

# CAEP ACCREDITATION MANUAL



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This is a staff working draft of the CAEP Accreditation Manual. The CAEP Convention will include a number of sessions specific the Manual.

Based on feedback from the field and other stakeholders, the CAEP Board has provided additional clarification for Component 3.2 under Standard 3. Changes specific to Component 3.2 are highlighted in red in this document. Other editorial changes are in italics in this document.

# CAEP ACCREDITATION MANUAL

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## The Purpose of this Manual

The *CAEP Accreditation Manual* and supplementary guides and information provide key players in the accreditation of educator preparation programs a one-stop source of information about what these providers must do to earn CAEP accreditation. This document is designed for a broad range of users—including faculty and administrators from educator preparation providers as well as state agency partners, Visitor Team members and other expert volunteers, representatives of national organizations, and all stakeholders engaged or interested in educator preparation effectiveness—who have a role in this crucial enterprise

This document codifies CAEP’s standards and provides examples of evidence that providers might use to document that they meet the standards (Part II). It also guides educator preparation providers through the accreditation process, from application and assessment to self-study reports, the Visitor Team review process, annual reporting, and decisions of the CAEP Commissions and Accreditation Council (Part III). It is intended to offer providers complete guidance on preparing for the new and intensive CAEP accreditation process.

The *Accreditation Handbook* is a part of a comprehensive system of support and capacity-building resources provided by CAEP to assist providers in making their case that they are meeting CAEP’s new standards and rigorous, evidence-based expectations. Supplementary information—including policy statements, procedures, and resource guides that further explicate CAEP’s processes—will be available on Accreditation Information Management System (AIMS). All providers will be made aware of the posting of any supplemental resources through an announcement in AIMS. Additional resources will include such things as guidance on possible sources of evidences for each standard, rubrics used by reviewers for evaluation of assessments, exemplar for each standard, etc. As resources are developed, providers will be notified through AIMS.

Standards for Advanced Programs are being implemented on a different timetable. Providers will address Standards for Advanced Programs beginning in the fall of 2016. These standards can be located on the CAEP website under Standards. Additional guidance on including programs at the advanced level into self-studies for all three pathways will be available this summer. Providers will be notified that these resources are available through AIMS.

Through CAEP Conferences, association meetings, and online communication and feedback, CAEP will gather feedback from users about their experiences with this document and its supplementary materials, their preferences for ways to make it more accessible, and their need for interpretation of its contents. The afterword and appendices provide information about how CAEP will continue to research, monitor, and update its standards and evidence and is followed by an appendix that includes more information about standards, evidence, decision guidelines, and rubrics.

## PART I: INTRODUCTION

### CAEP'S mission and scope

CAEP's mission is to advance excellence in educator preparation through evidence-based accreditation that assures quality and supports continuous improvement in the effectiveness of preparation, so that P-12 students learn effectively. Launched in 2013, CAEP's more than 900 educator preparation providers will participate in the CAEP accreditation system. CAEP serves all providers previously accredited by, or currently seeking accreditation from, the National Council for Accreditation of Teacher Education (NCATE) and the Teacher Education Accreditation Council (TEAC). The scope of CAEP's work is the accreditation of U.S. and international educator preparation programs at the certification/ licensure, bachelor's, master's, post-baccalaureate, and doctoral levels.

CAEP seeks to increase the value of accreditation and to increase participation by providers in the accreditation system, building on the decades of institutional knowledge of the sector's previous accreditors, which agreed to form CAEP in order to advance the field of educator preparation. NCATE was founded in 1954 and TEAC was founded in 1997; both bodies are recognized by the U.S. Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). CAEP is also recognized by CHEA and is pursuing recognition by the USDE.

### A new context for educator preparation

This document describes accreditation procedures that incorporate strengths of the two legacy systems in addition to innovations consistent with the best thinking in the field. CAEP has redesigned the review procedures and created an outcomes- and evidence-informed process that is sustained by quality assurance systems focused on continuous improvement and innovation. The primary goal of this redesign is ultimately to improve learning for all P-12 students.

A vibrant and challenging new context for educator preparation forms the backdrop for this introduction to CAEP's standards and procedures. CAEP was established at a time when:

- All students are expected to meet college- and career-ready standards and graduate prepared for a globally competitive society and when all teachers are expected to meet the needs of a 21<sup>st</sup> century classroom.
- Schools and postsecondary education as well as workforce and professional preparation programs face expectations that they will be more accountable, a condition that applies to teacher preparation as well.

CAEP's emergence as a new single accrediting body with a scope encompassing a broad range of traditional and nontraditional educator preparation providers comes at a pivotal time for education.<sup>1</sup> Educators must introduce major systemic changes in schools to spark dramatic improvements in the effectiveness of instruction for an increasingly diverse population of students facing more challenging academic standards. Policymakers, teachers' unions, parents, and the general public are insisting that educator preparation providers more effectively meet the changing needs of the education workforce and that new teachers arrive "classroom-ready"—able to help all of their P-12 students achieve at high levels—and fully prepared to meet new challenges.

The new direction for accreditation set forth in this document responds directly to these concerns through five levers for change:

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<sup>1</sup> Accreditation for educator preparation is also offered by the Montessori Accreditation Council of Teacher Education (MACTE), the National Association of Schools of Music (NASM), the American Library Association (ALA), the American Speech-Language-Hearing Association (ASHA), and others.

1. CAEP requires **evidence of effective clinical preparation that incorporates partnerships with P-12** schools and districts is effective and meets local and national employers’ urgent needs (e.g., developing special education and STEM teachers and placing excellent teachers in hard-to-staff schools).
2. CAEP **ensures the selection of capable and diverse candidates, and assures stakeholders of candidate quality** from recruitment and admission into teaching.
3. The scope of CAEP accreditation **includes all providers and encourages innovation** from university-based programs to alternative, for-profit, and online programs.
4. The **impact of teachers on P-12 student learning and development** is the ultimate test of the effectiveness of preparation programs.
5. CAEP will encourage and help providers build the capacity for **data-driven, continuous improvement**, a key outcome of the accreditation process that increases its relevance and impact within and across all providers.

## A culture of evidence

Many states are moving toward linking P-12 student achievement back to their teacher-of-record—and to the program that prepared that teacher as an educator. They also are initiating data systems that collect information on other dimensions of educator preparation provider performance as well, such as those demonstrated by metrics associated with completers’ performance, employer and completer satisfaction, and teacher observation evaluations that can be associated with their providers’ outcomes in completion, licensure, and employment rates.

The availability of better data—data of higher quality and ranging across more relevant topics—that document the performance of individual students, programs, and institutions, provides a unique opportunity for providers to fulfill their responsibilities to stand for public accountability and to foster continuous improvement in educator preparation.

CAEP calls upon all educator preparation providers to create a culture of evidence that informs their work. Such a culture is built on an infrastructure that supports data collection and monitoring, the participation and feedback of appropriate stakeholders, a focus on the results of quantitative and qualitative measures, and a practice of using evidence to increase the effectiveness of preparation programs. It requires the provider to interpret *all* the available evidence about its quality, presumably using most of the evidence to support its case that it satisfies the CAEP standards, but perhaps dismissing the data that may be irrelevant or misleading.

The actual formative and off-site review process, which typically lasts 8 to 12 months and involves additional preparation by providers, is an integral component of advancing a culture of evidence. A key element of this process is CAEP’s selection, development, and management of its expert reviewers/Visitor Teams.

CAEP, in collaboration with providers and states, supports development of stronger preparation data, in several key ways.

- CAEP’s eight annual reporting measures, described later in this document, will move, year by year, toward consistent metrics so that over time more of the information from these measures can be compared and benchmarked.
- CAEP will publish data from its annual measures and will build meaningful, relatable and accessible files of information about aspects of preparation that are provided as part of providers’ self-studies. These resources will also be available for research purposes.
- CAEP is working with states, providers, and national organizations to identify common goals for educator preparation data, including improved assessments and surveys, and to explore ways to strengthen educator

preparation data.

The purpose of CAEP accreditation is to assure teacher candidates, parents, employers, policymakers, and the public that the claims and promises a provider makes about its quality are true. This means that a CAEP-accredited provider has been rigorously evaluated and has met or exceeded high standards of quality. In addition, the accreditation process is designed to support cultures of evidence and innovation, promoting continuous improvement among providers while providing the flexibility needed to try different interventions and incubate promising new ideas. Accreditation must encourage innovations in preparation by welcoming all of the varied providers that seek accreditation and meet challenging levels of performance.

## Using this Manual

The *CAEP Accreditation Manual* identifies what the accreditation process is and is meant to accomplish, how it works, the standards on which the process is based, and what providers need to do to demonstrate they have met the standards. The document spans more than 100 pages. It is lengthy not to be intimidating, but because CAEP offers significant detail, background, templates, and information to help providers understand what it is looking for and what to expect at every phase of the process, from filling out applications to the final decision.

The Manual is divided into four sections:

**Part I: Introduction** provides a general overview of CAEP accreditation. It addresses the goals, purposes, and context of CAEP accreditation and briefly explains the major steps in the process, the core principles embedded in it, and the roles of key players involved.

**Part II: CAEP Standards and Evidence** presents each of the standards and its components and presents background information about why each standard is important and the types of evidence that might demonstrate that a provider meets each standard.

**Part III: The Accreditation Process** identifies processes common to all providers seeking CAEP accreditation.

**Part IV: Accreditation Processes Unique to Specific CAEP Pathways** focuses on completing the Inquiry Brief Pathway, the Selective Improvement Pathway, or the Transformation Initiative Pathway described below.

**Appendices** include important charts and tables, such as the CAEP phase-in policy for using new lines of evidence, the eight annual reporting measures, and a chart defining the types of evidence CAEP suggests providers consider in addressing each standard and component. It also includes specific reference materials, such as a glossary of terms used in accreditation and information about CAEP resources.

## Three pathways to accreditation

As part of the process, providers select one of three CAEP accreditation pathways that they will pursue through the accreditation process. The Inquiry Brief, Selective Improvement, and Transformation Initiative pathways have common requirements that providers present evidence for achieving standards and demonstrate continuous improvement. They are, however, different in their areas of focus and how they address continuous improvement.

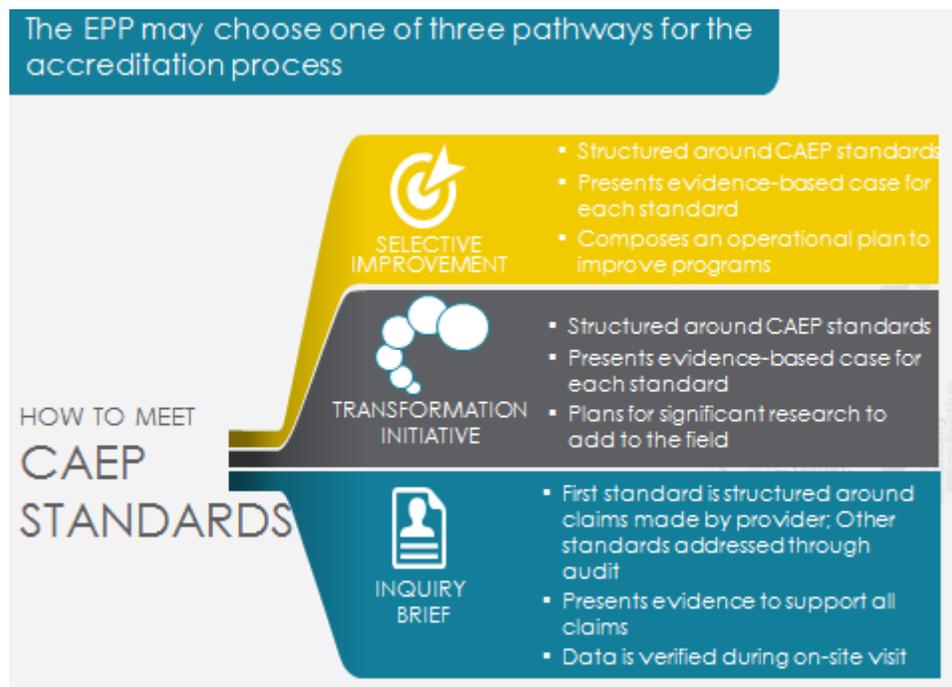
- CAEP's **Inquiry Brief Pathway** emphasizes study of candidate and completer outcomes. It is inquiry driven, starting from the provider's questions about the programs' mission and results.
- CAEP's **Selective Improvement Pathway** requires institutions – in addition to demonstrating how they meet all the standards – to address one area for improvement over seven years and provide evidence of progress and accomplishment.

- CAEP’s **Transformation Initiative Pathway** requires providers (and sometimes a consortia of providers) to submit a formal research study that advances knowledge of effective practices in educator preparation and informs the field.

In the Selected Improvement and Transformation Initiative pathways, providers go through standards one by one, making a case around each specific standard. In the Inquiry Brief pathway, providers organize evidence of candidate/completer meeting of the standards through their claims, and demonstrate evidence of program quality through an internal audit of the quality assurance system.

Detailed descriptions of each pathway and their requirements can be found beginning on page 28 of this document. Guidelines on how to demonstrate evidence are the subject of Part IV, beginning on page 40.

**Figure 1: CAEP’s three accreditation pathways**



## OVERVIEW OF THE CAEP ACCREDITATION PROCESS

### How the CAEP accreditation process works

The following is a brief summary that provides an overview of how CAEP accreditation works. Further detail on processes and procedures appears in Section III.

**Application and readiness.** After completing application forms that gather information required by CAEP and the U.S. Department of Education, providers determine their readiness to start the accreditation process right away, or alternately to prepare for review over a five-year period.

**Optional Early Instrument Evaluation.** *(See detail on pages 27 to 28 of this document.)*

Providers pursuing CAEP accreditation can submit assessments—drawn from clinical observational instruments, dispositional assessments, employer surveys, exit surveys of educator candidates, and other sources—that providers plan to use in making the case their programs meet CAEP standards. This is a service CAEP offers to help providers and the field improve the quality of assessments to ensure there is valid evidence and to help increase the likelihood of producing quality evidence.

**Program and State Review Process.** All providers seeking CAEP accreditation must complete program review, which states use to examine the content and efficacy of preparation in the different preparation fields for teachers, school leaders, school psychologists, reading specialists, librarians, and other school professionals. States define the program review option available to providers as part of the CAEP partnership agreement. *(The three types of state review established in partnership with CAEP are described in the self-study section of this Manual beginning on page 29.)* During a multi-year self-study process, providers gather and present data and other evidence relevant to the CAEP standards and components, reflecting on their current functioning, effectiveness, and continuous improvement. They submit an electronic report that is reviewed by the Visitor Team.

**Annual Reporting.** Each year providers also submit annual reports that gather common data for eight annual measures. These measures demonstrate impact around student learning, teacher effectiveness, employer and completer satisfaction, and specific outcomes and consumer information, such as graduation, licensure, employment, and student loan default rates. This data informs CAEP about the degree which providers continue to meet CAEP Standards between accreditation visits and provides important information for the benefit of consumers that providers can use in their self-study to analyze trends and demonstrate their use in their continuous improvement efforts.

**Formative Review and Site Visits.** After providers submit their self-study report, a formative review occurs for providers across all three pathways. CAEP assigns a Visitor Team of trained peer reviewers to conduct a formative offsite review in which they explore the quality and depth of evidence that providers use to make their case for meeting standards and determine the focus of the site visit.

After the formative review, the team then conducts a two- to three-day site visit to review evidence, verify data, and examine pedagogical artifacts (e.g., lesson plans, student work samples, and videos). During the visit, the team also interviews provider leaders, faculty, mentor teachers, students, K-12 administrators, and others. At the conclusion of the site visit, the Visitor Team will give a preliminary oral report to the provider that summarizes its analysis about the accuracy and quality of the evidence, what was verified and not verified, methodologies, and strengths and deficiencies.

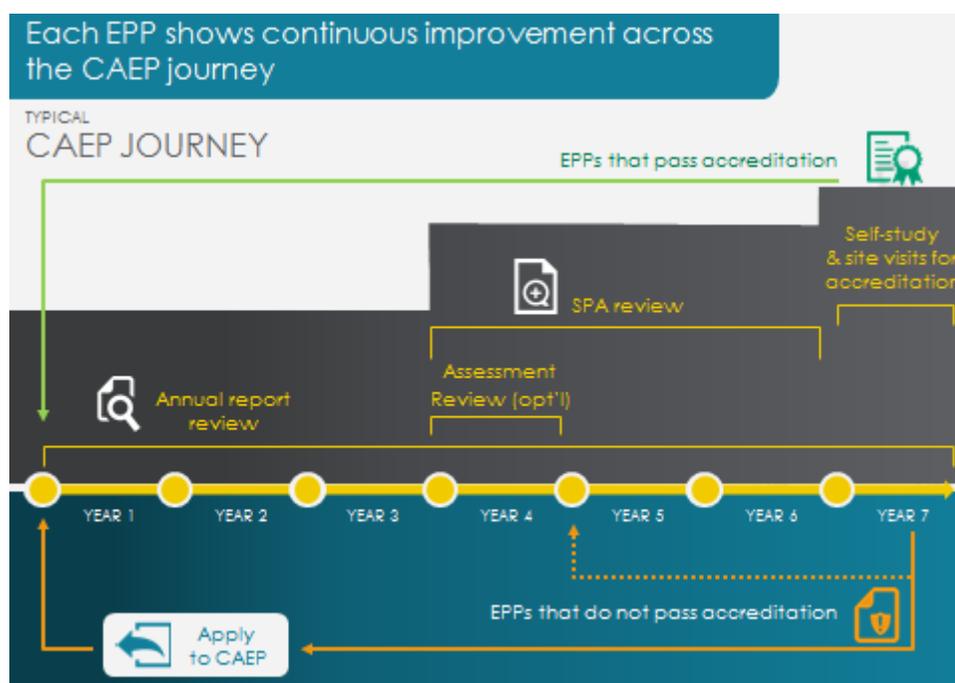
**Decisions and Feedback.** The Visitor Team identifies the extent to which evidence supports each standard, including any particular strengths or deficiencies. The visitor team **does not** conclude whether the standard is met. It provides a

written report that includes summary team evaluation of the completeness, quality, and strength of evidence for each standard.

CAEP commissions that oversee each pathway establish review panels to evaluate the results of the site visit and provide a recommendation for an accreditation status. A second panel of commissioners (joint review panel) consisting of members from all pathways then reviews the data to ensure consistency in the quality of evidence used across the pathways. The joint review panel makes a recommendation that goes to the full Accreditation Council, which accepts or modifies the recommendation as the official accreditation decision. The Accreditation Council informs the program or provider in writing of its decision. The provider may only appeal “Adverse action”, which is denial or revocation of accreditation status if there is a stipulation or granting of conditional accreditation. Providers cannot appeal other decisions. *The complete process and step-by-step procedures are documented in detail in Section III.*

The following table indicates the different steps involved in the accreditation process, the choice points, and a general timeline.

**Figure 2: Overview of the CAEP 7-year accreditation process**



### How CAEP’s core principles are embedded in the accreditation process

CAEP’s commitment to key principles is demonstrated at every phase of the accreditation process.

- **Flexibility and Choice.** CAEP recognizes that providers are diverse and there are multiple ways to prepare candidates and demonstrate high performance. As part of the process, CAEP gives providers flexibility and choice in the pathways they may take to accreditation, and in the high-quality evidence they use to demonstrate the effectiveness of their candidates and programs.
- **Transparency.** Aspiring educators, policymakers, and the public need to know about the quality of educator preparation programs and the impact of their candidates on schools and students. CAEP’s commitment to transparency is built into the process through its release of annual reports to the field on the institutions it

accredits. It is also a crucial part of CAEP’s requirement that providers publish key performance information and disclosure of standards not met (with explanation) and serious deficiencies (stipulations) on their websites.

- **Formative Feedback.** CAEP accreditation seeks to avoid prescriptiveness, and instead supports providers in their continuous improvement efforts by providing significant formative feedback at crucial stages. CAEP provides feedback to providers on their assessment instruments and tools, their self-study reports, their annual reports, and CAEP helps providers on the Transformation Initiative pathway develop their research questions.
- **Continuous Improvement.** Highly effective organizations use data regularly to inform their work and push for higher levels of performance. CAEP seeks to support continuous improvement through formative feedback and by helping institutions identify and spread best practices. CAEP pathways encourage providers to break new ground through a commitment to research (Transformation Initiative), inquiry (Inquiry Brief Pathway), or implementing best practices and innovation to address key challenges they face (Selected Improvement Pathway). Moreover, CAEP has streamlined its approach to quality assurance to be less focused on compliance and more intentional in helping providers create high-performance practices that show results.

## CAEP Standards: The backbone of accreditation

CAEP’s five accreditation standards and their components flow from two principles: (1) there must be solid evidence that the provider’s graduates are competent and caring educators and (2) there must also be solid evidence that the provider’s educator staff have the capacity to create a culture of evidence and use it to maintain and enhance the quality of the professional programs they offer.

The five standards that flow from these principles and the standards of evidence that define them are the backbone of the accreditation process. They define quality in terms of organizational performance and serve as the basis for accreditation reviews and judgments.

In August 2013, CAEP formally adopted rigorous standards and evidence expectations for initial teacher preparation developed by a group representing a wide range of diverse interests in the field. University and P-12 officials, teachers, parents, representatives of non-traditional programs, chief state school officers, critics, union officials, and others with a broad range of perspectives reached a historic consensus around what is necessary to produce high-performing teachers that reflect expectations for the field. This group built on decades of work by previous reformers who sought higher standards for teachers and the programs that prepare them and embodied their goals in CAEP’s principles, standards, and practices. The standards also reflect the findings of a 2010 National Research Council report on factors likely to produce effective teachers. Subsequently, a parallel set of standards were developed for advanced programs, which focus on other school professionals and educators who currently hold licenses and were adopted by the CAEP Board of Directors in June 2014. Standards for Advanced Programs are being implemented on a different timeline and complete guidance on Standards for Advanced Programs will be available in the fall of 2015 through AIMS and the CAEP website.

The 2013 CAEP Standards are intended to raise the bar for the evidence the profession relies on to convince itself and all stakeholders that the providers it accredits can satisfy the nation’s expectations for its schools and to elevate the teaching profession by creating a lever for systemic improvement for all teacher preparation. This change is both substantive and substantial. The standards:

- raise the bar for entry into teacher education to attract candidates who have the clear potential for excellence measure programs by their impact on P-12 student learning, and
- focus on ensuring that the completers of provider programs have the necessary skills and knowledge to help our diverse P-12 student population reach performance levels set out in challenging and complex standards.

*The CAEP standards are explained in detail in Section II. A table identifying the types of evidence that can be used to demonstrate the provider has met the standards and their components can be found in Appendix A of this Manual.*

## Key Roles

The accreditation process has historically been a partnership between states, providers, accrediting organizations, and other partners and stakeholders in educator preparation. CAEP has built its new process atop these longstanding and vital relationships, maintaining important roles for all stakeholders—and itself.

### Role of States

States have significant power over educator preparation and development and are increasingly seeking ways to strengthen the profession through changes in program approval, teacher licensure, and the development of data systems that make judgments about educator impact on learning more possible. Many states have aligned their processes with CAEP standards, and several have aligned their program reviews with national standards. Today, CAEP has partnerships agreements in a growing number of states that use CAEP accreditation information to make decisions about program approval status. Nearly all states—48 of 50—have had similar agreements with NCATE and/or TEAC. CAEP is in discussion with these states to become CAEP partners by 2016, when the NCATE and TEAC accreditation processes will be replaced by CAEP accreditation.

### Role of Providers

The ultimate role of providers is to ensure that their program completers are “classroom ready” to have a measurable impact on P-12 student learning, and to put rigorous, high-quality systems in place to monitor candidate progress before recommending them for licensure. They are responsible for showing that the evidence they rely on to support their claims satisfy CAEP’s standards for reliable and valid interpretations of evidence. Providers are responsible for submitting reports through periodic reporting responsibilities to CAEP and states. If desired, they can also submit the types of instruments they will use to evaluate their progress to achieving the Standards as part of a mid-accreditation cycle evaluation.

CAEP requires providers to take a focused approach to evidence, not turning over vast amounts of data and artifacts to reviewers to analyze, but marshaling selected evidence to make their case, with data tagged to particular standards. The Standards require stakeholder to use data from their quality assurance systems to support the evidence submitted.

### Role of peer expertise in CAEP Reviews

CAEP uses a peer review system for all evaluations which brings together the highest level stakeholders who are invested in quality education for both candidates and P-12 students. Many of these stakeholder groups are members of the CAEP coalition, and they assist in nominating individuals to become CAEP reviewers. Stakeholders who participate in CAEP’s peer review system include teachers, principals, and other practitioners, policymakers, subject matter experts, representatives of the public, and others. These reviewers are trained on all applicable standards, policies, and practices. Each review is a multiple step process to ensure the integrity of the process and consistent application of standards. The role of peer reviewers is to analyze evidence and determine strengths and weaknesses of that evidence. In addition, reviewers provide feedback to providers based on the evidence on the effectiveness of the program and the alignment of the evidence to the CAEP standards. Reviewers also will determine whether the provider has sufficiently addressed the themes of technology and diversity in their self studies.

## PART II: CAEP STANDARDS AND EVIDENCE

As noted above, CAEP’s Standards are the foundation for the accreditation procedures brought together in this document. The *CAEP Commission Recommendations to the CAEP Board of Directors*, adopted by the CAEP Executive Board in August 2013, gives evidence a prominence equal to that of standards. [Standards for other school professionals were adopted by the CAEP board in June 2014 and Manual material for these fields will be developed in the near future.]

This section reinforces the association between standards and evidence found in the 2013 Standards. It is comprised of the full text of CAEP standards and their associated components, together with descriptions of one or more types of measures that produce evidence that could inform a provider’s case for that part of the standards. The results should describe performances, characteristics, status, and trends in preparation that are particular to components of the CAEP Standards. But they are intended only as examples:

**Providers are welcome to employ different measurements from those described here; if different evidence is submitted, the provider is responsible for showing that it has addressed the intent of the CAEP standard or component in an equally effective way.**

Regardless of which measures are used, providers must demonstrate that each measure yields data and evidence that meets a standard of reliability and validity with regard to the CAEP standards it claims to support. In writing their self-study report, each provider will intentionally bring together relevant evidence that accumulates to document the features of each standard. The selection should be focused on what the data have to say about features in the standards. All evidence will be tagged back to a specific CAEP standard or component.

**Providers must assemble the evidence that standards are met. The components provide additional detail about the attributes of standards that providers need to demonstrate.**

In the pages below, the CAEP Standards and their components are excerpted from the 2013 Board policy, followed by two complementary statements:

- **A brief narrative** that frames the concepts in the standards that providers should consider so that their evidence demonstrates their performance for the standard
- **A description of the kinds of appropriate evidence** that could provide that information.

An additional explanation, or rationale, for each of the CAEP Standards is available in the Board approved Standards of August 13, 2013 at this URL: [http://caepnet.files.wordpress.com/2013/09/final\\_board\\_approved1.pdf](http://caepnet.files.wordpress.com/2013/09/final_board_approved1.pdf).

**Appendix A – The CAEP Evidence Table identifies examples of evidence component by component and describes guidelines for review for every standard and component.**

**STANDARD 1—*The provider ensures that candidates develop a deep understanding of the critical concepts and principles of their discipline and, by completion, are able to use discipline-specific practices flexibly to advance the learning of all students toward attainment of college- and career-readiness standards.***

**1.1** *Candidates demonstrate an understanding of the 10 InTASC standards at the appropriate progression level(s) in the following categories: the learner and learning; content; instructional practice; and professional responsibility.*

- 1.2** *Providers ensure that completers [at exit] use research and evidence to develop an understanding of the teaching profession and use both to measure their P-12 students' progress and their own professional practice.*
- 1.3** *Providers ensure that completers [at exit] apply content and pedagogical knowledge as reflected in outcome assessments in response to standards of Specialized Professional Associations (SPAs), the National Board for Professional Teaching Standards (NBPTS), states, or other accrediting bodies (e.g., National Association of Schools of Music--NASM).*
- 1.4** *Providers ensure that completers [at exit] demonstrate skills and commitment that afford all P-12 students access to rigorous college- and career-ready standards (e.g., Next Generation Science Standards, National Career Readiness Certificate, Common Core State Standards).*
- 1.5** *Providers ensure that completers [at exit] model and apply technology standards as they design, implement and assess learning experiences to engage students and improve learning; and enrich professional practice.*

### Underlying Concepts and Considerations

Standard 1 is constructed around content and pedagogical knowledge and skills as essential foundations for educator preparation. The evidence of candidates' proficiencies in these areas demonstrates the competence of exiting candidates, including their ability to draw on that knowledge so they demonstrate effective professional skills that foster P-12 student learning.

Standard 1 is constructed around content and content pedagogical knowledge as essential foundations for educator preparation.

- The definitions of knowledge and skills embedded in Standard 1 are those of INTASC, the Council of Chief State School Officers project that defined teacher standards.
- Component 1.1 identifies four categories into which InTASC groups its ten standards (i.e., the learner and learning; content; instructional practice; and professional responsibility) as the categories on which candidate's exiting proficiencies are to be demonstrated in provider self-studies.

Candidates' abilities to teach diverse students effectively, adapting their repertoire of skills as needed, is an overarching theme for Standard 1.

The remaining components of Standard 1 (1.2-1.5) are worded as responsibilities of providers to "ensure" that exiting completers have particular proficiencies. These include, specifically, use of research and evidence; applying content knowledge and skills found in other standards (SPAs, NBPTS, states, other accrediting bodies); preparation to teach, with all of America's diverse P-12 students, at challenging college and career levels; and applying technology in engaging ways to improve learning and enrich their professional practice.

Providers must address each component in Standard 1, but are not required to make a comprehensive case about how it achieved each component. Providers must make a holistic case for how it meets the overall standard, weaving in evidence for components as part of the summary that makes the best case for meeting each standard. (Exception to this general rule, requiring specific components to meet CAEP guidelines in order for a standard to be met, are discussed below under the appropriate standards.)

### Sample Measures and Types of Evidence for Standard 1

An array of available and diverse measures, including those used in previous accreditation practice, can serve as evidence of candidate competence, including but not limited to performance on:

- State licensure tests and standardized instruments such as the Education Teacher Performance Assessment (edTPA) and Praxis Performance Assessment for Teachers (PPAT) used as part of the culminating clinical experiences. Sub-scale or rubric review information would be selected to respond to specific categories of the Interstate Teacher Assessment and Support Consortium (InTASC) standards.
- Clinical observations, SPA national recognition reports, or state program approval reports could serve as complementary evidence where they are available.
- Provider-created, administered, and scored instruments are a large and obvious source as well. Providers may find data that informs one or more of the four InTASC categories embedded in lesson and unit plans, portfolios, teacher work samples, and videos for structured evaluations.
- Some collaborative groups have developed instruments, such as the “Renaissance project” portfolios with their scoring rubrics and accompanying validation studies. Data from these measures are disaggregated by specialty/ license area in the self-study.

Another category of evidence could be the provider’s own end-of-major projects or demonstrations, or end-of-course tests. These would permit comparison of education candidate results with majors in the field, and could also indicate the rigor of content mastery.

The recognition of “college and career ready” preparation in Standard 1 is a particular challenge. Currently available measures are not well aligned with what beginning teachers need to know and be able to do in those subjects where there are rigorous common standards (mathematics, English language arts, science). Existing tests typically do not include item types in which candidates engage students in critical thinking and reasoning, demonstrate their ability to use assessments as a powerful tool for enhancement of learning, use evidence effectively to inform their teaching, and collaborate with peers.

The detailed measures that appear in the Appendix A to this Manual include two examples to fill this gap:

- first, evidence that the preparation curriculum is aligned with the expectations for completers who will be prepared to teach at the levels defined for college and career ready, and
- second, evidence that the provider is itself, or in collaboration with others, initiating plans for assessments of candidates that do have specific item types for measures of these skills.

Again, these are examples. Providers can use other measures that are equally effective in addressing college and career ready levels of preparation.

CAEP’s own activities will provide two additional forms of evidence that can be considered in relation to Standard 1:

- The optional early review of instruments and scoring guides will provide a CAEP evaluation that is returned to the provider. The subsequent self-study will include the provider’s description of their use of that evaluation, and any changes in instruments and the data from administrations with modified instruments.
- CAEP plans to administer its own surveys to candidates, faculty, and clinical educators (as well as employers after completers are on the job) that will be used by the Visitor Team as a corroboration of other evidence.

**STANDARD 2—*The provider ensures that effective partnerships and high-quality clinical practice are central to preparation so that candidates develop the knowledge, skills, and professional dispositions necessary to demonstrate positive impact on all P-12 students’ learning and development.***

**2.1** *Partners co-construct mutually beneficial P-12 school and community arrangements, including technology-based collaborations, for clinical preparation and share responsibility for continuous improvement of candidate preparation. Partnerships for clinical preparation can follow a range of forms, participants, and functions. They establish mutually agreeable expectations for candidate entry, preparation, and exit; ensure that theory and practice are linked; maintain coherence across clinical and academic components of preparation; and share accountability for candidate outcomes.*

**2.2** *Partners co-select, prepare, evaluate, support, and retain high-quality clinical educators, both provider- and school-based, who demonstrate a positive impact on candidates’ development and P-12 student learning and development. In collaboration with their partners, providers use multiple indicators and appropriate technology-based applications to*

*establish, maintain, and refine criteria for selection, professional development, performance evaluation, continuous improvement, and retention of clinical educators in all clinical placement settings.*

**2.3** *The provider works with partners to design clinical experiences of sufficient depth, breadth, diversity, coherence, and duration to ensure that candidates demonstrate their developing effectiveness and positive impact on all students' learning and development. Clinical experiences, including technology enhanced learning opportunities, are structured to have multiple performance-based assessments at key points within the program to demonstrate candidates' development of the knowledge, skills, and professional dispositions, as delineated in Standard 1, that are associated with a positive impact on the learning and development of all P-12 students.*

### **Underlying Concepts and Considerations**

This standard addresses three essential interlocking components of strong clinical preparation: provider-P-12 partnerships, the clinical educators, and the clinical experiences. While research is not definitive on the relative importance of these three components in producing effective teachers, nor on the specific attributes of each, there is a coalescing of research and practitioner perspectives: close partnerships between educator preparation providers and public school districts, individual schools, and other community organizations can create especially effective environments for clinical experiences. These partnerships should be continuously functioning and should feature shared decision-making about crucial aspects of the preparation experiences and of collaboration among all clinical faculty. The National Research Council 2010 report on teacher preparation noted that clinical experiences are critically important to teacher preparation but the research, to date, does not tell us what specific experiences or sequence of experiences are most likely to result in more effective beginning teachers.

Providers must address each component in the standard but are not required to make a comprehensive case about how it achieved each component. Providers must make a holistic case for how it meets the overall standard, weaving in evidence for components as part of the summary that makes the best case for meeting the standard.

### **Sample Measures or Types of Evidence For Standard 2**

The evidence examples for clinical partnerships and practice are framed around the following four bullets for the standard described above:

- Providers would establish a new form of evidence for partnerships related to component 2.1 to demonstrate shared responsibility for continuous improvement of preparation, common expectations for candidates, a coherent program across both clinical and academic components, and accountability for results in terms of P-12 student learning. The documentation would clearly indicate that both partners share in the responsibilities. Among these shared responsibilities would be the co-selection, preparation, evaluation, support, and retention of clinical faculty—that is, faculty from the provider, and faculty from the clinical setting.
- Closely related to the collaborative aspect of clinical experiences is evidence that high quality clinical educators are co-selected, prepared, evaluated, supported, and retained. Appendix A contains additional indicators that might demonstrate collaboration with regard to clinical faculty.
- The wording of component 2.3, on the clinical experiences, includes demonstration of candidates' development of knowledge, skills, and professional dispositions "as delineated in Standard 1." The self-study report can simply cross reference what the provider would have documented for Standard 1 about candidate competence.
- The evidence example for clinical experiences is framed in terms of what the provider has been able to learn from natural variation, or intentionally designed variations, across its own programs and different candidate placements. The provider would address the question: what is the relationship between the observed candidate outcomes and these differing clinical experiences? The "differing clinical experiences" would be along the dimensions stated in the Standard: "depth, breadth, diversity, coherence, and duration". It would consider the

diversity of clinical experience settings and the opportunities for candidates to observe and apply the use of innovative teaching strategies and techniques.

