs. This accreditation decision reflects, to a great degree, the team's findings on the Common Standards. However, if one or more programs are found to have significant

issues, it is likely that one or more related common standards will reflect findings of ~~"Met with Concerns" or "Not Met."~~Met with Concerns or Not Met. If a specific program is determined to have significant concerns that are not reflected in the Common Standards or in other education preparation programs at the institution, the team has the option of making an accreditation decision with the added stipulation that the specific program be closed.

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

Table 2: General Guidance for Initial Site Visit Team Recommendations*

Common Standards Less than Fully Met		Range of Accreditation Recommendations				~~Denial of Accreditation~~	
# Met with Concerns	**# Not Met**	**~~Accreditation~~Accreditation**	**with Stipulations**	**with Major Stipulations**	**with Probationary Stipulations**	**Denial of Accreditation**	
0	0					Used only in extreme situations in accordance with the provisions in this *Handbook*	
1-2	0						
~~1-2~~3-4	~~1-2~~0						
~~1-2~~5	~~3-4~~0						
~~3-4~~0	~~0~~1-2						
~~3-4~~1-2	1-2						
3-4	~~3-4~~1-2						
~~3-4~~1-2	~~5+~~3-4						
~~5+~~0	~~0-2~~5						
~~5+~~More than one-half of program standards Not Met		~~3+~~					

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

When teams are deliberating about the accreditation recommendation, they must consider the findings on the ~~common standards~~Common Standards, as well as the number and severity of standard findings for the programs. The table identifies the range of likely accreditation

recommendations for an institution based on the number of ~~common standards~~Common Standards that are ~~"~~Met with Concerns~~"~~ or ~~"~~Not Met~~."~~. If an institution has only a couple of ~~common standards~~Common Standards found to be ~~"~~Met with Concerns~~"~~ or ~~"~~Not Met~~,"~~, then the accreditation recommendation would likely be *Accreditation* or *Accreditation with Stipulations* which are on the left side of the range shown on the table. If, on the other hand, there are a number of ~~common standards~~Common Standards found to be ~~"~~Met with Concerns~~"~~ or ~~"~~Not Met~~,"~~, then the team's accreditation recommendation would likely be in the middle or towards the right side of the range identified ~~above~~in Table 2.

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

The information provided in ~~the table~~Table 2 is only a general reference tool for teams as they consider the impact of the findings on all common and program standards to determine an accreditation recommendation. It does not replace the critically important professional judgment that team members bring to discussions about the *degree* to which an institution and its programs align with the adopted standards. Similarly, it does not replace the team's assessment of the strengths and weaknesses of an institution and its programs, nor of the team's judgment about the impact of the institution on candidates or the quality of the institution's offerings. By the end of the site visit, team members have a great deal of information about an institution, its unique characteristics, and the quality of its programs. That knowledge, as supported by evidence, is used by the team to generate and justify an accreditation recommendation.

In like fashion, ~~the table~~Table 2 serves as a reference tool for the COA which must consider information from the accreditation report, the team lead, and the institution to render a single accreditation decision. The table is not a substitute for the professional judgment and experience of the COA members nor is it a substitute for the deliberations that take place at the COA meeting where the accreditation report is presented.

Chapter Nine
Activities during the Seventh Year of the Accreditation Cycle

Introduction

Once an accreditation decision has been made by the COA, institutions still have an on-going responsibility to attend to accreditation matters in the ~~7th~~seventh year of the accreditation cycle. Depending on the accreditation decision, these activities can range from simply continuing routine accreditation activities, such as collection and analysis of candidate and program data, to major revisions of programs to bring them into alignment with state-adopted standards. The specific activities will depend upon the issues identified by the review team and the accreditation decision rendered by the COA. Many, but not all, institutions will be required to submit a seventh year report. This chapter clarifies the expectations for the seventh year of the cycle and the seventh year reporting requirement.

