

Accreditation Handbook

Professional Services Division
October 10, 2008

Overview of this Report

This is the insert for the agenda item on the *Accreditation Handbook*. Staff has incorporated the stakeholder suggestions, where appropriate.

There is one chapter, Chapter 11: Evaluation of the Accreditation System which will be written and added after the COA takes action on the evaluation plan-Item 17 on the October 2008 agenda.

One appendix, Appendix C: Team Report Development Forms needs to be added to the handbook. These are the site visit report development forms—the forms the Board of Institutional Members (BIR) use during the site visit. This will take place prior to the handbook being posted on the Commission web page.

Appendices E-G: Common Standards, Experimental Program Standards, and *The Accreditation Framework* are not included in this draft since these are items already adopted by the Commission. These items will be included in the posted version of the *Accreditation Handbook*.

Staff suggests that COA members provide staff with grammatical and formatting edits after the discussion of this item and staff will incorporate the edits into the final copy. But due to the fact that the majority of the approved educator preparation institutions are currently involved in accreditation activities, staff believes it is essential for the *Accreditation Handbook* to be available to all institutions as soon as possible.

Staff Recommendation

Staff recommends that the COA review the proposed edits to the Accreditation Handbook, suggest modifications, and adopt the Accreditation Handbook with the understanding that the handbook can be updated annually.

Introduction to the Accreditation Handbook

Overview of Accreditation in California

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

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

The purposes of this accreditation system are

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

This accreditation system for California emphasizes the essential participation of professional educators in the development of accreditation policies and procedures, the conduct of institutional reviews, and the determination of accreditation decisions. Institutions have some choice of deadlines for critical documents and some new tasks have been added. The twelve member Committee on Accreditation (Committee), carefully selected from a pool of outstanding nominees, embodies the expertise, experiences, and commitment envisioned by the writers of the *Accreditation Framework*.

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

These changes are intended to foster institutional options and innovations, and to increase the rigor of professional accreditation through the application of high professional standards.

A Reader's Guide to the Accreditation Handbook

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

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

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

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

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

Chapters Five through Seven discuss the three primary elements of the accreditation cycle. Chapter Five discusses the role of the Biennial Report in the accreditation cycle and provides directions for developing the reports. Chapter Six describes the Program Assessment that will be reviewed by a team of BIR members and will result in a Preliminary Report to the institution prior to the site visit. Chapter Seven will help institutions prepare for the institutional site visit which is now focused, primarily, on the institution's expression of the Common Standards and to confirm information provided through the biennial reports and the program assessment. The chapter gives specific information about the actual procedures followed in the conduct of an accreditation visit. The *Accreditation Framework* provides opportunities to individualize an accreditation visit. Institutional representatives should confer with their assigned Commission consultant if there are innovations or alterations to regular procedures of importance to the institution. The chapters are focused on the on-going activities of the accreditation process, including special circumstances affecting institutions seeking national accreditation, either for their education unit or for individual credential programs.

Chapters Eight and Nine detail what team members do before and during a visit, and provide information about the roles of team leadership. These chapters will be of particular interest to individuals who are trained, or wish to be trained, as Board of Institution Reviewers. Team training includes the information presented in these chapters but goes far beyond these words by providing simulations and other instructional activities. Chapter Eight focuses on the role of BIR members who are working as a site team and includes information about performing the various

team member tasks. Chapter Eight provides information about the data collection procedures utilized by team members. Chapter Nine speaks to the team lead and defines the particular responsibilities and roles of the team lead while preparing for and conducting a site accreditation visit, and providing the final report to the COA. This chapter focuses on the substantially enhanced role of the Team Leader.

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

Chapter Eleven discusses the on-going evaluation of the accreditation system.

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

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

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

Chapter One: Responsibilities of the Commission on Teacher Credentialing and the Committee on Accreditation

Introduction

The Commission on Teacher Credentialing is responsible for ensuring the highest quality standards for California’s public educators – from preschool through high school and adult education. The major purpose of the agency is to serve as a state standards board for educator preparation for the California public schools, the licensing and credentialing of professional educators in the State, the enforcement of professional practices of educators, and the discipline of credential holders in the State of California. The Commission works in tandem with a committee of professional educators, appointed by the Commission, to implement California’s accreditation system for educator preparation. Each of these two bodies – the Commission and its Committee on Accreditation – has specific responsibilities outlined in California law (California Ed Code sections 44000-44393), the California Code of Regulations, Title 5 CCR Sections 80000-80690.1, and further delineated in the *Accreditation Framework*.

The Commission is entrusted with the responsibility to establish policy related to accreditation, while the Committee on Accreditation is responsible for implementing the Commission’s policies. The provisions of these statutes that outline the distinct roles and responsibilities of these two bodies are found in California Education Code, Sections 44370 through 44374. These provisions govern the *Accreditation Framework* and guided the development of this *Handbook*. The complete *Accreditation Framework* is presented in Attachment G.

This chapter identifies the specific duties of each body that relate directly to the professional accreditation process. Institutions preparing for accreditation reviews and institutions interested in adding new credential programs under the *Accreditation Framework* should read this chapter.

I. Responsibilities of the Commission on Teacher Credentialing

The following list identifies duties and responsibilities of the Commission on Teacher Credentialing that are related to the initial approval and accreditation of educator preparation programs.

- A. Adoption and Modification of the *Accreditation Framework*.** The Commission has the authority and responsibility to adopt an *Accreditation Framework*, “which sets forth the policies of the Commission regarding the accreditation of educator preparation in California” (Education Code Section 44372(a)). The *Accreditation Framework* is found in Appendix G. The Commission may modify the *Framework* in accordance with Section 8 of the *Framework*.

- B. Establishing and Modifying Standards for Educator Preparation.** Pursuant to Education Code Section 44372(b), the Commission has the authority and responsibility to establish and modify standards for educator preparation in California.

- C. Providing Initial Approval of Institutions.** In accordance with Education Code Sections 44227(a) and 44372(c) and Section 2 of this *Framework*, the Commission determines the eligibility of an institution that applies for initial accreditation and that has not previously prepared educators for state certification in California. The Commission approves institutions that meet the criteria adopted for that purpose by the Commission. Institutional approval by the Commission establishes the eligibility of an institution to submit specific program proposals to the Committee on Accreditation.
- D. Hearing and Resolving Accreditation Appeals.** The Commission hears appeals of accreditation decisions, which must be based on evidence that accreditation procedures or decisions were “arbitrary, capricious, unfair, or contrary to the policies of the Commission or the procedural guidelines of the Committee on Accreditation” (Education Code Section 44374(e)). The Commission resolves each appeal, and the Executive Director communicates the Commission’s decision to the Committee on Accreditation, the accreditation team, and the affected institution. The Appeal Procedures are found in Chapter Six of this *Handbook*.
- E. Appointments to the Committee on Accreditation.** Pursuant to Education Code 44372(d) and Section 2 of this *Framework*, the Commission appoints members and alternate members of the Committee on Accreditation for specific terms. The Commission selects the Committee members and alternate members from nominees submitted by the Nominating Panel. The Commission ensures the Committee on Accreditation is professionally distinguished and balanced in its composition but does not appoint members to represent particular institutions, organizations or constituencies.
- F. Addressing Issues, and Referring Concerns, Related to Accreditation.** The Commission considers issues and concerns related to accreditation that it identifies, as well as those brought to the Commission’s attention by the Committee on Accreditation, postsecondary institutions, the Commission's staff, or other concerned individuals or organizations. At its discretion, the Commission may refer accreditation issues and concerns to the Committee on Accreditation for examination and response.
- G. Reviewing Annual Reports by the Committee on Accreditation.** The Commission reviews *Annual Accreditation Reports* submitted by the Committee on Accreditation. *Annual Accreditation Reports* include information about the procedures and results of the accreditation process, which until the recent revision, was comprised of findings from accreditation site visits and the outcome of Committee deliberations.
- H. Annual Allocation of Resources for Accreditation Operations.** The Commission annually allocates resources for accreditation operations to implement the *Accreditation Framework*. Consistent with the Commission’s general practice, staff

assignments to accreditation operations are made by the Executive Director, in accordance with state budgets, laws and regulations.

- I. **Jointly Sponsoring an External Evaluation of Accreditation Policies and Practices.** The Commission shares responsibility with the Committee on Accreditation for the design and implementation of a comprehensive evaluation of the accreditation process, including policies, the biennial reports, program assessment, site visits, training of Board of Institutional Review (BIR) members, and the selection of an external evaluator to conduct the evaluation, pursuant to Section 8 of the *Framework*.

II. Responsibilities of the Committee on Accreditation

The following list identifies duties and responsibilities of the Committee on Accreditation that are related to the initial approval and continuing accreditation of educator preparation programs.

- A. **Determining Comparability of Standards.** In accordance with Section 3 of the *Framework*, the Committee determines whether standards submitted by institutions under Option 2 (National or Professional Program Standards) provide a level of program quality comparable to standards adopted by the Commission under Option 1 (California Program Standards). If the Committee determines that the proposed standards are collectively comparable in breadth and depth to the Commission-adopted standards, the Committee on Accreditation may approve the proposed standards as Program Standards in California.
- B. **Providing Initial Accreditation of Programs.** The Committee reviews proposals for the initial accreditation of programs submitted by institutions that have been determined eligible by the Commission. In accordance with Section 3 of the *Framework*, new programs of educator preparation may be submitted under Options 1 (California Program Standards), 2 (National or Professional Program Standards), or 3 (Experimental Program Standards) . If the Committee determines that a program meets all applicable standards, the Committee grants initial accreditation to the program.
- C. **Continuing Accreditation Decisions.** After reviewing the recommendations of accreditation teams, the Committee makes decisions about the continuing accreditation of educator preparation institutions and programs, consistent with Section 6 of the *Framework*. Pertaining to each institution, the Committee makes one of three decisions: Accreditation, Accreditation with Stipulations (which can be Technical or Substantive), or Denial of Accreditation.
- D. **Developing Accreditation Procedures.** Consistent with the terms of Section 6, the Committee recommends appropriate guidelines for self-study reports and other accreditation materials and exhibits to be prepared by institutions. The Committee also adopts guidelines for accreditation team reports, which emphasize the use of narrative, qualitative explanations of team recommendations. The Committee may provide additional guidance to institutions, teams, and the Executive Director

regarding accreditation visit procedures. The procedural guidelines of the Committee are published by the Commission in this *Accreditation Handbook*.

- E. Monitoring the Accreditation System.** The Committee monitors the performance of accreditation teams and oversees other activities associated with the accreditation system.
- F. Submitting Annual Reports, Recommendations and Responses to the Commission.** The Committee presents *Annual Accreditation Reports* to the Commission. *Annual Reports* include standard information about the dimensions and results of the accreditation process. The Committee also advises the Commission about policy changes to improve the quality and integrity of the accreditation process.
- G. Holding Meetings in Public Sessions.** The Committee conducts its business and makes its decisions in meetings that are open to the public, except as provided by statute.
- H. Jointly Sponsoring an External Evaluation of Accreditation Policies and Practices.** The Committee shares responsibility with the Commission for the design and implementation of a comprehensive evaluation of the accreditation process, including policies, the biennial reports, program assessment, site visits, training of Board of Institutional Review (BIR) members, and the selection of an external evaluator to conduct the evaluation, pursuant to Section 8 of the *Framework*.

Chapter Two: Standards in Accreditation

Introduction

This chapter describes the role of common and program standards in the Commission's accreditation system. The chapter also discusses how the standards were initially developed, how standards are revised, and how institutions and other program sponsors are affected when standards are revised.

I. Common and Program Standards

There are two categories of accreditation standards that must be satisfied by institutions that prepare professional educators in California: 1) Common Standards, and 2) Program Standards.

A. Common Standards address aspects of program quality that should be common across all educator preparation programs in an institution. This category includes standards relevant to the institution's overall vision for, and leadership of, educator preparation programs within its organization. The Common Standards also embody expectations about the distribution of resources across different programs, the quality of faculty, and the adequacy of admissions and advising procedures. An institution provides documentation describing how it responds to each Common Standard, including information about individual programs when necessary.

B. Program Standards address the quality of program features that are specific to a credential. These include assessments, curriculum, field experiences, and the knowledge and skills to be demonstrated by candidates in the specific credential area. There are three program standards options available to institutions wishing to offer an educator preparation program. The institutional sponsor must select the type of program standards it will use to seek initial program approval and future program accreditation. This selection will also guide the assignment and orientation of program reviewers. Once a program standard option has been chosen, the institution/program sponsor must respond to each standard in the selected option by providing program-specific information for review by the program reviewers. Institutions may select from the following options for program-specific standards.

- **Option 1. California Program Standards.** The Commission creates panels of experts from colleges, universities and school districts to develop standards for specific credential programs. These panels are guided by current research findings in the field of the credential and the California K-12 academic content standards. They also consider standards developed by appropriate national and statewide professional organizations. If the national or professional standards are found to be appropriate for California, the panel may recommend that the Commission adopt them in lieu of developing new standards or revising the Commission's existing standards. After reviewing the recommendations of advisory panels and other experts, the Commission

adopts California Program Standards for the initial and continuing accreditation of credential preparation programs. When revised program standards are adopted, institutions/program sponsors may be required to update program documents to meet the new set of California Program Standards.

- **Option 2. National or Professional Program Standards.** California institutions may propose to use program standards that have been developed by national or state professional organizations. These standards may be approved for use by the Committee on Accreditation to the extent that the proposed standards are comparable to those adopted by the Commission under Option 1 (California Program Standards). The analysis of comparability can be performed by the institution prior to submitting a request to the COA to use the national or professional standards, by the national or professional organization, or by Commission staff following a request to use the National or Professional Standards. Such a proposal may be submitted to the Committee on Accreditation with a statement of the institution's reasons for requesting this option and a copy of the proposed National or Professional Program Standards. If the Committee determines that the requested standards provide a level of professional quality comparable to the California Program Standards, the Committee will approve the proposed standards for use as Program Standards in the initial and continuing accreditation of the credential program. If the Committee determines that the requested standards do not adequately address one or more aspects of the California Standards (Common and/or Program), the Committee may approve the requested standards but also require the institution/program sponsor to address the additional aspects found in the California Standards.
- **Option 3. Experimental Program Standards.** For initial accreditation, an institution may present an experimental program proposal that meets the Experimental Program Standards adopted by the Commission pursuant to *Education Code* Section 44273. The Experimental Program Standards were designed to facilitate the development of innovative programs that are likely to expand the knowledge base of effective educator preparation practices. Experimental programs must have a research component to allow the investigation of focused research questions about key aspects of educator preparation. Questions might include how to increase the numbers of math and science teachers, how to prepare teachers to work effectively in urban and low performing schools, or explaining the processes through which credential candidates acquire and demonstrate mastery of appropriate performance expectations, such as the Teaching Performance Expectations for the Multiple and Single Subject Credentials. In addition to a research focus, experimental program proposals must demonstrate how candidates will develop the same knowledge and skills required by the Commission's Program Standards (Option 1) for the same credential. Approved experimental programs must report their findings on a biennial basis to the Commission. Upon consultation with the institution and with the Committee on Accreditation, the Commission retains the authority to determine whether the findings support continuance of

the experimental program under the experimental standards. For a copy of the Experimental Program Standards and additional information about this option, see the Commission's website at <http://www.ctc.ca.gov/educator-prep/STDS-prep-program.html>.

II. Process of Program Standards Development and Revision

The initial development of the common and program standards utilizes panels of experts in the area of educator preparation and practicing educators from colleges, universities, school districts and other educational entities. The panel members use information gained from current and confirmed research in the relevant area to craft standards that will ensure that the credential holder can work effectively with California's highly diverse students. As appropriate, the panel also review standards developed by national and statewide professional organizations.

The Commission adopted, and will continue to modify as necessary, a schedule for the regular review and revision of all adopted standards. The Commission follows established procedures for the use of expert panels, stakeholder comment, and field review to develop and revise standards. For information on the schedule of standards review and revision, please consult the Commission's Accreditation web page, <http://www.ctc.ca.gov/educator-prep/program-accred.html>.

III. Directions to Institution and Other Program Sponsors Regarding Revised Standards

Program sponsors will be at different points within the 7 year accreditation cycle as various standards are revised or developed. As such, specific directions will be provided to program sponsors about the need and timeline to adjust programs and documentation as different sets of standards are changed. Standards development is significant, and new standards are substantively different from previous standards. At times, relatively minor changes will be made to the standards, and the Commission may allow program sponsors to update their documents only before the next accreditation activity. At other times, institutional sponsors may be required to update their documents for a review process outside of the regularly scheduled accreditation activities.