The provider would reflect on the different patterns and try to determine whether the variations occurring within their own organization can lead them toward conclusions about what works relatively well, or not so well, and what the implications might be for the future.

**STANDARD 3**—*The provider demonstrates that the quality of candidates is a continuing and purposeful part of its responsibility from recruitment, at admission, through the progression of courses and clinical experiences, and to decisions that completers are prepared to teach effectively and are recommended for certification. The provider demonstrates that development of candidate quality is the goal of educator preparation in all phases of the program. This process is ultimately determined by a program’s meeting of Standard 4.*

**3.1** *The provider presents plans and goals to recruit and support completion of high-quality candidates from a broad range of backgrounds and diverse populations to accomplish their mission. The admitted pool of candidates reflects the diversity of America’s P-12 students. The provider demonstrates efforts to know and address community, state, national, regional, or local needs for hard-to-staff schools and shortage fields, currently, STEM, English-language learning, and students with disabilities.*

**3.2** *The provider sets admissions requirements, including CAEP minimum criteria or the state’s minimum criteria, whichever are higher, and gathers data to monitor applicants and the selected pool of candidates. The provider ensures that the average grade point average of its accepted cohort of candidates meets or exceeds the CAEP minimum of 3.0, and the group average performance on nationally normed ability/achievement assessments such as ACT, SAT, or GRE:*

- *is in the top 50 percent from 2016-2017;*
- *is in the top 40 percent of the distribution from 2018-2019; and*
- *is in the top 33 percent of the distribution by 2020.*

*[ALTERNATIVE 1] If any state can meet the CAEP standards, as specified above, by demonstrating a correspondence in scores between the state-normed assessments and nationally normed ability/achievement assessments, then educator preparation providers from that state will be able to utilize their state assessments until 2020. CAEP will work with states through this transition.*

*[ALTERNATIVE 2] Over time, a program may develop a reliable, valid model that uses admissions criteria other than those stated in this standard. In this case, the admitted cohort group mean on these criteria must meet or exceed the standard that has been shown to positively correlate with measures of P-12 student learning and development.*

*The provider demonstrates that the standard for high academic achievement and ability is met through multiple evaluations and sources of evidence. The provider reports the mean and standard deviation for the group.*

*[Board amendment adopted February 13, 2015] CAEP will work with states and providers through this transition regarding nationally or state normed assessments. Alternative arrangements for meeting this standard (beyond the alternative stated above for “a reliable, valid model that uses admissions criteria other than those stated in this standard”) will be approved only under special circumstances. The CAEP staff will report to the Board and the public annually on actions taken under this provision.*

In all cases, EPPs must demonstrate the quality of the admitted candidates.

**NOTE: CAEP Board Policy on component 3.2:**

To be awarded full accreditation, each provider must meet CAEP’s guidelines for component 3.2 on selectivity at admissions.

**3.3** *Educator preparation providers establish and monitor attributes and dispositions beyond academic ability that candidates must demonstrate at admissions and during the program. The provider selects criteria, describes the measures used and evidence of the reliability and validity of those measures, and reports data that show how the academic and non-academic factors predict candidate performance in the program and effective teaching.*

**3.4** *The provider creates criteria for program progression and monitors candidates’ advancement from admissions through completion. All candidates demonstrate the ability to teach to college- and career-ready standards. Providers present multiple forms of evidence to indicate candidates’ developing content knowledge, pedagogical content knowledge, pedagogical skills, and the integration of technology in all of these domains.*

**3.5** *Before the provider recommends any completing candidate for licensure or certification, it documents that the candidate has reached a high standard for content knowledge in the fields where certification is sought and can teach effectively with positive impacts on P-12 student learning and development.*

**3.6** *Before the provider recommends any completing candidate for licensure or certification, it documents that the candidate understands the expectations of the profession, including codes of ethics, professional standards of practice, and relevant laws and policies.*

## Underlying Concepts and Considerations

Standard 3 is motivated by the need for providers to develop a strong applicant pool so they can be more selective, not only in relation to a candidate’s intellectual capacity but also in other attributes, such as grit and drive to overcome challenges on the job. **The standard and its admissions criteria component 3.2,** are based on accumulating and stable findings over several decades indicating that student learning is strongly associated with the academic ability and achievement of teachers. **The standard and its recruitment component 3.1** also reflect evidence that students in preschool through high school are best served by an educator workforce that broadly represents the same wide and growing diversity we see in our student population.

Those conclusions from research and from a judgment come together to frame the concepts in each of the six components of Standard 3, and they motivate the several alternatives embedded in the Standard and its components:

- (component 3.1) Because there should be a more diverse pool of completers prepared for teaching, providers need to take on a responsibility to recruit them.
- (3.2) Because there is a need to bring qualified candidates into the teaching profession, admission requirements should focus on academic ability of this pool. The standard also allows for alternative criteria because there may be more than one set of effective strategies toward a teaching workforce that is both talented and diverse.
- (3.3) The Standard supports a widely shared view in the profession that non-academic factors are important, too, in judging the qualities that educators should attain and exhibit and that these factors often are developed during the experiences of candidate’s preparation.
- (3.4) There should be explicit attention, all through preparation, to the quality of candidates and completers, and academic ability and achievement are a specific goal.

- (3.5) Exit requirements from the program should set a high standard for content knowledge and ability to teach effectively with positive impacts on P-12 student learning and development.
- (3.6) All those completing a program should be prepared to enter the classroom grounded in the expectations of the profession, codes of ethics, standards of practice, and relevant laws and policies.

CAEP employed the available research to guide these provisions of the Standard. At the same time, the research is not definitive on the range of candidate characteristics that produce effective teachers. For that reason, component 3.2 offers three alternative ways to meet its goal:

- The stated “CAEP minima” are a GPA of 3.0 and performance on a normed test of academic achievement/ ability in the top 50%. SAT, ACT, and GRE are examples of normed tests, but AP and IB results, Miller Analogies, college end-of-course assessments, and other tests may be appropriate as well. The CAEP Board has directed commissioning of a study to inform the Board about what should be done in implementing admissions requirements above 50% and under what timeline. Pending completion of that study and further Board action, scheduled for December 2015, levels stated in the Standard as the top 40% in 2018 and 2019, and top 33% in 2020 are not being implemented.
- Alternative 1 refers to an opportunity for states: “If any state can meet the CAEP standards, as specified above, by demonstrating a correspondence in scores between the state-normed assessments and nationally normed ability/ achievement assessments, then educator preparation providers from that state will be able to utilize their state assessments until 2020. CAEP will work with states through this transition.
- Alternative 2 is addressed directly to providers: “Over time, a program may develop a reliable, valid model that uses admissions criteria other than those stated in this standard. In this case, the admitted cohort group mean on these criteria must meet or exceed the standard that has been shown to positively correlate with measures of P-12 student learning and development.”

Providers must address each component in the standard but are not required to make a comprehensive case about how it achieved each component with the exception of component 3.2, as described above. Providers must make a holistic case for how it meets the overall standard, weaving in evidence for components as part of the summary that makes the best case for meeting the standard.

### Sample Measures or Types of Evidence for Standard 3

Examples of evidence for Standard 3 include the following for components 3.1 and 3.2:

#### *Component 3.1*

- As a new form of accreditation evidence, expectations for a recruitment plan would be phased in along the timeline set by CAEP policy, with plans expected for self-studies submitted in 2014 or 2015, and plans plus initial implementation steps in 2016 and 2017. See Appendix A on page 84. This recruitment plan can address the provider’s commitment to accept a responsibility for recruitment into the educator preparation program. A plan could contain:
  - explicit selection factors used by the provider in its admissions process;
  - recruitment strategies to draw diverse talent into the program;
  - documentation of market-based factors, including the employment opportunities that will be available to completers;
  - knowledge of important academic and non-academic factors for current candidates and targets to reach new goals over time over time.
- The year-by-year data collected against such a plan provides an accumulating record of the program’s path toward its goals.
- Evidence or case studies that demonstrate that they are producing candidates that have positive impact on P-12 student learning, even if they admit students who do not meet the GPA/tests thresholds.
- All of this information would be disaggregated by race, ethnicity, gender, and other background characteristics.

- Providers would provide information about actual admissions criteria. They would report each year on the cohort GPA (3.0 or above is the CAEP minimum for the cohort average), and on normed national tests of academic ability. “Cohort” refers to the average for a group of candidates admitted during a particular time period (e.g., over a semester prior to their enrollment), or that begin at the same time (e.g., fall semester).

**Component 3.2: CAEP minima**

- The SAT and ACT are examples in component 3.2. Other measures of academic achievement or ability that could meet the “CAEP minimum” might include Advanced Placement, International Baccalaureate, or similar challenging academic measures that are administered to large pools of applicants.
- For admissions at the junior year level, college GPA would be pertinent, along with measures of academic achievement administered during college—especially if those measures can be scaled against national test taker pools by end-of-course of other standardized instruments.
- For admissions at the graduate level, the “CAEP minimum” should be interpreted as referring to college GPA and the normed test might include GRE, MAT, and other college level indicators. (NOTE: CAEP policy for Advance Preparation Program standards at the graduate level use 3.0 college GPA *or* (not and) the 50<sup>th</sup> percentile on the GRE. See p. 9 at this URL: [http://caepnet.files.wordpress.com/2014/08/caep\\_standards\\_for\\_advanced\\_programs1.pdf](http://caepnet.files.wordpress.com/2014/08/caep_standards_for_advanced_programs1.pdf))
- In addition, an EPP could substitute alternative criteria for admissions, as stated CAEP component 3.2. Evidence would include data for admitted candidates compared with the criteria, monitoring of implementation year by year, and analysis of results in terms of P-12 student learning.

**STANDARD 4**—*The provider demonstrates the impact of its completers on P-12 student learning and development, classroom instruction, and schools, and the satisfaction of its completers with the relevance and effectiveness of their preparation.*

**NOTE 1: CAEP Board policy on Standard 4:**

To be awarded full accreditation, each provider must meet CAEP’s guidelines for evidence for the annual report measures, including all components of Standard 4 on impact. The examples of measures and related guidelines, below, are to assist providers in preparing to compile and write their self-study evidence for Standard 4. In addition, the provider’s annual reports accumulate year by year provider data for Standard 4 impact measures. Provider analysis of the trends in those annual measures are analyzed and written as part of the self-study evidence for component 5.4 on continuous improvement.

**NOTE 2: Standard 4 and the “8 annual reporting measures”**

The CAEP January requests for provider annual reports include questions about data on each of the 4.1-4.4 measures. The provider request defines the minimum expectation each year until reporting across providers can be complete and consistent. Trends in the provider’s cumulative reports since the last accreditation cycle will be included and interpreted as part of the self-study. Providers may supplement that information with other, more detailed, data on the same topics if they have any.

**4.1** *The provider documents, using multiple measures, that program completers contribute to an expected level of student-learning growth. Multiple measures shall include all available growth measures (including value-added measures, student-growth percentiles, and student learning and development objectives) required by the state for its teachers and available to educator preparation providers, other state-supported P-12 impact measures, and any other measures employed by the provider.*

**4.2** *The provider demonstrates, through structured and validated observation instruments and student surveys, that completers effectively apply the professional knowledge, skills, and dispositions that the preparation experiences were designed to achieve.*

**4.3** *The provider demonstrates, using measures that result in valid and reliable data and including employment milestones such as promotion and retention, that employers are satisfied with the completers' preparation for their assigned responsibilities in working with P-12 students.*

**4.4** *The provider demonstrates, using measures that result in valid and reliable data, that program completers perceive their preparation as relevant to the responsibilities they confront on the job, and that the preparation was effective.*

## Underlying Concepts and Considerations

Standard 4 addresses the results of preparation in terms of impact when completers are on the job. The standard especially emphasizes impact on P-12 student learning, as measured in multiple ways, but has a suite of related foci in classroom instruction and completer and employer satisfaction. The 2013 Standards draw from the principles of the Baldrige Education Criteria, which stipulate that any organization providing education services must know the results of those services.

The measurement challenges, while substantial and controversial, continue to evolve and CAEP points to two documents, in particular, that may help to guide providers:

- CAEP's web resources contain a report from the American Psychological Association on use of assessments, observations, and surveys in educator preparation, including use of P-12 student learning information as part of teacher evaluations.
- The CAEP Evidence Guide contains a section on options for measuring P-12 student learning in both pre-service and in-service situations, and in states that make various forms of value-added data in teacher evaluations available to providers and those that do not. See p. 22 of this URL:  
[http://caepnet.files.wordpress.com/2014/08/caep\\_standards\\_for\\_advanced\\_programs1.pdf](http://caepnet.files.wordpress.com/2014/08/caep_standards_for_advanced_programs1.pdf)

Among the Standard 4 measures are ones for which the Gates' supported Measures of Effective Teaching (MET) study has found a strong correlation with P-12 student learning. Teacher observation evaluations and student surveys can each inform questions about the completer's teaching behaviors and interactions with students. And the remaining two components, 4.3 and 4.4, examine satisfaction of completers and employers with preparation—again, providing important, highly relevant information for providers to use in analyzing the consequences of their preparation courses and experiences. Finally, information on completer persistence and employment milestones can indicate career orientation and paths of progress that providers can use in their future plans and actions.

**Providers must address each component in Standard 4 and all components must be met in order for the standard to be met.**

## Measures or Types of Evidence For Standard 4

The challenge to each provider is to share information that is relevant and direct about the progression of P-12 students who are taught by their completers.

- Many providers will have no access to state teacher evaluation data that includes "value added" or "student growth" measures linked to those teachers, and even where such data are available, they will cover only teachers of the subjects and grades in which student performance is measured and modeled for evaluations.
- In most situations, then, providers need to devise their own ways to design and construct such evaluations. The "case study" methodology described in CAEP's Evidence Guide is one resource to tap.

- Providers may find it both promising and rewarding to develop case studies in collaboration with other providers, with local school districts, across similar institutions, or in concert with alternative education preparation providers.

When value added or similar data are available from the state:

- Those results must be included in the provider’s self-study.
- A section of CAEP’s Evidence Guide provides details on provider understanding of the characteristics of the State data and how they are prepared, and then performs its own analysis of those results.
- Note that providers need not necessarily rely the results to make their case for meeting Standard 4. They may prefer to use results from case studies, beginning with case study plans and their implementation as their response.

Classroom observation protocols, such as those studied in the MET project, are appropriate for teacher observations, including surveys of students, and perhaps burgeoning commercial versions of such surveys, can provide important diagnostic information about teaching.

While satisfaction surveys have been administered in connection with accreditation for many years, they typically have poor response rates, and designs that ask for sweeping opinions without descriptive feedback that would help providers improve their courses and clinical experiences.

- However, states are currently finding that teacher and employer surveys could be highly useful for them in administration of their own program approval responsibilities.
- If more and more states adopt that perspective, then the opportunities for surveys covering similar topics, and that offer both higher response rates and descriptive information for providers, may increasingly be available.
- In addition, CAEP-conducted surveys of clinical educators, faculty, employers, and candidates are in development. These could provide confirming information as well.

**STANDARD 5**—*The provider maintains a quality assurance system comprised of valid data from multiple measures, including evidence of candidates’ and completers’ positive impact on P-12 student learning and development. The provider supports continuous improvement that is sustained and evidence-based, and that evaluates the effectiveness of its completers. The provider uses the results of inquiry and data collection to establish priorities, enhance program elements and capacity, and test innovations to improve completers’ impact on P-12 student learning and development.*

**5.1** *The provider’s quality assurance system is comprised of multiple measures that can monitor candidate progress, completer achievements, and provider operational effectiveness. Evidence demonstrates that the provider satisfies all CAEP standards.*

**5.2** *The provider’s quality assurance system relies on relevant, verifiable, representative, cumulative and actionable measures, and produces empirical evidence that interpretations of data are valid and consistent.*

**5.3** *The provider regularly and systematically assesses performance against its goals and relevant standards, tracks results over time, tests innovations and the effects of selection criteria on subsequent progress and completion, and uses results to improve program elements and processes.*

**NOTE: CAEP Board Policy on component 5.3:**

To be awarded full accreditation, each provider must meet CAEP’s guidelines for component 5.3 on continuous improvement.

**5.4** *Measures of completer impact, including available outcome data on P-12 student growth, are summarized, externally benchmarked, analyzed, shared widely, and acted upon in decision-making related to programs, resource allocation, and future direction.*

**NOTE: CAEP Board Policy on component 5.4:**

To be awarded full accreditation, each provider must meet CAEP’s guidelines for component 5.4 on continuous improvement. This includes analysis of trends in the provider’s annual reports about program impact (impact on P-12 student learning, teaching effectiveness, employer satisfaction and retention of completers, and completer satisfaction) and program outcomes (completer rates, licensing rates, and hiring rates).

**5.5** *The provider assures that appropriate stakeholders, including alumni, employers, practitioners, school and community partners, and others defined by the provider, are involved in program evaluation, improvement, and identification of models of excellence.*

## Concepts and Considerations

This standard focuses on the extent to which the leadership and management of educator preparation providers uses its quality assurance systems to support continuous improvement. It is written as a way to adapt principles stated in the Baldrige Education Criteria that are followed by successful education organizations. Those principles give particular weight to the maintenance of a quality assurance system and to the use of the output from that system for purposes of continuous improvement.

- The quality assurance system handles multiple measures, monitors candidate progress, the achievements of completers, and the operational effectiveness of the provider.
- The “multiple measures” are comprehensive, purposeful, and coherent.

- The provider routinely constructs new measures, investigates existing measures, and uses data from measures to ensure that the quality assurance system is relying on relevant, verifiable, representative, cumulative, and actionable measures.
- The data are regularly used. The provider assesses performance in relation to its goals and standards; follows results over time; conducts tests of changes made in courses, selection, or clinical experiences; studies natural variation across the different preparation programs it offers; then uses the results to improve program elements judge its progress and status. And, finally, it involves stakeholders in its internal evaluations, generation of improvements, and identification of models to emulate.

Providers must address each component in the standard but are not required to make a comprehensive case about how it achieved each component with the exception of components 5.3 and 5.4, as described above. Providers must make a holistic case for how it meets the overall standard, weaving in evidence for components as part of the summary that makes the best case for meeting the standard.

### **Sample Measures or Types of Evidence for Standard 5**

Provider evidence for Standards 1-4 constitutes a significant demonstration of the capabilities and performance of the quality assurance system. Documentation of how data are collected, analyzed, monitored, reported, and used are additional and unique evidence for Standard 5.

Continuous improvement is demonstrated by evidence of:

- regular and systematic data-driven analysis and appropriate changes to the provider’s programs as needed
- evidence that changes are grounded by research and evidence from the field as well as data analyses from the provider’s own system
- the provider’s investigations of the effects of changes, determining whether they are, in fact, improvements, using “Plan, Do, Study, Act” or other appropriate procedures.

Self-study reports include an analysis of results from monitoring and using CAEP’s eight annual reporting measures, with trends, comparisons, benchmarks, and indication of changes made in educator preparation providers’ curricula and experiences, resource allocations, and future directions. Stakeholder involvement is specifically demonstrated in decision-making, use of results, program evaluation, and defining and implementing improvements.

The provider’s response to the CAEP optional review of instruments is also included in the self-study report for Standard 5.

## PART III: THE ACCREDITATION PROCESS

This section provides in-depth information on the ongoing process through which the nation’s educator preparation providers continuously improve and demonstrate that they meet the high standards of quality required to improve student learning. It describes in detail the broad range of actions that are common to all providers and part of the seven-year process. This includes the application filings and reviews of instruments to the self-study process, efforts to choose a CAEP Accreditation Pathway to ongoing annual reports, and how CAEP decides whether a provider has earned CAEP accreditation status.

This section addresses steps toward CAEP accreditation that are common for all institutions. Aspects of the process that are specific to each of the three CAEP Pathways are included in Part IV of the Manual. It includes not just requirements on how to submit, but also numerous strategic tools to ensure that providers can make their case based on their unique context and mission. CAEP has developed a separate *Evidence Guide* and a *Guide to Annual Reporting* that provides further information described in this section.

### Application and Eligibility

Providers that have been continually accredited through TEAC or NCATE do not need to complete an application.

To begin to be considered for accreditation status, all institutions that have never been accredited must complete an application form. Phase I of the process requires providers to submit basic contact information and general background on the institution. Phase II is more detailed and determines the readiness of the provider, including the completion of capacity tables about institutional resources, faculty qualifications, and number of programs required. These capacity tables are required by the U.S. Department of Education. The application can be found on the CAEP website. (See [http://caepnet.org/accreditation/eligibility/.](http://caepnet.org/accreditation/eligibility/))

The following table describes eligibility, how to complete the application, and CAEP’s review process.

**Table 1: Application, eligibility, and review**

| Provider  | CAEP review  |
|---|--|
| <b>Application</b>  |  |
| <p>To be eligible for accreditation by the Council for the Accreditation of Educator Preparation (CAEP), an unaccredited Educator Preparation Provider (provider) must complete the application and meet the eligibility requirements below.</p> <p>The application is completed by the provider’s administrator (e.g., CEO, dean, or director), signed by the administrator and the president/CEO, and submitted to the CAEP office as an e-mail attachment.</p> <p>To establish eligibility for CAEP accreditation, a provider must indicate on the application that it:</p> <ul style="list-style-type: none"> <li>• Agrees to provide all information requested by CAEP to carry out its accrediting functions.</li> <li>• Agrees to pursue the CAEP accreditation pathway identified in the application for membership and agrees to comply with the requirements for that pathway.</li> <li>• Agrees to comply with CAEP policies, including disclosure of</li> </ul> | <p>Applications are reviewed by CAEP staff to ensure all required information is submitted. Providers are notified if additional information is needed to complete the application process or if the application is complete and ready for review by the CAEP appointed committee.</p> |

|  |  |
|--|--|
| <p>accreditation status (see <i>Policy XXXVIII, Public Disclosure and Transparency of Accreditation Information of the CAEP Policy Manual</i>).</p> <ul style="list-style-type: none"> <li>Understands the CAEP annual fees and submits payment for the application fee. (CAEP will send an invoice upon receipt of the application.)</li> </ul>   |  |
| <b>Eligibility</b>   |  |
| <p>Following submission of the application, a provider must submit evidence in CAEP’s Accreditation Information Management System (AIMS) to establish eligibility: See URL: <a href="http://caepnet.org/accreditation/eligibility">http://caepnet.org/accreditation/eligibility</a></p> <p>The evidence addresses provider capacity to prepare educators, eligibility of completers for license by the appropriate state agency, identification of all programs offered for preparation of P-12 educators, and applicable descriptive characteristics on governance, control, regional accreditation, and Carnegie classification.</p> | <p>CAEP staff reviews the materials submitted for completeness. Providers meeting all requirements have up to five years to achieve accreditation.</p> |

**U.S. Department of Education Capacity Standards**

To meet the requirements of the federal government, CAEP gathers information and data from providers to ensure that CAEP-accredited educator preparation programs fulfill all U.S. Department of Education requirements, including information about:

- the provider’s profile (type, affiliation),
- program characteristics (e.g., name, state approval),
- the sites where programs are conducted, models of delivery, and clinical educator and other faculty qualifications,
- parity (facilities; fiscal, administrative and candidate support; candidate feedback), and
- capacity to provide education services (e.g., finance, budget, audit, and administrative governance). Providers are first required to submit these data in five tables as part of their “eligibility” statement (item B.1, above).

It is the provider’s responsibility to insert the data into an AIMS system template. The CAEP application guide provides facsimile templates for provider review: [http://caepnet.files.wordpress.com/2014/02/caep\\_application\\_phaseii.pdf](http://caepnet.files.wordpress.com/2014/02/caep_application_phaseii.pdf)

Accredited educator preparation providers annually update the data tables as part of CAEP’s annual reporting process to maintain and continue their accreditation status. At the time of the accreditation review or diagnostic visit, the tables are updated or revised as appropriate and submitted as part of the self-study or diagnostic documentation. CAEP’s Visitor Teams verify the information presented in the tables as part of the accreditation review of the provider’s capacity to provide and maintain quality educator preparation programs.

The following are some additional capacity considerations for providers:

- Providers not previously accredited by CAEP, NCATE, or TEAC** must go through an eligibility phase, in which some elements of the provider’s capacity are reviewed, before the accreditation process begins. The CAEP application eligibility phase contains tables that address fiscal and administrative capacity, faculty, facilities, and candidate support and complaints. Staff reviews the application for completeness.
- Providers currently accredited by CAEP** are not required to re-establish their eligibility when they seek continuing accreditation. These providers have, however, established a baseline of sufficiency for their capacity in their prior accreditations. As part of the continuing accreditation process, providers develop updates in their annual report of changes in any of the capacity measures. The self-study summarizes trends and provides a

narrative about their implications for the provider’s preparation programs. Providers also update their capacity tables as part of the self-study process. The Visitor Teams consider these changes in making their recommendations, as based on the CAEP Standards. They, however, do not make any specific recommendations about the changes, other than to cite any weaknesses. If the provider is reaccredited, the marked-up tables become the baseline for its next accreditation cycle.

- **Providers previously accredited only by NCATE and TEAC with all Standards or Quality Principles met and no weaknesses** cited in NCATE Standards 5 or 6 or in TEAC Quality Principle III have similarly established a baseline of sufficiency for their capacity in prior accreditations. They provide the capacity tables contained in CAEP Application Phase II, but as part of their self-study.
- **Providers previously accredited only by NCATE or TEAC with any Standard or Quality Principle unmet or with a weakness cited** in NCATE Standards 5 or 6 or TEAC Quality Principle III must re-establish their eligibility.

### Optional Early Instruments Evaluation

Early in the accreditation process, providers can elect to submit to CAEP the generic assessments, surveys, and scoring guides that they expect to use to demonstrate that they meet CAEP standards. This is purely voluntary, but providers who are going through the accreditation process have found doing so quite useful. The purpose of this review is to provide EPP’s with formative feedback on how to strengthen assessments, with the ultimate goal of generating better information on its candidates and continuously improving its programs.

Providers submit for review only the provider-created assessments used across all specialty/license areas. This evaluation creates opportunities for providers to modify those instruments and begin to gather data with them that will be reported in the self-study and reviewed during the CAEP visit. This feature is a part of CAEP’s specialty/license area review under Standard 1 and will be phased in over the academic years 2015/2016 through 2018/2019. The phase-in will allow providers with visits prior to 2018 to receive at least a CAEP evaluation of their instruments, even if there is a shortened time for them to consider modifications or collect data. If the provider does not have time to complete three cycles of data collection before the self-study is due, CAEP will make allowances for the amount of required data and the implementation of revised or new assessments.

**Table 2: Early Evaluation of Instruments**

| Provider submits  | CAEP reviews  |
|---|---|
| <p>Three years in advance of an accreditation site visit, the provider submits its assessment and survey instruments that are used across all discipline-specific content areas to CAEP for review.</p> <p>The provider:</p> <ul style="list-style-type: none"> <li>• Requests “shells” or report templates for submission to AIMS, indicating semester and year of the self-study report submission</li> <li>• Submits assessments, scoring guides, and surveys in the appropriate AIMS shell</li> <li>• Includes the following items in the submission:                             <ul style="list-style-type: none"> <li>○ Instruments created by the provider (such as student teaching observation protocols used during clinical experiences, survey data, teacher work samples, portfolios, candidate exit surveys, employer surveys, and other common measures of candidate competency)</li> </ul> </li> </ul> | <p>CAEP provides appropriate AIMS reporting shells, depending on the separate program review options available under the CAEP-State agreement that is effective where the provider is located.</p> <p>CAEP trains reviewers for this task, following the assessment, survey, and scoring guides included in the <i>CAEP Evidence Guide</i> (January 2015 edition).</p> <p>CAEP returns an evaluation to the provider. When the review is fully phased in and reviews are conducted three years prior to</p> |

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>○ A chart that identifies proprietary assessments</li> <li>○ Scoring guides for these instruments</li> <li>○ A table that identifies which items on assessments or surveys provide evidence for individual CAEP standards, and, in those states making the feedback program review option available, indicates the alignment with state standards</li> <li>○ Responses for each assessment and survey to these three questions: <ul style="list-style-type: none"> <li>▪ How was the assessment developed?</li> <li>▪ How will the quality of the assessment/ evidence be determined?</li> <li>▪ What criteria of success have been established or measured for scoring guides and survey data?</li> </ul> </li> <li>● Completes the submission for the fall semester by October 1; spring submissions by April 1</li> </ul> | <p>completion of the self-study report, there will be sufficient time for providers to revise instruments and collect one or more years of data.</p> |
|---|--|

## How Providers Determine their Accreditation Pathway

CAEP accreditation requires that institutions select a particular pathway based on their institutional contexts, interests, and capacity. While all pathways are built around the five CAEP Standards, they differ in emphasis and the mode of addressing continuous improvement. The CAEP pathways include:

- **CAEP’s Inquiry Brief (IB) pathway** emphasizes the study of candidate and completer outcomes. It is inquiry driven, starting from the provider’s questions about its programs’ mission and results. Accordingly, providers make claims about candidates’ outcomes and investigate the extent to which the claims are met. The provider’s self-study provides evidence for the Standards by aligning claims, data quality expectations, and program expectations with the applicable Standards and providing evidence for each. Providers format the report in the same manner they might format a dissertation or manuscript submitted to a refereed research publication. The provider also needs to demonstrate engagement in continuous improvement by describing and probing the functioning of its quality assurance system, including mechanisms that assure the quality of clinical partnerships and practice and of candidates from admission to completion, through an internal audit.

A provider selecting the Inquiry Brief Pathway for its self-study would submit:

- A self-study investigating the provider’s claims that addresses Standards 1, 4, and data quality expectations for Standard 5
- An Internal Audit Report that provides evidence for Standards 2 and 3 and continuous improvement expectations for Standard 5
- **CAEP’s Selected Improvement (SI) pathway** emphasizes improvement of the provider’s performance in a selected area or areas of preparation. Accordingly, a provider makes a data-driven selection of one or more standards a focus for improvement. The provider submits a Selected Improvement Plan (SIP), which includes measurable yearly objectives showing the extent to which the changes led to improvements. Throughout the accreditation term, the provider monitors progress on the plan and adjusts the plan and strategies as appropriate to ensure that improvements will be realized. In addition, the provider provides evidence of its progress and the status of previous improvement plans. The Selected Improvement Plan serves as evidence of the provider’s commitment to move beyond its self-study and toward the next accreditation review and engage in focused continuous improvement.

A provider selecting the Selected Improvement pathway for its self-study would submit:

- A report addressing the five Standards through prompts about the evidence for each Standard
- A Selected Improvement Plan that provides additional evidence for Standard 5

- **CAEP’s Transformation Initiative (TI) pathway** emphasizes a research and development approach to accreditation. Since this approach traditionally takes more time, Transformation Initiative proposals must be submitted five to three years in advance. Accordingly, a provider develops and conducts a rigorous research investigation of an aspect of educator preparation described in a Transformation Initiative Plan (TIP). Implementation of the plan will contribute to the research base, inform the profession, offer research-proven models for replication, and lead to stronger practices in preparation. These initiatives may be conducted in collaboration with other providers, states, or partnerships with schools and institutions of higher education.

A provider selecting the Transformation Initiative pathway for its self-study would submit:

- A report addressing the five CAEP Standards through prompts about the evidence for each Standard
- A Transformation Initiative Plan (submitted three to five years before the self-study report) and progress report (contained in the self-study report) that provides additional evidence for Standard 5

Detailed guidelines for submitting self studies for each pathway are included in section IV of this Manual.

## The Self-study Process

The gathering of evidence is an ongoing process integrated into the provider’s own quality assurance systems, not something done every seven years shortly before—and expressly for—accreditation. Throughout the accreditation cycle, providers gather and marshal evidence to make a case that their educator preparation programs meet CAEP standards.

**Providers are responsible for the quality of the data they select to demonstrate that CAEP standards are met and to advance related claims.**

**Providers deliver evidence for each of the components while making their case holistically for meeting the standard.**

**However, component 3.2 of Standard 3 (candidate quality, recruitment and selectivity), all components of Standard 4 (program impact) and components 5.3 and 5.4 (on continuous improvement) must meet CAEP guidelines to achieve full accreditation.**

**The Visitor Team uses results from the investigation of the data in the self-study to assess the quality of the evidence that indicates a provider has met CAEP standards and to identify strengths and stipulations.**

### Online evidence, tagging, and case-making

As part of the process, providers upload evidence and data, as well as provider-created assessments and scoring guides, surveys, and other instruments into the online Accreditation Information Management system (AIMS). The evidence is tagged to the standard/component and/or claim to which it relates, to diversity and technology themes, and to information about data quality so that it can be accessed by reviewers.

The provider submits a context-setting brief and data snapshot that helps organize the self-study report that includes the following information about the provider:

- Age, history, context, and distinguishing features;
- Summary of requirements, demographics about the host institution (e.g., IHE) and the provider (e.g., institutional and provider enrollment, number and ethnic composition of students, completers, and faculty)
- Copies of or links to the institutional profile (AIMS Table 2);
- Institutional/organizational structure (AIMS Table 3);
- Preparation characteristics;

- The provider’s place in the institution or organization;
- The vision, mission, and goals of the provider; and
- The local, state, national, or international employment market for completers and policy contexts that shape the program

The provider uploads all evidence into AIMS. The list below is a partial list of evidence that could be submitted:

- All provider-created assessments and scoring guides
- All surveys and other instruments and any other data used as evidence
- All “proprietary”<sup>2</sup> assessments listed in a chart so the information is consistent across reports from different providers. Actual assessments are not submitted.
- All evidence is tagged as to the standard/component or claim to which it relates, to diversity and technology themes, and to information about data quality so that it can be accessed by reviewers
- All evidence uploads describe:
  - why the instruments are used as evidence,
  - where they are used in preparation,
  - what they inform providers about,
  - and for assessments, their validity and relevance

The provider “tags” the evidence for the standard/component. By tagging the evidence, the provider is aligning that piece of evidence to a specific standard or component. For example, if a provider is aligning minutes from a meeting to provide evidence for Component 2.3 that requires the provider to “work with partners to design clinical experiences of sufficient depth, breadth, diversity, coherence, and duration...”; the provider would cut and paste the portion of the minutes that documents this collaboration and “tag” the evidence by labeling it as 2.3 and noting the date, time, and location of the meeting. This evidence then becomes part of the self-study and is submitted as an attached example of evidence for Standard 2. The full minutes will be made available to the Visitor Team for verification during the site visit. All evidence must be directly linked to a standard or component by tagging.

Other guidelines for the tagging of evidence include:

- Individual items on provider-created instruments must be “tagged” directly to a component or standard.
- Only parts of instruments, surveys, handbooks, minutes, meeting notes, or other documents specific to the standard or component should be submitted as evidence.
- Complete handbooks, catalogs, advising guides, and other documents should not be submitted in their entirety. Only the sections specific to a standard or component should be tagged and identified as evidence.

### **Disaggregated data**

All data submitted as evidence must be disaggregated by specialty/license area and include complete data charts for all assessments and actual data gathered by the instruments and other forms of evidence used in the self-study.

### **Evidence phase-in period available to providers with self-studies due through Fall 2017**

Because the new standards require in some cases evidence that has not been required or collected in the past, CAEP expects providers to develop a plan to gather needed evidence. CAEP provides a phase-in policy for providers submitting self-studies from 2014 through 2017.