I. Accreditation Decisions and Consequent Institution Activities

As described in the ~~previous chapter~~Chapter 8, the COA can make one of five accreditation decisions. These include the following:

- Accreditation
- Accreditation with Stipulations
- Accreditation with Major Stipulations
- Accreditation with Probationary Stipulations
- Denial of Accreditation

~~The previous chapter~~

Chapter 8 delineated the operational implications for each of the possible accreditation decisions~~. The table below~~, and summarizes some, but not all, of the required activities for each of the various accreditation decisions. ~~The previous chapter~~Chapter 8 should be consulted for specific information about the definition and operational implications of each accreditation decision. Ultimately, the specific actions required of any given institution in the seventh year will be set forth in the action taken by the COA.

Expectations for All Institutions in the Seventh Year of the Cycle

Underlying the various ~~major~~ components of the current accreditation system is the expectation that all institutions will be vigilant in addressing issues of program quality on an on-going basis. In the current system, this expectation does not cease with the completion of the site visit in the sixth year. On the contrary, the seventh year of the cycle is critical to the achievement of the purposes of accreditation (ensuring accountability, ensuring quality programs, adherence to standards, and fostering program improvement). Not only does the current system require that the institution act in a timely manner to address issues identified during the accreditation review,

it assumes that all institutions engage in on-going program improvement that does not begin nor end with the site visit, regardless of the accreditation status of the institution.

For institutions for which stipulations were determined, action must be taken to address the stipulations in one calendar year. For this reason, the activities undertaken in the seventh year are particularly critical. Institutions with Major Stipulations or Probationary Stipulations that do not sufficiently address the stipulations could be faced with Denial of Accreditation.

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

~~Table 1: Accreditation Decisions and Consequent Institution Activities~~

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

~~Institution Actions Following an Accreditation Site Visit~~	~~Accreditation~~			
	~~Accreditation~~	~~with Stipulations~~	~~with Major Stipulations~~	~~with Probationary Stipulations~~
~~Institution notifies all current and prospective candidates of the institution's accreditation status.~~			~~✓~~	~~✓~~
~~Institution is prohibited from accepting new candidates in one or more programs until the stipulation(s) has been met.~~				~~✓~~
~~Institution is prohibited from proposing new programs until the stipulation has been met.~~				~~✓~~
~~After a two-year hiatus, an institution must file for Initial Institutional Approval~~				

~~✓ *Possible follow-up activity*~~

All Institutions in the Seventh Year

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

Accreditation

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

reporting is required, the COA must specify this in the action taken at the time of the accreditation decision.

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

Accreditation with Stipulations

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

No Revisit Required

In the cases where a revisit was determined unnecessary by COA, the consultant, and in some cases the team lead~~er~~, will review the responses provided in the ~~seventh year~~ report submitted by the institution in the seventh year that identifies actions take to address stipulations. These responses will be summarized in an agenda item for the COA to consider in making its determination as to whether or not sufficient progress has been made to remove the stipulations. COA considers the recommendation of the ~~CTC~~Commission consultant and, if appropriate, the team lead~~er~~ in determining the removal of the stipulations at a regularly scheduled meeting. Institutional representatives should attend the meeting to ensure all questions and concerns of COA are addressed at the meeting as the members consider the removal of stipulations.

Required Revisit

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

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

Accreditation with Major Stipulations

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

Required Revisit

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

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

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

Accreditation with Probationary Stipulations

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

Plan to Address Stipulations

A determination of Accreditation with Probationary Stipulations requires that the institution submit an action plan describing the steps the institution will take to address the stipulations and provide updates at specified intervals, as determined by the COA. The COA determines the timeline for submitting the plan~~, but typically the plan must be submitted either 60 or 90 days after the COA meeting in which the COA has made the determination of Probationary Stipulations. The CTC~~ (see Chapter 8). The Commission staff consultant and the Administrator of

Accreditation determine the sufficiency of the plan and provide updates to the COA as appropriate.

Revisit
A revisit is required for any institution with Accreditation with Probationary Stipulations. This revisit should take place approximately one year after the original site visit. During the seventh year, the institution should continue working with its ~~CTC~~Commission staff consultant to plan for the revisit and to ensure common understanding of what is expected to be addressed at the revisit. A ~~seventh year~~ report must be provided by the institution in the seventh year identifying how it has addressed the stipulations which will, in turn, be provided to the review team to help the team's assessment of the progress being made in addressing the findings of the review. The ~~CTC~~Commission consultant will work with the institution to determine the specific revisit needs as directed by the COA action and help guide the institution in determining the type of evidence and progress expected at the time of the site visit.