Chapter Three Institutional and Program Approval

Introduction

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

I. Initial Institutional Approval

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

- A. The institution prepares a complete program proposal, responding to all preconditions, Common Standards and appropriate Program Standards. The proposal will be considered the application for accreditation as well as the application for credential preparation program approval.
- B. Initial Accreditation will be considered a two-stage process:
 - 1. The proposal will be reviewed for compliance with the appropriate institutional preconditions. If the proposal meets the Commission's eligibility requirements as judged by trained reviewers, the institution will be recommended for initial institutional approval to the Commission on Teacher Credentialing which will consider the recommendation and take action.
 - 2. If the Commission acts favorably on the proposal, the proposal will be forwarded to the Committee on Accreditation for program accreditation action according to adopted procedures.
- C. Once granted initial accreditation, the institution will then come under the continuing accreditation procedures adopted by the Committee on Accreditation.

II. Initial Accreditation of Programs

According to the *Accreditation Framework* (Section 2-A-2), the Committee on Accreditation is responsible for granting initial accreditation to new programs of educator preparation. If the Committee determines that a program meets all applicable standards, the Committee grants initial accreditation to the program. New credential program proposals by eligible institutions must fulfill preconditions established by state law and the Commission on Teacher Credentialing. 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 Committee for action, new programs proposed by eligible institutions are reviewed by Commission staff members who have expertise in the credential area. If the Commission staff does not possess the necessary expertise, the program proposals are reviewed by panels of external experts. New programs are reviewed in relation to the preconditions, Common Standards and the selected Program Standards. The Committee considers recommendations by the staff and the external review panels 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 Commission 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 Commission, its staff, and the Committee during the process of reviewing proposals from institutions and agencies wishing to sponsor educator preparation programs.

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 Commission'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 Commission staff. Preliminary review is voluntary.

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 Commission'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.

Formal Review of Program Quality Standards for Initial Accreditation

Unlike the preconditions, the standards address issues of program quality and effectiveness. Consequently, each institution's formal response to the standards is reviewed by Commission

staff or a review panel of experts in the field of preparation. During the 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 Committee on Accreditation at one of its regular meetings. Action by the Committee 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 Commission'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 Commission 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 Committee for action. This appeal is directed to the Committee.

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

If a program is not recommended to the Committee on Accreditation for approval by staff or the review panel, the institution may submit a formal request to place that program on the agenda of the Committee 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 Commission's staff or review panel.
- Copies of any responses by the institution to requests for additional information from Commission's staff or review panel, including a copy of any resubmitted proposal (if it was resubmitted).
- A rationale for the institution's request.

The Committee on Accreditation 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 Commission staff member or a different review panel.
- Deny initial accreditation to the program.

Within twenty business days of the Committee on Accreditation's decision to deny initial accreditation, the institution may submit evidence to the Executive Director of the Commission

that the decision made by the Committee on Accreditation was arbitrary, capricious, unfair, or contrary to the policies of the *Accreditation Framework* or the procedural guidelines of the Committee. (Information related to the quality of the program that was not previously presented to the Commission's staff or the review panel may not be considered by the Commission.) 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 Commission. 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 Commission by the Executive Director, will be heard before the Professional Services Committee of the Commission. The Committee will consider the written evidence provided by the institution and a written response from the Committee on Accreditation. In resolving the appeal, the Commission will take one of the following actions:

- Sustain the decision of the Committee on Accreditation to deny initial accreditation to the program.

- Overturn the decision of the Committee on Accreditation and grant initial accreditation to the program.

The Executive Director communicates the Commission's decision to the Committee on Accreditation and the institution.

III. Program Status for Approved Programs

Once a program has been accredited by the Committee, 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

Institution/Program Sponsor	Program Approval Status		
	Withdrawn	Inactive	Active
How to Request Reinstatement	New Program Document Submitted and reviewed by panel members	Letter to the COA*	NA

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

A. Approved Program

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

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

- All approved programs will participate in the Commission’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.

B. Inactive Program

An institution or program sponsor may decide to declare a program that has been previously approved by the Commission or accredited by the Committee on Accreditation as ‘inactive.’ The following procedures must be followed:

- The institution or program sponsor notifies the Executive Director of its intention to declare the program inactive. The program can only be deemed inactive when the current candidates have completed the program. The notification to the Commission’s Executive Director must include the anticipated date that the inactive status will begin.
- The notification must include the date from which candidates will no longer be admitted to the program.

- Candidates already admitted to the program are notified in writing by the institution or program sponsor that the program is being declared inactive. The institution or program sponsor 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 Commission.
- 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 until such a time as the program is re-activated. The program will be listed on the Commission's web page as 'Approved but inactive.'
- An inactive program will be included in accreditation activities in a modified manner as determined by the Committee on Accreditation.
- An inactive program may be re-activated only when the institution submits a request to the Committee on Accreditation and the Committee 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.

C. Withdrawal of Credential Programs

An institution may decide to withdraw a program that has been previously approved by the Commission or accredited by the Committee on Accreditation. The withdrawal of a program formalizes that it is no longer part of the institution's accredited program offerings and, from the Commission'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 Executive Director 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 Commission.

- 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 Executive Director 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 Committee on Accreditation 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.

D. Discontinuation of Credential Programs

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

- Within 60 days of action by the Committee on Accreditation, the institution must file, with the Executive Director of the Commission, 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 Commission.
- 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 Committee on Accreditation's initial accreditation policies. The institution must wait at least two years after the date of discontinuation before requesting re-accreditation.

Chapter 4

The Accreditation Cycle

Introduction

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

I. Purpose

The overarching goal of the accreditation system is to ensure that educator preparation programs are aligned with the Common Standards, particularly the newly revised Standards 2 and 9. Standard two requires that all programs utilize comprehensive data collection activities to ensure candidate qualifications, proficiencies, competence, and to ensure program effectiveness. Standard nine requires that candidates know and are able to demonstrate the professional knowledge and skills necessary for educating and supporting all students in meeting the state-adopted academic standards.

Four primary purposes are achieved through the accreditation system. First, the process creates a mechanism by which educator preparation programs, their institutions, and the Committee on Accreditation 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 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. In addition, the site visit review team, which examines evidence of program compliance with standards and reviews documentation of candidate competence, ensures that educator preparation programs provide high quality instruction, advice, and support. 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. These activities are the biennial reports, program assessment, and the site visit. Each educator preparation institution has been assigned a cohort. Each cohort is on a specific seven year cycle. The cohort model distributes the workload of the Commission, its staff, and the Board of Institutional Reviewers, which is composed of trained education professionals who review the program assessment documents and

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

Biennial Reports

Biennial reports are submitted to the Commission every two years. The purpose of the reports 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 will prepare the biennial reports by collecting and analyzing two years of candidate and program data. Submissions will occur following years one, three, and five. Each institution identifies one of three due dates on which its submission will be due August 15, October 15, or December 15.

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

Program Assessment

Program Assessment is completed in the fourth year of the accreditation cycle. It is the activity that provides information on how programs are meeting the identified program standards. Each program may determine whether to submit their document on October 15 or January 15. The document includes three parts. Part One provides a narrative in which the program explains how it is meeting each of the program standards. Part Two includes course syllabi and faculty vitae which provide the evidence to support the narrative in Part One. Part Three is an explanation of the procedures used to ensure that candidate competence measures are administered in a consistent and equitable manner. Information from Part Three supports the program's Biennial Reports.

Trained reviewers will read Program Assessment documents and provide feedback to the program as to whether standards are preliminary met or if more information is needed. This process of refinement continues for approximately 12-15 months. At that time the Preliminary Report of Findings will be issued for each program. This information will help determine the configuration of the site visit team.

Site Visit

The Site Visit takes place in year six of the accreditation cycle. Through interviews and document review, this activity confirms information from the Biennial Reports and Program Assessment. Educators serving on the site visit team are trained Board of Institutional Review members. Based upon the findings of all three activities, an accreditation recommendation is made to the Committee on Accreditation.

Institutions are assigned a Commission consultant a year in advance of the site visit in order to help them consider their preparations. The Administrator of Accreditation works with each

institution to determine the visit dates, site team size and configuration. During this time, the institution prepares its Preconditions Report, which describes the institution's context, identifies the standards against which each program was developed, and describes how it satisfies program preconditions and its Self Study Report, which describes how it satisfies the Common Standards. These documents are sent in advance of the visit to all team members.

In year seven of the accreditation cycle, institutions may provide follow up information to the Committee on Accreditation regarding follow-up to findings of the site visit.

III. Cohort Activities

All approved educator preparation sponsors were assigned to one of seven cohorts (which are each named after one color in the light spectrum). As the accreditation system was restarted, each cohort was assigned to complete activities associated with a particular year in the seven year cycle. For example, the violet cohort is completing the year one activities during the 2008-09 year and the Orange cohort is in year four of the cycle. Distribution of the accreditation activities can be seen on the chart on the page that follows:

Accreditation Cycle and Activities

	Institution or Program Sponsors		CTC and COA	Accreditation Activities
	At the Institution	Submit to CTC		
Year 1	<ul style="list-style-type: none"> Data Gathering & Analysis 	Biennial Report Data from Years 6, 7 & 1	Review report	<ul style="list-style-type: none"> Biennial Data Report: Staff review of the report could result in a request for additional information and/or a focused site visit. In addition, institution may be completing follow-up from the site visit in Year 6. All institutions will continue data gathering and analysis annually.
Year 2	<ul style="list-style-type: none"> Data Gathering & Analysis 			<ul style="list-style-type: none"> Data gathering and analysis is on-going at the institution No report unless there was follow-up from questions generated from the Year 6, 7 and 1 Biennial Report.
Year 3	<ul style="list-style-type: none"> Data Gathering & Analysis Prepare program document updates 	Biennial Report Data from Years 2 & 3	Review report	<ul style="list-style-type: none"> Biennial Data Report: Staff review of the report could result in a request for additional information and/or a focused site visit.
Year 4	<ul style="list-style-type: none"> Submit Program Document(s) Data Gathering & Analysis 	Program Assessment*	Review Assessment Document (s)	<ul style="list-style-type: none"> Program reviewers are assigned to review each program's documentation and pose questions for institution. Program review teams agree on preliminary findings for program standards.
Year 5	<ul style="list-style-type: none"> Data Gathering & Analysis Prepare Common Standards self-study for site visit 	Biennial Reports Data from Years 4 & 5	Preliminary Program Review questions for sponsor	<ul style="list-style-type: none"> Biennial Data Report: Staff review of the report could result in a request for additional information and/or a focused site visit. Program reviewers submit preliminary findings and remaining questions or concerns to the COA, with recommendations for any needed follow-up at the site visit. COA determines which, if any program(s) need to be included in the site visit and notifies institution at least one year prior to the site visit date.
Year 6	<ul style="list-style-type: none"> Data Gathering & Analysis Complete preparations for site visit Host site visit 	Common Standards Self-Study	Conduct Site Visit	<ul style="list-style-type: none"> Site team is provided with preliminary findings from program review teams and all previous documentation from this cycle. Team is also provided with prior accreditation team report. Site team visits the institution reviewing all Common Standards and program(s) identified by the Program Reviews. Site team submits an accreditation report to COA, with recommendations. COA makes an accreditation decision and specifies required follow-up if necessary.
Year 7	<ul style="list-style-type: none"> Data Gathering & Analysis Follow-up to site visit if necessary 	7 th Year Follow-Up Report	Follow-up to site visit, if necessary	<ul style="list-style-type: none"> COA reviews follow-up, if warranted, asks further questions. Follow up may exceed one year at the discretion of the COA. After completing the seven year cycle, the institution begins the cycle again

**Accreditation Activities by Cohort
2008-2014**

Each institution of higher education and/or program sponsor (institution) is assigned to one of seven cohorts. The chart below indicates the accreditation activities for each cohort over the next 7 years. After the seventh year, the cycle begins again with the same activities as the 2008-09 year.

Cohort	Red	Orange	Yellow	Green	Blue	Indigo	Violet
2008-2009	Biennial Report	Program Assess	Biennial Report	Site Visit ¹	Site Visit Report ³	Biennial Report	
2009-2010	Program Assess	Biennial Report	Site Visit	Site Visit Report ²	Biennial Report		Biennial Report
2010-2011	Biennial Report	Site Visit	Site Visit Report ²	Biennial Report		Biennial Report	Program Assess
2011-2012	Site Visit	Site Visit Report ²	Biennial Report		Biennial Report	Program Assess	Biennial Report
2012-2013	Site Visit Report ²	Biennial Report		Biennial Report	Program Assess	Biennial Report	Site Visit
2013-2014	Biennial Report		Biennial Report	Program Assess	Biennial Report	Site Visit	Site Visit Report ²
2014-2015		Biennial Report	Program Assess	Biennial Report	Site Visit	Site Visit Report ²	Biennial Report

¹ Site Visit will include the program review since the revised Program Review will not have occurred two years prior to the site visit.

² The report due the year after the site visit will address issues raised during the site visit.

³ Since the 2006-07 site visits will not take place (except for NCATE merged visits), the report due the year after the site visit will also not be required.

This is the unofficial working copy of the schedule. All institutions and program sponsors have been notified by the Commission of the upcoming accreditation activities.

Each institution can determine their cohort by consulting the Commission's webpage. The information will be found at <http://www.etc.ca.gov/educator-prep/accred-implementation.html>

Chapter Five Biennial Reports

Introduction

This chapter provides information on the role of biennial reports in the accreditation cycle. An underlying expectation of the accreditation system is that all credential preparation programs are engaged in continuous program improvement that is grounded in the collection and analysis of data about their candidates. The biennial report formalizes that expectation by requiring institutions to submit, on a biennial basis, two years of assessment data that the institution is using to ensure that candidates and completers are developing 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 requires biennial reports, the institution and its programs collect data at least on an annual basis. Analyses of program effectiveness data are also required to be included in the biennial report.

I. Purpose

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

The biennial report includes a section in which the institution can briefly describe its credential preparation programs, summarize the number of students 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 Commission’s website at <http://www.ctc.ca.gov/educator-prep/program-accred-biennial-reports.html>.

The Biennial Report is comprised of two major parts – Section A and Section B. Each program offered at an institution must complete Section A. For instance, if an institution offers a Multiple Subject program, an Education Specialist program, and a School Nurse program, it must complete three sets of Section A – one for *each* of the three programs. Section B is an overall institutional report that summarizes findings across the institution and identifies any institutional change proposed or planned across programs. Section B must be completed and signed by the Unit leader (typically the Dean or Superintendent) and only one Section B is completed by the

institution. Below is additional information about each of these two Sections. The information below is not comprehensive. Please consult the Commission's webpage on biennial reports (<http://www.ctc.ca.gov/educator-prep/program-accred-biennial-reports.html>) for more specific and up to date information. If questions are still unanswered, contact the Commission consultants assigned to biennial reports.

Section A. Program Specific Information

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

Section A. Part I. Contextual Information. This part of the report asks program sponsors to provide general information to help reviewers understand the program, the context in which it operates (such as multiple sites) including the number candidates and completers or graduates, and what has changed significantly since the Commission approved the current program document.

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 a summary of the data for two academic years. The length of this section depends on the size of the program and how data is reported. The information and data submitted in this section will be used as the basis for the analysis and action plan submitted in Sections III and IV.

This section asks program sponsors the following questions: *What are the primary candidate assessment(s) the program uses up to and through recommending the candidate for a credential? What key assessments are used to make critical decisions about candidate competence prior to being recommended for a credential?* This section asks program sponsors to describe the various types of data collected (e.g., TPA, portfolios, observations) and the data collection process, then provide a summary of data (aggregated) for the identified primary candidate assessments. Data should not include candidate level data but rather aggregate data only.

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 Commission encourages institutions to make good use of tables and different kinds of charts so that the results of an analysis are clear and obvious and to minimize the use of text.

After July 1, 2008, 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, % passed, when appropriate.

This section also asks program sponsors the following questions: *What additional information about candidate and program completer performance or program effectiveness is collected and analyzed that informs programmatic decision making? What additional assessments are used to ascertain program effectiveness as it relates to candidate competence?* Programs must identify the specific tools or procedures it uses to assess candidates and program completers, describe the types of data collected (e.g. employer data, post program surveys, retention data, other types of data), and describe the data collection process. The program must summarize the data and identify any strengths or weakness that are revealed by the data analysis.