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<sup>2</sup> “Proprietary” is used in reference to commercially developed tests, including state licensure tests typically created by ETS or Pearson. But other tests could fit under this definition as well.

Providers with visits in 2014 and 2015 may present plans in the self-study for collecting the required evidence and, once approved by the CAEP Accreditation Council, will present in their annual reports their progress in implementing these plans along the approved timeline.

Providers submitting self-study reports in 2016 and 2017 may also present plans in their self-study in lieu of unavailable data. They will also be expected to provide evidence of implementation in their self-study.

CAEP will phase in its early instrument review process between 2015 and 2017 so that providers with self-study reports prior to 2018 can share partially in the value of those evaluations.

See Appendix A on page 84 for a chart that identifies the phase-in policy and transition period, which extends until 2020 for some providers.

### Specialty/license area review

As part of the self-study process, all providers are required to submit evidence of specialty/license area competency based on the particular options available in the state through the State Partnership Agreement with the CAEP. The three options are Specialty Professional Association (SPA) review, Program Review with Feedback, and State review. All providers should check with their state's department of education on the program review option(s) available in their states. The three options have unique characteristics that are described below. The CAEP website provides detailed information about submissions for review and review procedures.

- **SPA Program (specialty/license) Review with National Recognition.** The goal of the SPA process is to align specialty licensure area data with national standards from professional associations. This requires providers to submit SPA-specific program reports for review by content specific experts provided by the professional associations. Successful completion of the SPA process results in "National Recognition" for specialty licensure areas, and is the only option that results in that recognition. SPA reports are submitted three years before the site visit and are in addition to the required CAEP self-study.

As part of the self-study process, CAEP requires providers to answer questions specific to how SPA reports were used for continuous improvement. Providers also must report on the number of SPA reports that have not achieved the national recognition status.

- **Program Review with Feedback.** The goal of program review with feedback is to provide states with feedback on preparation area reviews aligned with CAEP and state standards. It is comprised of two parts: (a) a review of specialty/license area data alignment with state standards and requirements, and (b) a review of disaggregated data for specialty/license areas presented in the provider's self-study for Standard 1.

As part of the self-study process, CAEP requires providers to answer questions specific to how specialty/license data were used for continuous improvement. In addition, the state may request specific questions be answered about state standards and requirements.

CAEP Visitor Teams use the disaggregated data contained in the self-study report as part of the component 1.1 documentation. CAEP's review of Standard 1 is the basis for feedback to states on both the alignment of evidence with state standards and the disaggregated results. Feedback sent to states through this option is also provided to the providers.

Self-studies will be state specific in relationship to Standard 1 for providers selecting this option.

- Each provider will identify the state in which it is located along with their selection of a program review option, within those in the state partnership agreement.
- States can contribute questions specific to state standards and continuous improvement linked to disaggregated specialty licensure data presented in the self-study.

- As part of the self-study, CAEP will require providers to answer questions specific to how specialty/ licensure area data are used for continuous improvement.
  - Providers may select more than one program review option for specialty/licensure areas within the EPP as long as the state agreement allows for the option. For example, some specialty/licensure areas within the EPP may elect to complete the SPA process along with Program Review with feedback while others may select program review with feedback and/or state review. Providers can select one option or a combination of options dependent on the state agreement.
- **State Review.** Providers selecting this option will follow their state guidelines. This is a state level review process as implemented by the state. Since disaggregated data by specialty licensure area is a requirement for data submitted as evidence for CAEP Standard 1, CAEP will require providers to answer questions specific to how specialty licensure area data are used for continuous improvement.

The chart that follows on the next page indicates what providers submit and what CAEP reviews for these three program review options in comparison with the specialty/ license area review that is integrated into accreditation review. Note that in their partnership agreements with CAEP, states may select one or more program review options that will be available to providers in their state. Any provider may elect SPA review, however, even in a state not requiring it.

**Table 3: Specialty/license area accreditation review options**

See CAEP’s website for the chart that explains specialty/license area options. The following chart will be revised and made easier to follow for that purpose.

| Process                                   | CAEP Accreditation Review  | State selected program review options  |   |                                      |
|---|--|--|---|--------------------------------------|
|   |  | Review with National Recognition (“Specialty Professional Association” or SPA option)  | Review with Feedback  | State review                         |
| a. Who submits                            | All providers seeking accreditation  | Providers that choose the SPA option in states that offer it   | Providers that choose the Feedback option in states that offer it                       | Providers in states with own reviews |
| b. Standards used for review              | CAEP Standard 1.1, InTASC  | SPA standards  | State, aligned with InTASC  | State standards                      |
| c. Provider submission of assessment data | All providers submit disaggregated assessment data by specialty/ license area in self-study; also SPA and state results, if any, are included in self-study. | Providers submit assessment data for program review, 3 years in advance of scheduled site visit, along with instruments/ scoring guides specific to SPA national standards. Can include provider level | Providers submit disaggregated assessment data by specialty/ license area in self-study | State option                         |

|                              |   |  |   |              |
|------------------------------|---|--|---|--------------|
|                              |   | instruments in addition to instruments specific to SPA national standards.                             |   |              |
| d. Review of assessment data | Review by Visitor Team as specialty/ license area review against Standard 1.1 and InTASC. | Part of SPA program review along with assessment and scoring guides, 3 years in advance of site visit. | Review by Visitor Team as part of specialty/ license area review for CAEP and for state standards | State option |
| e. Decisions                 | CAEP Accreditation Council  | SPA/ CAEP program review process   | Feedback provided to provider and State   | State        |

## Self- Study Reports

### Cross-cutting themes of diversity and technology

As a part of the 2013 CAEP Standards, “diversity” and “technology” are identified as important cross-cutting themes in educator preparation. The themes are presented in the Standards as “embedded in every aspect of educator preparation,” and self-studies provide an opportunity for each provider to address how the themes are integrated into preparation.

In constructing a response to the two themes, providers will want to be familiar with the perspective expressed as part of the CAEP Standards. The full text appears as Appendix A on pp. 20-22 of the Standards at this URL:

[http://caepnet.files.wordpress.com/2013/09/final\\_board\\_approved1.pdf](http://caepnet.files.wordpress.com/2013/09/final_board_approved1.pdf)

How the themes are instantiated is up to each provider, but the overall approach to these themes is of interest to Visitor Teams. The self-study report might describe the provider’s current status with regard to diversity and technology, its plans for coming years, and its strategies for moving forward. The current status might be described, for example, around the explicit references found in CAEP Standards 1, 2, and 3 which include the following:

- “All students” is the focus in Standard 1, and InTASC standards that comprise component 1.1 imply, also, the full range of allied InTASC performances, essential knowledge, and critical dispositions that are extensions of those standards. Those characteristics also incorporate scores of references to cultural competence, individual differences, creativity and innovation, and working with families and communities. Similarly, the InTASC standards, and allied performances, essential knowledge, and critical dispositions contain many references to applications of technology, use of technologies, and how to guide learners to apply them. In addition, component 1.5 states that providers are to “ensure that completers model and apply technology standards as they design, implement, and assess learning experiences to engage students and improve learning and enrich professional practice.”
- Standard 2 clinical experiences are cast in terms of preparing candidates to work with all students and with diversity. Component 2.3 describes technology-enhanced learning opportunities as part of clinical experiences.
- Standard 3 insists that providers undertake positive outreach efforts to recruit a more able and diverse candidate pool. The Standard also asks providers to present multiple forms of evidence of candidates’ developing knowledge and skills during preparation, including “the integration of technology in all of these domains.”

The themes are not standards, however, and are not judged by Visitor Teams as standards. Visitors do not cite stipulations or weaknesses for crosscutting themes. Questions that arise may flag areas that do address components of standards that the team will investigate more closely, particularly where those components address diversity or technology.

### **Formative Review of Self-study Reports**

CAEP's quality assurance reviews are based on CAEP's standards and culminate in accreditation decisions. There are several components of those reviews that represent specific functions throughout each accreditation cycle. This section identifies what is reviewed, when it is reviewed, and what CAEP does at each stage. It provides additional details about CAEP Visitor Team reviews and their concluding report; defines CAEP accreditation decisions as they begin with the pathway-focused Commission and are acted upon by the Accreditation Council, assuring consistency across pathways and over time. The conclusion of this section defines the range of CAEP accreditation actions and summarizes reviews of requests for reconsideration or appeals.

**The principal role of the Visitor Team is to investigate the quality of the provider's evidence, including its accuracy and its consistency or inconsistency with the provider's claims<sup>3</sup>. The team uses results from that investigation as the basis for: (1) its analysis of the strength of the evidence<sup>4</sup> in demonstrating satisfaction of the CAEP Standards and (2) the description of particular strengths or deficiencies. Their analysis flows from the members' first-hand knowledge of the provider gained through their investigation of the self-studies and on the site visit and represents a starting point for the Commission and Council reviews and decisions.**

**The principal role of the Commissions and Council is to review the provider's self-study and the findings and analyses of the Visitor Team for the purpose of making accreditation decisions that ensure consistent and faithful application of CAEP policies, both across the individual commissions and over time. The Commissions and Council expertise is in the members' knowledge of evaluation of CAEP standards across multiple cases.**

### **Visitor Teams and Provider Self-Study Reports: A five-step Process**

After providers submit their self-study report, CAEP assigns a Visitor Team of highly trained peers. Comprised of three to five experts, these teams of reviewers typically include faculty members, deans, school superintendents, state department of education officials, and P-12 teachers knowledgeable about CAEP standards and educator preparation. The reviewers undergo a thorough screening and selection process before moving into training and development. To ensure that expert reviewers demonstrate the quality of providers, Visitor Team members are regularly assessed for performance and to determine their continuing readiness for effective service.

The principal role of the Visitor Team is to investigate the quality of the provider's evidence, including its accuracy and its consistency or inconsistency with the provider's claims. The team uses results from that investigation as the basis for analysis of the strength of evidence for each standard. Team recommendations flow from the members' first-hand knowledge of the provider gained through their investigation of the self-studies and on the site visit. Their analysis represents a starting point for the Commission and Council reviews and decisions.

<sup>3</sup> In the context of the IB pathway, the principal role also considers rival explanations to what the provider has asserted.

<sup>4</sup> Readers are referred to the self-study guide sections of the Manual, Part III.D.2 and III.D.3, for specific information on how data quality is addressed by each pathway. In addition, Appendix A describes interpretations of relevance, verifiability, representativeness, cumulative and actionable measures and accuracy for evidence provided in response to component 5.2.

The five steps enumerated and described in this section comprise the phases of Visitor Team review of self-study reports and the responses to those reports by providers at the formative and final stages.

**Step 1:** Visitor Team members individually review the provider self-study report, then convene electronically for their initial review. The Team analyzes data and other evidence that indicates whether or not the provider is meeting CAEP standards.

#### What Is Reviewed

- Self-study report, including completer competence in specialty/license areas, as may be amended in response to the off-site review;
- Provider annual reports
- Results of CAEP Optional Early Review of Instruments if the provider chose this option
- Results from annual reviews of stipulations and weaknesses
- Results from annual reports on progress of Selected Improvement Plans and Transformational initiative Plans, and Internal Audits
- SPA or Program Review with Feedback and State Review Reports
- Other materials specific to a pathway

The Visitor Team concludes with a formative report that:

- Identifies missing or insufficient information and specifies evidence of unknown or inadequate quality and strength, so that the provider can respond by amending its self-study or explain why the information is unavailable or unnecessary.
- Identifies evidence that suggests where the provider appears to be particularly strong or is deficient or below threshold for meeting a standard.
- Creates a work plan for the site visit investigation indicating evidence trails the Visitor Team will follow during their site visit. The work plan is provided for guidance to the provider and the Visitor Team, but evidence inquires made by the visitor team are not limited to the work plan.

The formative report also serves as an initial draft of the culminating Visitor Team report.

If the Visiting Team concludes from its formative conference that a provider's case for meeting CAEP standards is not ready for additional review, CAEP may initiate steps to defer a scheduled site visit. CAEP staff would follow up with details and advise the Visitor Team when the accreditation review might be resumed.

CAEP will provide guidelines for site visit logistical arrangements.

**Step 2: The provider response.** The provider has an opportunity to amend the self-study report in response to the Visitor Team formative report. The modified self-study report serves as the basis for the next phase of CAEP review onsite.

**Step 3: The site visit and Visitor Team report.** Typically within two to three months of delivering its report, the team conducts a site visit to review additional evidence, verify data, and examine pedagogical artifacts (e.g., lesson plans, student work samples, videos, and source data). During the two- to three-day visit, the team also interviews mentor teachers, students, K-12 administrators, and others and observes teacher candidates in clinical settings.

The CAEP visit is an opportunity for the Visitor Team to pursue evidence trails identified during the off-site conference and to make other inquiries as appropriate. The purpose of the visit is to verify and corroborate that the

evidence is accurate, valid, and reliable, and that it is sufficient enough in relationship to the requirements of the standard.

- The Team undertakes activities most effectively conducted onsite, such as interviews, observations, and examination of documents. The site visit is not an occasion for the provider to introduce sources of evidence not discussed in the self-study, although provider representatives would be expected to respond to Visitor Team questions about additional evidence.
- As a part of their preparation in advance of the visit, team members individually record their evaluation of evidence for each standard with regard to its completeness, validity, and strength. Members refine their preliminary evaluations throughout the visit and use them as reference during the team’s final discussions at the end of the visit.
- The team may offer suggestions for improvement of the provider’s preparation.
- The team concludes the site visit with an oral exit conference and a written report that summarizes its analysis about the accuracy and quality of the evidence and methodologies, what was verified and not verified, and strengths and deficiencies.

The Visitor Team then drafts a report within 30 days after the conclusion of the visit. The report:

- Includes findings about the evidence that was examined, what was verified or not verified, and the methodologies used.
- Includes team findings regarding the quality of the evidence and its analysis of the balance between confirming and disconfirming evidence, indicating any particular strengths or deficiencies for components of CAEP Standards.
- Provides a summary team evaluation of the completeness, quality, and strength of evidence for each standard overall.

**Step 4: The provider response.** The Visitor Team report is sent to the provider for review, and the provider may make factual corrections and submit responses to findings or conclusions which it believes were made in error. These responses are inserted, through the CAEP AIMS system, directly into the Visitor Team report or submitted as an addendum to the self-study. Responses should be completed at least one month in advance of the Commission and Council reviews (see below).

**Step 5: The Visitor Team Response.** Finally, the lead site visitor responds to the provider’s corrections and any additional submissions, also inserted directly into the original team report.

### CAEP Commissions and Accreditation Council review

#### What is reviewed:

- Self-study, (if applicable, as amended in response to the formative report, if applicable),
- Visitor Team report, including possible provider corrections and response and
- The Visitor Team’s [“Lead Site Visitor’s”] comments on the provider’s response; and
- (for the Council only) the record of the Commission’s deliberations and recommendations.

**Commission Review.** Accreditation cases are first reviewed by a panel of three to five Commissioners, conducted under the appropriate FI, IB, or Transformation Initiative pathway Commission. The role of the Initial Review Panel is to make a recommendation for accreditation based on a thorough review of the case materials. The Panel also certifies

that CAEP and Commission policies and procedures were followed. If there was any deviation from CAEP or Commission policies and procedures, the panel states whether it perceives that its recommendations were compromised by that deviation and proposes an appropriate remedy.

- CAEP staff, in consultation with the Chair of the Commission, select panel members, panel chairs, and lead case reviewers for each pending provider case.
- The lead reviewer presents a summary of the provider’s case for accreditation, based on the final versions of the provider’s self-study report and the CAEP site visit report, together with any responses from the provider and the Visitor Team lead, and introduces recommendations for accreditation status and citations of strengths and weaknesses as a starting point for the panel’s discussion.
- The meetings are conducted electronically and may be scheduled on a rolling basis.
- The provider and the lead site visitor are invited to join the discussion and panel recommendation, and may be asked to respond to clarification questions from the Commission members.
- The CAEP President or his designees may attend any session of a Commission or of its panels.

Following the panel’s discussion, members are polled and conclusions reached by majority vote.

**Accreditation Council Review.** The CAEP Accreditation Council makes all final decisions to grant or deny accreditation based on evidence submitted by the provider, findings from the Visitor Team together with their identification of the extent of support of evidence for each standard and any deficiencies, and the Commission’s accreditation recommendations relevant to the CAEP Standards.

The Council’s consideration begins with a Joint Review Panel comprised of the Commissioners who served on the Initial Review Panel and an equal number of Commissioners from another Commission, whose role is to review the recommendation of the Initial Panel to ensure rigor, clarity, and consistency in accreditation recommendations, particularly across pathways.

- To focus its resources appropriately, the panel determines the arrangement of its agenda for the cases it handles. Its work is facilitated by a presentation from the case lead reviewer, and use of informal sorting based on complexity of the cases.
- Each Panel is led by co-chairs so that a Council member who serves on a different Commission from the one that initially considered the provider case can lead the Joint Review Panel discussion. CAEP staff, in consultation with the Council chair, make Joint Review Panel assignments.
- The agenda allows for questions of the lead reviewer.
- The CAEP President or his designees may attend any session of the Accreditation Council or its panels.

Following the panel’s discussion, members are polled and conclusions reached by majority vote.

The Accreditation Council’s actions are based on the recommendations of the Joint Review Panel with respect to a fair and rigorous application of the CAEP Standards, and particularly focus on the consistency of CAEP decisions with respect to previous decisions.

- The Council makes use of a consent agenda to facilitate its discussion and decisions.
- The Council certifies that the Initial, Joint, and Council procedures up to that point have followed CAEP policy and procedure.

Following the Council’s discussion, members are polled and conclusions reached by majority vote.

## CAEP Accreditation Decisions

### Accreditation decision definitions

All accreditation decisions will be posted on both the CAEP website and that of the provider and include the following:

- **Initial Accreditation** —To accredit initially for a period of seven years with all Standards met. Stipulations must be publicly identified on the provider’s website and removed in two years based upon petition by the provider and CAEP review, although there is no additional site visit in most cases. Weaknesses need not be publicly disclosed, but will become stipulations if they remain uncorrected by the next accreditation cycle.
- **Conditional accreditation**—To reaccredit for a period of two years a provider previously accredited by CAEP, NCATE, or TEAC with all Standards or Quality Principles met but now failing to meet no more than one CAEP Standard. Conditional accreditation actions must be publicly identified on the provider’s website. Providers seeking initial accreditation cannot be recognized with a standard not met. A provider report is required to extend accreditation beyond the two-year period, followed by a focused site visit and a subsequent Accreditation Council decision. The decision can be to accredit for five additional years or to return the provider to candidate status. Providers for which stipulations are identified during an accreditation review that require removal within two years must submit additional information as specified in the accreditation action. Where a site visit is required, as specified in the accreditation decision, the visit must be scheduled so that the deficiency can be removed within two years. Identified weaknesses are addressed in the provider’s annual report
- **Reaccreditation**--To reaccredit a provider previously accredited by NCATE, TEAC, or CAEP
- **Exemplary designation**—CAEP plans to recognize accreditation that reaches an “exemplary” level of performance
- **Denial**—To deny accreditation
- **Revocation**—To revoke a previous accreditation decision

### Reconsideration and appeals

CAEP policy permits a provider to ask for reconsideration or appeal of particular Council decisions. In either the case of reconsideration or appeal, the basis for the provider request is the same.

A provider may, by a formally documented petition, request reconsideration of any decision that cites a stipulation or grants a conditional term for accreditation. CAEP staff will undertake a preliminary review of petitions with the provider and take the request to the Council Chair and Vice Chairs to determine by majority vote whether to submit the request to the full Council. The basis for reconsideration is:

- CAEP procedures not followed by Visitor Teams, Commissioners, the Accreditation Council, or CAEP staff;
- A conflict of interest or prejudice by members of Visitor Teams, Commissioners, the Accreditation Council, or CAEP staff that influenced the accreditation decision;
- The accreditation decision is not supported adequately or is contrary to facts presented and known at the time of the decision.

A provider can also formally appeal an adverse action (denial or revocation of accreditation). It indicates its intent in writing within 15 days of receipt of its accreditation letter and action report and submits its petition within 30 days after its letter of intent. The basis for an appeal is the same as for reconsideration, namely:

- CAEP procedures not followed by Visitor Teams, Commissioners, the Accreditation Council, or CAEP staff;
- A conflict of interest or prejudice by members of Visitor Teams, Commissioners, the Accreditation Council, or CAEP staff that influenced the accreditation decision;
- The accreditation decision is not supported adequately or is contrary to facts presented and known at the time of the decision.

The CAEP President appoints an appeals panel of five members drawn from the Appeals Committee of the Accreditation Council who have served as members of one of the CAEP Commissions or their NCATE or TEAC predecessors. Each panel

will include at least one representative of the public from the CAEP Appeals Committee. No member will be a current member of the Council or otherwise have been involved in the accreditation recommendation that is the subject of the appeal.

The Appeals Panel has access to all documentation to which the Accreditation Council had access (including the provider's self-study and the Visitor Team report, including any additions to those documents), as well as the provider's appeal petition and the accreditation action letter, and, if relevant to the appeal, new financial information that bears directly on previously identified deficiencies. At the hearing:

- The provider may be represented by general counsel and pays the expenses of that counsel;
- The provider representative may make a 30-minute oral presentation;
- The Chair of the Visitor Team and the Chair of the Initial Review Panel may be present so that CAEP's previous consideration of the case can be questioned;
- Any or all persons may participate electronically.

The Committee may affirm, amend, or reverse the accreditation decision, or remand the decision to the Accreditation Council. These decisions, except for the remand to the Accreditation Council, are final. On a remand, the Accreditation Council will reconsider the case, including the petition and the instructions it receives from the Appeals Committee.

While the appeal is pending, the provider's prior status remains in effect.

## Annual Reporting

In addition to the self-study process, providers are required to submit an annual report on eight key indicators, which CAEP requests in January for submission by April.

**By CAEP Board policy, information on eight annual reporting measures is a required part of accreditation and is to be readily available on each provider's website.<sup>5</sup>**

By Board policy, the eight annual reporting measures provide incentives for providers to routinely gather, analyze, and report critical data about their programs as one means for public accountability, transparency, and continuous improvement. The data encourage in-depth evaluation, self-interrogation, and reporting, and they are useful for both employers and prospective applicants.

For CAEP, the data will become the foundation of a national information base, as well as a source of information for CAEP's annual report that complements other information about accredited providers and describes trends in preparation. Over time, it is CAEP's goals that the eight annual reporting measures will be more commonly defined, and they will be collected following standardized protocols. Those developments will permit useful comparisons and benchmarks. In addition, standardized data collection will allow the next stage of the Board's policy for these measures to be put into place: that is, CAEP will set and monitor performance levels for significant amounts of change in any of the indicators; and providers exceeding these thresholds could prompt further examination by the CAEP Accreditation Council's Annual Monitoring Committee and possible consideration of changes in accreditation status. Providers with cited stipulations must submit evidence in order to have stipulations removed within the two years to maintain their accreditation status.

The chart in Appendix B provides additional information about the CAEP annual reporting requirements for the eight annual reporting measures and other purposes.

<sup>5</sup> Note, though, that the measures on consumer information, including student loan default rates, are not used in reaching accreditation decisions.



## Part IV. ACCREDITATION PROCESSES UNIQUE TO SPECIFIC CAEP PATHWAYS

To help institutions prepare self studies for their selected pathways, this section defines the unique characteristics of each pathway and provides tools and step-by-step instructions for submission.

### INQUIRY BRIEF PATHWAY PROCESS FOR ACCREDITATION

#### Distinctive Characteristics

The Inquiry Brief process begins with claims the provider makes about the professional competence of its completers. The provider claims flow from its own goals and mission and can be aligned with the expectations about candidate and completer outcomes expressed in CAEP Standard 1, supported in part by evidence described in CAEP Standard 4. The provider is encouraged to focus on empirical inquiry that is meaningful both to its own community and to those who rely on CAEP for quality assurance, and to make its case for accreditation using the evidence faculty members rely on to convince themselves that their candidates and completers are competent and that the faculty has the capacity to offer quality programs and to steadily enhance these programs. The provider presents a self-study of its claims in a research monograph, called an *Inquiry Brief*, which includes a rationale for the assessments used to investigate the claims, a description of methods, a presentation of results, and a discussion of the meaning and implications of the findings. Finally, the provider demonstrates its capacity to monitor and improve quality in large part by conducting and reporting on an internal audit of its quality assurance system.

#### Steps for Preparing the Inquiry Brief Self-Study Report

The following chart provides an overview of the entire process.

**Table 4: Inquiry Brief Pathway to accreditation timeline and process at-a- glance**

| CAEP Inquiry Brief Pathway to Accreditation Timeline and Process-at-a-Glance Steps | Provider actions  | CAEP actions   | Timeline   |
|--|---|--|--|
| 1. Application   | <u>Only if applying for first-time accreditation</u> , provider prepares and submits on-line application.   | CAEP staff consults with the provider.   | ☐☐☐  |
| Providers seeking accreditation for the first time should contact CAEP staff.      |   |  |  |
| 2. Formative evaluation  | <ul style="list-style-type: none"> <li>•Provider attends CAEP workshops on writing the Inquiry Brief self-study (optional).</li> <li>•Provider submits draft of the self-study with checklist. ☐☐☐</li> </ul> | <ul style="list-style-type: none"> <li>•CAEP staff reviews draft self-study for coverage, clarity, completeness, and auditability and returns drafts for revisions and resubmission as needed. ☐☐</li> </ul>   | First draft should be submitted 9-12 months prior to the scheduled visit.      |
| 3. Self-study revisions  | <ul style="list-style-type: none"> <li>• Provider faculty responds to CAEP staff and reviewers' comments. ☐☐☐</li> <li>• Provider submits final self-study with checklist.</li> </ul>                         | <ul style="list-style-type: none"> <li>•CAEP declares self-study auditable (self-study is clear and complete) and instructs provider to submit final version.</li> <li>•CAEP accepts self-study and notifies Visitor Team that it is available.</li> </ul> | Self-study should be declared auditable 4 months prior to the scheduled visit. |

|                                       |   |  |  |
|---------------------------------------|---|--|--|
| 4. Call for comment                   | Provider distributes call-for-comment announcement to all stakeholders.   | CAEP places provider on website’s “call-for-comment” page.   | Call-for-comment is sent out once self-study is declared auditable.                    |
| 5. CAEP Survey                        | Provider sends email addresses for preparation faculty, candidates, and mentors or cooperating teachers.  | CAEP electronically surveys the preparation faculty, candidates, and cooperating teachers or mentors who send their responses confidentially to CAEP through a third-party vendor.   | Survey is sent out once self-study is declared auditable.                              |
| 6. Preparation for site visit         | <ul style="list-style-type: none"> <li>•Provider submits data for site visit as requested.</li> <li>•Provider responds to any clarification questions as needed.</li> </ul> | <ul style="list-style-type: none"> <li>•CAEP schedules site visit.</li> <li>• Site visitors review the self-study report and formulate a plan for verifying its accuracy at the site visit.</li> </ul>   |  |
| 7. Site Visit                         | <ul style="list-style-type: none"> <li>•Provider receives and hosts Visitor Team during visit (2-4 days).</li> <li>•Provider responds to site visit report. □□</li> </ul>   | <ul style="list-style-type: none"> <li>• Visitor Team completes visit to campus</li> <li>• Visitor Team prepares site visit report and sends to provider faculty.</li> <li>• Visitor Team responds to provider faculty’s comments about the draft site visit report. □□</li> <li>• Visitor Team prepares final site visit report and sends it to provider, copying state representatives when applicable.</li> </ul> | First draft of site visit report is sent out four weeks after the site visit.          |
| 8. Case analysis                      | <ul style="list-style-type: none"> <li>• Provider responds to accuracy of case analysis.</li> </ul>   | <ul style="list-style-type: none"> <li>•CAEP sends self-study, site visit report, and faculty response to accreditation reviewers</li> <li>• CAEP sends self-study, site visit report with provider response, and case analysis to accreditation reviewers □□</li> </ul>   | Case analysis is sent to reviewers and provider two weeks before accreditation review. |
| 9. Accreditation Council Review Panel | <ul style="list-style-type: none"> <li>• Provider representatives and lead Visitor Team member are invited to participate.</li> </ul>                                       | <ul style="list-style-type: none"> <li>•Accreditation Council Review Panel meets to review documentation, identify weaknesses and stipulations, if any, and make recommendation regarding standards met or unmet</li> <li>•The Accreditation Council</li> </ul>  | Accreditation review occurs the semester following the site visit.                     |

|                         |   |   |   |
|-------------------------|---|---|---|
|                         |   | makes the accreditation decision. (For complete details on process see “How CAEP Decides on Accreditation” section of handbook.)  |   |
| 10. Public announcement | Provider accepts or appeals CAEP’s action (within 30 days) ☐☐   | <ul style="list-style-type: none"> <li>•CAEP announces accreditation decisions on its website and informs other stakeholders</li> <li>•CAEP sends the provider a certificate of accreditation if applicable.</li> </ul> | Public announcement is made not later than 30 days after accreditation decision.  |
| 11. Appeals Process     | If provider decides to appeal a decision of denial or revocation of accreditation, the provider submits an appeal petition. | If the decision is to deny or revoke accreditation and the provider appeals the decision, the appeal process is initiated.  | Provider must notify CAEP of intent to appeal within 15 days of receiving the accreditation decision and must file the appeal within 30 days of notification. |
| 12. Annual report       | Provider submits annual report and fees to CAEP ☐☐  | CAEP’s Annual Report reviewers provide feedback on annual reports, and informs the provider if there are concerns ☐☐  | Annual report is due in April of each year.   |

Key: ☐☐ signifies the process continues until there is consensus

**Process for preparing Inquiry Brief Self-Study Report**

- 1. Review.** Study and understand the CAEP Standards, process, and requirements. Study the five Standards and their components and refer to the glossary for definitions. Review this Manual and access the website ([www.caepnet.org](http://www.caepnet.org)) for the most up-to-date guidance on the evidence for the self-study. Also, review state standards and agreements as appropriate.
- 2. Inventory available evidence.** Compile an inventory of the evidence that the provider currently uses on candidate and completer performance, noting what evidence it relies on and uses, what it does not, what it might begin to collect, and what it has no plans to collect in the future. Each claim should be investigated using at least two sources of evidence that provide complementary evaluations of the claim. The provider should address the following five questions for each item of evidence that it uses: (1) what is it, (2) what evidence is available regarding its quality, (3) what criteria have been established for successful performance (and why), (4) what do the reported results mean, and (5) how are results used in improvement?
- 3. Define the quality assurance system and plan for an internal audit** (see description of the Internal Audit Report, below).
- 4. Gather, categorize, and prepare evidence and information to be analyzed and draft tables summarizing results.** Invest time in examining the evidence thoroughly and discuss its meaning as a faculty.
- 5. Take stock.** CAEP suggests that the provider meet with its stakeholders to review and seek feedback on what was learned from steps 1–5.
- 6. Formulate summary statements.** Draft a set of statements that makes clear what the provider believes it accomplishes with regard to its claims. These statements should be consistent with public statements of the provider’s quality and the performance of its candidates.
- 7. Identify evidence.** Each claim should be investigated using at least two sources of evidence that provide complementary evaluations of the claim.

8. **Draft and submit the Self-Study Report.** Compile a complete draft of the *Inquiry Brief*, including evidence, discussion, and plan. Email first draft of document for a formative review to [formative@caepnet.org](mailto:formative@caepnet.org)
9. **Collect capacity data** (for example, on clinical and other faculty qualifications, facilities and resources), as required by the U.S. Department of Education, which provides context to the accreditation case, and enter or update the relevant tables in AIMS.

### INQUIRY BRIEF SELF-STUDY REPORT BY SECTION

At the beginning of the self-study template, the provider will be prompted to indicate which pathway it is using and the option it has selected for program review. This information will be used to ensure that the appropriate report shell is available.

The provider addresses the five CAEP Standards throughout the self-study, and tags explanations and evidence that specifically address each component of the Standards, or that address the cross-cutting themes of diversity and technology as described in Part III, as follows, first in outline form and then in detail by section:

- Section 1: Introduction
- Section 2: Claims and Rationale for Assessments
- Section 3: Methodology
- Section 4: Results
- Section 5: Discussion and Plan
- Section 6: References
- Appendix XX: Internal Audit Report
- Appendix YY: Inventory of Evidence
- Appendix ZZ: Assessment Instruments

#### Section 1: Introduction

Section 1 provides the overview as described in Part III, above. This section orients the reader to the provider goals and context, but does not specifically address the Standards, and thus is unlikely to include text or tables that would be tagged.

#### Section 2: Claims and Rationale for Assessments

Section 2 states the provider’s claims about candidate and completer outcomes, lists the assessments that will be used to determine how well the provider has met these claims, and provides a rationale that explains why the identified assessments are likely to provide useful information about the claim.

The provider’s claims reflect its mission and goals, and hence can guide inquiry in a way that is meaningful to the provider. It is through the claims, though, that the provider addresses Standard 1, so although the claims need not be in the form of Components 1.1-1.5, the provider must show how the claims align to these components, as follows:

**Table 5: Alignment of CAEP Standard 1 components to provider claims and supporting evidence**

| CAEP Standard 1 Component  | Provider Claim (may be repeated as appropriate) | Supporting Evidence |
|--|---|---------------------|
| 1.1 Candidates demonstrate an understanding of the 10 InTASC standards at the appropriate progression level(s)[i] in the following categories: the learner and learning; content; instructional practice; and professional responsibility. |   |                     |

| CAEP Standard 1 Component  | Provider Claim (may be repeated as appropriate) | Supporting Evidence |
|--|---|---------------------|
| 1.2 Providers ensure that completers use research and evidence to develop an understanding of the teaching profession and use both to measure their P-12 students' progress and their own professional practice.   |   |                     |
| 1.3 Providers ensure that completers apply content and pedagogical knowledge as reflected in outcome assessments in response to standards of Specialized Professional Associations (SPA), the National Board for Professional Teaching Standards (NBPTS), states, or other accrediting bodies (e.g., National Association of Schools of Music – NASM). |   |                     |
| 1.4 Providers ensure that completers demonstrate skills and commitment that afford all P-12 students access to rigorous college- and career-ready standards (e.g., Next Generation Science Standards, National Career Readiness Certificate, Common Core State Standards).   |   |                     |
| 1.5 Providers ensure that completers model and apply technology standards as they design, implement and assess learning experiences to engage students and improve learning; and enrich professional practice.   |   |                     |

Once the provider identifies the alignment of the claims with Standard 1 and the evidence for each claim, it lists and describes each source of evidence, organized by claim, answering the following questions:

- what is it?
- why does the provider believe that this evidence will provide useful information about the relevant claim?
- what criteria has been established for successful performance (and why)?
- what evidence is available regarding its quality?

**Each source of evidence is tagged as relating to the appropriate component of Standard 1, as indicated in the Alignment Table.**

For example, a provider might use results of a clinical observation instrument that demonstrates knowledge of and skill with content, instructional practice, differentiation, and instructional technology. The relevant items would likely be tagged as evidence for components 1.1 (understanding of content and instructional practice), 1.4 (differentiation as a

skill that affords all P-12 students access to rigorous college- and career-ready standards), and 1.5 (ability to implement technology standards).

**In addition, if any of the evidence addresses the cross-cutting themes of diversity and technology, the evidence is tagged as relating to the relevant theme.**

To continue the example above, the items on the clinical observation instrument demonstrating knowledge of and skill with instructional technology would also be tagged as evidence for the cross-cutting theme of technology.

The provider is free to make its case for accreditation with the evidence it finds most compelling, which is likely to include the program impact evidence specified in Standard 4. Any relevant program impact evidence would therefore be tagged twice. If the provider has not linked Standard 4 evidence to a particular claim/Standard 1 component, the provider should report this evidence in a subsection entitled “Program Impact Measures.”