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

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

Denial of Accreditation
If after a revisit, the COA determines that sufficient progress has not been made, the COA could recommend *Denial of Accreditation.*

The COA can deny accreditation upon either an initial visit or a revisit to an institution. Although a recommendation of Denial of Accreditation typically comes after a finding of probationary status at an initial visit and after the institution has been provided with an opportunity to institute improvements, a review team can recommend Denial of Accreditation at **any time** if the situation warrants the finding in accordance with Chapter 8 of the Handbook.

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

Institutional Requirement for ~~seventh Year~~a Report in the Seventh Year

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

Accreditation Decision and Requirements for Submitting ~~seventh Year~~a Report in the Seventh Year

Activity	Accreditation	Accreditation with Stipulations	Accreditation with -Major and Probationary Stipulations
Report Submitted to ~~CTC~~Commission	COA discretion	Yes	Yes
Type of Report	One of ~~three~~two options as determined by COA: 1) No report ~~2) s~~Seventh Year Report ~~3)~~2) ~~Biennial Report~~	~~Seventh Year~~ Report Addressing Stipulations	~~Seventh Year~~ Report Addressing Stipulations
To be addressed in Report	(If required by COA) ∗ Standards Not Met –(if applicable) ∗ Standards Met with Concerns———— (if applicable) Any other areas included in COA action at the time the accreditation decision is made.	∗ All Stipulations ∗ Standards Not Met ——(if applicable) ∗ Standards Met with Concerns (if applicable) Any other areas included in COA action at the time the accreditation decision is made.	∗ All Stipulations ∗ Standards Not Met (if applicable) ∗ Standards Met with Concerns (if applicable) Any other areas included in COA action at the time the accreditation decision is made.
Review Process	~~CTC~~Commission staff reviews. Reports to COA that areas to be addressed were appropriately addressed in report.	If no revisit required, ~~CTC~~Commission staff reviews and reports progress made to COA. If revisit required, revisit review team reviews report, along with information collected during the revisit to determine whether progress has been made in meeting standards. In both cases, progress is reported to COA to determine whether to remove stipulations and change accreditation decision.	Revisit team reviews report along with information collected during the revisit to determine whether progress has been made in meeting standards. Revisit team makes findings on standards in light of this new information and COA determines whether to remove stipulations and change accreditation decision.

Chapter Eleven:
Board of Institutional Review Member Skills and Competencies

Introduction

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

I. Selection of Team Members

~~Team members~~Individuals are selected for membership in the BIR based on the recommendation of a colleague, the ~~team members'~~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~~ and to provide feedback to CTC staff on the skill level of the prospective members.~~. BIR members assigned to a site visit are expected to utilize the ~~following~~ skills outlined in this chapter during the visit and, if necessary, to request assistance or guidance from the team lead and/or the ~~CTC~~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~~; and
- Ability to access electronic information, search for pertinent information, and appropriately ~~cite the source~~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~~Initial Program Review (please see Chapter Three) or a Program ~~Assessment review~~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~~ with a schedule posted on the Commission's accreditation webpage.~~. The outcome of the initial review of the program proposal is a set of responses for each program standard. The reviewers must agree whether there is sufficient evidence contained in the documents to find that each program standard is met. If not, the reviewers must identify the nature of the information that is not addressed or is not documented. Institutions then revise the program proposal and resubmit with additional documentation. The same pair of readers reviews the revisions and 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 ~~**Assessment Reviews**~~Review and Common Standards Submissions*