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

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

The Commission 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. 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, regardless of how many programs or sites the institution operates.

III. Review Process for Biennial Reports

Staff Review

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

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 Committee on Accreditation could proceed by requesting additional information from the institution, directing staff to hold a technical assistance meeting with the institution to address the concerns, or scheduling a focused site Biennial Reporting visit to be conducted by members of the Board of Institutional Reviewers (BIR) apart from the regularly scheduled accreditation visit. However, only after an accreditation site visit by a review panel of experts would the institution be subject to stipulations or denial of accreditation.

Use by Review Teams

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

COA Review

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

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 be aggregated across all sites for analysis and inclusion in the biennial report. Accreditation looks at the institution as a whole and all its programs together. The biennial reporting process is no different in approach. The location of all programs will be noted in Section A of the report.

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

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

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

Report Template – The Commission provides a standard template for all program sponsors to use in submitting their biennial report. Program sponsors may combine sections of the report or submit information in a different order than what is set forth in the template, so long as the biennial report submitted includes all the information requested in the directions and in the Commission 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 Commission’s expectations as long as all the requirements are included.

Chapter Six Program Assessment

Introduction

This chapter provides an overview of the Program Assessment process, which occurs during year four of the Accreditation Cycle. The Program Assessment documents include updated versions of the program documents submitted to gain initial approval to operate an educator preparation program, updated resumes or *vitas* from all faculty and staff, and documentation about assessments used by the institution to ensure that all candidates recommended for a credential have satisfied the appropriate knowledge and skill requirements. This chapter will be of interest to staff of institutional sponsors preparing for the Program Assessment document submission.

I. Purposes of Program Assessment

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 asks institutions/program sponsors to report on how the approved program meets the standards—either approved California program standards, experimental program standards, or national or professional program standards. In addition, Program Assessment provides in-depth information about the assessments the program is using to determine candidate competence. Program Assessment informs the Site Visit that will take place in year 6 of the accreditation cycle.

II. Program Assessment Documentation

A Program Assessment document is submitted for each approved preparation program offered by the institution. It may be submitted on either October or January 15. The decision as to when to submit will be made by each program. There are three parts to the Program Assessment document.

Part I—Meeting Each Standard

Part I is the response to the current program standards, that is, how the program is meeting each of the program standards. There are several ways that an institution could write this section. In the preparation of Part I, those writing the responses must remember that re-phrasing the standard does not provide information 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 the institution's mission, surrounding area, philosophical beliefs, etc. Therefore, the response to each standard should clearly and succinctly state how the program is meeting all parts of the standard.

Part II—Course Syllabi and Faculty Vitae

Part II includes current course syllabi as well as updated vitae for program faculty. The purpose of including course syllabi in the Program Assessment document is to provide readers with the evidence that links the narrative response to practice. If a program claims that any or all of a standard is met in a course, readers should be able to substantiate that claim by finding evidence in the course objectives, schedule, assignments, readings and other information noted in the course syllabi.

If the institution uses a 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, please 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.

The purpose of including faculty vitae in the Program Assessment document is so that readers can determine if qualified faculty are teaching the courses. Qualified does not mean just degrees completed, research articles and presentation. It can also mean experience in K-12 education and/or recent collaboration with the field. Examples of these include working with:

- a public school on improvement of student achievement,
- a district on meeting the needs of English learners,
- a county office of education on leadership development.

In order to make the review process possible, we are requesting that faculty vitae be limited to three to five pages. Please include the most recent or most foundational research, presentations or collaborations and/or the ones that have been foundational to the field.

All faculty, both full- and part-time, who have regularly taught the course in the two years prior to Program Assessment and have a reasonable expectation that they will teach the course again in the next two years should be included.

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, including rubrics, training information and calibration activities that the program reports on in the Biennial Report.

If a teacher preparation program is using the TPA (Cal TPA, PACT or FAST models), there will not be a need to give the background on the development of the examination, validity and reliability information, etc. However, it will be 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 give more comprehensive information about the assessments used. If observation forms are used to measure candidate competence, upon what standards or rationale are these based? How does the program ensure that all assessors are using them in the same way? What types of training and practice are provided to ensure a common scoring technique?

Part III will include only those assessments used at key points in the program in order to determine whether candidates are ready to move to the next step or need remediation. Examples of these assessments might be those used to determine when and if candidates are ready to assume fieldwork, how well candidates do in fieldwork, and when candidates can be recommended for the credential.

III. Review of Program Assessment Documents

The Program Assessment document will be reviewed by trained members of the Board of Institutional Reviewers who have expertise in the program area. The reviewers will also have access to the biennial reports that have been submitted in this accreditation cycle. Reviewers will be looking for the following:

- Does the narrative describe **how** the standard is met?
- Does the implementation described meet the standard?
That is, if there are key phrases in the standard, such as “multiple systematic opportunities to” or “candidates demonstrate in the field,” has the program demonstrated **how** it meets each key phrase within the standard?
- Does the provided evidence substantiate the claims made in the narrative?

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

If more information is needed, CTC staff will communicate with an institution to request additional information. A professional dialogue will then take place between program sponsors and reviewers (facilitated by CTC staff) in order to get the most complete sense of program implementation. This dialogue will help provide clarity and assist the reviewers in coming to a preliminary finding. The dialogue does not go on without end; there will be a deadline at which time a Preliminary Report of Finding will be written. This deadline will be in January of the year before the site visit (year 5 of the accreditation cycle). The format of the feedback will provide information regarding each program standard, using a form similar to the one below:

Program Assessment Preliminary Report

Program Assessment Team Findings	Program is meeting the standards indicated below:	At this time, the following questions or concerns exist related to the standards below:
Standard 1		
Standard 2		
Standard 3		
...through all program standards		
Comments		

Additional Information

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

Chapter 7

Preparation for an Accreditation Site Visit

Introduction

The chapter describes the steps an institution will need to take to prepare for an accreditation site visit. The size and composition of the accreditation team are briefly described. It provides detailed information on the procedures, activities, and decisions that precede the actual accreditation site visit and is intended as a guide for those who are charged with the administrative tasks of an accreditation site visit. The responsibilities of the Consultant provided by the Commission to the institution are listed and the Year-Out and Two Month-Out Pre-Visits are also described. For more information about the Accreditation Team, see Chapter 8.

I. Scheduling an Accreditation Visit

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

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

1. Select a time period when students are on campus and student teachers are in classrooms. Be certain to avoid local school holidays, testing schedules when possible, major academic conferences and other times that will draw faculty away from campus or otherwise impede collection of information from program completers, employers of program completers, cooperating schools, or community members.
2. The visit, if it is a merged accreditation visit, must be coordinated with the national accrediting body. If the visit will involve a national or professional accrediting body for one or more credential programs, early planning must be initiated to allow the institution and Commission staff time to study the alignment of the national or professional organizations' standards with California's standards, and to report the results of the alignment study to the Committee for its determination of alignment.
3. As a rule, the first full day of an accreditation visit will be a Monday, and team members will arrive on Sunday around noon. Exceptions are permitted to this rule, but they should be requested early in the process by the institution. Institutions with multiple sites, unusual class schedules, or other issues should also make these circumstances known early in the planning process.
4. The institution should identify the most appropriate dates from a series of dates proposed by the Commission. The Committee on Accreditation and the Commission on Teacher Credentialing must schedule the year's accreditation visits in a manner that does not adversely impact the staff. The Administrator of Accreditation will confirm the dates for the site visit and the assignment of a Commission Consultant at least 15 months prior to the site visit.

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

Approximately twelve to eighteen months prior to the scheduled accreditation visit, the Commission consultant will contact the institution to schedule a pre-visit meeting. The purpose of this meeting is to acquaint the administration and faculty of the institution/program sponsor with the Accreditation Process, to provide assistance in the development of the Preliminary Report (due 10-12 months before the scheduled site visit) and the Self Study Report (due two months prior to the actual accreditation visit), and to answer other questions that may arise. The institution may invite anyone it chooses to attend this meeting.

Logistical and Budgeting Arrangements

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

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

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

The institution is responsible for preparing all necessary documents included but not limited to the *Preliminary Report* and the *Institutional Self-Study Report* including reports for all approved credential programs, sufficient copies of these reports for team members, all necessary back-up documents and files to support the *Self-Study Report(s)*, and any other materials deemed useful to the team by the institution. All materials sent to the Commission and to team members should be considered the property of the Commission. Any materials of value should be kept on campus in the document room.

The institution is responsible for providing sufficient space on campus for a private room for the team, a document room for all files and materials, space for all team members to conduct their interviews, access to telephones for team members required to make telephone interviews, and computers to facilitate team writing.

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

The institution is responsible for making all necessary arrangements regarding the interview schedules. This includes providing parking for interviewees, assigning campus guides to direct individuals to their interview locations, arranging for back-up interviews, and ensuring that an adequate number of interviews are scheduled for the institution and all its programs. Institutions are encouraged to propose innovative arrangements for handling interviews (e.g., interactive

audio and video connections or dispersed interview sites) and are strongly advised to ensure that sufficient numbers of interviews are scheduled across all key groups.

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

The institution is responsible for all expenses involved in attending a Committee on Accreditation meeting. In the event of an appeal, the institution must bear the cost of making the appeal and attending any appeal hearings or meetings. If a re-visit is required as a result of the appeal, the standard division of responsibilities and costs as noted above will apply.

III. Preparation for a Site Visit

Several documents are used to provide background information and to prepare the site visit team. Information from those documents will also influence the composition of the team and the breadth of the site visit. The Committee will utilize information provided by BIR members who reviewed the institution's *Program Assessment* documents. The institution will develop its *Preconditions Report* to provide updated information about its responses to preconditions, and to provide information about the context in which the institution/program sponsor operates. The *Self Study Report* includes the response to the Common Standards.

The *Preliminary Program Assessment Report of Findings*, which was developed by BIR members who reviewed the Program Assessment documents (see Chapter Six), will identify any program standards that raised concerns or questions. The COA will review the *Preliminary Report of Findings* and determine whether the site visit team should include members with specific expertise in the programs identified with concerns.

Program sponsors will prepare a *Preconditions Report* to be submitted to the Commission staff consultant ten to 12 months before the site visit. This brief report describes the institutional mission and includes information about the institution's demographics, special emphasis programs, and other unique features of the institution/program sponsor. The institution must include the following information in its

Preconditions Report:

- 1. Special Characteristics of the Institution:** The institution notes any special characteristics about its credential programs that would affect the composition of the team, the organization of the visit, or the development of the team schedule. Offering programs at multiple sites, the use of unusual delivery formats-including technology, and/or unusual staffing patterns are of particular interest to the Commission and may require particular expertise among the review team members. Institutions with multiple-site programs must include specific information about the administrative relationships among the various locales and options, and include a table that shows, for each site, the program completers from the prior year and the current enrollment.
- 2. Indication of Selected Options:** In the *Preliminary Report*, the institution identifies the standards option it has selected for each credential program in the accreditation review. Institutions may select different standards options for different credential programs, as described in the *Accreditation Framework* (<http://www.ctc.ca.gov/educator-prep/coa-reports.html>).

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

Using information from the Program Assessment: *Preliminary Report of Findings* and the institution's *Preconditions Report*, the Committee will determine whether the site visit team will focus its review on the Common Standards or whether it will also focus on reviewing program standards identified with concerns by the *Program Assessment Review Team*. If the *Preliminary Report of Findings* identifies concerns about one of the programs, the site team may expand to include someone with expertise in the program with concerns. If there are no concerns identified in the *Preliminary Report of Findings*, then the review team will be smaller. In either case, site reviewers will review evidence that substantiates, confirms, or contradicts the preliminary findings of the Program Assessment.

The Institution's *Self-Study Report* is the second major document that must be provided by the institution/program sponsor in the year prior to the site visit. The *Self-Study Report* must include, at a minimum, the following items:

- Letter of Transmittal by President
- Letter of Verification by Dean or Director
- Background of the Institution and its Mission and Goals
- Education School or Department Mission and Goals
- Responses to Common Standards
- *Preliminary Report of Findings* from Program Assessment Review
- Biennial Reports

All other background material and data should be placed in the document room on campus and referenced in the *Self-Study Report*. Institutions are encouraged to use graphic representations and other visual information in the *Self-Study* document. Institutions planning to use multimedia presentations should confer with the Commission consultant early in the planning process. No less than 40 days before the visit, the institution should mail sufficient copies of its *Self-Study Report* to the team.

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

A. Preparing Campus Exhibits

The Committee on Accreditation uses a three-part process of evidence collection and evaluation. The *Institutional Self Study Report* constitutes the first element, the institution's assertion as to how it meets the Common Standards. The second element in the collection and evaluation of evidence is the team's review and analysis of supporting documentation.

The third element is the array of interviews conducted with individuals who know each program best -- its faculty, candidates, program completers, cooperating educators, and employers of program completers.

Supporting Documentation Required

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

1. Complete *vitae* from full-time and part-time faculty who started working at the institution after the Program Assessment was submitted during Year 4. The *vitae* for all other faculty should have been submitted in Year 4 for Program Assessment.
2. Information regarding recruitment and retention procedures for full-time and part-time faculty.
3. Information on support for full-time and part-time faculty including research, travel, and staff development support.
4. Information on recruitment and admissions procedures including the actual selection process for admission.
5. Copies of all advisement materials used in all credential programs.
6. Copies of student handbooks, supervisor handbooks and other relevant credential publications.
7. Copies of relevant budgets, including school budgets, departmental budgets and program budgets, if available.
8. Institutional procedures on budget and faculty allocations.
9. Copies of recent catalogues and individual course syllabi. (Note: Where multiple sections of credential courses are offered, institutions should provide additional evidence that all sections of the required credential courses attend to the relevant standards.)
10. Internship programs should provide evidence of district and bargaining representative agreements and other evidence that internship standards are being met. Copies of all MOUs should be available in the document collection.
11. Minutes of advisory group meetings or other evidence of collaboration and community involvement.
12. Evidence of on-going, systematic, comprehensive program evaluation and improvement with specific evidence of changes made or contemplated as a result of this evaluation process.
13. Candidate assessment instruments and procedures with summary information on candidate evaluation results as appropriate.

14. Evidence of institutional commitment to and assessment of all field supervisors (individuals serving as cooperating teachers or others who serve as non-employee evaluators of candidates).
15. Evidence of leadership within the institution and leadership among the elements of the institution with particular attention to articulating a vision, fostering collegiality, delegating responsibility and authority, and advancing the stature of professional education within the institution.

Preparing, Organizing, and Presenting the Supporting Materials

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

1. Color-coding files or sets of documents by Common Standard
2. Labeling documents by Standard number within a credential program or closely related set of credential programs
3. Sorting materials in banker's boxes or crates by credential
4. Developing a website where team members will be able to find the documents and supporting evidence
5. Providing team members with "look-up only" capacity on campus computer systems or computers provided to the team
6. Providing information presented in the order in which students experience the credential program (i.e., recruitment and admission materials presented first, then curriculum materials)
7. Providing mock-ups of highly detailed student files that clearly show how curriculum, field experience, and candidate competence standards are met.
8. Developing story boards, organizational charts, or other visual display devices that depict aspects of the institution and its various credential programs

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

As institutions/agencies reduce their use of paper documents, the CTC will encourage them to develop electronic exhibits when planning for site visits. This will allow members of the review teams to review documents well in advance of the site visit.

B. Scheduling Interviews

It is the institution's responsibility to set up the interview schedule for all clusters in consultation with the Commission Consultant. Since the time available to the team is limited and Committee policy dictates that sufficient numbers of individuals from all

constituent groups be interviewed, **creating a workable interview schedule is a critical task for the institution and should receive as much attention as the preparation of the *Institutional Self-Study Report*.** A matrix identifying interviewees can be found in Appendix B.

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

1 Who Should be Scheduled for Interviews by the Team

Team members interview persons involved in the development and coordination of the programs, the preparation of the candidates, and the employment of program completers. These interviewees come from the credential program and surrounding school districts. A list of persons who are typically scheduled for interviews is noted below:

Candidates

Beginning Candidates (small number)

Middle of Program Candidates (larger number than Beginning Candidates)

Candidates who are nearing completion, especially those in student teaching and/or field experiences (majority of candidates interviewed)

Master Teachers/Supervisors

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

Administrators

From schools where candidates and student teachers are placed, and/or who assist with field work placements. These should be school sites where placements are routinely made.