**Each source of program impact evidence is tagged as relating to the appropriate component of Standard 4.**

For example, a structured and validated observation instrument used to assess teaching effectiveness of completers for component 4.2 of Standard 4 would likely be used to support claims aligned to components 1.1 and 1.4 of Standard 1 (and perhaps other components as well, depending on what elements of teaching effectiveness the instrument assessed). Relevant evidence from this instrument would therefore be tagged as relating to 1.1 and 1.4 as well as to 4.2.

### ***Organization of Self Study around Provider’s Claims***

The organization of the Inquiry Brief self-study around the provider’s claims is one of the distinctive features of the Inquiry Brief Pathway. It calls for some detailed explanation of this section:

#### **A. CLAIMS**

Claims are statements that a provider makes about the accomplishments of its candidates and completers, and it supports these claims with evidence. Some claims may be written about *candidates* in the program, while others may be written about *completers* of the program. The latter is generally the better choice whenever possible because it is the completers of the program about which CAEP and the public want to make inferences.

In making its claims, the provider describes the professional characteristics of its completers, addressing each of the five components of CAEP Standard I: Content and Pedagogical Knowledge: that completers can (1) demonstrate an understanding of the 10 InTASC standards at the appropriate level; (2) use research and evidence to measure P-12 students’ progress and their own professional practice; (3) apply content and pedagogical knowledge as reflected in outcome assessments in response to standards; (4) demonstrate skills and commitment that afford all P-12 students access to rigorous college- and career-ready standards; and (5) model and apply technology standards. In addition, faculty describes candidates’ achievement in terms of the two CAEP cross-cutting themes of diversity and technology.

#### **B. FORMULATING CLAIMS**

Claims should be written at an appropriate level of generality. To simply claim that “*all of our completers are good teachers*” may be too broad for the evidence behind it to be convincing. On the other hand, the particular evidence for the claim that “*all of our completers know how to employ ‘wait time’ in their lessons*” may itself be convincing but trivial and therefore ultimately unconvincing with regard to the larger goals of the program. It is best to present claims at the level the faculty believes is true of its program and its completers, and at a level that is faithful to the manner in which the faculty represents the program and its completers to the public and prospective students.

Claims can be advanced as assertions (e.g., *all of our completers know their teaching subject matter, or our completers apply content and pedagogical knowledge to advance the learning of P-12 students*). Claims can also be framed as questions in the same way that researchers advance their expectations and hunches as research questions. A program’s claim could read: *Do the pupils of our completers succeed on the state’s curriculum standards tests?*

The Inquiry Brief self-study is a research report that answers the faculty’s questions about the quality and effectiveness of its preparation program. The question format, rather than the assertion format, gives emphasis to the inquiry process that is at the heart of the *Inquiry Brief* philosophy. However, both formats for claims are suitable.

### C. CLAIMS AND EVIDENCE

As the provider develops claims about its programs, it must ask critical questions about evidence: *What evidence do we have to support our claims? What quantitative or qualitative evidence do we have that makes us confident that our completers are competent, caring, and qualified educators? What evidence do we have regarding the quality of the data? What criteria of success can be justified for each measure?*

### D. BEING CONSISTENT WITH PUBLIC CLAIMS

The provider should carefully review all public literature before beginning to develop its Inquiry Brief Self-Study Report. It is important that the claims in the self-study are consistent with those made elsewhere to the public.

In the process of generating claims, the provider should examine the statements of the goals, objectives, promises, and standards published in the institution’s catalogs, brochures, state approval or registration reports, and websites describing its projected outcomes. These public materials contain statements about what completers of the program should know and be able to do. The claims in the Inquiry Brief self-study must be consistent with the provider’s public claims. It cannot make one set of claims for CAEP and a different set for other audiences.

### E. GENERATING CLAIMS: THREE STEPS

1. The process of generating the claims should begin with an examination of the statements of the goals, claims, objectives, promises, and standards published in the institution’s catalogs, brochures, state approval/registration reports, and websites describing the provider’s projected outcomes.
2. Determine how claims align with CAEP Standard 1. All components the standard should be addressed, but different providers may give different emphases to each component.
3. The provider should be able to identify at least two measures or categories of evidence associated with each claim.

### F. CLAIMS AND CAUSES

The provider’s case for meeting the CAEP Standards requires only evidence about the *status* of completers, not how well they perform in comparison to some other group, or in comparison to how much less they knew at some earlier points in the program (though external benchmarking is encouraged as part of the discussion of the results). The claims, in other words, should not be claims about the source of the completers’ competence or how much it changed over the course of the program. Claims about *cause* and *growth* are encouraged and expected in connection with CAEP Standard 5 (Provider Quality Assurance and Continuous Improvement), but as a way of demonstrating the ongoing inquiry of the program faculty.

### G. RATIONALE FOR THE ASSESSMENTS

The rationale section of the Inquiry Brief self-study presents the program faculty’s arguments that (1) the assessments supporting each claim are likely to yield useful information about the claims, and (2) that the standards or criteria of successful performance on the measures are warranted.

The provider should describe its assessments in such a way that a reasonable person would conclude: *Yes, it makes sense that the measures selected are fitting, apt, and appropriate to test the claims. It makes sense, based on these measures, that the claims are (or could be expected to be) true.* In addition, the provider must make clear what level of performance it regards as sufficient and why that standard or criterion of success makes sense.

The rationale should also give the program’s standard for its assessments and explain why the particular criterion indicates success is appropriate.

**EXAMPLE: A rationale for the assessment of subject matter knowledge**

The assessment (1) is tied to various program subject matter requirements, (2) has a basis and track record in the literature, (3) is empirically supported, (4) is practical and efficient, and (5) is otherwise a reasonable procedure for assessing subject matter knowledge.

In the rationale, the provider gives its reasons and argument for using the measures it does. It addresses such questions as these:

1. *Why do we think this measure indicates subject matter knowledge?*
2. *How is this measure related to the teacher’s competence to teach the subject matter?*
3. *How does the measure align with the program requirements?*
4. *Why would anyone think the measure has anything to do with subject matter knowledge?*
5. *What are the limitations of the measure and what are its strengths?*
6. *How did we figure out what the criterion of success is for the assessment (the passing score)? How do we know those who show certain traits, skills, scores, and behaviors understand the subject matter while those who don’t show these things do not meet our standard for subject matter understanding?*

## H. WRITING THE RATIONALE

The rationale is not simply a listing of the assessments (as presented in an appendix or an assertion that the provider measures the program’s claims and goals, although it is partly that). It is an argument that gives the reasons for thinking the assessments are reliable, stable, and valid. Providers, if they are using an assessment for the first time and do not have a track record of experience with the assessment, may have some basis in the scholarly literature for thinking it will prove to be valid. And with regard to either established or novel measures, the faculty must specify and justify the cut score or minimum level of performance that it deems acceptable evidence of quality.

The rationale also provides the hypotheses that the provider entertains in its inquiry into whether or not the assessments are valid. For example: Why does the provider think Praxis II scores and grades in the major should be related? Why do they think assessments of student teaching should be related to grades in the methods courses? Are the faculty supervisors or cooperating teachers more accurate in their assessment of the candidate’s teaching? Can the pupils of student teachers assess the quality of the student teacher’s teaching?

## I. WHY INCLUDE A RATIONALE?

Many educators and other professionals have legitimate concerns about the reliability and validity of the evidence available in the field of education. To satisfy *CAEP Standard 5*, the provider must have an ongoing investigation of the means by which it provides evidence for each component of *CAEP Standard 1*.

The investigation must accomplish two goals related to the assessment of candidate learning:

1. Support the choice of the assessments, particularly their links with the program’s design, the program’s goal, and the provider’s claims made in support of the program goal.
2. Reduce the credibility of confounding factors associated with the evidence from which the faculty draws its inferences.

Finally, when a provider uses the same assessment to support several claims, the rationale has to make clear which components of the assessment instrument support which claims, and that the faculty’s interpretations of parts of the instrument are valid. For example, observational ratings of interns or student teachers, which may be cited in support of multiple claims, may be a weaker indicator of subject matter knowledge than teaching skill, and vice versa, for course grades or license test results. The rationale would acknowledge these differences in the validity of the interpretations based on various components of the assessment instruments.

### Section 3: Methodology

Section 3 describes indicates how each source of evidence is collected and how the quality of the evidence is assured.

For each source of evidence, the provider indicates:

- Who are the evaluators
- How evaluators are trained
- At what point candidates are assessed
- In what context candidates are assessed
- How reliability and validity (or consistency and trustworthiness) of the evidence is assured

**Information for each source of evidence is tagged as relating to the relevant component of Standard 1, as indicated in the Alignment Table.**

**In addition, if any of the evidence addresses the cross-cutting themes of diversity and technology, the evidence is tagged as relating to the relevant theme.**

### Section 4: Results

Section 4 presents the outcomes of the assessments, organized by claim.

**Results from each source of evidence are tagged as relating to the appropriate component of Standard 1, as indicated in the Alignment Table.**

Note that the provider is likely to have used evidence specified in Standard 4 to make its case for accreditation, but even if it did not, it should report the results of these assessments in Section 4. If the provider has not linked Standard 4 evidence to a particular claim/Standard 1 component, it should report this evidence in a subsection entitled “Program Impact Evidence.”

**Each set of program impact results is tagged as relating to the appropriate component of Standard 4.**

Note that if program impact evidence is used to support claims, it will be tagged twice.

**In addition, if any of the evidence addresses the cross-cutting themes of diversity and technology, the evidence is tagged as relating to the relevant theme.**

### Section 5: Discussion and Plan

Section 5 examines the implications of the assessment results, including plans for changes intended to result in improvement of processes or outcomes.

The provider should first discuss conclusions about the evidence with respect to each claim, then any conclusions about the overall program or its operation.

For each source of evidence, the provider should answer the following questions:

- What the reported results mean
- How results are used in improvement

**The discussion of each source of evidence is tagged as relating to Component 5.1.**

If the evidence for Standard 4 has not already been discussed, the provider should discuss the results of this evidence in a subsection entitled “Discussion of Program Impact Evidence.”

**The discussion of each source of program impact evidence is tagged as relating to Component 5.4.**

## Section 6: References

In Section 6, the faculty should list published documents referenced in the Inquiry Brief self-study, using APA style.

## INTERNAL AUDIT REPORT

Explain in an appendix what this is and why it is needed and where it fits in the scheme of things.

In the Internal Audit Report, the provider describes its quality assurance system, then devises and undertakes probes to verify that the system is working as designed.

The provider’s quality assurance system should include mechanisms for ensuring the quality of the curriculum, faculty, resources, and facilities.

In addition, Standards 2 and 3 specify that the quality assurance system must include mechanisms for ensuring the quality of clinical partnerships and candidates. The mechanisms and probes of those mechanisms should align to the components of Standard 2 and Standard 3, respectively.

**All mechanisms, probes of mechanisms, and results of the probes to ensure the monitoring of candidate progress, completer achievements, and provider operational effectiveness should be tagged as relating to Component 5.1.**

**Mechanisms, probes of mechanisms, and results of the probes to ensure the effectiveness of clinical partnerships and practice should be tagged as relating to the relevant component of Standard 2.**

**Mechanisms, probes of mechanisms, and results of the probes to ensure appropriate candidate quality, recruitment, and selectivity should be tagged as relating to the relevant component of Standard 3.**

**In addition, if any of the evidence addresses the cross-cutting themes of diversity and technology, the evidence is tagged as relating to the relevant theme.**

Finally, the provider must ensure that the quality assurance system includes mechanisms through which it:

- regularly and systematically assesses performance against its goals and relevant standards, tracks results over time, tests innovations and the effects of selection criteria on subsequent progress and completion, and uses results to improve program elements and processes as specified in Component 5.3, and
- assures that appropriate stakeholders, including alumni, employers, practitioners, school and community partners, and others defined by the provider, are involved in program evaluation, improvement, and identification of models of excellence as specified in Component 5.5.

**Mechanisms, probes of mechanisms, and results of the probes to ensure regular and systematic assessment of performance against goals and relevant standards, the tracking of results over time, the testing of innovations and effects of selection criteria on progress and completion, and the using of results to improve program elements and processes should be tagged as relating to Component 5.3 and 5.4.**

**Mechanisms, probes of mechanisms, and results of the probes to ensure the involvement of appropriate stakeholders should be tagged as relating to Component 5.5.**

Again, as a distinctive feature of the Inquiry Brief Pathway, the internal audit warrants additional explanation, which follows below.

### The quality assurance system

Every institution/provider has a set of procedures, processes and structures—reporting lines, committees, offices, positions, policies—to ensure quality in hiring, admissions, courses, program design, facilities, and the like. It is the faculty’s way to insure that it has the right curriculum, faculty, candidates, program design, etc. Together, these procedures and structures—people and the actions they take—function *de facto* as the provider’s quality assurance system, which is used to set objectives and goals, achieve outcomes, measure success, and improve the program.

For example, in the typical quality assurance system the provider attempts to ensure and monitor faculty quality through recruitment and search procedures, workload policies, faculty development support, promotion and tenure procedures, post-tenure reviews, and so forth. It monitors candidate quality by admissions standards, support services, advisement, course grade requirements, student teaching reviews, state license requirements, institutional standards, hiring rates, and so forth. And it attempts to ensure and monitor the quality of the educator preparation program itself through committees and administrators who review course syllabi, student course evaluations, employer surveys, state program approval reviews, action research projects, and so on.

Ideally, each component in the quality assurance system is intentionally connected in a meaningful way, each informing or reinforcing the others. The people and actions they take result in program quality, and specifically, in improved candidate learning.

A provider seeking CAEP accreditation through the Inquiry Brief Pathway must describe and query its quality assurance system, asking if the individual components and the whole system actually function as intended. To meet this requirement, the provider conducts an **internal audit** of the provider’s quality assurance system to investigate whether the system’s mechanisms have any influence on program capacity and on candidate learning and accomplishment.

The provider represents the internal audit—the process and the results—in the Internal Audit Report. The Internal Audit Report includes the following sections:

1. Description of the quality assurance system,
2. Description of the procedure followed in conducting the internal audit, and
3. Presentation of the findings, the conclusions that faculty draws from the findings, and a discussion of the implications for the program.

It is important to keep in mind that the internal audit is a description of what is, not a presentation of either what the program faculty thinks should be or what it thinks CAEP wants. The internal audit captures the quality assurance system at the moment—its strengths and weaknesses alike.

### Writing the internal audit report

CAEP suggests that program faculty organize the internal audit report in the following way:

- a. **Introduction:** The introduction to the Internal Audit Report explains who conducted the audit and how the plan for the audit was approved by faculty.
- b. **Description of the quality assurance system:** The provider provides a visual and/or narrative description of components and agents of its quality assurance system.
- c. **Audit procedures:** In this section, the provider describes how it conducted the audit, what evidence it collected, what trail it followed, how many elements (candidates, courses, and faculty members) it sampled and audited, and who participated in organizing and interpreting the findings. The provider members should provide a visual or tabular representation of the steps it took in its audit.
- d. **Findings:** This section presents what the provider discovered about each part of the system.
- e. **Conclusions:** Here the provider addresses two key questions: (1) How well is the quality assurance system working for our program, and (2) Is there evidence that the program was improved by the faculty's efforts and/or is there a plan to investigate whether the program was improved by actions the faculty and administrators take?
- f. **Discussion:** In this section, the provider addresses several questions:
  - What are the implications of the evidence for the system and the program?
  - What are the faculty's conclusions for further action?
  - What modifications, for example, will the faculty make in its quality assurance system and the provider as a result of the findings and conclusions of the internal audit?
  - What investigations will the faculty undertake to test whether the actions taken in the system is enhancing the quality of the program and the quality of candidate learning in particular?

In the discussion section, the provider may also recommend ways to conduct the internal audit in subsequent years.

## SELECTED IMPROVEMENT PATHWAY PROCESS FOR ACCREDITATION

### Distinctive Characteristics and Overview

The Selected Improvement Pathway asks the provider to select a standard or standards and/or selected components and develop an improvement plan that addresses them and uses evidence from the self-study to demonstrate improvement.

### Steps for preparing the Selected Improvement Self-Study Report

The self-study is the process of evaluating programs as well as the report that documents the results. Providers using the Selected Improvement pathway must demonstrate how they are meeting each of the five CAEP standards. There are some basic steps to consider in beginning the self-study process using the CAEP standards. These are not mandates or requirements. They are suggestions for how a provider might proceed to address the CAEP standards and its accreditation process and to initiate the self-study process.

1. **Review.** Study and understand the CAEP standards, process, and responsibilities. Study the five standards and their components and refer to the glossary for definitions. Review this *Manual* and access the website ([www.caepnet.org](http://www.caepnet.org)) for the most up-to-date guidance on the evidence for the self-study. When in doubt, contact CAEP staff. All components under each standard must be addressed in the self-study.
2. **Inventory available evidence.** The provider should consider developing an inventory of the evidence that it currently uses on candidate and completer performance and on other CAEP requirements, noting what evidence it relies on and uses, what it does not, and what it might begin to collect. The provider should address the prompts under each standard.
3. **Gather information, categorize and prepare evidence to be uploaded, and draft tables to be completed.** Invest time in examining the evidence thoroughly. CAEP suggests that the provider begin to categorize its evidence into the standards and components. Information that will eventually appear in the Self-Study Report (see Outline of the Self-Study Report in section 2, above) include (a) the provider overview, (b) evidence and summary statement for each standard where the provider makes the case that the standard has been met, (c) responding to previously cited areas for improvement, if any, (d) evidence and summary statement of the integration of cross-cutting themes, and (e) the Selected Improvement Plan (SIP). Information is also requested in the overview section on the programs offered by the provider and institutional structure.
4. **Take stock.** CAEP suggests that providers meet with its stakeholders, including P-12 districts and candidates, to review and seek feedback on what was learned from steps 1–3.
5. **Analyze and discuss the evidence and draft of the Selected Improvement Plan (SIP).** Analyze and interpret the evidence and assessment results. Develop the plan for action.
6. **Formulate summary statements.** Draft a set of statements that makes clear what the provider believes it accomplishes with regard to CAEP's standards and its two cross-cutting themes. These statements should be consistent with public statements of the provider's quality and the performance of its candidates. In addition the statements should be linked to the provider's evidence, including assessments and results.
7. **Draft and submit the Self-Study Report.** Compile a complete draft of the Self-Study Report, including evidence, summary statements, and the SIP. Review the draft with stakeholders, revise as needed, and upload the final version into CAEP's Accreditation information Management System (AIMS). Evidence should be tagged to the appropriate standard(s), component(s), and crossing-cutting themes, as well as for quality indicators.

## Selected Improvement Self-Study Report by section

At the beginning of the self-study template, the provider will be prompted to indicate which accreditation pathway it is using (see reference in Part I, page 10, above) and the program review process—either a CAEP review for national recognition or feedback, or the state's review (see reference on pages 31 to 33, above). This information will be used to ensure that the appropriate report template is made available when the provider contacts the CAEP AIMS system.

When a piece of evidence is uploaded, the provider is prompted to tag it to a standard(s) and component(s), claims, cross-cutting theme(s), and data quality documentation. By tagging it, the provider cross-references evidence that applies to more than one standard or component and makes it possible for CAEP Visitor Teams to retrieve the specific pieces of evidence used by an provider in making its case for each standard. Reviewers will be able to view all evidence with the same tag as one collection. For example, they may want to see evidence for a standard or cross-cutting theme. Evidence with a particular indicator of quality can also be viewed as a collection. When all the evidence has been

uploaded and tagged, the provider will be prompted to provide the holistic summary statement that makes the case based on how the collection of evidence demonstrates that the standard is met.

**Table 6: Steps and timeline at-a-glance for the Selected Improvement Self-Study**

| Steps   | Timelines/<br>Provider actions   | CAEP actions  |
|---|--|---|
| 1. Application  | Only if applying for first accreditation, provider prepares and submits on-line application.   | CAEP staff consults with the provider.  |
| Providers seeking accreditation for the first time should contact CAEP staff.     |  |   |
| 2. Specialty / License Area Review  | 3 years prior to the site visit, provider submits assessments / scoring guides<br><br>Provider integrates changes into assessments / surveys and results are included in the self-study for component 1.1.   | Assessment experts review assessments / scoring guides and provide feedback to the provider   |
| 4. Call-for-comment   | 6 to 8 months prior to the site visit, provider distributes call-for-comment announcement to all specified parties   | <ul style="list-style-type: none"> <li>• CAEP staff places upcoming spring or fall visits on website's "call-for-comment" page</li> <li>• CAEP staff uploads comments into AIMS and notifies the provider that the testimony is available for a response</li> </ul>   |
| 5. SI Self-study Report including (a) SI Plan and Formative Feedback Report (FFR) | 8 months prior to the site visit, provider submits SI self-study report.   | <p>2 +/- months after the SSR is submitted, CAEP Visitor Team reviews self-study, including a review of the SIP.</p> <p>2 +/- weeks after the meeting, the team's Formative Feedback Report (FFR) to the provider is posted in AIMS.</p>  |
| 6. SI self-study addendum   | Provider submits its response to the Formative Feedback Report no less than 60 days before the scheduled onsite visit and uploads supplemental evidence, as requested and appropriate.   | CAEP site visit team reviews addendum and supplementary evidence in advance of the site visit.  |
| 6. Site visit with CAEP Visitor Team  | <ul style="list-style-type: none"> <li>• Provider works with the Visitor Team lead to schedule interviews and observations as requested from pre-visit and/or FFR</li> <li>• Provider hosts Visitor Team</li> </ul>  | <ul style="list-style-type: none"> <li>• Visitor Team verifies submitted evidence and formulates further questions for the visit</li> <li>• Team completes visit to the provider's site(s), including a review of the SIP</li> <li>• Visitor Team prepares the site visit report, including an evaluation of the SIP.</li> <li>• Lead site visitor conducts exit interview with provider.</li> <li>• Visitor Team prepares final site visit report (submitted 4 weeks after the conclusion of the site visit)</li> <li>• CAEP staff review report.</li> </ul> <p>Team lead submits final site visit report in AIMS and notifies provider and state representatives as applicable of its availability.</p> |
| 7. Provider Response  | <ul style="list-style-type: none"> <li>• Within 7 days of receipt, the provider responds to accuracy of site visit report (factual corrections)</li> <li>• Within 2 weeks, the provider submits its response to the final site visit report in AIMS</li> </ul> | <ul style="list-style-type: none"> <li>• Lead site visitor receives factual corrections and makes changes as appropriate</li> <li>• Visitor Team reviews provider's response to the site visit report</li> <li>• Lead site visitor submits a response to the provider's comments in AIMS (within 7 days)</li> </ul>   |

|  |   |   |
|--|---|---|
| 8. SIP Commission Initial Review Panel | <ul style="list-style-type: none"> <li>• Provider representatives and/or state representatives attend meeting (optional – and at provider/agency expense).</li> </ul> | <ul style="list-style-type: none"> <li>• SI Review Panel meets to review documentation, affirm or revise areas of improvement and stipulations, if any, and makes recommendation regarding standards met or unmet</li> </ul>  |
| 9. Accreditation Joint Review Panel    | No provider action taken.   | <ul style="list-style-type: none"> <li>• Accreditation Council Joint Review Panel reviews documentation, accepts or revises the Initial Review Panel recommendation, and submits an accreditation recommendation to the Accreditation Council of the whole.</li> </ul>  |
| 10. Accreditation Council Decision     | No provider action taken.   | <ul style="list-style-type: none"> <li>• Accreditation Council meets to determine the accreditation decision of the provider.</li> <li>• CAEP sends Accreditation Council’s decision to the provider and state representatives, as applicable. Accreditation Action letter and reports are posted in AIMS.</li> </ul> |
| 11. Public announcement                | In case of an adverse decision (denial or revocation of accreditation), provider accepts or appeals CAEP’s action (within 30 days)                                    | <ul style="list-style-type: none"> <li>• CAEP announces accreditation and probation decisions on its website and informs other stakeholders</li> <li>• CAEP sends the provider a certificate of accreditation or schedules the probationary visit.</li> </ul>   |
| 12. Reconsideration                    | When accreditation is granted with a stipulation or probation the provider has the option to submit a petition for reconsideration.                                   | The Accreditation Council Chair and Vice Chairs, advised by CAEP staff, determine if there is sufficient merit to submit the request to the full Council for review.  |
| 13. Appeals Process                    | If provider decides to appeal a decision of denial or revocation of accreditation, the provider submits an appeal petition.   | If the decision is to deny or revoke accreditation and the provider appeals the decision, the appeal process is initiated.  |
| 14. Annual Report                      | Program faculty submits annual report and fees to CAEP  | CAEP’s Annual Report is reviewed and feedback is provided to the provider annually. CAEP reviewers provide feedback on the SI plan and informs the provider if there are concerns.  |

### 1. Writing summary statements for the standards

In the Selected Improvement pathway, the provider makes a case for meeting each standard through evidence supported by a summary statement. The standard is determined to be met through evidence provided by the provider. While the case is made at the standard level, all components must be addressed in the standard.

**The purpose of the summary statement in each standard is to present a compelling argument, based on the collection of evidence selected by the provider, that a CAEP standard has been met. Providers should not assume reviewers will make the connection between evidence and expectations in the standards. All components must be addressed, but the case is made at the standard level. However, component 3.2 of Standard 3 (on candidate quality, recruitment and selectivity), all components of Standard 4 (on impact measures) and components 5.3 and 5.4 (on continuous improvement), must meet CAEP Guidelines.**

The following points and paragraph may help to guide preparation of this narrative:

- Frame the argument to be made for a standard—what points will be offered, which support the argument, which are neutral or conflict with others

- Describe the data sources and representativeness, especially with regard to their relevance in supporting the standard—why are the data credible for this standard
- Present the results in a way that aligns with the standard
- Draw a conclusion about the extent to which the data support the standard. Where appropriate, address triangulation and convergence of different forms of evidence to compensate for limitations of any one data source
- Discuss the implications of the findings for subsequent action by the provider.

As part of this process, the provider should disaggregate data and results for the program options and for other subgroups relevant to the issue under investigation. This will allow for identification of noteworthy variations or provide evidence of consistency across subgroups. Providers should also look for patterns in the data, such as variations over time or after changes to the program or context. As multiple sources of data should be used to support each argument, the provider should examine the extent to which all available sources generate mutually reinforcing findings. In the self-study report, the argument should highlight confirming and conflicting findings from the data. Finally, when possible, provider should make comparisons between their data and any existing benchmarks, normative comparisons to peers, or performance standards. These final steps generate a context for considering the implications of findings for program-related decisions.

All components of a standard are covered in the summary statement, but different providers may give different emphases to each component in its statement. The focus is on the standard itself, and the provider’s summary statement should emphasize the standard’s holistic and overarching expectation. The narrative should not be a rewording of the standard statement or a provider assertion left unsubstantiated by data or evidence.

During the first two years that the 2013 CAEP Standards are required, providers may submit plans in lieu of certain pieces of evidence. Refer to Appendix A for information on where plans are acceptable, and the types of evidence, including data, suggested as examples for submission with the self-study report (SSR).

## 2. Self-Study Report Outline

The following paragraphs move through the SSR outline and elaborate on expectations for each section. The provider is directed to other sections of this *Manual* for detailed information on those sections of the report that are common across pathways.

### A. OVERVIEW OF PROVIDER

The purpose of the Overview is to provide sufficient information to aid the reviewers in understanding the context of the provider. This section is not meant to "sell" the provider. Descriptive information should be limited to what is essential for understanding the background against which the provider is operating. Evidence in the Overview can be tagged to Standard 5 as appropriate. Information provided in the Overview of the provider is detailed in Part III of this *Manual*. These evidences fall into three broad categories.

#### *Provider context and unique characteristics*

- Age, history, context, and distinguishing features
- Summary of requirements, demographics about the host institution (e.g., IHE) and the provider (e.g., institutional and provider enrollment, number and ethnic composition of students, completers and faculty)
- Copies of or links to AIMS tables specific to provider characteristics and program characteristics

#### *Provider’s organizational structure*

- Institutional/organizational structure
- Copy of or link to AIMS tables specific to programs by site of operation
- The provider’s place in the institution or organization

*Provider's shared values and beliefs*

- The conceptual framework and vision, mission, and goals of the provider
- The local, regional, or national market for completer employment and political contexts that shape the program

## B. STANDARDS

Standard 1: Content and Pedagogical Knowledge (See Part II notes on measures or types of evidence for Standard 1)

Summary Statement: In Standard 1, the provider makes the case for candidate competencies prior to exit from the program through data from common assessments. It argues that candidates can effectively engage with all P-12 students and are competent in the four InTASC categories—the learner and learning; content; instructional practice; and professional responsibility and that they are prepared in their specialty/ licensure area.

The provider demonstrates that candidates will be able to apply the necessary knowledge and skills for P-12 success in their own professional practice, including use of research and evidence, a commitment to challenging “college and career ready” level standards for all their students, and appropriate use of technology in instruction. Standard 1 is also concerned with the role of the provider in candidate development. Explain what the data say about candidate performance and what steps were taken based on the data.

Candidates’ abilities to teach diverse students effectively, adapting their repertoire of skills as needed, is an overarching theme for Standard 1.

Standard 2: Clinical Partnerships and Practice. (See Part II on measures or other types of evidence for Standard 2 and Appendix A.)

Summary statement: Standard 2 is the place to argue that the provider has partnerships with P-12 schools that are beneficial to both parties. Explain how collaborative partnerships are conducted, monitored, and evaluated, and how this evidence led to changes in programs. Provide examples of beneficial collaboration and how the provider and schools work together (e.g., the process for co-selection of mentor (co-op) teachers and university supervisors). See the examples for component 2.2 in Part II and in the Appendix to the *Manual*. What associations does the provider find between the particular aspects of its preparation experiences (such as breadth, depth, diversity, coherence, and duration)?

- Standard 3: Candidate Quality, Recruitment, and Selectivity (See Part II notes on measures and other types of evidence for Standard 3. There are several options built into the standards for different admissions criteria and for use of non-academic factors during preparation as well as at admissions.)

**[NOTE: Under CAEP Board policy, component 3.2 must be met for full accreditation]**

Summary Statement: In Standard 3, the provider demonstrates that it recruits and selects candidates with potential to have a positive impact on all P-12 students’ learning and development, and that its actions contribute to a more diverse and academically able educator workforce.

During their programs, the provider continues to prepare and monitor candidates to ensure that completers will be effective teachers. It monitors the progress of candidates during preparation, ensuring that there is growth in aspects of preparation that are essential for P-12 student learning.

Similar to Standard 1, evidence for Standard 3 focuses on pre-service preparation. Include only what is unique to Standard 3 and not addressed by performance evidence in Standard 1. To demonstrate the link between preparation and effective teaching, the provider may find it necessary to refer to what is included in Standard 4, but it is not necessary to repeat the Standard 4 documentation in Standard 3.

- Standard 4: Program Impact (See Part II notes on measures and other types of evidence for Standard 4. The role of states in generating evidence for various components of Standard 4 is dynamic and promises to continue to be for some years in the future as states sort out how best to fulfill their program approval, licensure and data gathering responsibilities.)

**[NOTE: Under CAEP Board policy, all components of Standard 4 must be met for full accreditation.]**

Summary Statement: In Standard 4, the provider demonstrates the pre-service preparation covered in Standard 3 and Standard 1 equips service teachers to have a positive impact on P-12 student learning and development for all students. Provide additional evidence, beyond what has been reported in the provider’s annual reports, that completers are having positive impact on P-12 student learning. This evidence should complement the information included in the provider’s Annual Report, as described in Part II. Effective teaching is a fundamental goal of the CAEP Standards; therefore the provider must meet this standard to be accredited.

- Standard 5: Provider Quality Assurance and Continuous Improvement

**[NOTE: Under CAEP Board policy, components 5.3 and 5.4 must be met for full accreditation]**

Summary statement: In Standards 1 through 4, the provider provides information about the quality of the evidence used in the self-study report and demonstrates at least some of the capabilities of the provider’s quality assurance system. Standard 5 describes how that information, cumulatively, is coherent and relevant for the provider’s program improvement and accreditation needs. The provider addresses how the validity and reliability were established for their assessments and data and also discusses other indicators of quality (use of multiple assessments, and relevant, verifiable, representative, and actionable measures). Components 5.3 and 5.4 focus on the use of data for continuous improvement of the provider, which is essential to the advancement of the field of education. The provider should include data trends from the Candidate and Program Measures in its Annual Report when addressing component 5.4.

C. AREAS FOR IMPROVEMENT FROM PREVIOUS REVIEW

Areas for improvement cited under NCATE or TEAC legacy reviews must be addressed until they are removed. Evidence submitted in support of CAEP standards may be referenced and/or addition evidence uploaded. NCATE and CAEP Standards align as follows:

| NCATE Standard | 2013 CAEP Standard               |
|----------------|----------------------------------|
| Standard 1     | Standard 1                       |
| Standard 2     | Standard 5                       |
| Standard 3     | Standard 2                       |
| Standard 4     | Cross-cutting theme of diversity |

NCATE Standards 5 and 6 do not align with CAEP Standards. Additional documentation on areas for improvement under these standards would need to be submitted.

## D. CROSS-CUTTING THEMES OF DIVERSITY AND TECHNOLOGY

Part III includes a description of the “diversity” and “technology” cross-cutting themes identified in the CAEP Standards as important to integrate into preparation programs. The provider’s statement about these themes, and the inclusion of narratives about them in the self-study report, are described in Section III among the features that are common to all self-study reports under all three pathways.

### Writing the Selected Improvement Plan

A data-driven “Selected Improvement Plan” (SIP) is the distinctive section of the self-study for the provider seeking accreditation under the Selected Improvement (SI) Pathway. The intention of the Selected Improvement Pathway in accreditation is for the provider to demonstrate progress in achieving a higher level of excellence in educator preparation by identifying a CAEP standard(s) or several components across more than one standard as an area selected for improvement. The provider furnishes a rationale for selecting the focal area, presents its current level of performance as baseline data, and sets goals with measurable yearly objectives to show data-driven improvements over time. The emphasis of the plan is in the collection and analysis of data, and interventions that demonstrate substantive improvements.

Progress on the SIP will be reported annually by the provider and evaluated during the subsequent accreditation visit to determine if Components 5.3 and 5.4 of Standard 5 are satisfied. As noted in the CAEP Standards, a provider’s performance under Component 5.3 must be satisfied in order to receive full accreditation. Therefore, when developing the SIP, carefully review Standard 5, Component 5.3, and examples of evidence measures in Appendix A of the CAEP Standards and Descriptors of Evidence in this *Manual*. The CAEP Standards also state throughout that candidates and completers must demonstrate a positive impact on student learning. In this way, any SIP should provide a direct link to improving program impact as described in Standard 4 as well.

#### 1. Uploading and tagging evidence for the Selected Improvement Plan

Each item of evidence is uploaded into the Accreditation Information Management System (AIMS) and tagged as relevant to specific components and standards. The upload can also be tagged evidence as related to its Selected Improvement Plan.

#### 2. The Selected Improvement Plan Narrative

There are five sections of the Selected Improvement Plan (SIP) narrative:

1. A description of the selected area for improvement and a rationale for selection.

The first section of the Selected Improvement Plan provides a description of the selected area for improvement and the rationale for the selection. The provider may focus on one or more standards, several components within a standard, or several components across more than one standard.

The second section provides a rationale for choosing the selected area for improvement. The SIP rationale sets the baseline for future improvement. Therefore, the rationale should be derived from the provider’s existing evidence collection for meeting the standards. The rationale need not stand outside the entire evidence collection for the accreditation review; rather it should be a natural extension of it.