BIR members are also instrumental in the Program ~~Assessment~~ Review and Common Standards review process (Chapter Six) which occurs in the ~~4~~fifth year of the accreditation cycle. ~~These reviews occur periodically throughout the year and are performed at the Commission on Teacher Credentialing (CTC) office, and provide valuable information to an institution about whether any of its programs might not be aligned to standards.~~ Performing this review requires reading and analyzing brief program narratives, course syllabi, assessments, and other ~~supporting~~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 ~~Assessment~~Review Preliminary Report of Findings (PRF)* that reflects the result of their deliberations. ~~The *PRF*~~The *Preliminary Report of Findings* is sent to the institution, which ~~revises its documents and resubmits them~~prepares an addendum for ~~another~~ review~~. Once all program standards are preliminary aligned, or~~ by the ~~accreditation~~ site visit ~~is within 3-6 months, the Program Assessment process ends.~~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 usually occur in the spring and 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 eightthe following items:

1.

Common Standards Narrative

1. 2. Documentation linked from theResponses, Common Standards NarrativePreliminary Report of Findings; and Institutional Addendum
2. 3. Program Summaryies for each approved educator preparation program

4. Program Narratives*Review submissions, Preliminary Report of Findings, and Institutional Addendums addressing all adopted program standards for each Commission-

3. approved educator preparation program

5. Documentation linked from each of the Program narratives.

6. Program Assessment Feedback for each of Data, including survey data submitted to the Commission approved educator

preparation programs

4. 7. Biennial Reports submitted since the last site visit (Section A, for each approved program and Section B, institutional summary)

8. Feedback from CTC for each Biennial Report

5. Commission feedback relevant to data submissions

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

BIR Member Tasks	**Initial Program Review**	**Program ~~Assessment~~ Review**	**Common Standards Response**	**Site Visit**
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

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

~~*Identify How an Institution Responds to each Standard*~~

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

~~*Note Generalizations and Other Vague Language*~~

~~Responses to the standards should be clear and concise. The response should address "how" an institution meets a standard. It is important to follow up on language that is unclear or statements that make claims that don't have supporting documentation. It may merely be unclear language; it can also point to possible areas of weakness.~~

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

~~*Note Key Forms*~~

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

~~*Look for Formulas*~~

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

> *Respect Institutional Mission and Goals*
>
> Institutions and their programs are permitted to meet adopted standards in their own ways~~.~~ and in alignment with the institution's own mission and goals There is no one best way of preparing educators. The team's task is to ensure that there is a preponderance of evidence to support 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 *Handbook* also available on the Commission's website. 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 ~~CTC~~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~~ in its documents~~, the institution must be able to verify that claim through ~~documentation~~evidence and/or interviews. This is the kind of information ~~a program assessment reviewer~~ the BIR team member can identify during Program Review and alert a site team member to verify.~~ For example, if an institution claims that it has established a close working relationship with three local school districts but hasn't provided documentation that supports the claim, a program assessment reviewer should include a note on the *PRF* document alerting the site visit team that one of its members should verify this relationship by interviewing administrators from the districts or reviewing MOUs or advisory board records.~~ During the site visit, evidence cited in any of the reports should be available for the team to review. If the team members conclude that claims are made without supporting documentation, the team lead and consultant should be informed so they can include that information in the mid-visit report. ~~Many reports make reference to specific documents and forms; it~~It is critical that reviewers, whether during ~~program assessment~~Program Review or the site visit, ~~look for these supporting documents~~examine documentation to ensure that these claims are accurate.

~~*In Program Assessment Only:*~~

Describe What Documentation Must be Reviewed at the Site Visit (Common Standards and Program Review Only)

If the program documents provide an adequate description of how the institution responds to a standard, and ~~is~~are supported by documentation available ~~to~~during Program Review, the program ~~assessment reviewer, the~~ reviewer will indicate on the ~~*PRF*~~*Preliminary Report of Findings* that the standard is preliminarily aligned. That information will inform the site visit reviewer that the institution's alignment to the standard can be verified through "sampling" interviews (which are described below). However, if the ~~program documents describe a response that appears to be~~Program Review does not provide adequate evidence