Program Completers

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

Employers of Program Completers

School District Personnel Office Administrators

School Site Principals

Although not Employers, Department Chairs of program completers may be helpful in providing information about candidate preparation

Administration and Faculty of the Institution

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

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

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

2. Selection of Interviewees

The institution should begin assembling lists of potential interviewees at least the semester before the visit. Placement and Alumni offices should be consulted along with the Credential Analyst for the names of program completers, supervising teachers and other personnel. The names of current students should be assembled as soon as practicable in the semester of the visit. Faculty who teach in the program should be alerted to the visit dates to prevent them from being off-campus. Special arrangements may be necessary for part-time faculty or faculty on early retirement or sabbatical leave. Not all interviews will be conducted one-on-one. Candidates can be interviewed in small groups (3-10 candidates). Faculty and administrators should be interviewed individually. Telephone interviews, closed-circuit television, videoconferencing, off-campus interview sites, and other innovative means of conducting the interviews are strongly encouraged, particularly on campuses where parking and travel are difficult or where program completers work at significant distances from the campus.

It is essential that representation from all stakeholder groups (faculty, staff, candidates, program completers, employers, and supervisors) for each approved

credential program be available for interview. In addition, if the program is provided at satellite locations or through distance learning, stakeholders from these locations must be included. A matrix of interviewees by Common Standards is shown in Appendix B.

3. Review of Interview Schedules by Team Lead

Interview schedules should be completed approximately three weeks before a visit. When the schedule is complete, it is sent to the Commission Consultant and the Team Lead for their final review. If an institution does not get the schedule completed in time for Consultant and Team Lead review before the visit, the review will occur on the afternoon or evening before the interviews begin. This may cause complications if changes are requested, so institutions are urged to avoid this problem. Once any changes are made by the Team Lead, the schedule will be followed as amended. Late additions to the schedule, if needed, should be clearly noted.

4. Additional Notes on Creating an Interview Schedule

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

The campus may also wish to combine an alumni event or some special activity with group interviews to encourage program completers, master teachers, and other field supervisors to come to the campus. A reception following the end of the interview period, or some other professional development activity, particularly when planned in conjunction with local schools, can increase attendance, make the whole process more useful, and build productive relationships with area schools.

The most frequent complaints from Team Leads/members relate to lengthy introductions which delay the onset of the interviews, gaps in the interview schedule, significant imbalances in the numbers of interviews scheduled with program completers, employers of program completers, and other off-campus constituents, and insufficient privacy for sensitive interviews. Program representatives are urged to attend to these concerns.

Schedulers are urged to think about over-booking slightly to account for individuals that may not make the interview, to avoid, if possible, scheduling one constituency (e.g., program completers) into only one afternoon, and to entice off-campus

constituents with additional reasons to make the journey to campus. A final option is to have someone available to make stand-by calls or to provide the names and telephone numbers of individuals who could be interviewed by telephone.

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

C. Accreditation Team Visit Daily Schedule

Sunday afternoon: Accreditation team visits are scheduled for four days. The team arrives at its hotel site on Sunday, typically around noon. (Merged NCATE/COA visits typically begin a day earlier for the Team Lead and the Common Standards Cluster members. The remainder of the team begins on Sunday.) Institutions may request another schedule if they believe it will be beneficial to them.

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

Institutions are encouraged to schedule an event on Sunday at the hotel or on the campus for the accreditation team. This event provides an opportunity for general remarks by senior administrators, an introduction to the dean and program directors, and an overview of the institution for the team. Poster sessions that describe the different educator preparation programs at the institution provide team members with a valuable overview of each program and create an informal setting for team members to talk with candidates, completers, faculty, and community members. Institutions may want to have community members or other guests included in this event, including adjunct faculty and program completers who may not be available during the week. Details of this optional part of the visit should be arranged during the preliminary discussions with the Commission Consultant.

Monday: The first full day of the accreditation visit is devoted to document review and interviews with a sample of all major interest groups -- faculty, administration, candidates, program completers, employers of program completers, cooperating school personnel, and community members. The team schedule created by the institution must show sufficient time during the day for document review and team meetings. Interviews should not be scheduled after 6:00 p.m. unless the individuals cannot be available earlier in the day or by phone.

Tuesday: The second full day of the accreditation visit can duplicate the first full day or it may include visits to important collaboration sites or other facilities deemed essential by the institution. The team schedule created by the institution must include time for a mid-visit meeting early in the morning to permit the Team Lead to share with representatives of the institution (a) areas where the standards appear not to be fully satisfied, and (b) requests for additional information pertaining to those standards. Interviews should conclude by 5:00 p.m., if at all possible, to ensure the team will have sufficient time to conclude its activities.

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

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

Report to Institution: By mid-morning or early afternoon, the team presents a summary of its findings and the recommendation to the institution. The institution may invite anyone to attend this presentation of the report. In some instances, the senior administrators and unit director will schedule a private session with the team lead and consultant for a preview of the report.

Report to the COA: During a regularly noticed public meeting of the Committee on Accreditation, the Team Lead will make a presentation of the team's findings. The institution may invite anyone to attend this public presentation of the accreditation team's report. The Committee will make an accreditation determination after hearing the report from the team lead and a response from the institution.

IV. Special Circumstances

According to the *Accreditation Framework*, the Committee on Accreditation makes a single decision about the continuing accreditation of educator preparation at each institution, including a decision about the specific credentials for which an institution may recommend candidates. Because of that, the following special circumstances need attention:

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

sponsors a cooperative program may be different than the decision made at another institution that co-sponsors the same program.

4. **Other Special Circumstances** - As other special circumstances arise, the Committee on Accreditation will develop policies and procedures to address them.

V. Accreditation Findings, Accreditation Recommendations and Team Report

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

Accreditation Team Recommendations

Once the team reaches consensus about program and common standards findings, the team must deliberate on its accreditation recommendation. The team lead and consultant will support the team as it determines whether the findings of the institution and its programs support a recommendation for accreditation or whether the findings are substantive enough to warrant a recommendation of accreditation with stipulations.

- A. **Accreditation:** The recommendation of accreditation means that the institution and its programs satisfy the Commission's Preconditions, Common Standards, and relevant Program Standards. The institution may continue to operate educator preparation programs, may apply to the Commission to start additional educator preparation programs, and may continue to enroll new candidates.
- B. **Accreditation with Stipulations:** The recommendation Accreditation with Stipulations means that the institution and its programs satisfy the Commission's Preconditions and most of the Common and Program Standards. Depending on the nature and severity of findings, there are three types of stipulations that can be recommended. Accreditation with stipulations means that the concerns or problems are primarily of a technical nature (defined as operational, administrative, or procedural concerns or problems). The institution is determined to have overall quality and effectiveness in its credential programs and general operations apart from the identified technical matters
- C. **Accreditation with Major Stipulations** means that the concerns or problems are significant deficiencies in Common Standards or Program Standards or areas of concern that are tied to matters of curriculum, field experience, or candidate competence. The team may identify other issues that impinge on the ability of the institution to deliver programs of quality and effectiveness.
- D. **Accreditation with Probationary Stipulations** means that the concerns or problems are preventing the institution from delivering programs of quality and effectiveness. The institution may be determined to have quality and effectiveness in some of its credential programs and general operations, but these areas of quality do not outweigh the identified areas of concern.

- E. Denial of Accreditation:** Denial of accreditation means that an institution must inform every current candidate that the program will be closing at the end of the following academic year. The program may not accept any new candidates and must develop plans to help current candidates complete their programs. This recommendation is unlikely to be made following a regularly scheduled accreditation site visit. In the event an institution is found to have substantive, serious, and pervasive problems, the team is likely to recommend Accreditation with Probationary Stipulations which will give the institution one year to remedy the problem or to demonstrate significant progress in alleviating serious problems. Generally, when the Committee accepts a recommendation for Accreditation with Probationary Stipulations, it also determines that a follow-up site visit will be scheduled for a time certain (generally six to 12 months from the initial Committee action). If the institution has not been able to significantly remedy the identified problems, the second site visit team may return to the Committee with a recommendation of Denial of Accreditation.

VI. Activities after the Site Visit

Committee on Accreditation Actions

Following the site visit, the consultant will assist the Team Lead in preparing the team recommendation for submission to the Committee on Accreditation. At the COA meeting, the team lead and consultant will present the site report and the accreditation recommendation. The institutional representatives will be present and will have an opportunity to respond to the report and recommendations. The Committee will deliberate about the report and act upon the recommendation: whether to accept or modify the recommendation. The Committee will include in its accreditation action any stipulations placed on the institution, the due date by which the institution must remedy any stipulations, and whether a 7th year report or a follow-up team visit should occur.

Appeal Procedures

In the event the institution believes the site review team demonstrated bias, or acted arbitrarily or capriciously or contrary to the policies of the *Framework* or procedural guidelines, it may appeal the team recommendation to the Committee on Accreditation. The Commission's consultant for the institution will assist the team as it prepares for and presents its appeal.

The institution may also file a dissent with the Commission on Teacher Credentialing regarding the action of the Committee. In that case, the consultant will help the Team Lead prepare for and present the review team perspective.

Committee on Accreditation Actions

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

Chapter Eight: Accreditation Site Visit Team Member Information

Introduction

This chapter focuses on the duties of the individuals who actually conduct accreditation visits and the principles that guide the visit. The responsibilities of team members are presented along with advice about serving in this critical role. Individuals selected for the Board of Institutional Reviewers (BIR) will have received specialized training prior to service on an accreditation team. The information presented in this handbook is designed to reinforce that formal training and to provide other interested parties with an understanding of the responsibilities and duties of accreditation team members. Chapter Eight provides narrative descriptions of essential team activities that occur during the actual accreditation visit. This chapter also provides information about the types of accreditation recommendations teams may make, according to the *Accreditation Framework*, and describes operational implications for institutions of postsecondary education for each of the accreditation options. The audience is BIR members, educator preparation program sponsors, and other interested parties.

I. Purposes and Responsibilities of Accreditation Teams

Accreditation teams are expected to provide the Committee on Accreditation with information to determine if the educator preparation program sponsors of California fulfill adopted standards for the preparation of professional educators. Accreditation teams are expected to focus on issues of quality and effectiveness across the institution as well as within all credential programs. An accreditation team is expected to make its professional recommendation to the Committee on Accreditation on the basis of the preponderance of evidence collected from multiple sources (e.g., document review, Institutional Self-Study Report, interviews across stakeholder groups, data in the biennial reports, and information from the preliminary findings of program assessment during the site visit.) Site visits include off-campus programs as well as the main campus. Specifically, accreditation teams have the following purposes:

1. To determine if the institution meets the adopted Common Standards of the Accreditation Framework and the appropriate standards for each of its credential programs.
2. To assess the quality and effectiveness of the institution and its programs using the State adopted Common Standards by: a) reviewing the institution's Self-Study Report; b) the institution's Biennial Reports, c) the Program Assessment Preliminary Report of Findings, d) interviewing credential candidates, program completers, employers of program completers, field experience supervisors, program faculty, administrators, other key stakeholders and, e) reviewing materials, such as course syllabi, student records, reports of follow-up studies and needs analyses; as well as any other pertinent sources of information available.
3. To recommend an accreditation decision with supporting documentation to the Committee on Accreditation. The decisions must be one of the following: Accreditation, Accreditation with Stipulations, Accreditation with Major Stipulations, Accreditation with Probationary Stipulations or Denial of Accreditation for the institution and all its credential programs.

II. Responsibilities of Accreditation Team Members

1. *Read the Institutional Self-Study Report (ISSR)*

Forty-five to sixty days before the visit, each team member will receive a copy of the Institutional Self-Study Report. The ISSR will be provided electronically and if requested, in paper copy to all team members. In responding to each Common standard, the self-study report should emphasize the quality of the institution's implementation of each standard and the educational rationale supporting each implementation. Typically, the ISSR includes, but is not limited to, the following components:

- Letter of Transmittal by Dean
- Background of Institution and its Mission and Goals
- Education Unit Mission and Goals
- Significant Changes in Education Programs since the last visit (This section should include the findings of the previous COA accreditation team visit.)
- Institutional Response to the Common Standards
- Links or references to evidence available electronically

Further, the review team will receive all documentation already submitted to the CTC related to the institution for the current accreditation cycle. This includes:

- Program Assessment Documentation
 - The Preliminary Report of Findings prepared by the Program Assessment Review Team
 - Institutional Responses to Program Standards, Grouped by Program
 - Abbreviated *Vitae*/Resumes of Faculty, organized by Program, as submitted for Program Assessment two years prior to the site visit
 - Course Syllabi
 - Copies of assessments used to collect data reported in the Biennial Reports
- Biennial Reports for years one, three, and five

2. *Review Evidence Provided in Advance.*

The Commission strongly encourages institutions to use electronic sources of evidence and to provide them to reviewers in advance of the visit. It is extremely important that reviewers read these materials before the site visit and identify areas of concern to share with the rest of the team during the Sunday evening team meeting. Being prepared allows other team members to help collect information pertinent to the concerns identified and provides the reviewer more time at the site to focus on interviews and evidence available only at the site.

3. *Participate in All Team Meetings*

Members of the accreditation team are expected to arrange their travel so as to arrive at the team's hotel in time for all organizational meetings. Team members are not permitted to schedule any professional or personal activities during the team visit. Team members are expected to travel together, dine together, and be available for meetings throughout the duration of the visit. Team members should plan to work every evening. Finally, team members must not leave the host campus prior to the presentation of the team's report at the Report Presentation, without prior arrangement with the Commission consultant.

Accreditation teams work on a consensus basis. Team members are expected to participate in meetings in that spirit.

4. *Conduct All Assigned Interviews*

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

5. *Review Appropriate Supporting Documentation*

Team members will be assigned time to review documents and materials in the exhibit or document room in accordance with the prepared interview schedule. Team members are expected to review all materials referenced in the ISSR first and then review other materials during scheduled document review times. All supporting documentation is the property of the institution and may not be removed from the campus by team members. Team members may, at the conclusion of the visit, request copies of materials. Since the accreditation process calls for a recommendation based on a balanced review of all available information, team members should ensure that they are as familiar with the supporting documentation as they are with the interview data.

III. Roles of Accreditation Team Members

1. *Team Lead*

The role of a team lead during an accreditation visit to an educator preparation institution is complex and challenging. The lead is expected to help team members make full use of their interview and document review time; conduct the pre-visit planning meetings, the Mid-visit Status Report meeting, the Final Team Report Presentation, and lead all deliberations and writing tasks of the team. Additionally, the team lead serves as the representative of the Committee on Accreditation, conduct interviews, and participates in other key activities of the visit.

To function effectively as a team lead, the individual must be completely familiar with the Commission's Common Standards and the current Commission procedures for accreditation visits. In addition, the lead must be knowledgeable about facilitating group work and handling complex decision-making. The overall effectiveness of the accreditation process and the value it has for California institutions depends, in part, on the preparations and professionalism brought by the team lead to this critical task. Information related to the specific roles and tasks for the team lead can be found in Chapter 9.

2. *Team Members*

Team members are charged with the task of reviewing a set of standards and making decisions about the extent to which the institution's programs are aligned with the standards. They participate in and reach a team recommendation about accreditation to the Committee on Accreditation for the institution including all of its credential programs. Team members are expected to conduct all interviews, review all documents referenced in the Institutional

Self-Study Report, familiarize themselves with the other supporting documentation, and participate fully in all team meetings. All team members have writing responsibilities during the visit. Team members have knowledge and experience in any credential area(s) they are reviewing.

IV. Role of Commission Staff

The Commission consultant's role begins before the site visit. The Commission consultant will typically work with an institution for about a year prior to the site visit. The focus of this work is on the logistics and preparation for the visit. The consultant likely has fielded questions from the institution about the meaning and intent of standards, state credential requirements, and various implementation issues from the programs at the site. The Commission consultant works closely with the institution on the overall visit schedule, the development of the interview schedule, and general logistics to ensure that the accreditation review team has what it needs to carry out its responsibilities once on site.

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

Lastly, the Commission consultant, in collaboration with the team lead, has responsibility for presenting the report to the Committee on Accreditation and ensuring that the Committee has accurate and timely information about the review to make their accreditation decision.

V. Preparation for an Accreditation Visit

1. Review Materials

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

2. Develop Initial Questions

Team members should read their documents carefully, making notations where they have questions or concerns or require clarification. Team members should begin to write interview questions based on their reading of the Institutional Self-Study Report.