2. Goals and objectives are identified and aligned with the selected area for improvement. They must:
  - Be appropriate and align with the selected improvement area
  - Be specific and measurable
  - Involve all provider programs

- Identify desired outcomes and indicators of success
- Demonstrate that meeting the goals and objectives will have a positive impact on P-12 learners
- Have their selection grounded in data

### 3. Strategies for Interventions

In this section, the provider describes the specific strategies and interventions to be implemented in the Selected Improvement Plan along with a timeline for implementation. The following criteria should be met:

- Specific strategies and/or initiatives are identified
- Identified strategies and/or initiatives are aligned with goals and objectives of the plan
- A yearly timeline is provided for meeting goals and/or objectives
- Included is a plan for the evaluation and monitoring of strategies and/or interventions
- Evaluation and monitoring are linked to goals and objectives

*Example of Baseline Data when the objectives related to a SIP goal are to increase selectivity at the point of admissions.*

| Objectives   | Baseline   | Year 1   | Year 2-6  | Year 7/Goal  |
|--|--|--|---|--|
| Objective 1:<br>increase average GPA   | 2.5 UG GPA (n = 75; 2.75 Graduate (n = 25)             | 2.75 UG GPA (n = 75; 3.0 Graduate (n = 25)               | 2.9 UG GPA (n = 75; 3.1 Graduate (n = 25)                 | 3.0 UG GPA (n = 75; 3.25 Graduate (n = 25)   |
| Objective 2:<br>Study predictive value of video analysis as an admissions tool | Finalize study protocols and rubrics, train reviewers. | First year data on video analysis as an admissions tool. | Second year data on video analysis as an admissions tool. | Preliminary data on beginning teacher effectiveness of completers compared with video analysis data at admissions. |

*Example of Progress Data when the provider’s SIP goal was to increase selectivity at admissions.*

| Objectives  | Baseline: Fall 2013               | Year 1  | Year 2-6   | Year 7/Goal   |
|-------------|-----------------------------------|---|--|---|
| Objective 1 | 2.5 UG GPA; 2.75 Graduate         | 2.6 UG GPA (n = 62); 2.8 Graduate (n = 24)  | 2.7 UG GPA (n = 70); 2.9 Graduate (n = 19)   | 2.8 UG GPA (n = 74); 3.2 Graduate (n = 30)  |
| Objective 2 | Evidence of final protocols, etc. | Data/scores/ratings on first cohort of candidates evaluated on video analysis at admissions | Data/scores/ratings on second cohort of candidates evaluated on video analysis at admissions | Data/scores/ratings on first cohort of beginning teachers compared with data/scores/ratings on video analysis at admissions |

### 4. Data collection and analysis

In this section, the provider presents a complete description of the assessment plan that details how each goal or objective is to be assessed. The assessment plan should:

- Describe each assessment instrument or method to be used for the collection
- Describe how the assessments were selected or created
- Identify how each assessment links back to goals and objectives
- Describe how monitoring of the assessment plan will be on-going
- Describe how assessment results will be analyzed to determine impact based on baseline data

#### 5. Capacity to implement and complete plan

In this section, the provider describes the resources available to implement the plan. This includes staffing and faculty cost (time, salary, or reassignment time), budgeting impacts such as travel or training costs), expertise, and other resources. The section should:

- Describe potential cost in terms of provider staff time and commitment to the project
- Provider and staff time and commitment to the project
- Describe potential cost in terms of travel or training cost
- Describe potential cost in terms of expertise (outside evaluation or consulting fees)
- Identify other key costs of implementing the SIP

#### 4. Guidelines for review of the SIP

- The SIP must be of sufficient scope to have a positive impact on the provider and the performance of its candidates.
- The goals, objectives, and timeline must be appropriate to the selected area of improvement.
- The provider must show progress on the SIP in the Annual Reports.
- The provider should make changes to the SIP when data indicates.
- The provider can begin a SIP and related interventions at any time during the accreditation cycle.

The provider includes the SIP as described above and presents baseline data to measure progress toward yearly objectives and final goals. Progress data are not required in the Self-Study Report if work has not started on the SIP at the time of the accreditation review. If the provider has begun work on the SIP, then trend or progress data should be reported and the narrative should include analysis of baseline data with a rationale for changes made to the plan, if any.

Table 7 below identifies the rubric for evaluating the plan.

**Table 7: Rubric for evaluating the Selected Improvement Initiative Plan**

| Indicator  | Undefined   | Emerging  | Meets Expectation   | Exceeds Expectation  |
|--|---|---|---|--|
| <b>Focal area alignment and rationale for selection driven by self-study</b> | Selected area is unrelated to any CAEP standard(s), components, or thread of diversity or technology. The choice of the selected area is based on such things as faculty interest and expertise and is not supported by data from the self-study. No baseline is established for future improvement.                                      | Selected area is aligned to multiple CAEP standard(s), components, or thread of diversity or technology without identifying the relationship between the standards and/or components. The rationale provides general statements on the selection that are not grounded in data provided from the self-study. Limited data from the self-study support the choice of the selected area as needing improvement and/or no baseline is established. | Selected area is aligned to CAEP standard(s), component(s), or thread of diversity or technology. The rationale for the selected area is grounded in data from the self-study and supports the choice of the selected area as needing improvement. A baseline is established for future improvement.  | Selected area is directly aligned to specific CAEP standard(s), component(s) and/or thread of diversity or technology. The rationale for the choice of the selected area is grounded in data from the self-study and is a natural extension of the data analysis. Data support the selection of the area as needing improvement. A baseline is established for future improvement. |
| <b>Goals and objectives are identified and align with selected area.</b>     | Goals and objectives do not align with the identified selected area for improvement and are stated in vague, poorly defined terms. Stated goals and objectives do not lend themselves to measurement and simply define expectations or processes. Potential to have a positive impact on the provider or its candidates is not addressed. | Goals and objectives are ill-defined and lack specificity. Goals and objectives are identified, but marginally align with the identified area or limited to a few programs. Goals and objectives do not identify the desired outcome or indicators of success making evaluation of project problematic. Selected goals and objectives would not document a positive impact on the provider.   | Goals and objectives are appropriate, specific and well-defined. Goals and objectives align with selected area, involve multiple programs in the provider, and are stated in measurable and performance based outcomes. Desired outcomes and indicators of success are identified and have the potential to document a positive impact on the provider. | Goals and objectives are appropriate, specific and well-defined. Goals and objectives directly align with selected area for improvement, involve most programs in the provider, and are stated in measurable performance based outcomes. Desired outcomes and indicators of success are identified and have the potential to document a positive impact on the provider.           |
| <b>Strategies for intervention</b>   | General guidelines are presented for making program improvements. No specific strategies, initiatives, or interventions are identified. No timeline for achieving goals and objectives is provided.   | Series of activities or initiatives are identified, but lack clarity and specificity. Identified activities or initiatives are only marginally aligned to selected area for improvement. A general timeline is included, but lacks specificity.   | Strategies, initiatives and/or interventions are identified and linked to goals and objectives for selected area for improvement. A yearly timeline is included. Plan includes criteria for evaluation and monitoring of strategies and interventions.  | Detailed description of strategies, initiatives and/or interventions is provided & linked to goals and/or objectives. Yearly timeline identifies goals to be achieved yearly. Plan includes specific criteria for evaluation and monitoring of strategies and interventions.   |

|  |  |   |  |  |
|--|--|---|--|--|
| <b>Data collection and analysis</b>            | A generalized plan is presented for data collection, but lacks specificity and details. No description is provided on how assessments were selected, how the process would be monitored, and how data were to be analyzed.                               | The presented assessment plan is underdeveloped and does not include how improvement will be assessed based on baseline data from the self-study. Plan does not link back to goals and objectives. A description for collecting, monitoring, and analyzing data is not provided. No description or rationale for selection of assessment is provided. | Includes an assessment plan to measure improvement based on baseline data from the self study. Plan is clearly described and assessments are linked to goals and objectives. Plan for collecting, monitoring and analyzing data is provided. A description of how assessments were selected is provided. | A detailed assessment plan is included that measures the amount of improvement in the selected area. Plan clearly describes how each goal and objective will be measured. Plan for collecting, monitoring, and analyzing data is detailed and complete. A description and rationale for the selection of assessments were provided.        |
| <b>Indicator</b>                               | <b>Undefined</b>   | <b>Emerging</b>   | <b>Meets Expectation</b>   | <b>Exceeds Expectation</b>   |
| <b>Capacity to implement and complete plan</b> | The provider’s capacity to implement and complete the SIP is not apparent. A general description of the overall plan is provided, but specific criteria on indicators, actions, evaluation, and monitoring processes are not provided or are incomplete. | The provider’s capacity to implement and complete the SIP is inconsistently defined. No specific costs are identified in terms of staff time and/or other expenses identified with implementation and data collection.  | Specific capacity resources are identified and described including cost associated with staff and faculty time, faculty expertise, and travel cost. The provider’s capacity to implement and complete the SIP is documented.   | A detailed description of specific capacity resources are identified and described including staff and faculty time, faculty expertise, travel and training cost, and other resources associated with data collection, monitoring, and analysis. The provider’s capacity to implement and complete the SIP is well-defined and documented. |
| <b>Overall evaluation of the SIP</b>           | When reviewed as a whole, the proposal lacks specificity, clarity, and coherency. While one or more areas may meet expectations, the overall plan is incomplete or inappropriate.  | When reviewed as a whole, the overall proposal shows promise, but there are significant areas for improvement that must be addressed. These areas must be clarified or enhanced to meet expectations.   | When reviewed as a whole, the overall plan meets expectations. While there may be one or two weaknesses (lacks specificity, etc.), these weaknesses do not impact the overall SIP.   | All components of the plan meet expectations and no weaknesses were identified.  |

## Transformation Initiative Pathway Process for Accreditation

### Unique Characteristics

CAEP believes that the field of education is in need of a research base to document and substantiate promising and effective practices and innovations. Many of the providers CAEP accredits are focused on improving the quality of education by preparing future educators, enhancing the effectiveness of current educators, conducting research, and providing services in real-world schools. All of these endeavors have the potential to inform the field at large through a rigorous process of research and development. Thus, CAEP's Transformation Initiative seeks proposals that conduct research on promising practices, innovations, and interventions directed at transforming educator preparation for greater accountability, effectiveness, rigor, and quality.

### Eligibility

Providers must fulfill the following eligibility criteria in order to submit a proposal for review:

- Be in full accreditation status seeking continuing accreditation with no unmet standards and few, if any, areas for improvement;
- Have all applicable programs recognized by the appropriate affiliated specialized professional associations (SPA) or approved by the state; and
- Commit to providing evidence in annual reports of program impact and outcomes that demonstrate the provider continues to meet professional standards with no substantive provider changes resulting in lowered performance.
- Commit to providing progress reports on the Transformation Initiative in annual reports.
- Prior written approval and support of the CAEP partner state education agency.

A provider should submit a Transformation Initiative Request for Proposals (RFP) up to five years prior to its scheduled accreditation visit date. The CAEP Research Committee reviews proposals using the criteria in the RFP, provides feedback to the provider, and makes a determination of the capacity and readiness of the provider to engage in a Transformation Initiative pathway to accreditation.

#### COVER SHEET FOR PROVIDERS SUBMITTING AN RFP FOR A TRANSFORMATION INITIATIVE

Contact person completing the proposal: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Date of last accreditation visit: \_\_\_\_\_ Date of next accreditation visit: \_\_\_\_\_

Name and contact information for State Liaison: \_\_\_\_\_

Have state personnel been included in the development or review of this proposal? Yes  
No

Current accreditation status: \_\_\_\_\_

Standards unmet, if any: \_\_\_\_\_

Areas for improvement cited, if any: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Head of Provider Organization

\_\_\_\_\_  
 Date of approval of submission

\_\_\_\_\_  
 Signature of Preparer

\_\_\_\_\_  
 Date of submission of proposal

**Transformation Initiative Plan: Research Plan guidelines**

CAEP conducts a review of Transformation Initiative (TI) Plans three to five years in advance of the site visit, allowing confirmation that the sponsoring providers will be able to pursue accreditation in this pathway. While shorter advance submissions may be arranged, the preference is to have agreement sufficiently far in advance of the site visit so that Visitor Teams can investigate progress during the accreditation formative and on-site reviews. In addition, early confirmation provides an opportunity for a provider to reconsider the array of three choices among pathways.

**Transformation Initiative pathway accreditation timeline and process-at-a-glance  
 EXCERPT\***

| Steps  | Timelines/Provider actions  | CAEP actions  |
|--|---|---|
| Transformation Initiative Plan (TIP) proposal submission | <ul style="list-style-type: none"> <li>• Provider representatives attend CAEP conference sessions on writing the <i>TI Proposal</i>.</li> <li>• Provider submits TI Proposal for approval - preferably, up to five years prior to the accreditation visit.</li> </ul> | <ul style="list-style-type: none"> <li>• CAEP staff reviews draft TI <i>RFP</i> and returns drafts for revisions and resubmission as needed.</li> <li>• TI commissioners review proposal and make recommendations for approval and/or revisions.</li> </ul> |

\*NOTE: This row of steps for the Transformation Initiative pathway is for the pathway’s distinguishing feature, the research plan proposal. It is submitted and approved in advance of the provider’s self-study. The self-study report provides the provider’s update on progress under the plan, and review of that update is a part of the Visitor Team review. The full Transformation Initiative self-study at-a-glance timeline appears below.

**Table 8: Steps and timeline at-a-glance for the Transformation Initiative  
Self-Study Report**

| <b>Steps</b>  | <b>Timelines\Provider actions</b>   | <b>CAEP actions</b>   |
|---|---|---|
| 1. Application  | Only if applying for first accreditation, provider prepares and submits on-line application.  | CAEP staff consults with the provider.  |
| Providers seeking accreditation for the first time should contact CAEP staff.                                 |   |   |
| 2. Specialty / License Area Review  | 3 years prior to the site visit, provider submits assessment / scoring guides.<br><br>Provider integrates changes into assessments / surveys and results are included in the self-study for component 1.1.  | Assessment experts review assessments/scoring guides and provide feedback to the provider.  |
| 3. TI Proposal Submission   | <ul style="list-style-type: none"> <li>• Provider representatives attend CAEP conference sessions on writing the <i>TI Proposal</i>.</li> <li>• Provider submits TI Proposal for approval - preferably, up to five years prior to the accreditation visit.</li> </ul> | <ul style="list-style-type: none"> <li>• CAEP staff reviews draft TI <i>RFP</i> and returns drafts for revisions and resubmission as needed.</li> <li>• TI commissioners review the TI proposal and submit their recommendations for approval and revisions.</li> </ul>   |
| 4. Call-for-comment   | 6 to 8 months prior to the site visit, provider distributes call-for-comment announcement to all specified parties  | <ul style="list-style-type: none"> <li>• CAEP staff places upcoming spring or fall visits on website's "call-for-comment" page</li> <li>• CAEP staff uploads it into AIMS and notifies the provider that the testimony is available for a response</li> </ul>   |
| 5 TI Self-Study Report including TI progress since its proposal was approved; Formative Feedback Report (FFR) | 8 months prior to the site visit, provider submits TI self-study report, including the TI progress since its proposal was approved.   | <p>2 +/- months after the self-study report is submitted CAEP Visitor Team reviews self-study, including a review of the TI plan.</p> <p>2 +/- weeks after the meeting, the team's Formative Feedback Report (FFR) to the provider is posted in AIMS.</p>   |
| 6. TI Self-Study addendum   | Provider submits its response to the Formative Feedback Report no less than 60 days before the scheduled site visit and uploads supplemental evidence, as requested and appropriate.  | CAEP site visit team reviews addendum and supplementary evidence in advance of the site visit.  |
| 7. Site visit with CAEP Visitor Team  | <ul style="list-style-type: none"> <li>• Provider works with the team lead to schedule interviews and observations as requested from pre-visit and/or FFR</li> <li>• Provider hosts Visitor Team</li> </ul>   | <ul style="list-style-type: none"> <li>• Visitor Team verifies submitted evidence and formulates further questions for the visit</li> <li>• Team completes visit to the Provider site(s), including a review progress on the TI proposal plan.</li> <li>• Visitor Team prepares the site visit report, including an evaluation of the progress on the TI proposal plan.</li> <li>• Lead site visitor conducts exit interview with provider</li> <li>• Visitor Team prepares final site visit report (submitted 4 weeks after the conclusion of the</li> </ul> |

|                                       |  |  |
|---------------------------------------|--|--|
|                                       |  | <p>site visit)</p> <ul style="list-style-type: none"> <li>• CAEP staff review report.</li> </ul> <p>Team lead submits final site visit report in AIMS and notifies provider and state representatives as applicable of its availability.</p>   |
| 8. Provider Response                  | <ul style="list-style-type: none"> <li>• Within 7 days of receipt, the provider responds to accuracy of site visit report (factual corrections)</li> <li>• Within 2 weeks, the provider submits its response to the final site visit report in AIMS</li> </ul> | <ul style="list-style-type: none"> <li>• Lead site visitor receives factual corrections and makes changes as appropriate</li> <li>• Visitor Team reviews provider response to the site visit report</li> <li>• Lead site visitor submits a response to the provider's comments in AIMS (within 7 days)</li> </ul>    |
| 9. TI Commission Initial Review Panel | <ul style="list-style-type: none"> <li>• Provider representatives and/or state representatives attend meeting (optional – and at provider/agency expense).</li> </ul>  | <ul style="list-style-type: none"> <li>• TI Review Panel meets to review documentation, affirm or revise areas of improvement and stipulations, if any, and makes recommendation regarding standards met or unmet</li> </ul>   |
| 10. Accreditation Joint Review Panel  | No provider action taken.  | <ul style="list-style-type: none"> <li>• Accreditation Council Joint Review Panel reviews documentation, accepts or revises the Initial Review Panel recommendation, and submits an accreditation recommendation to the Accreditation Council of the whole.</li> </ul>   |
| 11. Accreditation Council Decision    | No provider action taken.  | <ul style="list-style-type: none"> <li>• Accreditation Council meets to determine the accreditation decision of the provider</li> <li>• CAEP sends Accreditation Council's decision to the provider and state representatives, as applicable. Accreditation Action letter and reports are posted in AIMS.</li> </ul> |
| 12. Public announcement               | In case of an adverse decision (denial or revocation of accreditation), provider accepts or appeals CAEP's action (within 30 days)   | <ul style="list-style-type: none"> <li>• CAEP announces accreditation and probation decisions on its website and informs other stakeholders</li> <li>• CAEP sends the provider a certificate of accreditation or schedules the probationary visit.</li> </ul>  |
| 13. Reconsideration                   | When accreditation is granted with a stipulation or probation, the provider has the option to submit a petition for reconsideration.   | The Accreditation Council Chair and Vice Chairs, advised by CAEP staff, determine if there is sufficient merit to submit the request to the full Council for review.   |
| 14. Appeals Process                   | If provider decides to appeal a decision of denial or revocation of accreditation, the provider submits an appeal petition.  | If the decision is to deny or revoke accreditation and the provider appeals the decision, the appeal process is initiated.   |
| 15. Annual Report                     | Program faculty submits annual report and fees to CAEP   | CAEP's Annual Report is reviewed and feedback is provided to the provider annually. CAEP reviewers provide feedback on the SI plan and informs the provider if there are concerns.   |

### Preparing the Transformation Initiative proposal

To be eligible for the Transformation Initiative accreditation pathway, a provider must be accredited without unmet standards and be able to show evidence in a Self-Study Report (SSR), outlined below, that it meets CAEP standards. Providers seeking accreditation for the first time *may be* eligible for the Transformation Initiative under special circumstances. All providers considering the Transformation

Initiative pathway should confer with CAEP staff before proceeding with the process. In addition, providers must receive prior written support from their state education agency to engage in a Transformation Initiative project. A copy of the Transformation Initiative RFP can be found below.

**In general, the provider should submit its Transformation Initiative Plan as much as five years prior to the scheduled self-study report so that following agreement with CAEP there will be sufficient time to have the research project well under way by the time of the site visit.**

A Transformation Initiative addresses major issues and challenges in educator preparation. Examples of potential initiatives include, but are not limited to, investigating the following:

- Different models or approaches to clinical practice
- The impact or process of restructuring or reorganization efforts intended to move educator preparation into school settings
- Providing evidence of the value-added role of accreditation in improving educator preparation to increase P-12 student learning
- Reduction of barriers in educator preparation to ensure that candidates have the knowledge and skills to help all P-12 students learn
- Recruitment and admissions policies and practices that attract and retain a diverse, highly talented candidate pool, especially for shortage areas
- Development of systems for tracking candidate follow-up performance data
- The use of data systems to improve educator preparation
- Development and implementation of training efforts to ensure inter-rater reliability
- Development and implementation of mentor training programs for clinical educators to improve practices related to support of pre-service candidates
- Candidates' ability to use formative assessment to design instruction and improve student learning
- Practices and policies involved in developing high quality partnerships with P-12 schools and school districts to address:
  - the transformation of student learning and the conditions that support learning, such as school organization, learning environments, community and family engagement, and other district/school/and student-specific programs
  - the assessment and improvement of student learning and readiness for post-secondary education
  - the retention of educators in schools, including induction, mentoring, ongoing professional development, support for National Board Certification and other strategies

### **Proposal structure**

The proposal should not exceed 25 pages in length and include the following four sections:

- A. Significance of the Project: In this part of the proposal, providers establish the rationale and significance for the study. This section should:
  1. Establish why this research is important
  2. Provide an overview of the intent of the study
  3. Identify through a literature review the importance of the study and how the Transformation Initiative is grounded in the research.
  4. Identify how the study will contribute to the provider and the broader body of knowledge in education

5. Provide a rationale for implementing the study
  6. Identify specific research question(s)
- B. Quality of the Research Design: The research plan should include:
1. Research question(s) that:
    - a. Are grounded in current research
    - b. Are composed of terms that can be conceptualized and operationalized
    - c. Can be used to structure further analysis
    - d. Are focused and researchable
    - e. Are aligned with the Significance of the Project, as described in the section above.
  2. Objectives
    - a. For the research question(s), identify specific objectives for each phase of the research plan
    - b. Objectives should be tied to interventions, strategies, or specific outcomes for each phase of the research plan
    - c. Objectives should denote key milestones of the Transformation Initiative and provide formative assessment of progress on implementation of the initiative
  3. Research methodology
    - a. Researchers and other stakeholders (e.g., faculty, mentor teachers, p-12 students, etc.)
    - b. Identifies who and how many were involved in the study including:
      1. Candidates
      2. Other stakeholders
      3. Faculty
      4. P-12 students
      5. Others
    - c. Participant selection
      1. Volunteers
      2. Randomly selected
      3. Selected participants
      4. Groups of convenience
      5. Others
    - d. Context of the setting
      1. Describe the context or setting of the study (public school, private school, PDS, university faculty, etc.)
      2. If a variety of settings are used, identify the context for each setting
  4. Research design
    - a. Identify the type of research being conducted such as correlational, descriptive, qualitative, quasi-experimental, survey, etc.
    - b. Identify the variables/constructs employed in the study
    - c. Identify specific procedures to be used to analyze data
      1. Including any use of software
      2. Including any statistical measures used to analyze data
      3. Any qualitative methodology used (triangulation, etc.)
    - d. Describe any instrument used
      1. Must include information on the validity and reliability of the instrument
      2. Provide rationale for selection of the instrument
      3. If the instrument is created by the provider for use in the study, identify how

- validity was established for the instrument
- e. Procedures
    1. Provide a complete description of how, when, and where the research will be conducted. In case of collaborative proposals, the roles and responsibilities of each party should be described
    2. Describe how and when data will be collected
    3. Describe how stakeholders will be involved in the research process
5. Timeline
- a. Provide a timeline for each phase of the Transformation Initiative that identifies key milestones in the project
  - b. Should include year by year actions, budgetary expenditures, and assessments of identified objectives
6. Capacity to Conduct the Initiative
- a. A description of the provider's or collaborative group's capacity to conduct the Transformation Initiative.
    1. Includes complete budgetary estimates on cost for implementation of TI
    2. Identifies all needed resources
    3. Identifies personnel needs and any reassignment of responsibilities
    4. Identifies any travel cost for data collection, training, etc.
  - b. Identify any need for outside consultants or expertise for the implementation of project

## Writing the Transformation Initiative Self-Study report

To demonstrate that they have achieved the CAEP standards, providers choosing the Transformation Initiative Pathway submit a self-study using the steps presented below:

### STEPS FOR PREPARING THE TRANSFORMATION INITIATIVE SELF-STUDY REPORT

- 1. Review.** Study and understand the CAEP Standards, process, and responsibilities. Study the five standards and their components and refer to the glossary for definitions. Review this *Manual* and access the website ([www.caepnet.org](http://www.caepnet.org)) for the most up-to-date guidance on the evidence for the self-study. When in doubt, contact CAEP staff.
- 2. Inventory available evidence.** The provider should consider developing an inventory of the evidence that it currently uses on candidate and completer performance and on other CAEP requirements, noting what evidence the provider relies on and uses, what it does not, and what it might begin to collect. The provider should address the prompts under each standard.
- 3. Gather information, categorize and prepare evidence to be uploaded, and draft tables to be completed.** Invest time in examining the evidence thoroughly. CAEP suggests the provider begin to categorize its evidence into the standards and components. Information that will eventually appear in the self-study report (see outline of the Self-Study Report in section 2, below) include (a) the provider overview, (b) evidence and summary statement for each standard, (c) responses to previously cited areas for improvement, if any, (d) evidence and summary statement of the integration of cross-cutting themes, and (e) the Transformation Initiative Plan (TIP). Information is also requested in the overview section on the programs offered by the provider and institutional structure.

4. **Take stock.** CAEP suggests that the provider meet with its stakeholders, including P-12 districts and candidates, to review and seek feedback on what was learned from steps 1–3.
5. **Analyze and discuss the evidence and draft TIP.** Analyze and interpret the evidence and assessment results. Develop the plan for action.
6. **Formulate summary statements.** Draft a set of statements that makes clear what the provider believes it accomplishes with regard to CAEP's standards and its two cross-cutting themes. These statements should be consistent with public statements of the provider's quality and the performance of its candidates. In addition, the statements should be linked to the provider's evidence, including assessments and results.
7. **Draft and submit the Self-Study Report.** Compile a complete draft of the Self-Study Report, including evidence, summary statements, and the Transformation Initiative plan. Review the draft with stakeholders, revise as needed, and upload the final version into CAEP's Accreditation Information Management System (AIMS). Evidence should be tagged to the appropriate standard(s), component(s), and cross-cutting themes, as well as for quality indicators.

### Writing the Self-Study Report for the TRANSFORMATION INITIATIVE Pathway

At the beginning of self-study template, the provider will be prompted to indicate which accreditation pathway it is using (see reference in Part I, page 10, above) and the program review process, either a CAEP review for national recognition or feedback, or the state's review (see reference on pages 31 to 33, above). This information will be used to ensure that the appropriate report shell is made available when the provider contacts the CAEP AIMS system.

When a piece of evidence is uploaded, the provider is prompted to tag it to a standard(s) and component(s), claims, cross-cutting theme(s), and data quality documentation. By tagging it, the provider cross-references evidence that applies to more than one standard or component and makes it possible for CAEP Visitor Teams to retrieve the specific pieces of evidence used by the provider in making its case for each standard. Reviewers will be able to view all evidence with the same tag as one collection. For example, they may want to see evidence for a standard or cross-cutting theme. Evidence with a particular indicator of quality can also be viewed as a collection. When all the evidence has been uploaded and tagged, the provider will be prompted to provide the holistic summary statement of how the collection of evidence demonstrates that the standard is met.

#### 1. Writing summary statements for the standards

In the Transformation Initiative Pathway, the provider makes a case for meeting each standard through evidence supported by a summary statement. The standard is determined to be met through evidence provided by the provider.

**The purpose of the summary statement in each standard is to present a compelling argument, based on the collection of evidence selected by the provider, that a CAEP standard has been met. Providers should not assume reviewers will make the connection between evidence and expectations in the standards. All components must be addressed, but the case is made at the standard level. However, component 3.2 of Standard 3 (on candidate quality,**

recruitment and selectivity), all components of Standard 4 (on impact measures) and components 5.3 and 5.4 (on continuous improvement), must meet CAEP Guidelines.

The following points may help to guide preparation of this narrative:

- Frame the argument to be made for a standard—what points will be offered, which support the argument, and which are neutral or conflict with others
- Describe the data sources and representativeness, especially with regard to their relevance in supporting the standard—why are the data credible for this standard
- Present the results in a way that aligns with the standard.
- Draw a conclusion about the extent to which the data support the standard
- Discuss the implications of the findings for subsequent action by the provider.

As part of this process, the provider should disaggregate data and results for the program options and for other subgroups relevant to the issue under investigation. This will allow for identification of noteworthy variations or provide evidence of consistency across subgroups. Providers should also look for patterns in the data, such as variations over time or after changes to the program or context. As multiple sources of data should be used to support each argument, the provider should examine the extent to which all available sources generate mutually reinforcing findings. In the self-study report, the argument should highlight confirming and conflicting findings from the data. Finally, when possible, providers should make comparisons between their data and any existing benchmarks, normative comparisons to peers, or performance standards. These final steps generate a context for considering the implications of findings for program-related decisions.

All components of a standard are covered in the summary statement, but different providers may give different emphases to each component in its statement. The focus is on the standard itself, and the provider's summary statement should emphasize the standard's holistic and overarching expectation. The narrative should not be a rewording of the standard statement or a provider assertion left unsubstantiated by data.

During the first two years that the 2013 CAEP Standards are in use, providers may submit plans in lieu of certain pieces of evidence. Refer to Appendix A in this Manual for information on where plans are acceptable, and the types of evidence, including data, suggested as examples for submission with the Self-Study Report (SSR).

## 2. Self-Study Report Outline

The following paragraphs move through the SSR outline and elaborate on expectations for each section. The provider is directed to other sections of this *Manual* for detailed information on those sections of the report that are common across pathways.

### a. OVERVIEW OF PROVIDER

The purpose of the Overview is to provide sufficient information to aid the reviewers in understanding the context of the provider. This section is *not* meant to "sell" the provider. Descriptive information should be limited to what is essential for understanding the background against which the provider is operating. Evidence in the Overview can be tagged to Standard 5 as appropriate. Information provided in the Overview is detailed in Part III of this *Manual*. These evidences fall into three broad categories.

*Provider context and unique characteristics*

- Age, history, context, and distinguishing features;
- Summary of requirements, demographics about the host institution (e.g., IHE) and the provider (e.g., institutional and provider enrollment, number and ethnic composition of students, completers, and faculty)
- Copies of or links to AIMS Table 1, provider characteristics, and Table 2, program characteristics;

*Provider organizational structure*

- Institutional/organizational structure;
- Copy of or link to AIMS Table 3, programs by site of operation;
- The provider’s place in the institution or organization;

*Provider shared values and beliefs*

- The conceptual framework and vision, mission, and goals of the provider;
- The local market for completer employment and political contexts that shape the program

## b. STANDARDS

Standard 1: Content and Pedagogical Knowledge (See Part II notes on measures or types of evidence for Standard 1)

Summary Statement: In Standard 1, the provider makes the case for candidate competencies prior to exit from the program through data from common assessments. It argues that candidates can effectively engage with all P-12 students and are competent in the four InTASC categories—the learner and learning; content; instructional practice; and professional responsibility—and are prepared in their specialty/ licensure area.

The provider demonstrates that candidates will be able to apply the necessary knowledge and skills for P-12 success in their own professional practices, including use of research and evidence, a commitment to challenging “college and career ready” level standards for all their students, and appropriate use of technology in instruction. Standard 1 is also concerned with the role of the provider in candidate development. Providers should explain what the data say about candidate performance and what steps were taken based on the data.

Candidates’ abilities to teach diverse students effectively, adapting their repertoire of skills as needed, is an overarching theme for Standard 1.

Standard 2: Clinical Partnerships and Practice. (See Part II on measures or other types of evidence for Standard 2)

Summary statement: Standard 2 is the place to argue that the provider has partnerships with P-12 schools that are beneficial to both parties. Explain how collaborative partnerships are conducted, monitored, and evaluated, and how this evidence led to changes in programs. Provide examples of beneficial collaboration and how the provider and schools work together (e.g., the process for co-selection of mentor (co-op) teachers and university

supervisors). See the examples for component 2.2 in Part II and in Appendix A of this Manual. What associations does the provider find between the particular aspects of its preparation experiences (such as breadth, depth, diversity, coherence, and duration)?

- Standard 3: Candidate Quality, Recruitment, and Selectivity (See Part II notes on measures and other types of evidence for Standard 3. There are several options built into the standards for different admissions criteria, for use of non-academic factors during preparation as well as at admissions.)

**[NOTE: Under CAEP Board policy, component 3.2 must be met for full accreditation]**

Summary Statement: In Standard 3, the provider demonstrates that it recruits and selects candidates with potential to have a positive impact on the learning and development of all P-12 students, and that its actions contribute to a more diverse and academically able educator workforce.

During its programs, the provider continues to prepare and monitor candidates to ensure that completers will be effective teachers. It monitors the progress of candidates during preparation, ensuring that there is growth in aspects of preparation that are essential for P-12 student learning.

Similar to Standard 1, evidence for Standard 3 focuses on pre-service preparation. Include only what is unique to Standard 3 and not addressed by performance evidence in Standard 1. To demonstrate the link between preparation and effective teaching, the provider may find it necessary to refer to what is included in Standard 4, but it is not necessary to repeat the Standard 4 documentation in Standard 3.

- Standard 4: Program Impact (See Part II notes on measures and other types of evidence for Standard 4. The role of states in generating evidence for various components of Standard 4 is dynamic and promises to continue to be for some years in the future as states sort out how best to fulfill their program approval, licensure and data gathering responsibilities.)

**[NOTE: Under CAEP Board policy, all components of Standard 4 must be met for full accreditation.]**

Summary Statement: In Standard 4, the provider demonstrates that the pre-service preparation covered in Standard 3 and Standard 1 equips service teachers to have a positive impact on P-12 student learning and development for all students. Provide additional evidence, beyond what has been reported in provider annual reports, that completers are having positive impact on P-12 student learning that complements the evidence in the Provider Annual Report, as described in Part II. Effective teaching is a fundamental goal of the CAEP Standards, therefore the provider must meet this standard to be accredited.

- Standard 5: Provider Quality Assurance and Continuous Improvement

**[NOTE: Under CAEP Board policy, components 5.3 and 5.4 must be met for full accreditation.]**

Summary statement: In Standards 1 through 4, the provider submits information about the quality of the evidence used in the self-study report and demonstrates at least some of the capabilities of its quality assurance system. Standard 5 describes how that information, cumulatively, is coherent and relevant for the provider’s program improvement and accreditation needs. The provider addresses how the validity and reliability were established for their assessments and data and also discusses other indicators of quality (use of multiple assessments, and relevant, verifiable, representative, and actionable measures). Components 5.3 and 5.4 focus on the use of data for continuous improvement of the provider, which is essential to the advancement of the field of education. The provider should include data trends from the Candidate and Program Measures in the Provider Annual Report when addressing component 5.4.

c. AREAS FOR IMPROVEMENT FROM PREVIOUS REVIEW

Areas for improvement cited under NCATE legacy reviews must be addressed until they are removed. Evidence submitted in support of CAEP standards may be referenced and/or additional evidence uploaded. NCATE and CAEP Standards align as follows:

| NCATE Standard | 2013 CAEP Standard               |
|----------------|----------------------------------|
| Standard 1     | Standard 1                       |
| Standard 2     | Standard 5                       |
| Standard 3     | Standard 2                       |
| Standard 4     | Cross-cutting theme of diversity |

NCATE Standards 5 and 6 do not align with CAEP Standards. Additional documentation on areas for improvement under these standards would need to be submitted.

d. CROSS-CUTTING THEMES OF DIVERSITY AND TECHNOLOGY

Part III includes a description of “diversity” and “technology” cross-cutting themes identified in the CAEP Standards as important to integrate into preparation programs. The provider’s statement about these themes, and the inclusion of narratives about them in the self-study report, are described on page 59, above, among the features that are common to all self-study reports under all three pathways.