that a standard is preliminarily aligned~~ with~~, the site visit reviewer must seek additional information specifically about the standards ~~but no supporting documents were included with the program documents~~that are not preliminarily aligned. In many cases, the program reviewer ~~must provide a clear description in~~will identify the ~~*PRF*~~types of ~~what~~evidence that the site visit reviewer ~~needs to review at~~should examine during 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.*~~*Preliminary Report of Findings.* If ~~program assessment reviewers have found~~Program Review determined that the program ~~continues to be~~is not aligned with significant parts of standards, or whole standards~~, despite resubmissions by the program~~, the accreditation administrator may add a member to the site visit team to focus exclusively on that program. In that event, it is important that a sufficient number of people from all the major constituencies related to that program (faculty and administration from the institution, candidates, cooperating master teachers and school administrators, graduates of the programs and their employers, and advisory groups to the programs) be interviewed carefully about their experiences with the institution and the program in relation to the standards.

For programs with standards that are all preliminarily aligned, or that have small parts of standards ~~"~~not aligned~~,"~~, each team member will likely be assigned three to four programs to review. To maximize valuable interview time, these team members will interview groups of similar type 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 ~~s~~State consultant will be able to clarify the interview responsibilities of any particular team member.

Accreditation ~~review~~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~~. Reviewers~~, 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 ~~CTC~~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 ~~CTC~~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 ~~CTC~~Commission because their role as interviewers is performed on behalf of the ~~CTC~~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, with respect to questions about ~~candidate competence are most appropriate for supervising teachers or graduates of the program~~accuracy and ~~their employers~~timeliness of advising, candidates and completers could reveal much, 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 ~~an~~ elaboration~~ or need clarification~~. Reviewers should ask for specific examples of incidents or situations. Follow-up questions should focus on clarifying, amplifying, or verifying initial responses. Remember that not all interviews will yield the same amount of information. Some ~~people~~interviewees 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~~Professional Insights 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 30-45 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 ~~s~~State consultant who will then inform the institution, if appropriate.

Ask a ~~Wrap-up~~Summary 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 ~~dis~~confl~~irm~~cting 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 ~~9~~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 ~~7~~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 ~~dis~~conf~~lirm~~ct~~ing evidence). The ~~*SVD*~~*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 ~~Seven~~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~~whether the issue rises to ~~report their findings on that standard~~the level of a Common Standard finding of Not Met or Met with Concerns. A number of factors such as the seriousness and pervasiveness of the issue as well as the

number of other programs offered by the institution for which it is not an issue would all contribute to the team's deliberation.

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~~.~~ and the narrative of the report should not contradict the findings on the standards. 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,~~coherence and uniformity.

Chapter Fifteen
The Accreditation Revisit

Introduction

~~A *revisit* is an accreditation visit that is conducted as a result of action taken by the COA to ensure that the institution has fully addressed the stipulations placed upon it by the COA. The purpose of a revisit is to allow an approved institution receiving stipulations following an accreditation site visit the opportunity to demonstrate to a review team that it has modified its practices or corrected its deficiencies such that the revisit team can find the Common or Program standard or standards applicable to the stipulations that were less than fully met to now be met. As a result, the revisit team would recommend to the COA the removal of those stipulations. An institution revisit must occur during the year following the initial accreditation site visit. A revisit will be conducted only if the COA has indicated a revisit is necessary.~~

The initial site visit team is required to come to standard findings for each Common Standard and ~~program standard~~Program Standard and to recommend an accreditation status to the COA. Sometimes, the team identifies one or more elements of a standard that are not met while the rest of the standard is met. Depending on the centrality of that element to providing strong preparation for educators, the standard can be found to be Met, Met with Concerns, or Not Met. Once the standards findings are decided, the team is guided by Table ~~1~~2 in Chapter ~~Nine~~Eight of the Accreditation Handbook to develop an accreditation recommendation and, if appropriate, draft stipulations. The stipulations might include the recommendation that quarterly progress reports, a report after one year, and/or a revisit are appropriate. If there are significant standard findings that prevent the COA from granting full accreditation to the institution, the actions that must be taken by the institution are identified as stipulations. Stipulations describe the specific actions an institution must take to remove a finding that prevents the institution from gaining full accreditation.