3. Travel Plans

Team members will receive instructions from the Commission consultant regarding their travel plans. Team members should make travel arrangements immediately upon receipt of the instructions, following the guidelines on arrival and departure times noted above.

4. *Clothing*

Team members should dress in a professional manner. Team members should also bring comfortable and casual clothes for evening team meetings. Most hotels now have exercise areas, so those who wish to exercise should bring appropriate clothes.

5. *Telephone Use and Access*

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

6. *Special Needs*

If a team member has allergies, particular housing needs, dietary restriction, or other special needs, the Commission consultant should be contacted as soon as possible so appropriate arrangements can be made, if possible.

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

1. *Conflict of Interest*

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

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

2. *Professional Behavior*

Team members are expected to act professionally at all times. Intemperate language, accusatory questions, hostile behavior, or other actions or deeds that would detract from the quality of the accreditation visit are not permitted. Any such conduct will bring a reprimand

from the Team Lead and possible disqualification from the Board of Institutional Reviewers. As representatives of the Committee on Accreditation, team members and the Commission consultant are expected to comport themselves with dignity, cordiality, and politeness at all times. Institutions will evaluate the performance and conduct of all team members and the evaluation will be considered in the determination of which individuals continue as members of the Board of Institutional Reviewers.

3. *Ethical Guidelines*

The Committee on Accreditation requires all team members to adhere to the highest standard of ethics during a team visit. Interviews are to be held in strict confidence. Team sessions are also confidential and are not to be shared with non-team members. The presentation of the Team Report at the Exit Meeting is public and open. The meetings of the Committee on Accreditation must follow all public meeting laws.

VII. Team Member Skills

Team members were selected for membership in the Board of Institutional Reviewers (BIR) based on the recommendation of a colleague, 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 utilize the skills required during a site visit and to provide feedback to Commission staff on the skill level of the prospective member. BIR members assigned to a site visit are expected to utilize these skills during the visit and, if necessary, request assistance or guidance from the Team Lead and/or the Commission consultant. Qualifications of a prospective BIR member include:

- At least three years of professional experience in education
- Experience with qualitative evaluations.
- Experience with multiple levels and different sets of education related standards.
- Personal characteristics including integrity, objectivity, empathy, ability to work under pressure, organizational ability, time management, and being a team player.
- Experience with collaboration in writing, 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,
- Ability to access electronic information, search for pertinent information, and appropriately cite the source for inclusion in the team report.

VIII. Collection of Data

The accreditation team is limited to interview data collected while on campus and other data collected from the materials supplied by the institution or the Commission. Team members may not collect data from other sources or use anecdotal information collected prior to the visit. In order for the team to make adequate judgments about each credential program, sufficient faculty must be on campus and available for interviews during the visit. In addition, the institution should have plans in place to account for individuals who do not attend scheduled interviews. All information from the interviews is considered private and confidential. Any data or quotes used by the team will be reported anonymously or in the aggregate. All team member notes taken during the interviews or during document reviews are the property of the Committee on Accreditation and are collected by the Commission consultant at the end of the accreditation visit

and retained by the consultant for one calendar year after the visit. Similarly, all materials placed in the documents room or electronic exhibits remain the property of the institution.

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

Reading and Analyzing Documents

The initial data collection task that faces team members is the reading and analyzing of the Institutional Self-Study Report. This is often followed by an examination and review of many institutional documents referenced in the self-study report. During the course of the accreditation visit, team members are called upon to make critical judgments about many types of documents, papers, and forms. There are some techniques that may assist this critical, but often arduous task.

1. Identify the Who, What, When, and Where of each Standard

In assuring that the institution or program meets the relevant standards, it is important for the reviewers to identify the roles of the people who initiate, complete, or verify required activities. Doing so allows the reviewers to ensure the right people are being interviewed and that the correct questions are being asked. Once the key players have been identified, it is important to identify whether each individual actually performs the activities described by the institution or program in its self-study report. If a standard is met through a specific activity, a description of that activity should be noted in the self-study report so that the team can verify that statement later. Additionally, the "when and where" questions should be posed and answers noted from the self-study report if such issues are important to assuring that a particular standard is met.

2. Determine Relationships

After reading through the self-study report, it can be helpful to draw a rough chart or graph of the program or institution in terms of professional relationships and duties. Finding or creating an organizational chart can be helpful in learning how the institution or program is organized and operated.

3. 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. Becoming familiar with those forms and seeking them out once on campus can provide high-value data in a short time.

4. Look for Formulas

Many institutions operate under formulas, which determine such things as class size, supervisory ratios, admissions, and other standard operations. Finding these in the self-study report and checking on them once on campus can be helpful.

5. Note Generalizations and Other Vague Language

The responses to the standards should be clear and concise. The response should address “how” an institution meets the standard. It’s important to follow up on language that is unclear or statements that make claims that seem to be unsupported. It may merely be unclear language; it can also point to possible areas of weakness.

6. *Verify Claims*

If an institution makes a claim in its self-study, it must be able to verify that claim through documentation or interviews. Evidence noted in the self-study report should be available for the team to review. If claims are made without supporting documentation, the team lead and consultant should be informed so they can include the request in the mid-visit report. Many self-study reports make reference to specific documents and forms; be certain that a team member has checked that these claims are accurate.

7. *Respect Institutional Mission and Goals*

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

8. *Review Documents Thoroughly*

Sometimes, documents look well prepared because they are fancy or reflect high quality presentation skills. The team’s task is to look beyond the presentation and examine the content. Lots of “bells and whistles” do not always reflect high quality. Likewise, documents that are poorly presented may not accurately reflect the quality of the work going on at the institution. While the Commission encourages institutions to prepare high quality documents, when presented with a weak document, the reviewer may need to communicate more frequently with the Team Lead, Commission consultant, and institution, about what he or she needs from the institution to ensure that the standards are being addressed.

9. *Investigate Omissions*

In some cases, omission in the Self-Study Report can reveal a great deal about the institution or program. As documents are being reviewed team members 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.

10. *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 team 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 the team identify gaps in the information presented or it may help rectify or confirm contrary pieces of information gathered from other sources.

Interview Techniques

A critical method of obtaining sufficient data to make a determination of institutional and program quality and effectiveness is through interviewing many people with direct knowledge of the institution or program. Sufficient numbers of people from all the major constituencies related to the institution or program (faculty and administration from the institution, students in the programs, cooperating master teachers and school administrators, graduates of the programs and their employers, and advisory groups to the programs) must be interviewed carefully about their perceptions of the institution and its programs in relation to the selected standards of quality. Since time is limited, team members need to make maximum use of the time available by honing their interview skills. 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."

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

All team members are required to keep a detailed record of interviews with all individuals contacted, materials reviewed, and the findings that result from the process. The Commission collects all interview materials from the team at the end of the visit and retains them in case there is an appeal to the Committee on Accreditation.

1. Introduction

The interview begins with introductions that include the team member's name and identifies the team member as a member of the Accreditation Team for the Commission on Teacher Credentialing. During the site visit, team members are not representing their own institutions, so it is not appropriate to identify those affiliations. Depending on who is being interviewed (candidates in particular), 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.

2. Explain Why You Are Interviewing Each Person

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."

3. 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. Interviewees' responses will describe the proper context of the program or institution.

4. 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.

5. *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.

6. *Use Active Listening*

A valuable technique for ensuring that reviewers correctly understood something an interviewee said, and for increasing interviewee comfort, is called “active listening.” This means that the interviewer paraphrases back to the interviewee the main idea contained in the interviewees’ comment. This practice encourages the interviewee to clarify something the interviewer hadn’t understood correctly and to elaborate on their previous response.

7. *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.

8. *Ask Questions Related to Standards*

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

9. *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. .

10. Pursue Questions Until They Are Answered

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

11. Do Not Accept Unsupported Conclusions

Be sure that sufficient information is gathered to substantiate any conclusions. Lines of evidence are critical and should be referenced and substantiated in the team report.

12. 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. 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 re-arrange some interviews, be sure to discuss this with the team lead and the 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 Commission consultant.

13. Ask a Wrap-up Question

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

14. Cross-Check Information

It is necessary to get information from a variety of sources, such as master teachers, public school administrators, student teaching supervisors, student teachers and graduates, and employers of graduates and then cross-check the validity of the information. This is part of the triangulation strategy discussed below.

15. Relate Interpretative Comments to Specific Standards

Answers are often interpretative 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.

16. Use Stimulated Recall

A good technique for improving responses is to use materials like the program's handbook with interviewees (e.g., candidates or master teachers) and ask questions related to its

contents. Another method is to ask the person to remember a particular time in the program to sharpen their responses and enable them to be specific.

IX. Making Decisions about Standards

As members complete the interview schedule, examine all available documents, and amass as much information as possible, the complex process of making sense out of the data and arriving at defensible decisions about each standard is unfolding. While the Committee on Accreditation has developed statements about what constitutes a Standard as Met, Met with Concerns, and Not Met, it is the professional judgment of the team members that will determine whether the collected data lead to one of those possible categories.

Standards Findings

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

Standard Met

All of the elements of the standard are present and effectively implemented.

Standard Met with Concerns

All of the elements of the standard are present, but the quality of one or more of the elements is ineffectively or inadequately implemented.

Standard Not Met

On balance, based on the evidence received, the institution or program has not effectively addressed or implemented the standard.

In all cases where a standard is “met with concerns” or “not met,” the team will provide specific information about the deficiency and the rationale for its judgment.

To assist team members in their deliberations, a few ideas drawn from the research literature on qualitative data analysis are presented. These ideas are by no means an exhaustive list, but such information may be useful to the team as it begins the process of making decisions.

Considerations for Decision Making

1. *Look for Patterns/Themes*

Human are natural pattern-makers, seeking connections between things, creating groupings of similar things, and creating understandable frameworks. 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 have probably identified some possible patterns or themes. The team lead will provide opportunities for members to describe what they’re thinking. Other members can provide supporting or disconfirming evidence. Questions like these can help identify patterns:

"What were the most common problems mentioned?"

"What phrases or words were used across most interviews?"

2. *Cluster Responses by Constituency or by Standard.*

As you review information obtained by individuals from each constituency, the reviewer should ask whether common concerns, strengths, or weaknesses were identified. The

reviewer might rank order concerns, strengths, or weaknesses by frequency of response to get a measure of the "weight" of such issues. Alternatively, they might want to look at each standard to see how responses cluster.

3. *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 question is:

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

Hearing metaphors from other team members and talking about them can be helpful in coalescing one's thoughts. Care needs to be taken as all metaphors are false at some level of analysis. Nonetheless, they can help crystallize our sense of a program or standard.

4. *Build a Logical Chain of Evidence*

Team members often find that individuals from different constituencies independently report similar concerns or problems. The challenge to the team is to determine whether the issues reflect program findings or whether they rise to the level of common standards findings. For example, candidates, program completers, and master teachers for multiple programs report that candidates are often confused about what should be happening during field experiences and clinical practice. Suppose that a reviewer has 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 4). In talking with team members, the member acknowledges that some students and program completers indicated that they felt well supported during field experiences and that they were confident about their abilities to function effectively in a classroom (an example of disconfirming evidence). The *Institutional Self-Study* indicates that these experiences are incorporated into several courses, but it is difficult to find clear evidence that sufficient planning has been done to ensure the field experiences are appropriately sequenced and that candidates are able to incorporate material from courses into their field experiences. Faculty interviews reveal that each individual thinks the other is focusing on this topic.

Here is a logical, verifiable relationship. If field experience and clinical practice has turned up in interviews as a weakness across multiple programs, one would expect to find little attention paid to it in the formal curriculum. That appears to be the case: therefore, the preponderance of your evidence indicates the standard 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 would need to determine how to report their findings on that standard. .

5. *Triangulate and Avoid Bias*

When the team has similar information from different sources about how an institution is implementing a standard, it's 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. In addition, members must be diligent about imposing 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.

6. *Remember, the team must reach consensus on the findings and recommendation.*

No one individual is expected to collect and analyze every piece of the puzzle. Members should listen to each other and ask them 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.

7. *Trust Your Hunches, Look for Evidence to Confirm*

Most team members have been around educational institutions long enough to have excellent insight. While these perceptions alone are not evidence, 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 whole analysis process.

X. Writing the Team Report

1. Before writing the report, you and your team group will discuss each standard and make a consensus determination using one of three available categories: Met, Met Minimally (either Quantitatively or Qualitatively), or Not Met. It is critical that your assessment take into account the evidence you accumulated and only the evidence. The fact that you have evidence from a number of people from various sources (students, faculty, supervising teachers, employers, program completers, and documents) is important in making your final decision. Be certain you have a copy of the standards with you to refresh your memory. If your group decides that a standard is not met or is met only minimally, you must be able to document what evidence led your group to that judgment.

Since groups are expected to use a consensus model in making their decisions, group members should strive to be mutually supportive. Respect the viewpoint of other members and focus on the information that you all gathered. This process requires you to make holistic assessments based on the overall weight of the evidence.

2. If you are asked to write sections of the report, use simple sentences, active verbs, and clearly defined subjects. Be sure to reference the evidence your team collected during its interviews and document reviews. No one expects great literature; basic declarative prose is perfectly acceptable. You can help the Committee on Accreditation and the institution by being specific about the group's judgments of program quality, strengths or deficiencies, and suggestions for improvement. Your team leader may edit the final draft of your report section for clarity, smoothness, and uniformity.

3. The overall determination and recommendation of the team is contained in the final Accreditation Report, which is written after the team has discussed all the standards. Teams have significant leeway at this point to decide what constitutes Accreditation, Accreditation with Stipulations, and Denial of Accreditation. The key element is whether the students completing the programs at this institution will be effective beginning classroom teachers/educators in contemporary schools.
4. You are not required to solve the problems you find. Your job is to make professional judgments about the standards.
5. A Report Presentation will be conducted with representatives of the institution to communicate the team's findings and clarify any areas in question. You should be prepared to discuss the team's findings and recommendations. It is possible that emotions may be elevated so your comments should be carefully considered, positive, and professional. Your team leader will lead the meeting and should set the tone for it.
6. Your final tasks before departure include filling out expense forms and evaluation forms. These are necessary and helpful so your prompt attention to these items is appreciated. Your interview notes will be saved in the unlikely event there is an appeal of the recommendation you have made. Be sure to give all forms and notes to your team leader before leaving the site. The team leader will represent you at any hearings, but you are invited to participate if your personal schedule permits.
7. The Commission on Teacher Credentialing follows state administrative guidelines for reimbursing individuals. The Commission will purchase an airline ticket for you if needed or will pay mileage at state rates. The agency will pay directly for your base hotel bill. In addition, the Commission will pay per diem expenses for meals and incidentals in accordance with state policy. The consultant assigned to your accreditation team will review the details with you. Any expenses beyond ones specified in state regulations will not be covered. If your district requires a substitute for you, the Commission will pay for that substitute when billed by the district.

Concluding Activities and Team Report

The presentation of the team report is typically held during the early afternoon of the last day of the team visit. The team report is duplicated for each team member, and for program faculty and administration members as determined by the Dean or Director. If possible, time will be allotted for the reading of the team report prior to the meeting. The format of this meeting is an oral presentation of the team report by the team leader. Typically, the team leader summarizes the report, discusses the rationale for the accreditation recommendation, and invites comments from team members. This is not a time for the institution to debate the recommendation, submitting new data, or discussing the team's judgment. Institutional representatives are encouraged to seek clarification, point out any errors of fact, and suggest stylistic changes for team consideration. The team will decide if it wishes to make any changes in the report.

In the case of a merged NCATE/COA visit, the institution's Dean or Director determines whether team findings that apply to NCATE standards will be shared with the entire faculty of the institution. The NCATE report is prepared and submitted to the Unit Accreditation Board in accordance with NCATE policy. The institution prepares its rejoinder as described in NCATE

policy. The decision of the NCATE Unit Accreditation Board will be made separately from the decision of the Committee on Accreditation. Merged visits are discussed in Chapter 10.

The accreditation team report, as it will appear when presented to the Committee on Accreditation for its review and final decision, is sent to the institution and team leader prior to the date of the Committee meeting.