**Table 9: Rubric for Transformation Initiative plan**

| Indicator  | Undefined  | Emerging   | Meets Expectation   | Exceeds Expectation  |
|--|--|--|---|--|
| <b>Significance of project identified and justified.</b> | General statements are made on the importance of the project without any supporting documentation from a review of literature. No overview, rationale, or intent of the study is provided. General questions are | General statements are made on the importance of the project with limited supporting documentation from the review of literature. Significance of project is linked only to building capacity of the provider and is not | Significance of project is documented and supported through the review of literature. Rationale of the project links to national research agenda and will likely result in systematic change or innovation. Specific, measurable, and | Significance of project is documented and supported through the review of literature and national research agenda. Results of project will likely result in systematic change or innovation and serve as a national model. Specific, measurable, |

|   |  |  |  |  |
|---|--|--|--|--|
|   | raised, but no specific research questions are identified.   | linked to systematic change or innovation. Non-specific rationale statements are made, but are not linked to the literature review. Identified research questions are not measurable or actionable.  | actionable research questions are identified and linked to the literature review.  | and actionable research questions are identified and linked to literature and rationale for the study. How the study will contribute to the body of knowledge in education is articulated.   |
| <b>Research questions and objectives.</b> | Research questions are provided, but are presented in vague terms that cannot be conceptualized or operationalized — or objectives are identified for the transformation initiative, but no specific research questions are presented. Research questions do not align with significance of the project or rationale and are not grounded in the review of literature. | Research question(s) is/ are ill-defined and lack specificity. The vague terms do not allow the project to be conceptualized or operationalized. Presented questions are not grounded in the literature. Objectives are identified, but fail to align with the research question(s). Provided objectives are not tied to interventions, strategies, or outcomes. | Research questions are appropriate, specific, and well-defined, allowing the project to be conceptualized or operationalized. Research questions are grounded in the literature. Objectives align with research question(s), stated in measurable terms, and linked to interventions, strategies, or outcomes. | Research questions are appropriate, specific, and well-defined, allowing the project to be conceptualized or operationalized. Research questions are grounded in the literature. Objectives align with research question(s), stated in measurable terms, tied to key milestones of the initiative, and linked to interventions, strategies, or outcomes. |
| <b>Indicator</b>                          | <b>Undefined</b>   | <b>Emerging</b>  | <b>Meets Expectation</b>   | <b>Exceeds Expectation</b>   |
| <b>Participants and selection.</b>        | Participants in the study are not identified and participant selection is not described. General comments are made on the context of the study, but no specifics are provided.   | Participants in the study are described, but how participant selection was made is not described. Vague terms are used to describe the context and setting of the study.   | Participants in the study are described, including how many were included and how participant selection was made (random, groups of convenience, etc.). Context or setting of the study is described.  | Participants in the study are described, including how many were included with key demographic information provided. How participant selection was made (random, groups of convenience, etc.) is described in detail. Context or setting of the study is described.  |
| <b>Research design is described.</b>      | Type of research to be conducted and methodology to be used is not identified. Variables are not identified. General statements are made on the procedures to be used in conducting  | Type of research to be conducted is identified, but does not align with research questions. Variables are incorrectly identified and procedures and methodology for conducting the   | Type of research to be conducted is identified (qualitative, survey, descriptive, etc) and aligns with research questions. Variables are correctly identified and research procedures are described, including how   | Type of research to be conducted is identified (qualitative, survey, descriptive, etc.) and aligns with research questions. Variables are correctly identified and research procedures are described, including how  |

|  |   |  |   |   |
|--|---|--|---|---|
|  | the research.   | research are vague and lack specificity.   | data are to be analyzed, how data collection is to occur, and when and where the research is to be conducted.   | data are to be analyzed, how data collection is to occur, and when and where the research is to be conducted. In addition, validity and reliability are reported for instruments to be used in the study.   |
| <b>IRB approval and timeline for implementing research plan.</b>                                   | No plan or timeline is presented for IRB approval or implementation of the study. No key milestones or phases are provided.   | A plan is presented for IRB approval. A plan for the research is presented, but it is underdeveloped. Key phases or milestones of the research plan are not identified or linked to a timeline. Timeline is not linked to assessment of identified objectives or budgetary expenditures.                   | A specific plan for IRB approval is provided, along with a timeline linked to key phases or milestones of the research plan. Timeline is lined to the assessment of objectives and includes references to budgetary expenditures. Timeline includes year by year actions. | A specific plan for IRB approval is provided, along with a timeline linked to key phases or milestones of the research plan. Timeline is linked to the assessment of objectives, includes references to budgetary expenditures and specific actions by month and year.  |
| <b>Indicator</b>   | <b>Undefined</b>  | <b>Emerging</b>  | <b>Meets Expectation</b>  | <b>Exceeds Expectation</b>  |
| <b>Broad-based unit and stakeholder involvement in the development and implementation of plan.</b> | TI developed by one individual or small group not representative or key stakeholders. No indication of how relevant stakeholders will be involved in implementation. Stakeholder roles are not defined.   | TI developed by one individual or small group with feedback sought from a small group of stakeholders. A few (2 to 3) individuals are involved in implementation, but other stakeholders have no or a limited role in the initiative. Stakeholder involvement is uneven and roles are not clearly defined. | TI developed and implemented by a representative group of stakeholders. Roles of stakeholders in the initiative are clearly defined and appropriate. Stakeholders are viewed as partners in the initiative.   | TI developed and implemented by a representative group of stakeholders. Roles of stakeholders in the initiative are clearly defined and appropriate. Stakeholders participate in all decisions and are equal partners in the development and implementation of the plan. Plan is reviewed by experts in the area. |
| <b>Capability to implement and complete the research plan.</b>                                     | A general description of the overall project is provided, but personnel, equipment, budget, and other support needed to implement plan and complete the initiative are not identified. Responsibilities for implementing plan are not identified or clearly defined. No | While some basic information on budgetary, equipment, personnel and other support needed to implement the plan are presented, details are vague and lack specificity. Information is presented in generalities without specific references to budgetary or resources                                       | Yearly overall budget with basic description of personnel, resources, and other support is provided. Specific resources and funding are linked to key components of the plan. Specific descriptions of responsibilities are provided for key individuals.                 | Detailed budget information and resource allocation are provided identifying specific components of the plan. Detailed job descriptions indicate the specific skills and abilities of key personnel.  |

|   |   |   |   |   |
|---|---|---|---|---|
|   | timeline is provided.   | needed to implement the plan. General descriptions of responsibilities are provided for key individuals.  |   |   |
| <b>Indicator</b>  | <b>Undefined</b>  | <b>Emerging</b>   | <b>Meets Expectation</b>  | <b>Exceeds Expectation</b>  |
| <b>Overall evaluation of Transformation Initiative Proposal</b> | When reviewed as a whole, the proposal lacks specificity, clarity, and coherency. While one or more areas may meet expectations, the overall all plan is incomplete or inappropriate. | When reviewed as a whole, the overall proposal shows promise, but there are significant areas for improvement that must be addressed. A revised or supplemental proposal must be submitted before the initiative can be approved. | When reviewed as a whole, the overall proposal meets expectations. While there may be one or two weakness (lacks specificity, etc.), these weaknesses do not impact the overall quality of the initiative. Weaknesses should be addressed before the initiative is implemented. | All components of the proposal meet expectations and no weaknesses were identified. The initiative is ready for implementation. |

## APPENDIX A: STANDARDS AND EVIDENCE EXAMPLES IN DETAIL

DRAFT/CAEP/January 15, 2015

This Appendix provides a detailed and comprehensive description of examples of evidence that might be considered for use in preparation and as documentation in self-studies. The CAEP Evidence table associates examples of measures or other evidence with components of each of the CAEP Standards. **Note that the examples are CAEP suggestions. Providers are welcome to employ different measures or types of evidence from those described in column A. If providers do make a different selection, providers are responsible for demonstrating that evidence has addressed the intent of the Standard in an equally effective way.**

### Introduction to the examples

To introduce the examples, there are three points to keep in mind: (1) the wide range of evidence implied by the 2013 CAEP standards; (2) the reliance on “plans” to initiate collection of this evidence, and (3) the CAEP phase in schedule that provides flexibility for providers as they prepare their self-studies. These are taken up in the paragraphs below.

#### 1. The range of evidence

The chart that follows provides a summary listing of evidence examples that are described in the long table of this Appendix. As an illustration of the new and different types of measures under CAEP’s standards, the examples are categorized as “usual measure or evidence” or “new/different measure or evidence.” This distinction is a general one, and some providers may previously have provided evidence similar to various examples in the right hand column. But, in general, the chart shows that there are a dozen examples that have often appeared in accreditation self-studies, but three times that many “new/different” examples implied by the 2013 Standards.

### Examples of Usual and New/Different Measures or Evidence

| COMPONENT NUMBER | USUAL MEASURE OR EVIDENCE<br>(12 measures)  | NEW/ DIFFERENT MEASURE OR EVIDENCE<br>(36 measures)  |
|------------------|---|--|
| <b>1.1</b>       | Provider-created measures:<br>Evidence from such provider-created instruments as observations, lesson and unit plans, portfolios, teacher work samples, dispositions surveys, provider GPA for specific courses, compared with non-candidate IHE students in same courses<br>Provider pre-services measures of P-12 student learning<br>Provider capstone assessments sampling multiple aspects of teaching—P-12 learning, lesson plans, teaching artifacts, examples of student work, videos<br>State measures:<br>State licensure tests | Other examples such as:<br>Any relevant state surveys or assessments<br>Provider end-of-major projects or demonstrations; end of key course tests<br>Massachusetts Tests for Educator Licensure; Connecticut Foundations of Reading<br>GRE field tests; ETS major field tests<br><br>[Process for CAEP Early Instrument Evaluation of assessments and scoring guides is relevant here as well] |
| <b>1.2</b>       | edTPA and/or PPAT<br>Provider-created evidence (sources   |  |

| COMPONENT NUMBER | USUAL MEASURE OR EVIDENCE (12 measures)  | NEW/ DIFFERENT MEASURE OR EVIDENCE (36 measures)  |
|------------------|--|---|
|                  | such as are listed in 1.1)   |   |
| <b>1.3</b>       | SPA program reports and national recognition if available;<br>other accreditation recognition (e.g., CACREP, Montessori) or state approval | Number of Board certified program completers  |
| <b>1.4</b>       |  | Curricular alignment on college and career ready, including assessment of candidate proficiencies<br>Candidate performance assessment evidence  |
| <b>1.5</b>       | Clinical experience observations<br>Evidence of use of technology  |   |
| <b>2.1</b>       |  | Evidence of functioning partnerships—shared responsibility, common expectations, coherence across preparation, accountability for results   |
| <b>2.2</b>       |  | Evidence of co-selection, preparation, evaluation, support and retention in clinical faculty  |
| <b>2.3</b>       |  | EPP documentation of clinical preparation “depth, breadth, diversity, coherence, and duration”  |
| <b>3.1</b>       |  | Recruitment plan with base-points and progress toward explicit goals for gender, ethnicity, race, academic ability<br>Actual results toward goals   |
| <b>3.2</b>       |  | Admissions criteria for GPA and results<br>Admissions criteria for normed test and results<br>Junior year admissions include college GPA<br>Graduate level admissions include college GPA and Normed test such as GRE or MAT<br>State normed assessments demonstrating a correspondence with nationally normed assessments<br>Alternative criteria and case study |
| <b>3.3</b>       |  | Nonacademic factors in admissions and during preparation, evidence-based and monitored<br>Case study of results   |
| <b>3.4</b>       |  | Candidate progress at two or more points during preparation, including P-12 learning evidence during pre-service  |
| <b>3.5</b>       | [covered in component 1.1]   | [covered in component 1.1]  |
| <b>3.6</b>       |  | Curriculum and state measures of topic knowledge on special education laws, code of ethics, professional standards  |
| <b>4.1</b>       |  | Multiple measures of impact of completers on in-service P-12 student learning growth (such as VAM if available)<br>Case studies for omitted grades and subjects   |
| <b>4.2</b>       |  | Classroom observation evaluations, P – 12 student surveys   |

| COMPONENT NUMBER | USUAL MEASURE OR EVIDENCE (12 measures)  | NEW/ DIFFERENT MEASURE OR EVIDENCE (36 measures)  |
|------------------|--|---|
| 4.3              |  | Employer satisfaction with preparation<br>Persistence of completers in employment in positions for which prepared |
| 4.4              |  | Completer satisfaction with preparation   |
| 5.1              | Evidence offered, and qualities of that evidence, for self-studies as evidence of capacity of system | Quality assurance system data capacities, coherence of system   |
| 5.2              |  | Evidence of validity of use of data; convergence across multiple measures; agreement across raters                |
| 5.3              |  | Regular and systematic data-driven changes; monitoring of results; use of results to improve; trying innovations  |
| 5.4              |  | Use of impact and outcome data from eight annual measures; follow trends; implications for provider               |
| 5.5              |  | Involvement of stakeholders in sharing, decision making, evaluation, defining improvements                        |

## 2. Implementation through plans

As illustrated by the above table, making a case for meeting the CAEP standards requires new forms of accreditation evidence. Therefore, addressing components requiring new/different measures or evidence first necessitates that these measures be designed and/or implemented—that is, “plans” are the first step. The most frequently mentioned plans in the 2013 Standards are described as “case studies,” purposefully designed investigations of innovations or piloting or trials of particular interventions in preparation. Examples of this type of plan include development of assessments on college and career ready preparation under component 1.4; use of alternative admissions criteria under 3.2 or non-academic factors under 3.3; or evidence of candidate impact on P-12 student learning under 4.1. But “plans” are also appropriate for the partnership arrangements under components 2.1 and 2.2; recruitment efforts under 3.1; and involvement of stakeholders under 5.5. The CAEP Evidence Table in this Appendix indicates each instance where plans would be accepted as the initial implementation of CAEP standards.

## 3. The CAEP “phase in” schedule

CAEP provides a phase-in policy applicable to new forms of evidence required for some aspects of the 2013 Standards, as indicated above. The policy is addressed explicitly to providers with self-studies to be submitted during calendar years 2014 through 2017. Its intent is to create an expectation that providers need a developmental period of time and process to design and implement these new forms of evidence.

The policy provides a period for providers to develop their sources of evidence, beginning with a transition period (2014 and 2015) and extending for providers with self-studies due in the first two years after the 2013 Standards are required (2016 and 2017).

- Providers with visits in 2014 and 2015 may present plans in the self-study for collecting the required evidence and, once approved by the CAEP Accreditation Council, will present in their annual reports their progress in implementing these plans along the approved timeline.

- Providers submitting self-study reports in 2016 and 2017 may also present plans in their self-study in lieu of unavailable data and in addition will be expected to provide evidence of implementation in their self-study.
- CAEP will phase-in its Optional Early Instrument Evaluation of assessments between 2015 and 2017 for providers with self-studies due prior to 2018. These providers, with self studies due between 2015-2017, simply contact Monica Crouch at [Monica.crouch@caepnet.org](mailto:Monica.crouch@caepnet.org) for access to the template. Providers, with self studies due after 2017, will submit on the normal submission schedule.

See chart version of this policy on the following page.

### CAEP Evidence Phase-In Schedule

| If your next accreditation self-study is submitted in calendar year→   | If provider selected to be an early adopter of CAEP standards  |   | New CAEP standards required for all accreditation self-studies, reviews, and decisions  |   |  |  |  |
|--|--|---|---|---|--|--|--|
|  | 2014   | 2015  | 2016  | 2017  | 2018   | 2019   | 2020   |
| <p><b>1. General Phase-In Policy for Acceptable Forms of Self-Study Evidence.</b><br/> <i>Pertains To:</i> Topics in the CAEP standards requiring evidence not previously expected<br/>                     Topics are designated in the CAEP Evidence Table as follows: “PHASE-IN APPLIES”</p>  | <p><b>Plans</b><br/>                     (Progress data submitted in subsequent provider Annual Reports)</p>   | <p><b>Plans</b><br/>                     (Progress data submitted in subsequent provider Annual Reports)</p>  | <p><b>Plans + evidence of progress</b><br/>                     (Progress data submitted in subsequent provider Annual Reports)</p> | <p><b>Plans + evidence of progress</b><br/>                     (Progress data submitted in subsequent provider Annual Reports)</p> | <p><b>Evidence guidelines fully in place</b></p>   | <p><b>Evidence guidelines fully in place</b></p>   | <p><b>Evidence guidelines fully in place</b></p>   |
| <p><b>2. Standard3: 3.2 Phase-in of Performance on a Nationally Normed Assessment of Academic Ability Achievement/Ability</b><br/> <i>Pertains to:</i> Admitted candidate group average performance on nationally normed achievement/ability assessments; e.g., SAT, ACT, GRE</p>  | <p><b>Report performance or 3.2 Alternative 1 can be used or Alternative 2 criteria can be used, validated through investigation</b></p>   | <p><b>Report performance or 3.2 Alternative 1 can be used or Alternative 2 criteria can be used, validated through investigation</b></p>  | <p><b>Top 50% or 3.2 Alternative 1 can be used or Alternative 2 criteria can be used, validated through investigation</b></p>       | <p><b>Top 50% or 3.2 Alternative 1 can be used or Alternative 2 criteria can be used, validated through investigation</b></p>       | <p><b>*Top 40% or 3.2 Alternative 1 can be used or Alternative 2 criteria can be used, validated through investigation</b></p> | <p><b>*Top 40% or 3.2 Alternative 1 can be used or Alternative 2 criteria can be used, validated through investigation</b></p> | <p><b>*Top 33% or 3.2 Alternative 1 can be used or Alternative 2 criteria can be used, validated through investigation</b></p> |
| <p><b>3. The 8 Annual Reporting Measures Phase-In Implementation</b><br/> <i>Pertains to:</i> Program impact (Standard 4), including: P-12 student learning, teacher observations/ student surveys; employer satisfaction/ persistence; and completer satisfaction—these will benefit from new state data bases (already available in some states) for consistency and completeness, and be cost effective for Providers + Program outcome, including: licensure, completion, and hiring rates; and consumer information (encouraged but not part of accreditation)<br/><br/>                     CAEP requests for 2016 and beyond will be revised to improve</p> | <p><b>Data on completion, licensure and employment</b><br/>                     (consistent with Title II and/or PEDS) – <b>provider reporting is optional for 4 of the 8 measures</b></p> | <p><b>Data on completion, licensure and employment</b><br/>                     (consistent with Title II and/or PEDS) – <b>provider reporting is required for all 8 measures</b></p> | <p>Jan. 2016 CAEP request</p>   | <p>Jan. 2017 CAEP request</p>   | <p>Jan. 2018 CAEP request</p>  | <p>Jan. 2019 CAEP request</p>  | <p>Jan. 2020 CAEP request</p>  |

|  |  |  |  |  |  |  |  |
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| utility, feedback to providers, increase actual data reported, and set triggers to alert potential areas of concern. |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

\*In a February 13, 2015 CAEP Board action, implementation steps for the normed test criteria in 2018-2020 are deferred pending a Board study and additional action scheduled for December 2015.

## The examples of evidence

With that introduction, the evidence examples are arranged in three columns that provide the following information:

**A. Measure or type of evidence**—For each component of each standard, this column lists one or more assessments (e.g., state licensure test) or documents (e.g., recruitment plan), or provides a description of what the evidence is to address (e.g., provider capstone measures that sample multiple aspects of candidate teaching). It also includes reference notes on the purpose that the example measures are intended to serve—that is, what aspect of the component is being measured. Please note: the expectation is that self-studies will write holistically around each standard, and in the course of the documentation address the components. The writing is not to document that individual components are met—except in instances that Board policy has singled out: each of the components of Standard 4 on program impact and components 5.3 and 5.4 on continuous improvement. Again, **providers are welcome to employ different measures or types of evidence from those described in column A. If providers do make a different selection, providers are responsible for demonstrating that evidence has addressed the intent of the Standard in an equally effective way.**

**B. Guidelines for review**—This is a description of the criteria for evaluation of the evidence. Given the current state of the art, these are of widely differing character. Some are cut scores or percentile performances of candidates on particular tests; others are to be determined by Visitor Team judgment, following CAEP rubrics. The 2015 *CAEP Evidence Guide* will include guidelines on assessments, surveys and scoring guides to support the Team judgments.

**C. Attributes for accreditation review**—This column outlines the particular information that Visitor Team members will expect to find in self-studies during their off-site formative review and during the on-site accreditation visit. There are also references, where relevant, to CAEP’s optional Early Instrument Evaluation of assessments and scoring guides three years in advance of the self-study. For providers that choose to participate in this review, their self-study would be expected to include information about their responses to the evaluation and any changes they had made in their preparation instruments. The *CAEP Evidence Guide* includes a full listing of criteria for review of assessments, scoring guides and surveys. Providers are encouraged to make use of those criteria when they create their own instruments. (See section 6a and 6b of the January 2015 edition of the *Evidence Guide*.)

## Concluding notes

And there are four concluding notes on the examples. These relate to anticipated ways the evidence will be used in self-studies, to references that appear throughout the examples to “normed tests”, and, finally, to “cross-references” that appear here to “component 5.2” on data quality.

### 1. Use of the evidence in self-studies

In assembling self-studies, generally providers should focus on documenting their case that standards are met. They will bear in mind such guidelines as these:

- Frame the argument to be made for a standard—what points will be offered, which support the argument, which are neutral or conflict with others;
- Describe the data sources and representativeness, especially with regard to their relevance in supporting the standard—why are the data credible for this standard;
- Present the results in a way that aligns with the standard;
- Draw a conclusion about the extent to which the data support the standard; and
- Discuss the implications of the findings for subsequent action by the provider.

As part of this process, providers would disaggregate data and results for the program options and for other subgroups relevant to the issue under investigation. This will allow for identification of noteworthy variations or provide evidence

of consistency across subgroups. Providers should also look for patterns in the data, such as variations over time or after changes to the program or context. Of course, all data have limitations and one means to moderate the limitations is to draw on multiple sources of data in framing the case that each standard is met. Multiple sources allow providers to “triangulate” data – helping to document different aspects of a facet of preparation – and to enrich their analyses through indications of convergence, where findings are mutually reinforcing or contradictory. In the self-study report, the argument should highlight confirming and conflicting findings from the data. Finally, when possible, providers should make comparisons between their data and any existing benchmarks, normative comparisons to peers, or performance standards. These final steps generate a context for considering the implications of findings for program-related decisions.

All components of a standard are covered in the summary statement, but different providers may give different emphases to each component in its statement. The focus is on the standard itself, and the provider’s summary statement should emphasize the standard’s holistic and overarching expectation. The narrative should not be a rewording of the standard statement or a provider assertion left unsubstantiated by data.

As a general rule, CAEP expects that data in self-studies will indicate trends, derived from at least three points, or “cycles”, in which assessments, surveys or other evidence have been administered. The frequency would depend on the particular data set, with some, perhaps gateway measures, administered only once per year or once per cohort of candidates. Others might monitor progress during preparation and would be administered more frequently. In either case, three cycles would help to affirm trends as well as the status of the phenomenon under investigation. There may be situations when only two or even one data point is available. This is especially likely when new assessments are under development, or when, following provider participation in the Optional Early Instrument Evaluation, an assessment is modified and a new data collection series initiated prior to a site visit. This situation should be considered by both CAEP and the provider as evidence of continuous improvement. CAEP may request that results be submitted in the provider’s annual reports for year or two, until stability with the revised measures has been demonstrated.

## **2. Use of “normed tests”**

In addition to the general guidance above, there is a special note on all the references that appear in these pages to normed tests such as licensure tests (for example for Standard 1), or ACT or SAT tests (for Standard 3).

**Normed Test Improvement Rule:** *Some of the metrics used by CAEP in the accreditation process are normed nationally, or may have a locally established or a professional consensus-established performance score. Every provider should aspire to be in at least the top half of any such metric that it uses, but obviously not all can do so. Moreover, the universes for similar metrics that are not normed nationally may not be comparable. Generally CAEP will apply this rule:*

- *If a provider falls within the 25th or lower percentile on any normed metric that it submits, it is expected also to submit a plan for raising that score as part of its self-study report and to exceed the 25th percentile within two years.*
- *All providers performing in the 26<sup>th</sup> through the 49<sup>th</sup> percentile are expected to achieve in the top half of those universes as part of their general plans for continuous improvement.*

The CAEP accreditation judgment –whether a standard is met or whether there is a stipulation or weakness—would depend on the significance of the normed test data in the provider’s documentation for a particular standard. For example, if the data inform the admissions selectivity criteria in component 3.2, the explicit performance levels are stated as part of 3.2, so failing to meet them would likely result in a stipulation or failure to meet Standard 3. If, in contrast, the data are to inform Standard 1 on content knowledge, the normed data from one test might be part of a suite of measures. In that case, the accreditation decision would balance the strength of the case considering all relevant submitted evidence. The decision might be less severe, such as a weakness to be corrected by the next visit.

### 3. Characteristics and interpretations of evidence

There are numerous references in the table that read “cross-reference to guidelines for Visitor Team in 5.2 for valid interpretation of evidence” or some similar phrase. This is a reference to the expectations stated in component 5.2: “the provider’s quality assurance system relies on relevant, verifiable, representative, cumulative and actionable measures, and produces empirical evidence that interpretations of data are valid and consistent.” The cross reference is repeated as a reminder that data quality and interpretations are concerns for all evidence, but that the providers’ primary documentation of those attributes falls under their self-study documentation for component 5.2 and need not be repeated for each standard or component individually. If assessments producing data for standards and/or components are not relevant, verifiable, representative, cumulative, and actionable, the resulting data cannot be trusted in terms of judging whether or not standards have been met. (See sections five, Validity and other Principles of “Good Evidence”, and section six, Evidence created and administered by providers, of the January 2015 edition of the *CAEP Evidence Guide*.)

### 4. Addressing cross-cutting themes of technology and diversity

Places where the cross-cutting themes of diversity and technology must be explicitly addressed through evidence are identified by the following icons in the CAEP Evidence Table.

Providers must address the two cross-cutting themes of diversity and technology within self study in general, and specifically in the areas listed below.

#### Diversity

- Incorporation of multiple perspectives, respect and responsiveness to cultural differences, and understanding of their own frames of reference
- Standard 1
  - emphasizes “all students” must demonstrate skills and commitment that provide all P-12 students access to rigorous college and career ready standards
- Standard 2
  - Clinical experiences that prepare candidates to work with all students
- Standard 3
  - Providers committed to outreach efforts to recruit a more able and diverse candidate pool

#### Technology

- Incorporation of technology to improve teaching effectiveness, enhance instruction, and manage student and assessment data while engaging students in the application of technology to enhance their learning experiences.
- Standard 1
  - Endorses InTASC teacher standards
  - Providers are to “...ensure that completers model and apply technology standards as they design, implement, and assess learning experiences to engage students and improving learning and enrich professional practice.”
- Standard 2
  - Technology-enhanced learning opportunities
  - Appropriate technology-based applications
  - Technology based collaborations
- Standard 3
  - Candidates integrate technology into all learning domains

A coda on data used for accreditation evidence

Faculty and administrators, state policymakers, and accrediting bodies must all make decisions about the merits of programs. These decisions should be made with the best evidence that can be obtained now, rather than the evidence we might like to have, or that might be available in the future. In its report on evaluating teacher preparation programs, the American Psychological Association wrote: "...decisions about program effectiveness need to be made consistently and fairly. Using the most trustworthy data and methods currently available at any given decision point is the optimal way to proceed"<sup>6</sup>. CAEP concurs. The perfect must not be the enemy of the good.

## CAEP EVIDENCE TABLE

**STANDARD 1** *The provider ensures that candidates develop a deep understanding of the critical concepts and principles of their discipline and, by completion, are able to use discipline-specific practices flexibly to advance the learning of all students toward attainment of college- and career-readiness standards.*

**1.1** *Candidates demonstrate an understanding of the 10 InTASC standards at the appropriate progression level(s) in the following categories: the learner and learning; content; instructional practice; and professional responsibility.*

| A. Measure or type of evidence   | B. Guidelines for review   | C. Accreditation review  |
|--|--|--|
| <p><b>Evidence, disaggregated by specialty license area</b> (as applicable, include instruments and provider rubrics for scoring with evidence submissions), <b>that makes a case for candidate proficiency as defined in the InTASC standards</b> from measures such as:</p> <p><b>Provider-created measures:</b></p> <ul style="list-style-type: none"> <li>• Clinical experience observation instrument</li> <li>• Lesson &amp; unit plans</li> <li>• Portfolios</li> <li>• Teacher work samples;</li> <li>• GPA (for courses specific to the learner such as developmental psychology, motor development, etc.)</li> <li>• Dispositional and professional responsibility data</li> <li>• Comparisons of education and other IHE attendees on provider end-of-major projects or demonstrations (if applicable to provider);</li> <li>• End-of-key-course tests</li> <li>• Pre-service measures of candidate impact on P-12 student learning such as during methods courses, clinical experiences, and/or at exit</li> <li>• Capstone assessments (such as those including measures of pre-service impact on P-12 student learning and development as well as lesson plans, teaching artifacts, examples of student work and observations or videos</li> </ul> | <p>Disaggregated evidence for each of the four InTASC categories. Also, analysis of patterns, differences, comparisons, consistency:</p> <p><b>Provider-created measures conform to guidelines in the CAEP Evidence Guide</b> (6. Evidence created and administered by providers)</p> <p><b>On provider-created measures:</b></p> <ul style="list-style-type: none"> <li>• Class average at or above acceptable levels on scoring guide items specific to the four categories in the InTASC Standards</li> <li>• Multiple items are included for each InTASC category and align with the category</li> <li>• Clinical Experience – at or above acceptable level on rubric items.</li> <li>• Demonstration that candidate performance is comparable to non-candidate performance in the same courses or majors</li> </ul> | <p><b>Optional Early Instrument Evaluation review:</b> CAEP review of instruments and scoring guides, with evaluation returned to the provider.</p>  <p><b>Off-site:</b> review of provider’s response to CAEP instrument evaluation, if available; modifications in instruments for relevance and alignment.</p> <p>Review includes an analysis of data by specialty/ license area and subscore area, GPA in comparison to majors and non-majors in classes where applicable, and the following:</p> <ul style="list-style-type: none"> <li>• InTASC standards 1, 2 and/or 3 in relation to characteristics in notes;</li> <li>• InTASC Standards 4 and/or 5 in relation to characteristics in notes;</li> </ul> |

<sup>6</sup> Worrell, F., Brabeck, M., Dwyer, C., Geisinger, K., Marx, R., Noell, G., and Pianta, R. (2014). *Assessing and evaluating teacher preparation programs*. Washington, DC: American Psychological Association.

judged through rubric-based reviews by trained reviewers) that sample multiple aspects of teaching including pre-and post-instruction P-12 student data

**State-created measures, outside licensure measures:**

- Relevant surveys or assessments (see provider-created measures above for potential example types), if any

**Licensure measures:**

Report pass rates, overall performance scores, and subscales by times attempted

- Praxis and/or Pearson online, Pearson/State
- Pedagogical content knowledge licensure test such as Praxis PLT
- Proprietary assessments that may or may not be required by the state (such as edTPA and PPAT)
- Other examples: Massachusetts Tests for Educator Licensure, Elementary General curriculum; Pearson Foundations of Reading; Connecticut/Pearson Foundations of Reading licensure test

**Other specialty content tests:**

Pass rates, overall performance scores, and subscales by times attempted

- GRE field tests (limited fields—biochemistry, cell and molecular biology, biology, chemistry, computer science, literature in English, mathematics, physics, psychology); pass rates by times attempted for ETS major field tests; cohort average performance compared with all college test takers

**NOTES ON THE PURPOSE OF THESE MEASURES**

Self-studies make use of multiple measures to document that candidates and completers exhibit the characteristics described in Standard 1 and component 1.1 (the InTASC standards). Distinct levels of candidate performance are defined; items on assessments align with InTASC standards. The provider establishes explicit criteria for candidate performance. In displaying evidence in the self-study, the provider gives meaning to the number values by making comparisons with national test

(as applicable)

**State-created measures, outside licensure measures:**

- Specialty license area average at or above acceptable levels on scoring guide items specific to the four categories in the InTASC Standards
- Specialty license area performance benchmarked against the average specialty license area performance of other providers in the state

**Licensure measures:**

- 90% of preparation program completers pass at the professional cut score, if available, or state cut score within two administrations. Note: 90% pass guideline only applies to licensure tests that have been required for over three years.
- *Normed Test Improvement Rule* applies (see below for details)

**Other specialty content tests:**

- *Normed Test Improvement Rule* applies
  - If < 25<sup>th</sup> percentile, includes appropriate plan to exceed within three years
  - If < 50<sup>th</sup> percentile, exceeding should be included in general continuous improvement plans under Standard 5.3



Cross-reference to guidelines for Visitor Team in Standard 5.2 for valid interpretation of evidence

- InTASC Standards 6, 7, and 8 in relation to characteristics in notes;
- InTASC Standards 9 and/or 10 in relation to characteristics in notes;

**On-site:** verify self-study evidence with regard to the four InTASC standards clusters



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| <p>taker pool performance, or state test taker pool performance, or non-candidates in the same courses or majors.</p> <p>Evidence is gathered and reported about candidate competence in the standards and four cluster areas of InTASC, disaggregated by specialty/ license area, and including candidate proficiency in working with diverse P-12 students, as follows:</p> <ul style="list-style-type: none"> <li>○ <u>Learner and Learning (InTASC standards 1, 2, and 3)</u>: Content specific methods courses that have learner development, learning differences, and creation of learning environments embedded into the course work. Performance level and interpretation. Evidence of candidate competence with all students.</li> <li>○ <u>Content (InTASC standards 4 and 5)</u>: Deep subject content knowledge; application of content. Performance level and interpretation.</li> <li>○ <u>Instructional Practice (InTASC standards 6, 7 and 8)</u>: Evidence that candidates have opportunities to practice and then demonstrate knowledge and skills in assessment; also in planning for instruction and in instructional strategies that develop deep understanding of content areas and their connections for all students. Performance level and interpretation. Candidates demonstrate modeling of digital and interactive technologies to achieve specific learning goals, and engage students</li> </ul>  <ul style="list-style-type: none"> <li>○ <u>Professional Responsibility (InTASC standards 9 and 10)</u>: Dispositional and professional development data, including leadership roles.</li> </ul> |  |  |
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**1.2 Providers ensure that completers [at exit] use research and evidence to develop an understanding of the teaching profession and use both to measure their P-12 students' progress and their own professional practice.**

| <b>A. Measure or type of evidence</b>   | <b>B. Guidelines for review</b>  | <b>C. Accreditation review</b>  |
|---|--|---|
| <p><b>Evidence, disaggregated by specialty license area</b> (as applicable, include instruments and provider rubrics for scoring with evidence submissions), <b>specific to research and evidence use in the content area</b> from sources such as:</p> <ul style="list-style-type: none"> <li>● Work sample</li> <li>● Provider- created or proprietary assessments</li> <li>● Pre &amp; post data and reflections on the</li> </ul> | <p>For those aspects of the evidence that explicitly address “use research and evidence”, performance at or above acceptable level on all rubric items (e. g., score of 4 or 5 on edTPA items on reflection rubric).</p> | <p><b>Optional Early Instrument Evaluation review:</b> CAEP review of instruments and scoring guides, with evaluation returned to the provider.</p> <p><b>Off-site:</b> review of</p> |

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| <p>interpretation and use of this data</p> <ul style="list-style-type: none"> <li>Portfolio (including assessment of assignments made to students and artifacts produced)</li> </ul> <p><b>NOTES ON THE PURPOSE OF THESE MEASURES</b><br/>         These examples could provide evidence that candidates or completers are able to use data for instructional decision-making; provide direct evidence (e.g., from edTPA, PPAT, reflections or portfolios) of candidate proficiencies in use of data or and research. Criteria would be identified and expectations defined in self-studies.</p> | <p>Cross-reference to guidelines for Visitor Team in Standard 5.2 for valid interpretation of evidence</p> | <p>provider’s response to CAEP evaluation; modifications in instruments for relevance and alignment.</p> <p><b>On-site:</b> Verification of self-study evidence and validity of claims</p> |
|--|--|--|

*1.3 Providers ensure that completers [at exit] apply content and pedagogical knowledge as reflected in outcome assessments in response to standards of Specialized Professional Associations (SPAs), the National Board for Professional Teaching Standards (NBPTS), states, or other accrediting bodies (e.g., National Association of Schools of Music--NASM).*

| A. Measure or type of evidence  | B. Guidelines for review  | C. Accreditation review  |
|---|---|--|
| <p><b>Evidence, disaggregated by specialty license area, to demonstrate candidate proficiency according to specialty area, state, and/or other accrediting standards</b> from measures such as:</p> <ul style="list-style-type: none"> <li>SPA reports</li> <li>Other specialty area accreditor reports</li> <li>Specialty area-specific state standards achieved OR evidence of alignment of assessments</li> </ul> <p><b>NOTES ON THE PURPOSE OF THESE MEASURES</b><br/>         National Recognition achieved; other specialty area accreditation achieved; state program approval; or evidence of alignment of assessments with specialty standards<br/>         These sources of standards and/or reports can be used to provide evidence for other components of Standard 1 with standards of Specialized Professional Associations (SPA), the National Board for Professional Teaching Standards (NBPTS)--number of completers who have been Board certified, state specialty area standards, or standards of other accrediting bodies (e.g., National Association of Schools of Music – NASM).<br/>         State-specific questions may be inserted for all specialty license area review options, including SPA review.</p> | <p>Implementation of <b>Optional Early Instrument Evaluation</b> review feedback, if applicable</p> <p>If provider submitted SPA report:</p> <ul style="list-style-type: none"> <li>70% of candidates are enrolled in Nationally Recognized programs through the SPA process</li> </ul> <p>As applicable:</p> <ul style="list-style-type: none"> <li>Other specialty area accreditation achieved</li> <li>State program approval</li> <li>Number of Board Certified teachers among the provider’s completers over time</li> </ul> <p>When the above are unavailable:<br/>         Alignment of assessments used to provide evidence for other components of Standard 1 with specialty standards</p> | <p><b>Optional Early Instrument Evaluation review:</b> CAEP review of instruments and scoring guides, with evaluation returned to the provider. Items specific to specialty area, state, and/or other accrediting standards should appear on assessments and scoring guides.</p> <p><b>Off-site:</b> review consistency across specialty license areas; review consistency of evidence for 1.3 with additional evidence described for 1.1; determine questions for on site</p> <p><b>On-site:</b> Check for updates since SPA, feedback, specialty accreditor, or state reports; verify data</p> |

*1.4 Providers ensure that completers [at exit] demonstrate skills and commitment that afford all P-12 students access to rigorous college- and career-ready standards (e.g., Next Generation Science Standards, National Career Readiness Certificate, Common Core State Standards).*

| A. Measure or type of evidence | B. Guidelines for review | C. Accreditation review |
|--------------------------------|--------------------------|-------------------------|
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**Multiple forms of evidence, disaggregated by specialty license area, indicating that candidates proficiency using approaches** (such as higher-level thinking skills and problem-solving learning experiences) **that afford access to and demonstrate use of college- and career-ready standards for all P-12 students.**

**Curricular alignment**

Evidence of short and long-term changes to scope and sequencing of curriculum/modules that prepare candidates to teach college and career readiness standards effectively.