A *revisit* is an accreditation visit that is conducted as a result of action taken by the COA to ensure that the institution has fully addressed the stipulations placed upon it by the COA. The purpose of a revisit is to allow an approved institution receiving stipulations following an accreditation site visit the opportunity to demonstrate to a review team that it has modified its practices or corrected its deficiencies such that the revisit team can find the Common or Program Standard or Standards applicable to the stipulations that were less than fully met to now be met. As a result, the revisit team would recommend to the COA the removal of those stipulations. An institution revisit must occur during the year following the initial accreditation site visit.

Who Participates in the Revisit?

If the COA has taken action that includes stipulations and determined that a revisit ~~that~~ should take place within one year of its action, generally, at a minimum, the team lead from the initial visit and the ~~CTC~~Commission consultant will ~~be the team members who return for~~comprise the revisit team. However, the size and composition of the team will depend upon the number of findings and breadth of programs impacted. If appropriate, the size of the team that returns to

the institution may be larger than simply the team lead and consultant. If not explicit in the COA action, the determination of the number of reviewers for any given site visit will be made by the Administrator of Accreditation who may consult with the team lead and then make that determination based on the number and nature of the stipulations to be addressed. The Administrator of Accreditation may determine that a different team lead and/or consultant should serve as the team lead and/or consultant for the revisit. Unlike during initial site visits when the ~~CTC~~Commission consultant plays only a facilitative role, during revisits the consultant may participate in interviews, ~~document reviews~~the review of documents, and discussions that lead to standards findings and to an accreditation recommendation. If additional reviewers are used beyond the team lead, these individuals should be Board of Institutional Review (BIR) trained. For joint national/state revisits, the national accrediting body typically sends new reviewers, while the ~~CTC~~Commission team lead and consultants are usually ~~the same as with~~from among those who were part of the initial visit.

Who Makes Preparations for the Revisit?

As with the initial site visit, the ~~CTC~~Commission consultant is responsible for working with the institution on the logistics of the revisit. The institution is responsible for logistics for the visit such as identifying the hotel, ensuring transportation for the team, arranging for meals, obtaining a team meeting room, and developing an interview schedule. However, unlike initial site visits, typically there is no contract developed for the hotel and meals costs which means that revisit team members pay out of pocket for meals and lodging and then request that those costs be reimbursed. The institution is also required to pay a Cost Recovery Fee.

What Preparations Are Required?

Unlike the initial accreditation site visit, there are no program ~~assessment findings, biennial reports, or program summaries~~review documents to guide the revisit team. Rather, the revisit is focused on the accreditation determination, stipulations placed on the institution by the COA, documentation noting what actions the institution has taken to address the stipulations, any appropriate and relevant data available, and the accreditation decision letter sent to the institution.

During the year between the COA's original decision and the revisit, the institution takes action to address the concerns raised in the report and by the COA. On occasion, the institution may also be required to prepare quarterly progress reports that are submitted to the consultant and the COA. In preparing for the revisit, the institution is guided by the consultant in focusing on the documentation and evidence which address the issues identified by the initial site visit team. In addition, when a revisit is required, the institution must prepare a document that describes, issue by issue, the steps the institution has taken to ameliorate concerns identified by the initial team's findings that it believes address the findings and stipulations. ~~(See the end of this chapter for a template for the institution response to stipulations.)~~

The COA's decision defines the scope of the visit and who should be interviewed by the revisit team. As for all site visits, the interview schedule forms the backbone of the visit. For revisits, only individuals who can specifically address changes the institution has made in response to the

stipulations are included in the interview schedule. Similarly, only documentation and evidence that clarify how the institution has addressed the stipulations are reviewed during the revisit. The institution prepares documents and provides evidence, ~~such as through~~including interviews with various staff/faculty and constituents, that address specifically each stipulation the COA placed on the institution and the standards aligned with those stipulations. Consequently, a revisit is shorter than the initial site visit usually lasting only 1 ~~½~~ to 2 days.

What is the Focus of the Revisit?