Evaluation of Accreditation Process and Personnel

The Commission provides team members with an evaluation instrument that covers all aspects of the visit, ranging from the initial contact through the report presentation. The instrument contains both multiple-choice and open-ended questions, and requests recommendations for improving the accreditation process. To assist in the quality of the Board of Institutional Reviewers, the Dean or Director also receives forms for evaluating each member of the accreditation team. These data will be considered by the Executive Director of the Commission on Teacher Credentialing when decisions are made regarding retention of individuals on the Board of Institutional Reviewers and identification of individuals able to assume the role of Cluster Leader and/or Team Leader. If the institution has concerns about the performance of the CTC/COA consultant, the Director of the Professional Services Division of the Commission on Teacher Credentialing should be contacted.

Final Note

The accreditation team's responsibilities and workload may seem overwhelming when put into print. The collective experiences of hundreds of professional educators like you suggest that participation in a COA accreditation visit is one of the best professional development activities you can pursue. Working with fellow educators on a matter of signal importance which will improve the profession is a marvelous way to spend several days. The team approach provides both camaraderie and support as you make your decisions. The Commission consultant will be on hand to provide additional assistance. You will expand your knowledge base, make new friends, and return to your regular post invigorated by the experience.

Chapter Nine

Effective Team Leadership

Introduction

This chapter focuses on the skills the Team Lead will utilize during the visit and describes the Team Lead's activities. The audience for this chapter is anyone who has been or hopes to be a team lead and team members.

I. Building a Professional Team

The team lead is responsible for ensuring that all team members can participate equally and effectively. Accreditation site visits occur in public and private higher education institutions as well as in K-12 agencies and charter schools and it's likely that at least one team member will be unfamiliar with the particular setting of the visit. It's the responsibility of the team lead to describe contextual issues of the particular visit (e.g., institutional cultures and structures, recent changes in leadership, budget or enrollment issues), explain jargon (e.g., reflective practitioner, critical theory, highly qualified teachers), and shape group discussions so that all members have opportunities to participate fully in making team decisions. Much of the team lead's time is spent in close proximity with fellow team members, working on complex issues, and extends beyond the normal work day. During these activities, the Team Lead has the responsibility to set a positive, professional, and productive tone to ensure that the team works harmoniously and effectively within the COA framework for institutional accreditation.

The faculty, administration, and staff of the institution require careful attention and professional consideration. The actual team visit is the culmination of much work and effort by the institution. Professional reputations and positions may be affected by the team's recommendations. The team lead cannot allow team members to be influenced by such considerations, although it is appropriate for the team to acknowledge the legitimacy of the institution's sense of concern and anxiety. The role of the accreditation site review team is to gather information about the institution and to determine whether the institution is satisfying the common and program standards. The team lead must ensure that the review process occurs in an objective, evidence-based manner and that the team does not impose its view of educator preparation on the institution being reviewed. The concept of standards of program quality clearly encourages institutions to create programs with diverse structures and curricula. Team members must set aside biases and preferences that derive from their own professional backgrounds. They must allow the evidence as related to standards to lead the decision-making.

II. Communicating with the Team and the Institution

The Team Lead's role in ensuring sufficient and effective communication within the team and between the team and the institution cannot be underestimated. The team needs to understand clearly its roles and responsibilities throughout the entire process. In addition, the team needs to have means to communicate what it needs from the institution in order to do its job effectively. Likewise, the institution should be kept apprised of the team's inclination with respect to its evidence-based findings, and given the opportunity to provide information and materials that are needed by the team. The team lead, in conjunction with the state consultant, plays this critically important role.

The team lead begins to build an effective and efficient review team during the Sunday afternoon and evening meetings. The first meeting allows the lead to describe his or her leadership style and to establish expectations for the team's decorum and use of evidence. During the Sunday evening meeting, which occurs after the team has spent some time reviewing the institution's documents the team lead will solicit observations and concerns that team members identified from reviewing the documents. This discussion helps the team develop a sense of shared responsibility to review the institution's programs fairly and objectively. It also alerts team members about information their colleagues need help collecting and appraises them of issues to observe if the opportunity presents itself.

III. Decisions on the Standards

While much of a team lead's time is spent ensuring that the team completes its assigned tasks while following COA regulations, the position's key role is helping the team members arrive at a defensible decision regarding each of the Common Standards, program standards and the overall accreditation recommendation. Since this is a holistic professional judgment, the team lead must conduct team meetings in a manner that fosters open discussion, attention to the evidence, adherence to the language of the standards, and a balance between the realities of human organizations and the need for maintaining standards. It is important to have enough information from enough different sources that the team can utilize a triangulation process for determining whether standards are being met. For example, if dissimilar responses about a standard are received from two or more sources or two or more team members, extra care should be taken to gather more information about the standard during the remaining time available. Standards judged as met must be substantiated by evidence used in making the judgment. Similarly, it is very important to ensure that any standard that lacks evidence of being fully met receives careful attention so that evidence from enough sources and stakeholders is available to guide the team's decision.

Team leads must be familiar with the standards that are being used for the review, especially the Common Standards, including the definitions and operational implications of findings on standards. As the team reviews the evidence, the lead should ensure that they have adequately weighed all the evidence. Factual information about elements of intentionality (is the absence of an item deliberate or accidental?), institutionalization of activity (was this done just for the COA visit?), recency (how long has this been in place?), and institutional politics (is the program affected by larger institutional problems?) are important when arriving at these decisions. Information gained from single sources or that is significantly different from what other, multiple, sources are providing should be viewed with great caution. One benefit of the Monday evening team meeting is that it provides early feedback about the institution and its programs. That meeting provides a critical opportunity to identify discrepant information about a particular standard, or set of standards, and can alert the team lead to the need for additional information that must be requested on Tuesday at the mid-visit briefing so that the team can develop a finding that is supported by sufficient and consistent data. Team leads must use their expertise as a check against their teams' decisions. The most difficult decisions will be those where there is evidence, both, that the standard is being met and that it is not being fully met. Sometimes it may be useful to shift responsibilities among team members to ensure an adequate exploration, and elimination, of possible bias. Team leads need to blend patience with leadership to bring the team to a consensus decision. Remember that the preponderance of the evidence regarding a standard is sufficient for a decision.

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

IV. Report Writing

Team leads' role in the writing of the team report should be that of editor more than author. That is, the Team Lead needs to ensure that the report is a defensible document that fairly addresses the standards and provides the Committee on Accreditation and the institution with clear evidence for the final recommendation. Focusing the team's statements on the combined evidence collected by the team, while avoiding charged language, helps all readers in understanding the basis for the decisions on standards, makes clear the basis of the institutional recommendation, and helps institutions in making corrections if needed.

The Commission staff provides a standardized template for reports. Team leads should familiarize themselves with this template and can help their teams make the best use of time by encouraging plain writing rather than artful prose. The COA appreciates clear and straightforward language to help inform their decisions. Use of action verbs, simple sentences, and focused commentary will help the composition process. Team leads may need to step in during discussions to re-focus the debate, mediate differences within the group, help the occasional reviewer who stands alone on an issue accept the consensus of the group, find solutions to apparent stalemates on issues, or call a break in the action. Once the draft document is completed, the team lead may wish to do a light edit to gain clarity and consistency, but not make substantive changes in the language without team approval.

V. Final Team Report Meeting

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

To help the meeting go well, team leads should remember to:

- A. Set the tone of the meeting as positive as possible and orient it toward improving the quality of educator preparation.
- B. Remind the institutional representatives that the purpose of the meeting is to present a summary of the findings and that no discussion about the findings will take place.
- C. Thank the institution's faculty and any individuals who have made your stay welcome and productive.
- D. Review for the institution the steps the team took to arrive at its determination. Note the number and types of interviews conducted and documents perused.
- E. Give a generalized statement about the relative strengths and weaknesses of the institution's implementation of its programs and then focus on the institutional recommendation.
- F. If time permits, the team lead may wish to discuss the program standards that are not met, or met with concerns.
- G. Ask team members if they have anything to add to the team leads' comments or any other statements they might like to make. The team lead and consultant might determine that it would be best if no other team member commented during the meeting. This should be decided before the team leaves the hotel for the final meeting and communicated clearly to all team members.

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

Institutions generally understand the purpose of the meeting and are unlikely to try and argue with the team's assessment. In the event this should happen, the team lead and the consultant should intervene, kindly remind the group about the purpose of the meeting, and help the team leave the room. Remember that the institution had an opportunity to respond to preliminary concerns during the Mid-Visit Status Report and to provide new evidence if available.

VI. Presentation of the Team's Report at a COA Meeting

Team Leads represent the site visit team at the Committee on Accreditation meeting when the accreditation report from the site visit is presented. The staff consultant will have arranged the time and date of the presentation to the COA with the institutional representatives and the team lead.

Once the Committee Co-Chair calls for the agenda item, the Commission consultant will introduce the team lead and the representatives from the institution. The consultant will make opening remarks about the visit and the composition of the team. The team lead's role is to present the findings from the site visit to the Committee and to provide a full rationale for the accreditation recommendation. It's important that the team lead establish a professional tone as there is much at stake for the institution. The Co-Chair will invite the institutional representatives to make comments.

The members of the Committee read each accreditation report very carefully prior to the meeting and usually have questions for the institution or the team lead. The team lead responds to all questions as accurately as possible and from the point of view of the consensus of the team. The

Committee will then make an accreditation decision. If the decision differs from the team recommendation, the team lead may appeal if he or she does not believe the decision to be appropriate. After the COA meeting, or after the institution has exhausted its appeal, if any, the team lead must transfer all notes and documentation to the Commission consultant who will store the information at the Commission headquarters.

VII. Team Lead Task Analysis

The specific duties of a team lead before, during, and after the team visit are:

Before the Visit:

1. Participate in the Two-Month Out Pre-Visit with the staff consultant to review the arrangements. Work with the staff consultant in determining the logistics. While the team lead's responsibilities with respect to logistics are minimal, the staff consultant and the institution should take into consideration the preference of the team lead on a variety of logistical matters (such as where to hold meals, room configuration, document room set up, etc.) to ensure the team lead is comfortable with the working environment.
2. When the team composition is announced, send a welcome to each team member to begin to establish a sense of team identity;
3. Contact all team members before the visit to ensure that they have received all necessary documents;
3. Review the proposed interview schedule in advance and note any changes desired or concerns. Ensure that a sufficient number of individuals from each constituency for each program at the institution are scheduled for interviews. Relay these to the Commission consultant as soon as possible. The team lead may participate in conference calls with the Commission consultant and institution to ensure this task is accomplished sufficiently in advance of the visit.
4. Read all materials provided by the institution and the Commission consultant.

During the Visit - Day One (afternoon/evening):

1. Conduct the team orientation on the first afternoon of the campus visit which includes:
 - a. a review of the roles of each of the members of the review team, including writing assignments.
 - b. reviewing the proposed interview schedule, noting any changes with the team
 - c. individual team assignments for entire visit including interviews, site visits, and document reviews. Be certain team members vary their assignments to ensure fairness;
 - d. confirming the team meeting times during the visit and agreement on transportation arrangements, meals, working times, and other housekeeping details;
 - e. a reminder to team members of professional responsibilities associated with this task, especially setting aside biases and ensuring confidentiality;
 - f. additional explanations including how to get assistance throughout the visit for first-time team members.

2. Discuss the process the team lead will use to help the team identify shared concerns and create consensus decisions about findings and the accreditation recommendation. It may be helpful for the team lead to create an agreement with the team on what consensus means and how it should be achieved.
3. Act as liaison with the Commission consultant and keep him/her informed as to the team's plans;
4. Review the institution's documents and the Preliminary Report of Findings from Program Assessment with the team and identify areas of program strength and weakness on the basis of the standards. Generate possible questions for interviews;
5. Identify any requested information that team members may want and communicate it to Commission consultant; and
6. Review any contextual issues regarding the campus or community that might impinge on the work of the team. Confer with cluster leaders regarding initial impressions.
7. Provide time for the clusters to meet and identify key questions to pursue. As a team, identify key questions for each group to be interviewed in relation to the critical standards and the Self-Study Report. Ensure that questions are developed for all standards. Be certain that all team members work with all relevant standards at some time during the interview phase.
8. Remind team members to keep detailed notes on who is interviewed and what documents have been reviewed.

Day Two - First Full Day:

9. Conduct interviews with the institution's executives and resource managers (e.g., information technology director, librarians, etc.).
10. Meet with the institution regarding any scheduling requirements or additional information needed.
11. Monitor the work of the team members and ensure that every constituency gets interviewed on the first full day. Confer with team members at lunch and again at dinner for areas of concern and/or agreement.
12. In the evening, confer with the entire team regarding progress and identifying emerging concerns or needs. This is also time for team members to share similar and dissimilar observations and sources of information. Have the team identify additional information needed, particularly regarding potential findings. Work with the team to develop the written Mid-Visit Status Report.

Day Three

13. Conduct the Mid-Visit Status Report. Be forthright with the institution about the team's perceptions and concerns. Foster a positive tone for the meeting and ask for clarification and information where needed by your team.
14. Report back to the team on the outcome of the meeting and alter the interview schedules or other data review as needed.
15. Remind team members to keep summary notes on who is interviewed and what documents have been reviewed.
16. Ensure that all faculty, individually, key staff, and a representative number from each constituency have been interviewed.

Day Three - Afternoon/Evening

17. Review COA policy on accreditation recommendations before beginning team discussion about findings and recommendations.
18. Work with Commission consultant to involve all team members in the deliberations and the decisions on program standards. Conduct deliberations on common standards and an accreditation recommendation using the team's agreement on developing consensus as a guide. Guide the team in agreeing on its final recommendation on the accreditation status of the institution.
19. Ensure that sufficient progress is being made on completion of the report that a draft will be ready to be reviewed on the evening of Day Three and a final version will be complete and ready by the morning of Day Four;
20. Review the team findings with the Commission consultant before the report is typed;
21. Work with the Commission consultant, cluster leaders, and team members to review the draft report, editing and clarifying as necessary.

Day Four - Morning:

22. Make final edits to the draft report as needed; prepare for presentation of final report.
23. Check final draft of the report and prepare for the team report.

Day Four - Afternoon:

24. Chair the final team report presentation.

After the Visit:

1. Write thank you letters to team members for their files (recommended, but not required).
2. Make notes on the visit for future reference.
3. Present the team report to the Committee on Accreditation when it is scheduled.
4. Participate in follow-up activities (such as re-visits) as required.
5. Evaluate every member of the review team and the Commission consultant. This process helps identify effective team members and those for whom additional support is needed.

Chapter Ten

Articulation Between State and National Accreditation

Introduction

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

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

I. National Accreditation of an Education Unit

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

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

Implementation

Currently, the only national accrediting body which fits the description of the preceding two sections of the *Framework* is the National Council for Accreditation of Teacher Education (NCATE). NCATE accreditation standards and the Common Standards have been judged as comparable, thus eliminating the need for a separate review of those standards by the state. Additionally, a joint state and national accreditation team and visit are scheduled for state and national accreditation under the Common Standards and the applicable Program Standards. This merging is accomplished through the Partnership Agreement between the CTC/COA and NCATE. The following is the description of the status of the Partnership Agreement and the major features of the Partnership.

Partnership with the National Council for Accreditation of Teacher Education (NCATE)

Since 1988, the Commission and NCATE have had a "Joint Partnership Agreement." California institutions desiring joint or concurrent accreditation visits have been able to request such reviews during the past years. Presently, twenty-three (23) institutions in California are NCATE accredited and have Commission approval.

The COA approved the revised Protocol submission to NCATE in spring 2007. The Protocol was approved by the State Partnership board at its October 2007 meeting and is in effect through December 2014. The major elements of the Partnership Agreement between the COA and NCATE are as follows:

- California institutions are exempt from NCATE Program Review. California's Program Assessment process stands in lieu of the NCATE Program Review.
- All California visits will be joint visits.
- A single team will conduct the on-site accreditation visit. There will be co-chairs for the visit, one selected by NCATE and one selected by the Executive Director of the Commission.
- The team will have a total of 6 to 10 members depending on the size of the institution. The team will focus on both the Common Standards (NCATE Unit Standards) and the programs offered by the institution. Selected portions of the Common Standards will supplement the six NCATE Unit Standards.
- Team members will represent ethnic and gender diversity; and include elementary and secondary practitioners, and postsecondary education members.
- The team will prepare a single accreditation report including the findings of the NCATE Unit Standards, the selected portions of the Common Standards and Program Standards. The team will submit its report to the COA in the format approved by the COA. The NCATE report will be submitted to the Unit Accreditation Board of NCATE. The COA and NCATE will make separate and independent accreditation decisions.
- The period of accreditation will be consistent with a seven-year cycle.