Also, assessment curriculum inputs to promote candidates’ assessment proficiencies: (1) course work focused on assessment, (2) embedded assessment topics in content and methods courses, and (3) providing candidates real-world opportunities to apply what they have learned about assessment.

**Assessment planning**

Plan to build toward performance evidence that demonstrates candidates’ ability to teach to college- and career ready standards.

Measures might include clinical experience observation Instrument; lesson plans; video evidence; portfolios, reflection, and dispositional data

- To demonstrate that candidates can:
  - 1) engage all students in critical thinking activities, cogent reasoning and evidence collection;
  - 2) assess P-12 student mastery of multiple standards, checking for student learning;
  - 3) analyze and interpret student data;
  - 4) use assessment and student data to differentiate learning



**PHASE-IN APPLIES**

**NOTES ON THE PURPOSE OF THESE MEASURES**  
Component 1.4 emphasizes college- and career-ready preparation and making that level of instruction available for all P-12 students. The examples of measures—pending more complete integration of strong content standards into the P-

Evidence that curriculum topics and clinical experiences instruct, allow practice of, and reinforce college and career ready standards for all P-12 students.

**On curricular alignment:**

- Evidence indicates that courses and experiences are aligned with college- and career-ready standards (e.g., Next Generation Science Standards, National Career Readiness Certificate, Common Core State Standards);
- All P-12 students are actively engaged;
- multiple approaches used in candidate’s lessons;
- higher order skills required (problem solving; application of knowledge; critical thinking)

**On assessment planning:**

- Phase in plan for assessments aims toward instruments that can demonstrate candidate proficiencies that equip them to help all P-12 students meet criteria for career and college readiness standards.
- Plan includes the provider identification of key criteria for college and career readiness standards and performance outcomes which include problem solving, application of content, and critical thinking.
- Clinical observation instruments include items specific to the commitment to all students; Differentiated instruction is evident in lesson plans and observational instruments

**Optional Early Instrument**

**Evaluation review:** CAEP review of instruments and scoring guides, with evaluation returned to the provider. Items specific to college and career readiness should appear on assessments and scoring guides.



**Off-site:** review of provider’s response to CAEP evaluation; modifications in instruments for relevance and alignment. Provider identifies key criteria for these learning experiences. Also, review results from CAEP-administered candidate survey (that will ask about candidate preparation related to college- and career-ready standards)



**On-site:** review verifies above evidence; visitors could ask to see videos of candidates demonstrating these skills documenting the learning experiences specific to career and college readiness standards, as identified in the scoring guide at various levels.



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| <p>12 curriculum and wide acceptance of the more rigorous P-12 assessments meant to accompany them—are partly on preparation curricular alignment and partly on candidate assessments.</p> <p>This approach represents CAEP’s understanding of the current state-of-practice. It is an interim approach. All the elements that comprise appropriate evidence of teacher preparation aligned with rigorous college- and career-ready level of learning are in flux. States are making decisions about the standards to guide instruction, the content of curricula by which standards will be implemented, and the aligned assessments that will be used to monitor P-12 student progress. Additionally, they are considering the implications for teacher standards and program approval guidelines.</p> <p>As these development unfold, CAEP will join with states, EPPs, and assessment developers in building stronger teacher preparation and licensure assessments. Over time, there instruments need to become valid indicators of completer proficiencies for instruction at college- and career-ready levels.</p> | <p>Phase in plan for assessments directed toward candidate proficiencies to instruct at college and career ready levels at or above acceptable levels on scoring guides. Include:</p> <ul style="list-style-type: none"> <li>• Focused teaching experiences, and video evidence address specific college and career ready attributes.</li> <li>• Lesson and unit plan evidence assessments scoring at the acceptable level or above on learning experiences specific to career and college readiness.</li> </ul>  <p>Cross-reference to guidelines for Visitor Team in Standard 5.2 for valid interpretation of evidence</p> |  |
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**1.5 Providers ensure that completers [at exit] model and apply technology standards as they design, implement and assess learning experiences to engage students and improve learning; and enrich professional practice.**

| A. Measure or type of evidence  | B. Guidelines for review  | C. Accreditation review  |
|---|---|--|
| <p><b>Evidence, disaggregated by specialty license area, of completers modeling and application of technology standards</b> through measures such as:</p> <ul style="list-style-type: none"> <li>• Clinical experience observation instrument;</li> <li>• lesson or unit plans</li> <li>• portfolios</li> <li>• work sample with exhibition of applications</li> <li>• and use of technology in instruction</li> <li>• technology course signature project/ assignment</li> </ul> <p>NOTES ON THE PURPOSE OF THESE MEASURES<br/>Examples intended to provide self-study documentation that preparation assessments of candidates and candidates’ teaching and assessment of P-12 students are aligned with technology standards, such as those from the</p> | <p>Candidates at or beyond acceptable levels on scoring guide or rubric items on all relevant categories on the clinical experience observation instrument; video evidence; lesson plan or unit plans; items specific to technology at or above acceptable level on work sample.</p> <p>Cross-reference to guidelines for Visitor Team in Standard 5.2 for valid interpretation of evidence</p> | <p><b>Optional Early Instrument Evaluation review:</b> CAEP review of instruments and scoring guides, with evaluation returned to the EPP.</p> <p><b>Off-site:</b> review of EPP’s response to CAEP evaluation; modifications in instruments for relevance and alignment. EPP identifies key criteria for these learning experiences. Review relevance of the instrument for the claim</p> |

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| <p>International Society for Technology in Education (ISTE).</p> <p>Also, examples could demonstrate that candidates' P-12 students are involved in use of technology; technology is aligned with goals of lesson; technology is used to differentiate instruction; and technology enhances the lesson.</p> |  | <p><b>On-site:</b> Verification that EPP models the use of technology</p> |
|---|--|---|

**STANDARD 2** *The provider ensures that effective partnerships and high-quality clinical practice are central to preparation so that candidates develop the knowledge, skills, and professional dispositions necessary to demonstrate positive impact on all P-12 students' learning and development.*

*2.1 Partners co-construct mutually beneficial P-12 school and community arrangements, including technology-based collaborations, for clinical preparation and share responsibility for continuous improvement of candidate preparation. Partnerships for clinical preparation can follow a range of forms, participants, and functions. They establish mutually agreeable expectations for candidate entry, preparation, and exit; ensure that theory and practice are linked; maintain coherence across clinical and academic components of preparation; and share accountability for candidate outcomes*

| A. Measure or type of evidence | B. Guidelines for review | C. Accreditation review |
|--------------------------------|--------------------------|-------------------------|
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|--|---|---|
| <p><b>Multiple sources of documentation that provide evidence of shared responsibility for continuous improvement of preparation, common expectations for candidates, coherence across clinical and academic components and accountability for the results in P-12 learning.</b></p> <p>Examples of evidence could include:</p> <ul style="list-style-type: none"> <li>• Description of partnerships (e.g., MOU) along with documentation that partnership is being implemented as described</li> <li>• Schedule of joint meetings between partners and purpose/ topics covered in meetings</li> <li>• Field experience handbooks (section(s) specific to component)</li> <li>• Documentation of stakeholder involvement</li> <li>• Technology-based collaborations</li> <li>• Budgets/expenditures list</li> <li>• Evidence that placements, observational instruments, and evaluations are co-constructed by partners</li> </ul>  <p><b>PHASE-IN APPLIES</b></p> <p><b>NOTES ON THE PURPOSE OF THESE MEASURES</b></p> <p>Evidence would document that partnership functions so that both partners share in critical decisions that bear on clinical experiences of</p> | <p>Visitor Team judgment on whether or not the EPP has succeeded in creating partnerships that address the standard, with emphasis on mutual benefits.</p> <p>The ultimate question--which needs verification during the site visit--is whether relationships with schools are functioning, constructive, and ensure that candidates get clinical experiences enabling them to teach effectively.</p>  | <p><b>Off-site:</b> Document analysis prior to the site visit to determine aspects of co-construction, collaboration, shared responsibility that will be investigated on-site.</p>  <p><b>On-site:</b> Verify that claimed attributes of collaboration and partnering are, in fact, happening. Examples where such verification might be found include focused interviews, sampling of file records on interactions with partners; inspecting Commission specified information such as candidate data tracking and data sharing, "combined resource allocation," and decisions about "course adjustments".</p>  |
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candidates. Collaborations include digital and technology applications.

The evidence in the self-study could simply be a description of what is done—the real verification has to happen on-site.

**2.2** *Partners co-select, prepare, evaluate, support, and retain high-quality clinical educators, both provider- and school-based, who demonstrate a positive impact on candidates’ development and P-12 student learning and development. In collaboration with their partners, providers use multiple indicators and appropriate technology-based applications to establish, maintain, and refine criteria for selection, professional development, performance evaluation, continuous improvement, and retention of clinical educators in all clinical placement settings.*

| A. Measure or type of evidence   | B. Guidelines for review  | C. Accreditation review  |
|--|---|--|
| <p><b>Documentation that high quality clinical educators are co-selected, prepared, evaluated, supported and retained.</b></p> <p>The evidence might draw from indicators demonstrating:</p> <ul style="list-style-type: none"> <li>• clinical educator and clinical placement characteristics with co-selection, based on shared criteria</li> <li>• Criteria for selection of clinical educators, including recent field experience and currency in relevant research;</li> <li>• Professional dispositions evaluation;</li> <li>• Orientation of clinical educators</li> <li>• Performance evaluations</li> <li>• Surveys of clinical educators, candidates, employers, and/or human resources directors;</li> <li>• Records of counseling out of clinical educators;</li> <li>• Clinical educators training/coaching</li> <li>• Joint sharing of curriculum development/design/redesign between provider and site</li> </ul>  <p>PHASE-IN APPLIES</p> <p>NOTES ON THE PURPOSE OF THESE MEASURES<br/>Plan includes methods to measure the purposes of co-selection, preparation, evaluation, support and retention of clinical faculty.</p> | <p>Visitor Team judgment that provider evidence demonstrates that high quality clinical educators are co-selected, prepared, evaluated, supported and retained.</p>  | <p><b>Off-site:</b> Provider, together with its partners, has</p> <ul style="list-style-type: none"> <li>• Recruitment and selection criteria,</li> <li>• Training provisions</li> </ul> <p>Document analysis prior to the site visit to determine where document does/doesn’t cover elements of the component <b>and</b> indicate what will be investigated on-site.</p>  <p><b>On-site:</b><br/>Verify whether those recruitment, selection, and training provisions are actually implemented and whether they appear to be substantial and consequential.<br/>This could include:</p> <ul style="list-style-type: none"> <li>• Sample check of accuracy of data files</li> </ul> <p>Re-computation of sample of data results</p>  |

**2.3** *The provider works with partners to design clinical experiences of sufficient depth, breadth, diversity, coherence, and duration to ensure that candidates demonstrate their developing effectiveness and positive impact on all students’ learning and development. Clinical experiences, including technology enhanced learning opportunities, are structured to have multiple performance-based assessments at key points within the program to demonstrate candidates’ development of the knowledge, skills, and professional dispositions, as delineated in Standard 1, that are associated with a positive impact on the learning and development of all P-12*

students.

| A. Measure or type of evidence  | B. Guidelines for review   | C. Accreditation review   |
|---|--|---|
| <p><b>Documentation of provider and partner probe of the relationships between outcomes and a particular facet of clinical preparation (depth, breadth, diversity, coherence, or duration):</b></p> <ul style="list-style-type: none"><li>• Selection of one of the facets of preparation based on analyses of data and individual fit examine current placement and then test the specific facet systematically (controlling for other variables) to gather data on what works</li><li>• To summarize outcomes, providers could cross-reference their findings and conclusions from Standard 1.1 evidence on exiting completer competencies, from Standard 3.4 evidence on monitoring of candidate development during preparation, and from Standard 4.1 evidence about completer impact on P-12 student learning.</li><li>• To examine clinical experiences, providers should ensure that these experiences are deliberate, purposeful, sequential, and assessed using performance-based protocols</li><li>• To examine clinical experiences, Standard 2.3 is asking that the provider consider the relationship between the outcomes and the attributes of the clinical experiences. The question is: what is it about the experiences (that is, depth, breadth, diversity, coherence and duration) that can be associated with the observed outcomes?</li><li>• Description of clinical experience goals and operational design along with documentation that clinical experiences are being implemented as described; scope and sequence matrix that charts depth, breath and diversity of clinical experiences; chart of candidate experiences in diverse settings; monitoring of candidate progression and counseling actions; application of technology to enhance instruction and P-12 learning for all students.</li></ul>  <p><b>PHASE-IN APPLIES</b></p> <p><b>NOTES ON THE PURPOSE OF THESE MEASURES</b><br/>The example avoids repeating candidate exit measures that appear under component 1.1, and</p> | <p>Visitor Team judgment that the provider has made a case their design is “of sufficient depth, breadth, diversity, coherence, and duration”. In addition, the provider must provide evidence that these experiences are deliberate (a specific focus), purposeful (design to achieve specific outcomes), sequential (progressive), and assessed using performance-based protocols (see assessment criteria).</p> <p>Emphasis for 2.3 is on relationships of attributes of clinical experiences with the developing knowledge and skills of candidates, exit level achievements, and subsequent performance of completers. Therefore the decision is about quality of design approach to testing specific aspect and emphasis is on the interpretation of what was learned—not whether or not it worked better.</p>  <p>(NOTE: CAEP encourages research connecting specific aspects of clinical preparation to outcomes that can inform the field and promote, research, innovation, and continuous improvement. Therefore, providers will not be penalized for trying something that does not yield better results.)</p> <p><a href="#">Cross-reference to guidelines</a></p> | <p><b>Off-site:</b> Verify whether the documentation provides indicators of implementation as described, whether it is substantial and consequential, and whether each design aspect shows evidence of partner input and execution. Indicate where document does/doesn’t cover elements of the component and will indicate what will be investigated on-site.</p>  <p><b>On-site:</b> Verify the provider’s case for sufficiency and test implementation through partner interviews and records of stakeholder and partner consideration of candidate results.</p>  |

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| <p>shifts to provider investigation of what it can learn from its current experience, or planned variation of that experience, about attributes of clinical preparation.</p> <p>The provider would gather data on a specific facet of preparation in relation to outcomes. This could be an example of a provider monitoring innovations for Standard 5.3. The purpose would be to illustrate the relationship of documented outcomes with the provider’s case that its clinical experiences are of “sufficient depth, breadth, diversity, coherence and duration,” as the phrase appears in Standard 2.</p> <p>The self-study would document that the facet chosen and manner tested produces useful information. Data would ideally be available from at least two years. There would be a thorough description of why particular facet was selected, how it was tested, and what was learned.</p> | <p>for Visitor Team in Standard 5.2 for valid interpretation of evidence, Standard 1.1 for candidate competence, Standard 3.4 for candidate progress, and 3.5 for candidate exit proficiencies.</p> |  |
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**STANDARD 3** *The provider demonstrates that the quality of candidates is a continuing and purposeful part of its responsibility from recruitment, at admission, through the progression of courses and clinical experiences, and to decisions that completers are prepared to teach effectively and are recommended for certification. The provider demonstrates that development of candidate quality is the goal of educator preparation in all phases of the program. This process is ultimately determined by a program’s meeting of Standard 4.*

**3.1** *The provider presents plans and goals to recruit and support completion of high-quality candidates from a broad range of backgrounds and diverse populations to accomplish their mission. The admitted pool of candidates reflects the diversity of America’s P-12 students. The provider demonstrates efforts to know and address community, state, national, regional, or local needs for hard-to-staff schools and shortage fields, currently, STEM, English-language learning, and students with disabilities.*

| A. Measure or type of evidence   | B. Guidelines for review   | C. Accreditation review   |
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| <p>Application and acceptance rates disaggregated by demographic variables such as socio-economic background, gender, ethnicity, and other background characteristics.</p> <p><b>Strategic recruitment plans</b>, based on provider mission and employment opportunities (including STEM and ELL) for completers and needs to serve increasingly diverse populations. Includes plans for outreach, numerical goals and base data, monitoring of progress, analyses and judgment of adequacy of progress toward goals, and making indicated changes. Also:<br/>(1) evidence of resources moving toward identified</p> | <p>Visitor Team judgment that plan and its implementation move toward greater teacher workforce diversity and ability:</p> <ul style="list-style-type: none"> <li>demonstrates knowledge of employment opportunities for completers (refer to details in excerpt from CAEP Standards in column A)</li> <li>demonstrates efforts to know and address community, state, national,</li> </ul> | <p><b>Off-site:</b> plan provided that addresses both diversity and ability; includes base point, implementation, results, and use of results data</p>  <p><b>On-site:</b> Verification of file data; interviews on feasibility of targets and confidence in recruitment strategies; verify from records and interviews that the “knowledge” is data</p> |

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| <p>targets and away from low need areas;<br/> (2) evidence of marketing and recruitment at high schools and/or colleges that are racially and culturally diverse; and<br/> (3) evidence of collaboration with other providers, states, school districts as an indicator of outreach and awareness of employment needs.</p>  <p><b>PHASE-IN APPLIES</b></p> <p><b>NOTES ON THE PURPOSE OF THESE MEASURES</b><br/> An adequate plan will demonstrate base points on current measures of (1) academic achievement/ability and (2) diversity and provider knowledge of employment needs; targets for each year (five to ten). Results are used to judge effects of recruitment and to adjust recruitment strategies if called for.</p> <p>Provider demonstrates knowledge of employment opportunities in schools/districts/regions where candidates are likely to be placed, including hard-to-staff schools and shortage fields.</p> | <p>regional, or local needs for hard-to-staff schools and shortage fields, currently, STEM, English-language learning, and students with disabilities</p> <ul style="list-style-type: none"> <li>• is being executed (i. e., that recruitment data provided aligns with plan and is continually being used to adjust the plan to better address the standard)</li> <li>• data demonstrate movement toward greater teacher workforce diversity and ability</li> </ul>  <p>Data are disaggregated to meaningful levels for the provider to analyze and use for continuous improvement—by specialty license area, by clusters (e.g., secondary), or the entire provider (e.g., for an all elementary preparation provider).</p> | <p>based; verify use and changes in strategies, if called for</p>  |
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**3.2** The provider sets admissions requirements, including CAEP minimum criteria or the state’s minimum criteria, whichever are higher, and gathers data to monitor applicants and the selected pool of candidates. The provider ensures that the average grade point average of its accepted cohort of candidates meets or exceeds the CAEP minimum of 3.0, and the group average performance on nationally normed ability/achievement assessments such as ACT, SAT, or GRE:

- is in the top 50 percent from 2016-2017;
- is in the top 40 percent of the distribution from 2018-2019; and
- is in the top 33 percent of the distribution by 2020.

[ALTERNATIVE 1] If any state can meet the CAEP standards, as specified above, by demonstrating a correspondence in scores between the state-normed assessments and nationally normed ability/achievement assessments, then educator preparation providers from that state will be able to utilize their state assessments until 2020. CAEP will work with states through this transition.

[ALTERNATIVE 2] Over time, a program may develop a reliable, valid model that uses admissions criteria other than those stated in this standard. In this case, the admitted cohort group mean on these criteria must meet or exceed the standard that has been shown to positively correlate with measures of P-12 student learning and development.

The provider demonstrates that the standard for high academic achievement and ability is met through multiple evaluations and sources of evidence.

[Board amendment adopted February 13, 2015] CAEP will work with states and providers through this transition regarding nationally or state normed assessments. Alternative arrangements for meeting this standard (beyond the alternative stated above for “a reliable, valid model that uses admissions criteria other than those stated in this standard”) will be approved only under special circumstances. The CAEP staff will report to the Board and the public annually on actions taken under this provision. In all cases, EPPs must demonstrate the quality of the admitted candidates.

**NOTE: CAEP Board Policy on component 3.2:**

To be awarded full accreditation, each provider must meet CAEP’s guidelines for component 3.2 on selectivity at admissions, including an alternative for use of different admissions criteria. Pending completion of a CAEP study on setting admissions requirements above 50% and under what timetable, the 50% normed test percentile is the CAEP minimum criterion level.

| A. Measure or type of evidence   | B. Guidelines for review  | C. Accreditation review   |
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| <p><b>Admissions criteria for GPA, for normed test, and any alternatives and admitted pool characteristics by same criteria; data for admitted candidates. In addition to the mean cohort GPA, the range, medians and percentage of students below 3.0 should be reported.</b></p> <p>For admissions at the undergraduate level, as freshmen, the CAEP “minimum criteria” should be interpreted as referring to high school GPA and “normed tests” are exemplified by ACT or SAT (or IB, or AP, or other challenging measures).</p> <p>For admissions at the junior year, the CAEP “minimum criteria” should take college GPA into</p> | <p>Grade point average of accepted cohorts of candidates meets or exceeds the CAEP minimum of 3.0.</p> <p>Normed test: 2016-2017 top 50%; 2018-2019 top 40%; 2020 top 33% +GPA comparisons with CAEP or state minima; See column 1 on interpretations for freshman, junior or graduate level admissions.</p> <p>Recruitment data provided</p> | <p><b>Off-site:</b> comparisons provided; verify CAEP minima and relationship of criteria with admitted pool</p> <p><b>On-site:</b> Verify group average of admitted candidates</p> |

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| <p>account and also other measures of candidate academic performance in comparison with peers.</p> <p>For admissions at the graduate level, the CAEP “minimum criteria” should be interpreted as referring to college GPA; the normed test might include GRE, MAT or other college level indicators of academic achievement and ability.</p> <p><b>PHASE-IN APPLIES</b></p> <p><b>NOTES ON THE PURPOSE OF THESE MEASURES</b><br/> The intent of the component is to raise the academic achievement/ ability of candidates preparing to teach. The CAEP minima are explicit goals and CAEP is implementing them beginning with the 50% performance level in 2016 and 2017, conducting additional studies to determine timing and performance levels for future years.</p> <p>Provider recruitment data, together with the admissions selection criteria, provide a means to monitor progress toward goals set under component 3.1 plans.</p> | <p>align with criteria and are continually being used to adjust the plan to better address the standard.</p>  |   |
| <p><b>ALTERNATIVE 1:</b> Until 2020, demonstration of state-normed test “corresponding” with national to meet criteria.</p> <p><b>NOTES ON THE PURPOSE OF THESE MEASURES</b><br/> Evidence of state-normed test “corresponding” with national to meet or exceed criteria.</p> <p>Provider recruitment data, together with the admissions selection criteria, provide a means to monitor progress toward goals set under component 3.1 plans.</p>  | <p>Evidence of state-normed test “corresponding” with national to meet or exceed criteria.</p> <p>Visitor Team judgment that criteria are being executed (i.e., that recruitment data provided align with criteria and are continually being used to adjust the plan to better address the standard).</p>                                       | <p><b>Off-site:</b> comparisons provided; verify state or CAEP minima and relationship of criteria with admitted pool</p> <p><b>On-site:</b> Verify criteria implementation</p> |
| <p><b>ALTERNATIVE 2:</b><br/> Any provider alternative criteria for admissions, as stated in the CAEP standard 3.2; data for admitted candidates in relation to the criteria.<br/> [Note: assume that “multiple evaluations” language is addressed by combination of CAEP minimum criteria and the alternative option.]</p> <p><b>NOTES ON THE PURPOSE OF THESE MEASURES</b><br/> The alternative 2 paragraph is intended to permit a provider to devise different admissions criteria from those described at the beginning of component 3.2. If a provider elects this alternative, it provides data,</p>   | <p>“Other admissions criteria” chosen correlate positively and moderately with measures of P-12 student learning and development.</p> <p>“High academic achievement and ability” demonstrated through multiple evaluations; case study design features in relation to relevant literature, and validity and reliability as described in the</p> | <p><b>Off-site:</b> determine what should be examined on site</p> <p><b>On-site:</b> Verify claims of case study</p>  |

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| <p>or undertakes a case study, indicating provider knowledge of relevant literature about the selected criteria, and valid support for the claim and result.</p> <p>Assume that “multiple evaluations” language is addressed by combination of CAEP minimum criteria and the alternative option</p> | <p>CAEP Evidence Guide.</p> |  |
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**3.3 Educator preparation providers establish and monitor attributes and dispositions beyond academic ability that candidates must demonstrate at admissions and during the program. The provider selects criteria, describes the measures used and evidence of the reliability and validity of those measures, and reports data that show how the academic and non-academic factors predict candidate performance in the program and effective teaching.**

| A. Measure or type of evidence   | B. Guidelines for review   | C. Accreditation review   |
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| <p>Provider indicates non-academic factors actually used at admission and monitored during preparation.</p> <p>(NOTE: examples in CAEP Standard 3 "Rationale" include, e.g., grit, communications, ability to motivate, focus, leadership, perseverance, writing, dialogue, questioning, self assessment and reflection)</p> <p>Description of how these non-academic factors are assessed and applied to admissions decisions.</p> <p>Measures may be related to specific specialty license areas or generally applied to all provider candidates</p> <p>PHASE-IN APPLIES</p> <p>NOTES ON THE PURPOSE OF THESE MEASURES<br/>Intent of component is to encourage provider identification, use, and investigation of non-academic measures of candidate quality at admissions and during preparation. The measures in the examples, together with the provider’s study of their result (below), would fulfill the intent of this component.</p> | <p>Visitor Team judgment that the identification and use of academic factors is based on research and/or knowledge-of-practice. Factors are monitored appropriately.</p>   | <p><b>Optional Early Instrument Evaluation review:</b> CAEP review of instruments and scoring guides, with evaluation returned to the provider.</p> <p><b>Off-site:</b> determine what should be examined on site</p> <p><b>On-site:</b> Verify claims for non-academic factors</p> |
| <p>Provider case study to monitor performance and subsequent teaching through a case study</p> <p>PHASE-IN APPLIES</p> <p>NOTES ON THE PURPOSE OF THESE MEASURES<br/>A case study would present provider evidence that performance is monitored and there is at least a minimal attempt to show associations between the non-academic factors and candidate performance, during preparation or when teachers are in teaching positions.</p>  | <p>Visitor Team judgment that the provider has research or knowledge-of-practice reasons for the adopted factors and is investigating their consequences and quality competently.</p> <p>Rationale makes compelling, evidence-based case for the selection and</p> | <p><b>Off-site:</b> determine what should be examined on site</p> <p><b>On-site:</b> Verify claims of case study, appropriate to the stage of planning or conduct</p>   |

| <p>Plan demonstrates provider knowledge of relevant literature about the factors selected and/or quantitative investigation of predictive validity.</p>   | <p>implementation of the selected non-academic factors based on existing literature, provider investigations, and experience in relation to outcomes.</p> <p>Cross-reference to guidelines for Visitor Team in Standard 5.2 for valid interpretation of evidence and 5.3 on testing innovations.</p>  |  |
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| <p><b>3.4</b> <i>The provider creates criteria for program progression and monitors candidates' advancement from admissions through completion. All candidates demonstrate the ability to teach to college- and career-ready standards. Providers present multiple forms of evidence to indicate candidates' developing content knowledge, pedagogical content knowledge, pedagogical skills, and the integration of technology in all of these domains.</i></p>  |   |  |
| A. Measure or type of evidence  | B. Guidelines for review  | C. Accreditation review  |
| <p>PHASE-IN APPLIES</p> <p><b>Evidence that candidate progress is measured at two or more points during preparation</b> (including decision points on candidate retention, assessments, provider interventions, the results, and provider explanations for actions taken) for candidates' development of:</p> <ul style="list-style-type: none"> <li>• Ability to teach to college- and career-ready standards</li> <li>• Content knowledge, dispositions</li> <li>• Pedagogical content knowledge</li> <li>• Pedagogical skills</li> <li>• Integration of technology</li> <li>• Use of assessments that monitor candidate proficiencies, including impact on P-12 student learning, at various points during their developmental preparation experiences (standardized measures where they are available, or periodic measures, designed and conducted by the provider to supplement other measures).</li> </ul>  <p>Cross-reference to relevant evidence provided for Standard 1 (1.1, 1.3, 1.4, 1.5) for candidate competence—ensure at least two intermediate data points</p> <p>NOTES ON THE PURPOSE OF THESE MEASURES</p> | <p>Visitor Team judgment on provider criteria for monitoring candidates' progression based on:</p> <ul style="list-style-type: none"> <li>• explicit criteria for monitoring/assessment, yes or no</li> <li>• at least two intermediate data points, yes or no</li> <li>• performance results explicitly aligned with college and career ready standards</li> <li>• integration of technology into preparation experiences</li> <li>• provider actions taken, including counseling out and withdrawals.</li> </ul> <p>Actions taken align with assessment data and stated criteria. Review includes instruments and scoring guides for provider assessments against <i>CAEP Evidence Guide</i> provisions, and data comparisons with national norms or state norms for any standardized</p> | <p><b>Optional Early Instrument Evaluation review:</b> CAEP review of instruments and scoring guides, with evaluation returned to the provider. [NOTE: See CAEP guides for assessments, surveys and scoring guides in the January 2015 CAEP Evidence Guide.]</p>  <p><b>Off-site:</b> check that monitoring criteria are provided and pose questions for on-site review; verify claimed national norms</p>  <p><b>On-site:</b> verify assessment results and verify results in terms of candidate retention and progression.</p>  |

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| <p>This component emphasizes continuing monitoring of candidate quality during preparation and also complements 3.1 (that references InTASC standards) with explicit references to candidate preparation to teach at the level of college and career ready standards in those subjects for which standards have been written (math, English Language Arts, sciences as of 2014). The examples of measures, above, are intended to capture candidate competence in the listed content and content-related skills. Progression measures (assessment and scoring guide) used for all candidates would be particularly relevant to include if participating in the Optional Early Instrument Evaluation.</p> | <p>assessments that are used. Focus on candidate development, not just status at a particular point.</p>  <p>Cross-reference to guidelines for Visitor Team in Standard 1 (1.1, 1.3, 1.4, 1.5) for candidate competence and Standard 5.2 for valid interpretation of evidence</p> |  |
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**3.5** Before the provider recommends any completing candidate for licensure or certification, it documents that the candidate has reached a high standard for content knowledge in the fields where certification is sought and can teach effectively with positive impacts on P-12 student learning and development.

| A. Measure or type of evidence  | B. Guidelines for review  | C. Accreditation review  |
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| <p>Cross-reference to relevant evidence provided for Standard 1.1 on completer competence and 1.3 on alignment with specialty area standards.</p> <p>NOTES ON THE PURPOSE OF THESE MEASURES<br/>The evidence must include evidence of candidates' positive impacts on P-12 student learning and development such as:</p> <ul style="list-style-type: none"> <li>• Pre-service measures of candidate impact on P-12 student learning such as during methods courses, clinical experiences, and/or at exit</li> <li>• Capstone assessments (such as those including measures of pre-service impact on P-12 student learning and development as well as lesson plans, teaching artifacts, examples of student work and observations or videos judged through rubric-based reviews by trained reviewers) that sample multiple aspects of teaching including pre-and post-instruction P-12 student data</li> </ul> | <p>Emphasis is on evidence of positive impacts on P-12 student learning and development</p> <p>Cross-reference to criteria for review in Standards 1.1 and 1.3 for candidate general and specialty are competence and Standard 5.2 for valid interpretation of evidence</p> | <p>(See 1.1 and 1.3., with emphasis here on evidence of positive impacts on P-12 student learning and development)</p> |

**3.6** Before the provider recommends any completing candidate for licensure or certification, it documents that the candidate understands the expectations of the profession, including codes of ethics, professional standards of practice, and relevant laws and policies.

| A. Measure or type of evidence  | B. Guidelines for review  | C. Accreditation review   |
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| <p>PHASE-IN APPLIES</p> <p><b>Documentation of candidate understanding of the profession:</b></p> <ul style="list-style-type: none"> <li>• Provider measure of topic knowledge, based on course materials</li> <li>• Results of national, state, or provider-created</li> </ul> | <p>Information provided, yes or no</p> <p>Cross-reference to guidelines for Visitor Team in Standard 5.2 for valid interpretation of evidence</p> | <p><b>Off-site:</b> affirm that self- study includes professional expectations, codes of ethics, standards of practice, and relevant laws and policies</p> <p><b>On-site:</b> no additional</p> |

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| <p>instrument to assess candidates' understanding of special education laws (section 504 disability), code of ethics, professional standards, etc.</p> <ul style="list-style-type: none"> <li>Evidence of specialized training (e.g., bullying, state law, etc.)</li> </ul> <p>NOTES ON THE PURPOSE OF THESE MEASURES<br/>The examples suggest varying options that providers might choose, among others, to document claims that they address this part of Standard 3</p> |  | examination |
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**STANDARD 4** *The provider demonstrates the impact of its completers on P-12 student learning and development, classroom instruction, and schools, and the satisfaction of its completers with the relevance and effectiveness of their preparation.*

**NOTE: CAEP Board policy on Standard 4:**  
To be awarded full accreditation, each provider must meet CAEP's guidelines for evidence for the annual report measures, including all components of Standard 4 on impact. The examples of measures and related guidelines, below, are to assist providers in preparing to compile and write their self-study evidence for Standard 4. In addition, the provider annual reports accumulate year by year provider data for Standard 4 impact measures. Provider analysis of the trends in those annual measures are analyzed and written as part of the self-study evidence for component 5.4 on continuous improvement.