~~It cannot be overstated that the~~The intent of a revisit is to focus on the stipulations placed on the institution. This includes the standard elements (Common or Program Standards) found to be less than fully met during the initial accreditation site visit that are *related to the stipulations.* Stipulations generally describe the activity or activities the institution must complete in order to meet the standard(s) that prevented the institution from gaining full accreditation. The stipulations guide the institution in its remediation efforts and the team in examining and weighing the evidence. The standard of evidence for a revisit is the same as that for an initial site visit. BIR members are trained to recognize evidence sufficient to document that an institution is meeting a standard.

What is the Relationship Between Stipulations and Standards Decisions in Revisits?

It is important to emphasize that the focus of the revisit is to ensure that all stipulations have been addressed. In doing so, standards decisions related to the stipulations should be determined by the revisit team. However, standards not related to the stipulations do not necessarily need to be addressed at the time of the revisit. ~~It is advisable that the institution address them but it is not a requirement for removal of stipulations.~~ The team lead and consultant should clarify this with the institution prior to the site revisit. Institutions may choose to address all standards less than fully met regardless of whether they are related to the stipulations. The institution may request that evidence on all standards are submitted and reviewed during the revisit.

What is the Outcome of a Revisit?

At multiple times during the revisit, team members will share their observations and concerns with the institution. During the revisit, team members will assess the progress made by the institution to address the stipulation and make findings (met, met with concern, or not met) for all standards applicable to the specific stipulation(s) placed upon the institution. Finally, the revisit team will agree on an accreditation recommendation to present to the COA. At times, the team may find that not all issues from the initial visit have been sufficiently addressed. In those cases, the team can recommend maintaining stipulations, identify another set of draft stipulations for the COA's consideration, or recommend the institution be given more time. Additional time is only recommended if ~~it~~the institution had made significant progress toward addressing the stipulations but the team determines that more time ~~was~~is necessary to fully address the concerns of the original site visit team and the COA.

If the revisit team finds that the situation has either deteriorated or that the institution has made little to no progress, it may recommend a more serious accreditation recommendation, including Denial of Accreditation. The revisit team will report their findings to the COA.

~~CTC Consultants assigned to revisits will make available to BIR members on the revisit team a template for the revisit report.~~

What Further Action can be Taken Beyond Removal of Stipulations?

If the COA determines that stipulations should be removed, it may also determine whether there is any specific follow up necessary after removal of stipulations. For instance, the COA may require that the institution report on the progress of addressing one or more of the areas identified in the stipulations in their next regularly scheduled ~~biennial report~~accreditation activity to ensure the corrective action or improvements are maintained over time. Additionally, the COA may determine that the institution be placed on a shortened cycle for site visits. For example, the COA could require a site visit for an institution at a 2 or 3 year interval after the revisit, as opposed to waiting 6 years. This could necessitate a change in accreditation cohort to facilitate a change in the institution's accreditation cycle.

~~Template for Response by Institution to Stipulations~~
~~(Optional)~~

~~Institution Name~~
~~Institutional Response to Stipulations and Program Issues~~

~~Date: _____~~

~~Stipulation ___.~~ ***~~Common Standard ___: _____~~***	
~~*Provide statement from the Common Standard that the stipulation relates to.*~~	
~~Rationale:~~	**~~Action take to date:~~**
~~*Provide statement(s) from the accreditation report that refer(s) to the reason for the stipulation.*~~	**~~Evidence to support the actions taken to date:~~**
~~Stipulation ___.~~ ***~~Common Standard ___: _____~~***	
~~*Provide statement from the Common Standard that the stipulation relates to.*~~	
~~Rationale:~~	**~~Update:~~**
~~*Provide statement(s) from the accreditation report that refer(s) to the reason for the stipulation.*~~	
~~Program Name~~ ***~~Program Standard ___: _____~~***	
~~Findings on Standards:~~	**~~Update:~~**
~~*Provide statement(s) from the accreditation report that refer(s) to the reason for the stipulation.*~~	
~~Program Name~~ ***~~Program Standard ___: _____~~***	
~~Rationale:~~	**~~Update:~~**
~~*Provide statement(s) from the accreditation report that refer(s) to the reason for the stipulation.*~~	