For more details on the Partnership Agreement (<http://www.ncate.org/documents/stateProtocols/CA/State%20Protocol.doc>), contact the Commission staff.

II. National Accreditation of a Credential Program

Upon the request of an institution, the accreditation of a credential program by a national accrediting entity will substitute for state review of the program provided that the Committee on Accreditation certifies to the Commission that the national accreditation entity satisfies the following conditions.

1. The accrediting entity agrees to use the adopted California Program Standards for the specific credential under Option 1, or the standards used by the national entity are determined by the Committee to be equivalent to those adopted by the Commission under Option 1.
2. The accreditation team represents ethnic and gender diversity.
3. The accreditation team includes both postsecondary members and elementary and secondary school practitioners; a minimum of one voting member is from California.
4. The period of accreditation is consistent with a seven-year cycle and is compatible with the accreditation activities established by the state.
5. Nationally accredited credential programs participate in the unit accreditation process. The national accreditation of the program serves in lieu of the state's Program Assessment process.

Implementation

Under this provision of the *Accreditation Framework* an institution may request that accreditation by a national professional entity be substituted for the California's Program Assessment if the standards are deemed comparable and the national body meets the other requirements listed above.

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

1. The Commission must receive a request for the application for national professional organization standards alignment. This request can be submitted by an institution in preparation for its accreditation activities or can be from a national professional organization.
2. The institution or national professional organization submitting the request can choose to conduct the analysis of alignment and submit a preliminary alignment matrix for approval by the COA. This process is estimated to take between 3 and 6 months; or:
3. The institution or national professional organization submitting the request can request that the Commission convene a panel to develop an alignment matrix. When the request is submitted, it will be important for the request to identify upcoming accreditation activities that would utilize this alignment. This will serve to prioritize the requests for alignment to those that will actually be used for accreditation activities. This option could take up to one year to complete.
4. In accordance with its statutory responsibility to determine comparability of standards, COA would make a determination of comparability and, if satisfied, would approve the matrix. Or the COA may identify concepts or elements in the California standards that are missing in the national professional standards. The COA may choose to approve an alignment matrix that identifies these additional concepts and requires institutions to

address the national professional standards AND the identified elements from the Commission's adopted standards.

5. Upon approval by the COA, the alignment matrix may be used by the institution to submit its response to the standards. The matrix will show where the response used for the national professional organization may be used, and where it will need to be supplemented to ensure that all aspects of the California standards are addressed.
6. Upon approval by the COA, the alignment matrix may be used by other institutions. An institution would notify the Commission of its desire to use national professional standards via its response to the preconditions. The matrix would no longer be valid at the time that there are adopted revisions to either the state standards or the national professional organizations.

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

Alignment of Standards--The first step in utilizing a national professional organization's accreditation in lieu of California's accreditation procedures is to complete an alignment study of the adopted California standards with the national professional organization's standards. The table below lists the national professional organizations for which the standards alignment has been completed or is in progress. If an institution or program sponsor is interested in working with an organization that is not listed, the process may be initiated by submitting a request (<http://www.ctc.ca.gov/educator-prep/accred-files/Application-N-P-O-S-A.doc>).

Alignment of Professional Organization's Accreditation Activities -The second step in utilizing a national professional organization's accreditation process is to conduct a study of the accreditation activities utilized by the professional accrediting organization. Once the study of the accreditation activities has been completed, the Committee on Accreditation (COA) will make a determination of which, if any, of California's accreditation procedures may be waived or amended due to the organization's accreditation procedures.

Biennial Reports--interim reporting required by the organization **may** be utilized for some or all of the Biennial Reports, if the COA has determined that the interim reporting required by the national professional organization address the critical aspects of California's Biennial Reports.

Program Assessment—There are two options for institutions to select between related to professional accreditation of a educator preparation program by a national professional organization:

- a) The institution may elect to use the national professional standards in lieu of the Commission's adopted program standards in the Commission's Program Assessment process.
- b) If the COA has determined that the national professional organization's procedures address the critical aspects of California's Program Assessment process, the institution may elect to utilize the national professional accreditation in lieu of Program Assessment.

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

Chapter Eleven
Evaluation of the Accreditation System

**This chapter will be added once the COA has its
discussion at the October 2008 Meeting**

Appendix A

Sample Reports

I. Biennial Reports

The Biennial Report template is provided in this Appendix. Please visit the Commission's Biennial Report web site for current information on biennial reports: <http://www.ctc.ca.gov/educator-prep/program-accred-biennial-reports.html>

II. Program Assessment

Programs submit three sections of documentation for Program Assessment:

1. Institutional Response to Program Standards
2. Course syllabi and faculty vitae
3. Assessments used in determining candidate competence and to generate data reported in the Biennial Report

The template for the COA's Report to the Institution for the Program Assessment process is provided in this Appendix. This report is the *Preliminary Report of Program Assessment Findings*.

Please visit the Commission's Program Assessment web site for current information on program assessment: <http://www.ctc.ca.gov/educator-prep/program-accred-assessment.html>

III. Site Visit*

Examples of accreditation site visit reports can be found on the Commission's Accreditation Reports web page: <http://www.ctc.ca.gov/educator-prep/accreditation-reports.html>

- * Some of these reports are for Commission site visits and others are for joint CTC-NCATE site visits. Please contact your assigned CTC Consultant for more information.



**Commission on Teacher Credentialing
Biennial Report
Academic Year 2007-08**

Institution _____

Date report is submitted _____ **Date of last Site Visit** _____

Program documented in this report:

Name of Program _____

Credential awarded _____

Is this program offered at more than one site? Yes No

If yes, list all sites at which the program is offered:

Program Contact: _____

Phone # _____

E-Mail _____

If the preparer of this report is different than the Program Contact, please note contact information for that person below:

Name: _____

Phone # _____

E-mail _____

Biennial Report: Purpose and Process for Review

Summary: Purpose of the Biennial Report

The revised accreditation system places greater emphasis on candidate assessments and program completion performance data, the collection and analysis of that data, and its use for making data-driven decisions to improve programs. The 2007 *Accreditation Framework* adopted by the Commission states, “accreditation is an on-going process that fosters greater public accountability, continuous attention to program improvement, adherence to standards, and high quality programs. The accreditation system and its interrelated set of activities of Biennial Reports, Program Assessment, Site Visits, and follow up throughout the 7 year cycle – is designed to support these goals.”

With an increased attention on measures of effectiveness, the Biennial Report is a mechanism whereby institutions report on candidate assessment and program effectiveness data, their analysis of that data, and the programmatic improvements that result from that analysis. The *Accreditation Framework* describes the expectations of the new accreditation system as it relates to annual data collection and biennial reporting on candidate competence and program effectiveness as follows:

1. Ongoing Data Collection by the Institution/Program Sponsor

Each institution/program sponsor is required to collect data for each approved credential and certificate program related to candidate competence and program effectiveness on an annual basis. Further, it is an expectation that all CTC accredited institutions or program sponsors will use these data to inform programmatic decision-making.

2. Biennial Report

The accreditation system requires that the institution provide evidence, through submission of the Biennial Report that it is collecting, analyzing, and using data for programmatic decision making. The Biennial Report process will include the submission of contextual information, candidate assessment, a brief statement of analysis, an action plan based on the analysis, and institutional summary identifying trends across the programs or critical issues.

Summary: Process for Review of the Biennial Report

The Biennial Report will be reviewed, may result in further questions or review, and will be part of the documentation made available to the program and site visit reviewers. The process for review is summarized as follows:

- 1) The biennial report is reviewed by Commission staff for completeness and sufficiency. If the report has been submitted but the data does not demonstrate measures of candidate competence or deficiencies are indicated, the Committee on Accreditation and staff will request additional information from the institution/program sponsor. Feedback will be provided by the Commission staff. Staff summarizes information contained in the Biennial Reports to the COA. Based on the review of the Biennial Report, the COA may schedule a site visit prior to the scheduled time period for a site visit to the institution.
- 2) Biennial Reports are then provided to the 4th year Program Assessment and 6th year site visit reviewers as additional evidence to consider in making accreditation related decisions and recommendations.

Directions for Completing the Biennial Report

Accreditation examines the extent to which institutions meet state adopted standards of quality and effectiveness. It is expected that all institutions accredited by the Commission on Teacher Credentialing are annually collecting and reviewing information and data on the performance of their candidates and program completers/graduates. It is also expected that institutions and programs regularly review and analyze the data collected and use this information to make improvements and adjustments to their programs. As such, responses to each section noted below should be a summary of work already being completed. Please respond to each section of the report. *This report does not need to be a narrative report. Please use charts, tables, or lists as appropriate.*

SECTION A – CREDENTIAL PROGRAM SPECIFIC INFORMATION

I. Contextual Information
1 page

General information to help reviewers understand the program, the context in which it operates including the number candidates and completers or graduates, and what has changed significantly since the Commission approved the current program document.

II. Candidate Assessment/Performance and Program Effectiveness Information
Limit **No Minimum or Maximum Page**

The program submits information on how candidate and program completer performance are assessed and a summary of the data. 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.

a) What are the primary candidate assessment(s) the program uses up to and through recommending the candidate for a credential? What key assessments are used to make critical decisions about candidate competence prior to being recommended for a credential? Because this section is focused on candidate assessments while the candidate is enrolled in the program or who have completed your program, please do not include admissions data.

Please identify specific tool(s) used to assess candidates and program completers. Describe the various type of data collected (e.g., TPA, portfolios, observations, other) and the data collection process. Then please provide a summary of data (aggregated) for 4-6 key assessments. After July 1, 2008, for all Multiple Subject and Single Subject programs please include data related to the TPA as one of the 4-6 key assessments. Please include descriptive statistics such as the range, median, mean, % passed, when appropriate. It is not necessary to include data submitted to the Commission for Title II purposes except for RICA (for applicable credentials) data which may be included. Note: Candidate level data is not required; please submit aggregated data.

b) What additional information about candidate and program completer performance or program effectiveness is collected and analyzed that informs programmatic decision making? What additional assessments are used to ascertain program effectiveness as it relates to candidate competence? Please identify specific tool(s) used to assess candidates and program completers? Describe the type of data collected (e.g. employer data, post program surveys, retention data, other types of data), the data collection

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process and summarize the data. Please include descriptive statistics such as the range, median, mean, % passed, when appropriate.

III. Analysis of Candidate Assessment Data 1-3 pages

Each program provides an analysis of the information provided in Section II. Please do not introduce new types of data in this section. Note strengths and areas for improvement that have been identified through the analysis of the data. What does the analysis of the data demonstrate about: a) candidate competence and b) program effectiveness?

IV. Use of Assessment Results to Improve Candidate and Program Performance 1-2 pages

Programs indicate how they use the data from assessments and analysis of that data to improve candidate performance and the program. If proposed changes are being made, please link the proposed changes to the data that support that modification as related to the appropriate Program and/or Common Standard(s). If preferred, programs may combine responses to Sections III (Analysis of the Data) with Section IV (Use of Assessment Results to Improve Candidate and Program Performance) so long as all the required aspects of the responses are addressed.

SECTION B –INSTITUTIONAL SUMMARY AND PLAN OF ACTION 1-3 pages

This section addresses all the credential programs offered by an institution. Given the information provided in Section A for each program, indicate trends observed in the data across programs. 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.

**Template for the Preliminary Report of Program Assessment Findings
One report for each approved credential program**

Program Assessment Team Findings	MET Program is meeting the standards indicated below:	MET WITH CONCERNS At this time, the following questions or concerns exist related to the standards below:	NOT MET At this time, readers have not received evidence to indicate that the standard is met or met with concerns.
Standard 1			
Standard 2			
Standard 3			
...through all program standards			
Professional Comments			

Appendix B

Sample Interview Schedules*

A. Scheduling Interviews: Constituent Groups

These two tables provide advice about which constituent groups can provide meaningful information on particular Common Standards and Program Standards and, therefore, should be scheduled for interviews during the site visit. Each approved institution is responsible for scheduling a sufficient number of interviews with the appropriate stakeholders to allow the site visit team to determine that the standards are being met.

B. Master Schedule Template

This template for the master schedule for the four day site visit lists the usual activities and times for the activities. The Sunday afternoon activities should be discussed with your assigned CTC Consultant. Each approved institution is responsible for scheduling activities from about 8 am until early evening on the Monday and Tuesday of the site visit for each team member. This includes sufficient time in the document room, transportation from the hotel to the campus (and to school visits if scheduled) and back, interviews, meals, transportation on campus (if necessary), breaks and snacks.

C. Interview Worksheet for Clusters

This template provides a sample interview matrix for a four person basic/teaching credential program cluster. A similar matrix will be developed by the institution for the Common Standards cluster. Your CTC Consultant will let you know how many team members will compose the Common Standards cluster, usually 2-5, for your institution. If the basic/teaching cluster contains additional programs (for example Education Specialist programs), additional team members will be assigned to the cluster and the number of columns on the worksheet increased. If the institution also offers services/advanced credentials, another worksheet needs to be developed for the services/advanced credential programs and the accreditation site visit team members focusing on these credential programs.

*These sample schedules do not apply to NCATE institutions. Please contact your assigned CTC Consultant for information on the NCATE schedule.

**A. Scheduling Interviews:
Constituent Groups and the Common Standards (2007)**

It is the responsibility of the Program Sponsor/Institution to schedule sufficient interviews with appropriate personnel to provide the team with a complete picture of the program(s) offered and unit operations.

	1: Education Leadership	2: Unit and Program Assessment System	3: Resources	4: Faculty	5: Admission	6: Advice and Assistance	7: Field Experience and Clinical Practice	8: Program Sponsor, District, and University Field Supervisors	9: Assessment of Candidate Competence
Candidates	*	*		✱	✱	✱	✱	✱	✱
Graduates	*	*		✱	*	✱	✱	✱	✱
Program Sponsor/Institution Personnel									
• Dean/Director	✱	✱	✱	✱	*	*	*	*	*
• Program Coordinators	✱	✱	✱	✱	✱	✱	✱	✱	✱
• Faculty	✱	✱	✱	*	✱	✱	✱	✱	✱
• Credential Analyst	✱	*	*		✱	✱	*	*	✱
• Staff	✱	*	*			*			*
• Provost/Associate Sup-Instruction	✱	*	*	✱					
• CFO/Associate Sup-Business	✱	*	✱	*					
• President/Superintendent	✱	✱	✱	*					
Employers	✱	*	*	*			✱	✱	✱
Field Supervisors	*	*	*	*		✱	✱	✱	✱
Advisory Boards	*	*	*	*	*	*	*	*	*

✱ = Critical stakeholder for this standard

* = Stakeholder may have information related to this standard depending on the local program design

Constituent Groups and Program Standards

It is the responsibility of the Program Sponsor/Institution to schedule sufficient interviews with appropriate personnel to provide the team with a complete picture of the program offered and the how the program fits within the unit operations.

	Program Design	Curricula	Field Experiences and Clinical Practice	Measuring Candidate Competence
Candidates	☀	☀	☀	☀
Graduates	☀	☀	☀	☀
Program Sponsor/Institution Personnel				
• Dean/Director	*	*	*	*
• Program Coordinators	☀	☀	☀	☀
• Faculty	☀	☀	*	☀
• Credential Analyst	*	*	*	*
• Staff	*	*	*	*
• Provost/Associate Sup-Instruction				
• CFO/Associate Sup-Business				
• President/Superintendent				
Employers		*	*	☀
Field Supervisors	*	*	☀	*
Advisory Boards	*	*	*	*

☀ = Critical stakeholder for these standards

* = Stakeholder may have information related to these standards depending on the local program design

B. Master Schedule Template

Sunday

Goal for the day: Orient team, familiarize team with institution and its programs, review documents, identify initial concerns and questions

Time	Common Standards Cluster	Program Standards Clusters
12:00-1:00	Team meets at hotel and eats Lunch	
1:00-2:30	Total Team Meeting-Hotel	
2:45-4:00	Time in document room at institution	
4:00-5:30	Reception, Poster Session, Institutional Overview	
5:30-7:00	Dinner	
7:00-10:00	Work Session-Hotel	Work Session-Hotel

Monday

Goal for the day: Finish orienting team to the campus and its program; team spends time in document room (at least one hour per team member); interviews a sample of all constituent groups; identifies preliminary concerns, identifies additional information needed.

Time	Common Standards Cluster	Program Standards Clusters
7:30	Team leaves for campus	
8:00- 8:30	Orientation (unless done the day before) : All Team Members (Dean, Chairs, Coordinators, Faculty/ Staff)	
8:30-9:45	Attend Program Cluster Orientations	Program Cluster Orientations Basic/Specialist Cluster, Services Cluster Meet with respective Program Coordinators and faculty for program overview
9:45-10:00	Break	Break

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Time	Common Standards Cluster	Program Standards Clusters
10: 00-12:00	Interviews with faculty, administration, or committees (30 minutes) For example <ul style="list-style-type: none"> • All University Teacher Education Committee • Department Chairs and Coordinators (Basic and Advanced) • Selection and Review Committee 	Interviews with individual program faculty (one on one interviews-30 minutes apart, 20 minutes to talk, 10 minutes to take notes, stretch, etc.)
12:00 - 1:00	Lunch and Team Meeting	
Time	Common Standards Cluster	Program Standards Clusters
1:30- 6:00	Document Review, at least one hour block of time for each reviewer Individual and group interviews Cross section - various program areas and constituency groups plus technology person and library media person As appropriate interviews with: <ul style="list-style-type: none"> • California Student Teacher Association • MA Graduate Student Association Interviews with: Supervising Teachers Administrators Student Teachers Credential and MA Students Recent Graduates Employers - can be group and individual	Document Review, at least one hour block of time for each reviewer Continue Faculty Interviews Staff and support personnel Interviews Begin cross section: candidate, graduate, site level personnel interviews Interviews in Classes meeting at this time as available Interviews with: Supervising Teachers Administrators Student Teachers Credential and MA Students Recent Graduates Employers - can be group and individual
6:00-6:30	Return to Hotel	
7:00-10:00	Dinner, Team Meeting and Cluster Meetings at Hotel Identify preliminary concerns, identify additional information needed, agree on text of mid-visit report	

Tuesday

Goal for the day: alert institution to need for additional data; finish interviews, finish document review, develop program standards findings

Time	Common Standards Cluster	Program Standards Clusters
7:30	Teams leave for Campus or for Field Sites	
8:00-8:30	Mid-Visit Status Report with Dean, Team Co- Chairs and others, as appropriate	
8:00- 11:30	Selected Members Visit Field Sites for Interviews (Remaining Team Members go to Campus for interviews and document review) Site Visiting Members return to campus by noon	
8: 00- 11:30	Document Review, at least one hour block of time for each reviewer Interviews continue make certain to include: <ul style="list-style-type: none"> • Representatives of Governance Committees • Advisory Committees • Selected Faculty and Administrators • Dean of Associate Dean of Arts, Letters and Sciences • CTC Coordinator • Others as appropriate 	Document Review, at least one hour block of time for each reviewer Interviews continue make certain schedule reflects cross section of constituents, including: <ul style="list-style-type: none"> • Faculty and Staff (part-time and those not available on Monday) • Individual and Phone interviews with all constituent groups not interviewed on Monday or too far for on-site interview
11:30- 1:00	Lunch and Team Meeting	
Time	Common Standards Cluster	Program Standards Clusters
1:00- 5:00	Continue interviews and document review	Continue Interviews with Constituent Groups (as Monday)
5:15	Return to Hotel—may return earlier to begin writing	
6:00-10:00	Dinner, Team Meeting and Cluster Meetings at Hotel Team deliberations and Report Writing	

Wednesday

Goal for the day: All team members review and edit the report, finalize report, present report to institution

Time	Common Standards Cluster	Program Standards Clusters
8:00-10:30	Complete Common Standards Report for COA Team Report	Complete Programmatic Sections of Team Report
9:00-9:30*	Team Meeting (if needed)	
9:30-11:30*	Continue Report Preparation as needed	Continue Report Preparation as needed
11:30-1:00	Lunch	Lunch
1:30- 2:00*	Meet with Dean and Accreditation visit Coordinator to report findings of accreditation visit. Copy of the report is provided to the Dean	
1:30- 2:00*	Remainder of team members travel to campus	
2:00* time approximate	Presentation of Report by Team Leader with the Assistance of Cluster Leaders- with entire faculty—Copies of the report may be provided by the institution	

*Times will vary, depending on when report is finished

C. Interview Worksheet for a Cluster Basic/Teaching Credential Cluster (4 Members)

Monday--Sample

Time	Member 1 SS Program	Member 2 MS Program	Member 3 MS Program (BCLAD)	Member 4 SS Program
8-8:30	Orientation- (Location)			
8:30- 9:45	Meet with MS, SS, and BCLAD coordinators (Location)			
10:00-10:20	Professor A Teaching Area (Location)	Professor B Teaching Area (Location)	Professor C Teaching Area (Location)	Professor D Teaching Area (Location)
10:30-10:50	Professor E Program Director (Location)	Professor F Teaching Area (Location)	Professor G Teaching Area (Location)	Professor H Teaching Area (Location)
11:00-11:20	Professor I Teaching Area (Location)	Professor J Teaching Area (Location)	Professor K Teaching Area (Location)	Professor L Teaching Area (Location)
11:30-11:50	Credential Analyst (Location)	Professor M Teaching Area (Location and phone number for phone interview)	Professor N Teaching Area (Location)	Professor O & Field Services Coordinator (Location)
12: 00-1:00	Lunch and Team Meeting			
1:30- 1:50	Professor P Teaching Area (Location)	Visit Curriculum Lab	Documents Review	Professor Q Teaching Area (Location)
2:00-2:20	Phone Interview with Employer (Location and phone number for phone interview)	Interview Curriculum Lab Coordinator	Group interview with 5 personnel directors (Location <i>please put names and work locations for each interviewee</i>)	Interview with Professor R Teaching Area (Location)
2:30-2:50	Group interview with 4 Graduates of BCLAD Program (Location)	Group interview with 3 student teachers	Group interview with 4 Master Teachers of CLAD Program (Location)	Review Documents
3:00-3:20	Meet with Ed 440 (Location)	Group interview with 3 Master Teachers	Interview 5 Graduates of Single Subject Program (Location)	Meet with Ed 440 (Location)
3:30-3:50	Meet with Ed 440	Interview with Principal	Interview 5 Graduates of Multiple Subject Program (Location)	Meet with Ed 440

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Time	Member 1 SS Program	Member 2 MS Program	Member 3 MS Program (BCLAD)	Member 4 SS Program
4:00-4:20	Interview with 5 Graduates of BCLAD program (Location)	Interview 5 Graduates of Single Subject Program teaching in city x	Interview with 4 Candidates in BCLAD, language (Location)	Interview with 4 candidates in Single Subject program (Location)
4:30-4:50	Interview with 4 Master Teachers (Location)	Interview 5 Graduates of Multiple Subject Program teaching at a distance	Meet with Ed 510 (Location)	Meet with Ed 510 (Location)
5:00-5:30	Meet with Hum 450 (Music Methods) Class (Location)	Interview 3 Part-Time Instructors Adjunct Professors that teach in Prof. Dev. School	Meet with Ed 510 (Location)	Meet with Ed 510 (Location)
5:40-6:00	Interviews with 4 Multiple Subject Students (Location)	Interview with 4 principals who employ graduates	Review Documents	Interview with 5 Single Subject Students (Location)
6:00	Return to Hotel			
7-10	Dinner, Team Meeting and Cluster Meeting at Hotel			

Each of the clusters should have its own schedule. (The Common standards cluster would have slots for 2-5 members; the basic, specialist and services clusters would have slots for the appropriate numbers of team members).

Each slot should have the name of the person to be interviewed, the credential area, employment location where appropriate, and when necessary the phone number.

Location of interview should be listed unless it is always the same.

**The following appendices are not presented in this
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Appendix C: Team Report Development Forms

Appendix E: Common Standards

Appendix F: Experimental Program Standards

Appendix G: The Accreditation Framework

Appendix D

Evaluation Forms for Accreditation Activities

Four evaluation forms have been developed to collect information related to the site visit:

- 1) Institution Evaluation**
- 2) Team Member Evaluation**
- 3) Cluster and Team Lead Evaluation**
- 4) Team Lead Evaluation**

Copies of the four evaluation instruments are provided here for information. At the conclusion of a site visit, the institution and team members will be sent an email directing them to an electronic survey. The four electronic surveys contain the questions provided in this section of the Accreditation Handbook.

Additional evaluation forms are under development to collect information related to both the Biennial Reports and Program Assessment. The draft of these evaluation forms will be shared with the COA as soon as possible and added to Appendix D.

The Administrator of Accreditation reviews all survey results. The individual responses are confidential and not shared with the COA or Commission Consultants. Aggregated summary information gathered through the surveys will be used for improvement of the procedures of the accreditation site visit.

COMMITTEE ON ACCREDITATION
Institution's Evaluation of the Accreditation Site Visit

Directions: As director of the education unit, please use this form to evaluate your institution's experience during the recently completed accreditation site visit. You may select whether to submit one form as an institution, or whether to have other individuals submit separate feedback. The survey will provide feedback to the site visit team on their performance during the visit and is useful for on-going program improvement.

The information will be used only for on-going improvement of the accreditation system, and thus will be kept confidential. Information gained from these evaluations may be reported in the aggregate that cannot be associated with any individual responses.

This evaluation represents a consensus of the institution/program sponsor involved in the site visit.

This evaluation represents the views of the person completing this form only, and may not reflect the perceptions or opinions of others in the institution/program sponsor.

Name of person completing the form: _____

I. Working with the Commission Consultant

a) Please rate the extent to which the Consultant exhibited appropriate knowledge and skills in the following activities:

	Not Applicable	Unable to Evaluate	Weak	Adequate	Strong
Year-Out Pre-Visit					
2 month out Pre-visit					
Responsiveness to institution's queries					
Consultant review of Preliminary Report (preconditions, standards options, special institutional characteristics)					
Consultant review of Self Study Report (Common Standards					
Information shared prior to the visit (scheduling interviews, logistics planning, contract information, etc.)					

b) Please provide specific information if you wish:

c) In working with the Commission Consultant during the site visit, please rate each of the following:

Consultant's	Not Applicable	Unable to Evaluate	Weak	Adequate	Strong
Objectivity					
Management of the team					
Communication with the institution					

COMMITTEE ON ACCREDITATION
Institution's Evaluation of the Accreditation Site Visit

II. In working with the Team Lead, please rate each of the following:

Descriptor	Not Applicable	Unable to Evaluate	Weak	Adequate	Strong
Knowledge & Skills					
Team lead demonstrated understanding of the accreditation system and site visit process					
Communication was clear in pre-visit meetings, mid-visit report and exit report					
Communication was shared in a fair, objective and professional manner.					

b) Please provide specific examples if you wish:

III. Please respond to these open ended questions. Your responses may be shared in a summary format, but only in a way that cannot be traced to individual responses.

a) Cite two specific ways in which the site visit process enabled you or the unit to make strides toward meeting your mission and goals?

b) Upon reflection, what might you have done differently in the process?

c) Upon reflection, what are some strategies you used that enabled the process to work well?

d) What suggestions do you have for improving any aspect of the Site Visit process?

e) What additional support might have been helpful?

f) May we share your ideas from the questions above with others? Yes No

g) Were there any team members that you felt needed additional training or assistance prior to being on another site visit? If yes, please tell us what skills need further development?

**COMMITTEE ON ACCREDITIATION
Team Member Evaluation**

Directions: Please use this survey to submit information related to the consultant and team lead from your accreditation site visit. **The information is for use in the on-going improvement of the accreditation system only, thus it will be kept confidential.**

Institution:

Dates of visit:

Person completing this form:

Name of the CTC

Consultant:

Name of the Team Lead:

1) Please rate the **Commission consultant** (primary) you worked with on each of the following:

	Not Applicable	Unable to Evaluate	Weak	Marginal	Adequate	Excellent
Timely information was shared in preparation for the visit.						
Communicated the accreditation and site visit process well.						
Facilitated the work of the team—particularly in meetings.						
Facilitated my work as a team member by being available, answering questions, securing additional information needed, etc.						

2) Please rate the **additional Commission consultant** you may have worked with on each of the following:

Descriptor Knowledge & Skills	Not Applicable	Unable to Evaluate	Weak	Marginal	Adequate	Excellent
Timely information was shared in preparation for the visit.						
Communicated the accreditation and site visit process well.						

COMMITTEE ON ACCREDITIATION
Team Member Evaluation

Descriptor Knowledge & Skills	Not Applicable	Unable to Evaluate	Weak	Marginal	Adequate	Excellent
Facilitated the work of the team—particularly in meetings.						
Facilitated my work as a team member by being available, answering questions, securing additional information needed, etc.						

3) Please rate the **Team Lead** you worked with on each of the following:

Descriptor Knowledge & Skills	Not Applicable	Unable to Evaluate	Weak	Marginal	Adequate	Excellent
Timely information was shared in preparation for the visit.						
Communicated the accreditation and site visit process well.						
Facilitated the work of the team—particularly in meetings.						
Facilitated my work as a team member by being available, answering questions, securing additional information needed, etc.						

4) Were there any effective strategies used by the Consultant(s) or Team Lead that made the visit go smoothly? If Yes, please let us know that we might share them with others.

5) Please note any team members whom you believe should be considered to be Team Leads for future visits.

6) Were there any team members that you feel need additional training or assistance prior to being on another site visit? If Yes, please tell us what skills need further development?

COMMITTEE ON ACCREDITIATION
Team and Cluster Lead Evaluation of Team Members

Directions: Please use this form to evaluate those who served as accreditation team members on your recent visit. Complete one survey for each team member you evaluate. **The information is for use in the on-going improvement of the accreditation system only, thus it will be kept confidential.**

Institution:

Dates of visit:

Person completing this form:

Name of team member being evaluated:

Descriptor Knowledge or Skill	Not Applicable	Unable to Evaluate	Weak	Marginal	Adequate	Excellent
Knowledge of Common Standards						
Knowledge of Program Standards						
Knowledge of accreditation process						
Knowledge of use of data, data reports and summaries						
Worked well with the team (stayed on task, collaborated well)						
Demonstrated ability to gain appropriate information from stakeholders and documentation						
Was thorough in gathering evidence from multiple sources						
Managed time well						
Was well prepared for the visit (read in advance, had questions prepared)						
Ability to make decisions on program standards (open-minded & objective)						
Worked well under pressure						
Writing was clear						

Would you recommend this person Yes Maybe No

- a) as a team member in the future?
- b) to take more of a leadership role on a site visit?

COMMITTEE ON ACCREDITATION
Team and Cluster Lead Evaluation of Team Members

c) to serve as a team lead in the future?

**COMMITTEE ON ACCREDITATION
Team Lead Reflection and Evaluation**

Directions: Please use this survey to submit information evaluating the site visit process from your perspective. The information is for use in the on-going improvement of the accreditation system only, thus it will be used in summary form, but individual comments made will not be cited by name.

Institution:

Dates of visit:

Person completing this form:

Name of CTC Consultant:

Name of additional CTC Consultant:

1) Please rate the Commission consultant (primary) you worked with on each of the following:

Descriptor Knowledge & Skills	Not Applicable	Unable to judge	Weak	Marginal	Adequate	Excellent
Timely information from consultant in preparation for the visit						
Communicated the accreditation and site visit process well						
Facilitated my work as team lead (answered questions, secured additional information, etc.)						
Supported me in facilitating the work of the team—particularly in meetings						
Assisted in working with team members who needed additional guidance						

2) Please rate the additional Commission consultant you may have worked with on each of the following:

Descriptor Knowledge & Skills	Not Applicable	Unable to judge	Weak	Marginal	Adequate	Excellent
Timely information from consultant in preparation for the visit						
Communicated the accreditation and site visit process well						
Facilitated my work as team lead (answered questions, secured additional information, etc.)						
Supported me in facilitating the work of the team—particularly in						

**COMMITTEE ON ACCREDITATION
Team Lead Reflection and Evaluation**

Descriptor Knowledge & Skills	Not Applicable	Unable to judge	Weak	Marginal	Adequate	Excellent
meetings						
Assisted in working with team members who needed additional guidance						

3) Please list any effective strategies that the consultant(s) may have used during the site visit that might be shared with others.

4) Please note particular effective practices used in preparation that might be shared with others.

5) Upon reflection, how would you evaluate the work of the site team in

Descriptor Knowledge & Skills	Not Applicable	Unable to Evaluate	Weak	Marginal	Adequate	Excellent
-gathering and reporting accurate information						
-deliberating and coming to standard findings						
-writing the report						

6) What are some strategies that you used successfully in helping the site visit team complete their work? Might we share these with others?

7) What might you do differently next time? Why?