**NOTE: The CAEP January requests for provider annual reports include questions about data on each of the 4.1-4.4 measures. The CAEP request defines the minimum expectation each year until reporting across providers can be complete and consistent. Trends in the provider's cumulative reports since the last accreditation cycle will be included and interpreted as part of the self-study. Providers may supplement that information with other, more detailed, data on the same topics if they have any.**

**4.1** *The provider documents, using multiple measures that program completers contribute to an expected level of student-learning growth. Multiple measures shall include all available growth measures (including value-added measures, student-growth percentiles, and student learning and development objectives) required by the state for its teachers and available to educator preparation providers, other state-supported P-12 impact measures, and any other measures employed by the provider.*

| A. Measure or type of evidence  | B. Guidelines for review  | C. Accreditation review  |
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| <p><b>For providers that have access to or are located in states that use P-12 student learning data:</b><br/>At least two years of <b>data on completers' contribution to student-learning growth:</b></p> <ul style="list-style-type: none"> <li>value-added modeling (VAM)</li> <li>student-growth percentiles tied to teacher (completers of provider)</li> <li>student learning and development objectives; State supported measures that address P-12 student learning and development that can be linked with teacher data.</li> </ul> <p>Provider's documentation of analysis and evaluation of evidence provided on completers' impact on P-12 student learning</p> <p>[Note: Over time, developing teacher evaluation</p> | <p>Visitor Team judgment of evidence of completers' impact contribution to an "expected level of student-learning growth" and sufficient level of documentation of the provider's analysis and evaluation of information provided on P-12 student learning, addressing such factors as:</p> <p><b>Characteristics and patterns in the data, such as:</b></p> <ol style="list-style-type: none"> <li>Stability of the data over time</li> <li>Identification of trends or associations with specialty</li> </ol> | <p><b>Off-site:</b> review for evidence of validity and valid interpretations of data (Provider should be aware of any issues and not put much weight on it if state/district has poor instrument—_fill in weaknesses somewhere else through a case study or other reporting vehicle)</p> <p><b>On-site:</b> examine actual samples, database recording and verify evidence provided</p> |

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| <p>systems are moving toward comprehensive state gathering and reporting of descriptive data. To the extent that state practices permit, CAEP will make results available as comparisons with state and national norms for similar types of providers.]</p> <p><b>PHASE-IN APPLIES</b></p> <p><b>NOTES ON THE PURPOSE OF THESE MEASURES</b><br/>See <i>CAEP Evidence Guide</i> section seven, Impact of Candidates and Completers on P-12 Student Learning. The measures provide direct evidence of teacher effectiveness, but need to be considered in context and compared with other measures.</p> <p>Providers demonstrate familiarity with <u>sources of any P-12 learning data from states on:</u></p> <ul style="list-style-type: none"> <li>a) Psychometric soundness of the assessments taken by students</li> <li>b) Complementary sources of evidence</li> </ul> <p><u>P-12 students from whom the data come:</u></p> <ul style="list-style-type: none"> <li>c) Proportion of the provider’s completers for whom P-12 student growth measures are available and the extent to which the reported completers are representative of all completers from the provider (at least SES, gender, race, ethnicity)</li> <li>d) Degree of attrition (and explanations for attrition) from prior to current performance measures of P-12 students that would influence interpretations of the data, and</li> <li>e) The manner by which pupil data are linked with teachers to judge the accuracy of the associated teacher data (scores should only be used for P-12 students who are actually taught by the provider’s completers).</li> </ul> <p><u>The state's practices in reporting the data:</u></p> <ul style="list-style-type: none"> <li>f) Level of state disaggregation of data so that relevant information is available for specific preparation fields</li> <li>g) State criteria used to establish the minimum number of completers for whom data are provided to the provider</li> <li>h) State’s decisions as to the number of years after provider completion that a completer’s performance is associated with their preparation</li> <li>i) State’s practice in flagging possible biases or misrepresentation in the results,</li> </ul> | <p>license area or policy features that are observed</p> <ul style="list-style-type: none"> <li>c) Separating, to the extent possible, recruitment efforts from specialty license area actions</li> <li>d) Adjusting, to the extent possible, for the years of experience of teachers for whom data are reported</li> </ul> <p><b>Interpretations of the data, such as:</b></p> <ul style="list-style-type: none"> <li>e) Comparisons of P-12 student learning results for the provider with other providers in the state, or with the range in performance across all providers in the state</li> <li>f) Provider explanation of why P-12 learning results may be high or low based on provider placements and other factors related to their mission, noting relevant factors such as the location of typical employment sites</li> <li>g) Explanation of the relationships that confirm or question P-12 student learning results, based on other evidence (especially other evidence on specialty license area impact such as employer surveys; completer retention and career trajectory; structured teacher observations; and P-12 student data)</li> </ul> <p>Cut scores, national and state norms</p> <p>(Note: State and subject differences in terms of availability and requirements for these data will be taken into account)</p> |  |
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| <p>j) Disaggregations provided by the state that permit comparisons for prior P-12 student performance</p> <p>k) Disaggregations provided by the state that permit comparisons for completers teaching in similar situations, such as special education, disability, English Language Learners, attendance, and giftedness</p>  | <p><a href="#">Cross-reference to guidelines for Visitor Team in Standard 5.2 for valid interpretation of evidence</a></p>   |   |
| <p><b>For providers that do not have access to state P-12 student learning data and providers that are supplementing state or district data with data on subjects or grades not covered:</b></p> <p>The provider creates data similar to those described in the row above, in conjunction with student assessment and teacher evaluations conducted in school districts where some portion of its completers are employed.</p> <ul style="list-style-type: none"> <li>This type of provider study could be phased in. For example, initially the provider would create an appropriate design, then conduct a pilot data collection and analysis, then make refinements and further data collection.</li> <li>The provider could maintain a continuing cycle of such studies, examining completer performance in different grades and/or subjects over time.</li> </ul> <p>Reference: Evidence Guide</p> <ul style="list-style-type: none"> <li>Case studies of completers that demonstrate the impacts of preparation on P-12 student learning and development and can be linked with teacher data. <ul style="list-style-type: none"> <li>Provider-conducted case studies of completers</li> <li>Completer-conducted case studies (e. g., action research)</li> </ul> </li> </ul> <p><b>PHASE-IN APPLIES</b></p> <p><b>NOTES ON THE PURPOSE OF THESE MEASURES</b></p> <p>The examples suggest additional and complementary measures of teacher impacts on P-12 student learning. Case studies need to use appropriate samples, methodology, and research questions, and to conduct competent analyses.</p> <p>See <i>CAEP Evidence Guide</i> sections seven, Impact of Candidates and Completers on P-12 Student</p> | <p>Visitor Team judgment of evidence of completers’ impact contribution to an “expected level of student-learning growth” and sufficient level of documentation of the provider’s analysis and evaluation of information provided on P-12 student learning, addressing such factors as:</p> <ul style="list-style-type: none"> <li>See above row as applicable, or</li> <li>Appropriate sample, methodology, research questions, analyses for pilot or case studies</li> </ul> <p>(Note: State and subject differences in terms of availability and requirements for these data will be taken into account)</p> <p><a href="#">Cross-reference to guidelines for Visitor Team in Standard 5.2 for valid interpretation of evidence</a></p> | <p><b>Off-site:</b> review for evidence of validity and valid interpretations of data (provider should be aware of any issues and not put much weight on it if state/district has poor instrument - fill in weaknesses somewhere else e.g. case study)</p> <p><b>On-site:</b> examine actual samples, database recording and verify evidence provided</p> |

Learning, and six, Case Studies.

**4.2** *The provider demonstrates, through structured and validated observation instruments and student surveys, that completers effectively apply the professional knowledge, skills, and dispositions that the preparation experiences were designed to achieve.*

| A. Measure or type of evidence  | B. Guidelines for review  | C. Accreditation review  |
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| <p>At least two years of <b>data on completers' effective application of professional knowledge, skills, and dispositions</b> :</p> <ul style="list-style-type: none"> <li>• student surveys</li> <li>• Classroom observations of completers using measures correlated with P-12 student learning, such as those used in the MET study                             <ul style="list-style-type: none"> <li>○ provider-created classroom observations</li> <li>○ state-mandated</li> <li>○ commercial/national protocols</li> </ul> </li> </ul> <p>Provider analysis of student survey and completer observation evidence provided, including comparing trends over time and benchmarking with district, state, national, or other relevant data, if available. Include instruments and scoring guides.</p> <p>PHASE-IN APPLIES</p> <p>NOTES ON THE PURPOSE OF THESE MEASURES</p> <p>Examples suggest options for evidence of effective teaching, complementing measures of P-12 student learning. Some of the available instruments have shown strong correlations with student learning (e.g., the MET study). Data are most useful when they can be expressed in relation to benchmarks, norms, and, cut scores.</p> <p>Over time, developing teacher evaluation systems are moving toward comprehensive state gathering and reporting of descriptive data. To the extent that state practices permit, CAEP will make results available as comparisons with state and national norms for similar types of providers.</p> | <p>Visitor Team judgment of completer demonstration of skills correlated with P-12 learning:</p> <ul style="list-style-type: none"> <li>• Use of observation instruments and student surveys correlated with student learning</li> <li>• Valid interpretation of data</li> <li>• Evidence of performance, especially in relation to benchmarks, norms, and cut scores</li> <li>• Adequate and representative sample reflected in responses</li> <li>• Overall persuasiveness of completer effectiveness evidence/argument</li> </ul> <p>Cross-reference to guidelines for Visitor Team in Standard 5.2 for valid interpretation of evidence</p> | <p><b>Off-site:</b> review for evidence of validity and valid interpretations</p> <p><b>On-site:</b> examine actual samples, database recording, internal consistency of comments and rating (inter-rater reliability)</p> |

**4.3** *The provider demonstrates, using measures that result in valid and reliable data and including employment milestones such as promotion and retention, that employers are satisfied with the completers' preparation for their assigned responsibilities in working with P-12 students.*

| A. Measure or type of evidence  | B. Guidelines for review  | C. Accreditation review   |
|---|---|---|
| <p>At least two years of <b>data on employer satisfaction with completers' preparation:</b></p> <ul style="list-style-type: none"> <li>• Employer satisfaction surveys (include instrument sampling, response rates, timing)</li> </ul> | <p>Visitor Team judgment that employers perceive completers' preparation was sufficient for their job</p> | <p><b>Off-site:</b> Examine</p> <ul style="list-style-type: none"> <li>• Survey and interview instruments and implementation</li> </ul> |

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| <ul style="list-style-type: none"> <li>• Employer satisfaction interviews</li> <li>• Employer satisfaction focus groups</li> <li>• Employer satisfaction case studies</li> </ul> <p>At least three years of <b>data on employment milestones</b> such as</p> <ul style="list-style-type: none"> <li>○ Promotion</li> <li>○ Employment trajectory</li> <li>○ Retention in <ul style="list-style-type: none"> <li>(1) education position for which initially hired or</li> <li>(2) other education role by the same or a different employer;</li> <li>(3) employment in high needs schools</li> </ul> </li> </ul> <p>PHASE-IN APPLIES</p> <p>NOTES ON THE PURPOSE OF THESE MEASURES<br/>Employer survey information has frequently been difficult to obtain, but current initiatives by states are changing the consistency and responses to such surveys. The results are of particular use as tools to evaluate adequacy of preparation when the questions are specific to particular aspects of preparation; they are of greater value to providers when results indicate performance in relation to benchmarks, norms, and cut scores.</p> <p>Over time, with state and CAEP initiatives, there should be more comprehensive gathering and reporting of descriptive data and comparisons with state and national norms for similar types of providers.]</p> | <p>responsibilities:</p> <ul style="list-style-type: none"> <li>• Rubric for data completeness, quality, coverage of completer satisfaction, level of completer satisfaction, insightfulness/accuracy of provider interpretation/analysis of data, use of data, overall persuasiveness of provider completer satisfaction evidence/argument</li> <li>• Evidence of performance and if available comparison of trends over time and similar placements, especially in relation to benchmarks, norms, and cut scores</li> <li>• Adequate and representative sample reflected in responses</li> <li>• Adequate response rate</li> <li>• Overall persuasiveness of employer satisfaction evidence/argument</li> </ul> <p>Cross-reference to guidelines for Visitor Team in Standard 5.2 for valid interpretation of evidence</p> | <p>protocols</p> <ul style="list-style-type: none"> <li>• Interviewer training and interview analyses protocols</li> <li>• Case study documentation</li> <li>• Employment milestones source(s)</li> </ul> <p><b>On-site:</b> Verify</p> <ul style="list-style-type: none"> <li>• Survey results and data</li> <li>• Through interviews with stakeholders, verify survey data and employment data</li> <li>• Case study documentation</li> </ul> |
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**4.4** *The provider demonstrates, using measures that result in valid and reliable data, that program completers perceive their preparation as relevant to the responsibilities they confront on the job, and that the preparation was effective.*

| A. Measure or type of evidence  | B. Guidelines for review   | C. Accreditation review  |
|---|--|--|
| <p>At least two years of <b>data on completer's perception of their preparation as relevant to the responsibilities they confront on the job:</b></p> <ul style="list-style-type: none"> <li>• Completer satisfaction surveys (include instrument, sampling, response rates, timing) [Note: Over time, with state and CAEP initiatives, there should be more comprehensive gathering and reporting of descriptive data and comparisons with state and national norms for similar types of providers.]</li> <li>• Completer satisfaction interviews</li> </ul> | <p>Visitor Team judgment that completers perceive their preparation was relevant to their job responsibilities:</p> <ul style="list-style-type: none"> <li>• Data completeness, quality, coverage of completer satisfaction, level of completer satisfaction, insightfulness/accuracy of provider interpretation/analysis of data, use of data,</li> </ul> | <p><b>Off-site:</b> Examine</p> <ul style="list-style-type: none"> <li>• Survey and interview instruments and implementation protocols</li> <li>• Interviewer training and interview analyses protocols</li> <li>• Case study documentation</li> </ul> |

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| <ul style="list-style-type: none"> <li>• Provider focus groups of employers</li> <li>• Completer satisfaction case studies</li> </ul> <p>PHASE-IN APPLIES</p> <p>NOTES ON THE PURPOSE OF THESE MEASURES<br/>Completer survey information has frequently been difficult to obtain, but current initiatives by states are changing the consistency and responses to such surveys. The results are of particular use as tools to evaluate adequacy of preparation when the questions are specific to particular aspects of preparation; they are of greater value to providers when results indicate performance in relation to benchmarks, norms, and, cut scores.</p> | <p>Comparison trends over time, similar placements, If available, comparisons with state and national norms for similar types of providers</p> <ul style="list-style-type: none"> <li>• Adequate and representative sample reflected in responses</li> <li>• Adequate response rate</li> <li>• Overall persuasiveness of provider completer satisfaction evidence/argument</li> </ul> <p>Cross-reference to guidelines for Visitor Team in Standard 5.2 for valid interpretation of evidence</p> | <p><b>On-site:</b></p> <ul style="list-style-type: none"> <li>• interviews with completers</li> </ul> |
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**STANDARD 5** *The provider maintains a quality assurance system comprised of valid data from multiple measures, including evidence of candidates’ and completers’ positive impact on P-12 student learning and development. The provider supports continuous improvement that is sustained and evidence-based, and that evaluates the effectiveness of its completers. The provider uses the results of inquiry and data collection to establish priorities, enhance program elements and capacity, and test innovations to improve completers’ impact on P-12 student learning and development.*

**5.1** *The provider’s quality assurance system is comprised of multiple measures that can monitor candidate progress, completer achievements, and provider operational effectiveness. Evidence demonstrates that the provider satisfies all CAEP standards.*

|                                       |                                 |                                |
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| <b>A. Measure or type of evidence</b> | <b>B. Guidelines for review</b> | <b>C. Accreditation review</b> |
|---------------------------------------|---------------------------------|--------------------------------|

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| <p><b>Documentation of quality assurance system</b> including:</p> <ul style="list-style-type: none"> <li>description of how the evidence submitted in Standards 1-4 and other provider data are collected, analyzed, monitored, and reported</li> <li>schedule for continuous review, together with roles and responsibilities of system users.</li> </ul> <p>Cross-reference to evidence provided for Standards 1-4 as evidence of the capabilities of the quality assurance system</p> <p>NOTES ON THE PURPOSE OF THESE MEASURES<br/>Measures for this component are intended to document the capabilities of the provider’s quality assurance system (what it can do) and the range of measures on which the provider relies.</p> | <p>Visitor Team judgment – informed by its investigation and weighing of evidence presented in the self-study—that the EPP’s quality assurance system is capable of supporting continuous improvement based on the system’s:</p> <ul style="list-style-type: none"> <li>Coherence</li> <li>Application across specialty license areas</li> <li>Support of targeted change (e.g., data can be disaggregated by specialty license area and/or candidate level as appropriate)</li> <li>Ability to analyze, collect, and report data</li> <li>Inclusion of processes to respond to inquiries (i. e., usefulness)</li> <li>Inclusion of processes for continuous review</li> </ul> | <p><b>Off-site:</b> Review of description of system in relation to evidence submitted for Standards 1-4.</p> <p><b>On-site:</b> Examination of system of collecting, analyzing and reporting (including who is involved); check that the system can analyze, collect, and report data; check the system capability across and within specialty license areas; check regularity of review; inspect data systems used as part of system; follow a decision starting with evidence collection through change and evaluation of change.</p> |
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**5.2** *The provider’s quality assurance system relies on relevant, verifiable, representative, cumulative and actionable measures, and produces empirical evidence that interpretations of data are valid and consistent.*

| A. Measure or type of evidence   | B. Guidelines for review  | C. Accreditation review  |
|--|---|--|
| <p><b>Documentation for assessment instruments and data files provided as evidence for Standards 1-4,</b> including:</p> <ul style="list-style-type: none"> <li>description of developmental steps in constructing instruments</li> <li>empirical/analytical data supporting the use of the instrument for its intended purposes</li> <li>formal study of the alignment of instruments to their intended goals</li> <li>implementation procedures and context</li> <li>Empirical evidence that interpretations of data are consistent and valid</li> </ul> <p><b>Results of optional Early Instrument Evaluation review</b> of instruments and scoring guides and actions taken as a result.</p> <p>NOTES ON THE PURPOSE OF THESE MEASURES<br/>Examples of evidence, above, are intended to document that measures are relevant, verifiable,</p> | <p>Visitor Team judgment that provider’s quality assurance system meets the criteria specified below and that the assessments on which it relies and data produced follow principles in the <i>CAEP Evidence Guide</i>:</p> <ul style="list-style-type: none"> <li><b>Relevant:</b> evidence is related to standard and assesses what it is claimed to be assessing</li> <li><b>Verifiable:</b> accuracy of sample of evidence in data files (by matching entered evidence to licensure score reports, transcripts, completed evaluation forms) and sample of analysis (e.g., means/standard deviations, </li></ul> | <p><b>Optional Early Instrument Evaluation review</b> of instruments and scoring guides; evaluation returned to provider</p> <p><b>Off-site:</b><br/>Review of instruments and scoring guides, sampling check on accuracy of data files, and re-computation of sample of results</p> <p><b>On-site:</b><br/>Verification through review of and re-computation/re-analysis of sample of convergence/consistency measures in provider quality assurance system</p> |

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| <p>representative, cumulative and actionable:</p> <ul style="list-style-type: none"> <li>○ Instruments align with construct being measured</li> <li>○ Scoring of assessment (items) clearly defined</li> <li>○ Interpretation of assessment (items) results unambiguous</li> <li>○ Data files complete and accurate</li> <li>○ Data results align with demonstrated quality</li> <li>○ Follows principles in the <i>CAEP Evidence Guide</i> (See <i>CAEP Evidence Guide</i>, section 5)</li> <li>○ Convergence (e.g., correlation across multiple measures of the same construct)/consistency (e.g., inter-rater reliability) analysis conducted appropriately and accurately</li> <li>○ Convergence/consistency is of sufficient magnitude and statistically significant, if appropriate</li> </ul> <p>The evidence itself is not valid or invalid—the interpretation of the evidence is valid or invalid. Providers need to ensure that the evidence collected is likely to be useful in relation to completer effectiveness, as well as aware of what “noise” is associated with these assessments and how to interpret evidence based on this knowledge. (See <i>CAEP Evidence Guide</i>, section 6)</p> | <p>correlations, factor analyses) based on data files</p> <ul style="list-style-type: none"> <li>● <b>Representative:</b> Any sample should be free of bias and should be typical of completed assessments or the provider should clearly delineate what the sample does and does not represent</li> <li>● <b>Cumulative:</b> most assessment results should be based on at least 3 administrations</li> <li>● <b>Actionable:</b> analyzed evidence has to be accessible and in a form that can guide provider faculty in modeling, deploying, and evaluating modifications and innovations</li> <li>● <b>Produces empirical evidence that interpretations of data are valid and consistent:</b> qualitative and quantitative data triangulates/leads to similar conclusions about strengths and weaknesses; where applicable, inter-rater reliability of 80% agreement or above (or equivalent level of agreement); appropriate and adequate response to the optional Early Instrument Evaluation review<br/>(Note: Providers should be moving towards using or gathering data on outcome measures that relate to or predict completer effectiveness)</li> </ul> |  |
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**5.3** *The provider regularly and systematically assesses performance against its goals and relevant standards, tracks results over time, tests innovations and the effects of selection criteria on subsequent progress and completion, and uses results to improve program elements and processes.*

**CAEP Board Policy on component 5.3:**  
**To be awarded full accreditation, each provider must meet CAEP’s guidelines for component 5.3 on continuous improvement.**

| A. Measure or type of evidence                | B. Guidelines for review | C. Accreditation review |
|---|--------------------------|-------------------------|
| Documentation of regular and systematic data- | Visitor Team judgment of | Off-site:               |

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| <p><b>driven changes</b> drawn on research and evidence from the field and data analyses from the provider’s own evidence from their quality assurance systems and for the CAEP Standards).</p> <p>Well-planned tests of selection criteria and each data-driven change to determine whether or not the results of the changes are improvements should include:</p> <ul style="list-style-type: none"> <li>• baseline(s),</li> <li>• intervention,</li> <li>• comparison(s) of results, and</li> <li>• next steps taken and/or planned.</li> </ul> <p>(Note: The tests may be formal studies or informal tests of innovations [e.g., random assignment into experimental and control groups; Plan, Do, Study, Act (PDSA) cycle, etc.].)</p> <p>Documentation of use of results of optional Early Instrument Evaluation review.</p> <p>Next steps based on test from 2.3.</p> <p>Improvement plan and actions related to the Normed Test Improvement Rule, as applicable based on performance on normed tests used in 1.1.</p> <p>PHASE-IN APPLIES</p> <p>NOTES ON THE PURPOSE OF THESE MEASURES<br/>The examples indicate changes are clearly connected to evidence, that tests of innovations are of appropriate design, and that provider performance is systematically assessed against goals.</p> | <p>provider competence for systematic assessment of performance and reality of use of evidence for continuous improvement:</p> <ul style="list-style-type: none"> <li>• Regular and systematic assessment and use of evidence collected for Standards 1-4, from the field, and as part of quality assurance system to improve candidate performance</li> <li>• Several examples of changes clearly connected to data and goals</li> <li>• Appropriate tests of effects of selection criteria and changes; well-planned tests account for and provide information about rival hypotheses and/or otherwise indicate through a preponderance of evidence that conclusions are likely sound</li> <li>• Evidence of improvement and overall positive trend of innovations<br/>(Note: Not all changes need to lead to improvement, as CAEP encourages data-driven experimentation, but changes should trend toward improvement.)</li> <li>• Evidence of appropriate use of results of optional three year out review.</li> </ul> | <p>Review of documentation of evidence motivating changes, documentation of changes, test documentation, results, and uses.</p> <p><b>On-site:</b><br/>Verification through stakeholder interviews</p> |
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**5.4 Measures of completer impact, including available outcome data on P-12 student growth, are summarized, externally benchmarked, analyzed, shared widely, and acted upon in decision-making related to programs, resource allocation, and future direction.**

**NOTE: CAEP Board Policy on component 5.4:**  
**To be awarded full accreditation, each provider must meet CAEP’s guidelines for component 5.4 on continuous improvement. This includes analysis of trends in the provider annual reports about program impact (impact on P-12 student learning, teaching effectiveness, employer satisfaction and retention of completers, and completer satisfaction) and program outcomes (completer rates, licensing rates, and hiring rates).**

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| A. Measure or type of evidence | B. Guidelines for review | C. Accreditation review |
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| <p><b>Documentation of results from monitoring and using the CAEP 8 annual reporting measures</b> as defined in the EPP Annual Report call and in state partnership agreements.</p> <p><b>Impact measures:</b></p> <ol style="list-style-type: none"> <li>1. P-12 student learning/development,</li> <li>2. Observations of teaching effectiveness,</li> <li>3. employer satisfaction and completer persistence</li> <li>4. completer satisfaction</li> </ol> <p><b>Outcome measures:</b></p> <ol style="list-style-type: none"> <li>5. completer or graduation rate,</li> <li>6. licensure rate,</li> <li>7. employment rate and</li> <li>8. consumer information*</li> </ol> <p>Other evidence of EPP impact apart from the 8 annual measures.</p> <p>For above evidence, include:</p> <ul style="list-style-type: none"> <li>• analysis of trends,</li> <li>• comparisons with benchmarks,</li> <li>• indication of changes made in EPP preparation curricula and experiences,</li> <li>• resource allocations, and</li> <li>• future directions.</li> </ul> <p>PHASE-IN APPLIES</p> <p>NOTES ON THE PURPOSE OF THESE MEASURES<br/>The example measures work together as indicators of EPP performance in relation to candidates/ completers. EPPs would document their analysis of outcomes and contextual factors bearing on interpretation of the data.</p> | <p>Visitor Team judgment of the competence and reality of EPP use of completer impact and preparation outcome evidence for continuous improvement:</p> <ul style="list-style-type: none"> <li>• Each measure of completer impact is benchmarked, analyzed, shared widely, and acted upon in decision-making related to programs, resource allocation, and future direction<br/>(Note: * Consumer information is reported but not considered in making accreditation decisions.)</li> <li>• Several examples of program changes clearly connected to evidence, as appropriate to the phase in policy</li> <li>• Record of improvement based on these modifications<br/>(Note: Not all changes need to lead to improvement, as CAEP encourages data-driven experimentation, but changes should trend toward improvement.)</li> </ul> | <p><b>Off-site:</b><br/>Review of documentation of evidence motivating changes and documentation of changes</p> <p><b>On-site:</b><br/>Verification through stakeholder interviews</p> |
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**5.5** *The provider assures that appropriate stakeholders, including alumni, employers, practitioners, school and community partners, and others defined by the provider, are involved in program evaluation, improvement, and identification of models of excellence.*

| A. Measure or type of evidence   | B. Guidelines for review   | C. Accreditation review  |
|--|--|--|
| <p><b>Documentation that stakeholders are involved.</b><br/>Describe stakeholders and roles as relevant to specific examples of shared</p> <ul style="list-style-type: none"> <li>• decision making and results,</li> <li>• evaluation, and</li> <li>• selection and implementation of changes for improvement.</li> </ul> <p>NOTES ON THE PURPOSE OF THESE MEASURES</p> | <p>Visitor Team judgment on reality of provider stakeholder involvement:</p> <ul style="list-style-type: none"> <li>• Representation of diverse and appropriate stakeholders including school/community partners, alumni, employers, practitioners,</li> </ul> | <p><b>Off-site:</b><br/>Review of documentation of stakeholder involvement in decision making, evaluation, and improvement efforts</p> <p><b>On-site:</b><br/>Verification of participation in decision making through</p> |

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| <p>The examples of measures are intended to document that providers make appropriate and regular use of stakeholders and provide for their active participation in interpretations of data, decision-making, evaluation and continuous improvement.</p> <p>Cross-reference to evidence of clinical partnerships provided for 2.1, 2.2, and 2.3 and system users in 5.1</p> | <p>faculty, clinical educators (Note: Prioritize clinical partnership)</p> <ul style="list-style-type: none"> <li>Regular and appropriate involvement of above stakeholder groups in decision-making, evaluation, and continuous improvement (Note: Not every stakeholder group would necessarily be appropriate for every decision process, reviewers evaluate documentation to determine appropriateness of involvement in context.)</li> </ul> <p>Cross-reference to decision guidelines for clinical partnerships in 2.1, 2.2, and 2.3 and system users in 5.1</p> | <p>stakeholder interviews</p> <p>Cross-reference to on-site review for verification of clinical partnerships in 2.1, 2.2, and 2.3 and system users in 5.1</p> |
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## APPENDIX B: Eight annual reporting measures

| Providers report  | CAEP reviews  |
|---|---|
| <p>This annual reporting is required of all providers.</p> <p>Providers report annually on CAEP’s four impact measures:</p> <ul style="list-style-type: none"> <li>• P-12 student learning/development</li> <li>• Observations of teaching effectiveness</li> <li>• Employer satisfaction and completer persistence</li> <li>• Completer satisfaction and four outcome measures: <ul style="list-style-type: none"> <li>▪ completer or graduation rate,</li> <li>▪ licensure rate,</li> <li>▪ employment rate, and</li> <li>▪ consumer information, including student loan default rate.</li> </ul> </li> </ul> <p>The consumer information is reported but is not considered in making accreditation decisions.</p> <p>These are the center of the provider’s annual report to CAEP and will be phased in over time as commonly defined indicators. They will permit providers to demonstrate the quality of their programs and graduates to CAEP, prospective candidates, policymakers, and the media.</p> <p>Trends in the annual reports for each provider are a part of the self-study report.</p> | <p>CAEP’s reviews and monitors data from those measures with oversight from the Annual Report and Monitoring (ARM) Committee of the CAEP Accreditation Council. Over the next few years, CAEP will review the data providers are able to collect both on their own and through their state data systems, and will create norms and benchmarks with designations of particular performance levels or changes as flags for a closer look.</p> <p>If a provider fails to submit the requested data, then the following procedures will be initiated:</p> <ul style="list-style-type: none"> <li>• An extension can be granted for up to 30 days beyond the deadline.</li> <li>• If a provider fails to submit a report by the stated or extended deadline, CAEP sends a warning notice to the provider’s chief official and to the provider’s state or international authority indicating that the report is absent and that the failure to report indicates a breach of eligibility agreements.</li> <li>• If the delinquent report is not submitted, the President will issue a letter stating that a second missed annual report will trigger a review of the provider’s status by the Accreditation Council that could result in revoking of accreditation.</li> </ul> |
| <p><b>Annual reporting of progress on stipulations and weaknesses</b></p>   |   |
| <p>The provider’s Annual Report provides information on the activities and outcomes related to any weaknesses or stipulations cited in the last accreditation decision.</p>   | <p>CAEP reviews of progress on the annual updates and substantive changes that have occurred. The Committee ensures that progress has been made on addressing deficiencies from the previous accreditation visit.</p>   |
| <p><b>Annual reporting of progress on Selected Improvement and Transformation Initiative plans and provider changes in categories of evidence for the Inquiry Brief pathway</b></p>   |   |
| <p>The provider’s Annual Report delivers information on progress since the accreditation decision toward continuous improvement; any progress on the status of a Transformation Initiative Plan, and an update of evidence supporting the provider’s claims for the Inquiry Brief pathway.</p>  | <p>CAEP reviews the provider’s reported progress toward the goals of the Selected Improvement Plan (SIP) for providers in the Selected Improvement pathway and the Transformation Initiative Plan (TIP) for providers in the Transformation Initiative pathway and updated evidence supporting the provider’s claims for the Inquiry Brief pathway.</p>   |

## APPENDIX C: Glossary

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| Ability  | Competence in an activity or occupation because of one's skill, training, or other qualification. For CAEP purposes, "ability to be hired" is the demonstrated competence to be hired in one's field of preparation as determined by the Educator preparation Provider (EPP) in making its recommendation for licensure or professional certification.  |
| Accountability                                     | In higher education, being answerable to the public, e.g., students, parents, policy makers, employers. Historically, accountability has focused on financial resources; emphasis now extends to an educator preparation provider's candidates' academic progress, including retention, acquisition of knowledge and skills, and degree completion (adapted from the Western Association of Schools and Colleges glossary).   |
| Accreditation                                      | (1) A process for assessing and enhancing academic and educational quality through voluntary peer review that an educator preparation provider (EPP) has met standards of quality in educator preparation. (2) The decision awarded and process certified by the CAEP Accreditation Council based on the accreditation review process and documentation.  |
| Accreditation Council                              | The governance body that grants or withholds accreditation of an educator preparation provider (EPP), based on the review findings of a CAEP Commission and a joint review team. The Council also certifies whether or not the accreditation process followed CAEP's policies and procedures.   |
| Accreditation Cycle                                | Sometimes known as the term of accreditation, the length of time, generally two to seven years, awarded by the Accreditation Council based on the accreditation review process.   |
| Accreditation Eligible                             | One of the two statuses of an Educator Preparation Provider (EPP) upon completion of the CAEP application process. Accreditation eligible indicates that an EPP is seeking accreditation for the first time and will submit its self-study and engage in its accreditation review within a five-year period.  |
| Accreditation Information Management System (AIMS) | CAEP's data collection and management system used by (1) educator preparation providers (EPPs) to submit and access reports and forms; (2) CAEP staff to monitor the accreditation process, site visitor assignments and reports, program reviews, annual reports, and state partnership agreements; and (3) CAEP site visitors, Commissioners, and Accreditation Council members as a workspace to review and complete assignments related to accreditation and/or governance. |
| Accreditation Pathways                             | The three approaches to the accreditation process available to Educator Preparation Providers (EPPs) that guide the format of the self-study, the process of formative evaluation, and the emphasis of a site visit. The three pathways available under CAEP are: Continuous Improvement (CI), Inquiry Brief (IB), and Transformation Initiative (TI).  |
| Accreditation Plan                                 | An educator preparation provider's (EPP's) identification of sites outside of the main campus or administrative headquarters and the programs for the preparation of educators that are offered at each site. This information is used by CAEP staff and site visit team chairs/leads to plan the site visit, including the sites that will be visited by team members in-person or via technology.   |
| Accreditation Report                               | The final report completed by the Accreditation Council and sent to an Educator   |

Preparation Provider (EPP) in which the EPP is informed of the decision of the Accreditation Council, including the EPP's accreditation status, standards met or unmet, any cited areas for improvement and/or stipulations, and the Accreditation Council's rationale for its decisions.

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| Accreditation Status | The public recognition that CAEP grants to an Educator Preparation Provider (EPP) to indicate the outcome of (1) an EPP's application to CAEP, or (2) the accreditation review. The outcome of an application to CAEP can be either accreditation eligible or candidate for accreditation. The outcome of an accreditation review can be accreditation for five or seven years, probation, denial, or revocation.   |
| Accredited           | The accreditation status of an Educator Preparation Provider (EPP) that meets all of CAEP's standards and other requirements.   |
| Actionable           | Good measures should provide programs with specific guidance for improvement. Many promising measures fail simply because they are too expensive, too complex, too time consuming, or too politically costly to implement. Often, the simplest are best, even if they seem less technically attractive. This principle also suggests that any measure should be able to be disaggregated to reveal underlying patterns of strength and weakness or to uncover populations who could be served more effectively. Finally, the measures provided should be reflectively analyzed and interpreted to reveal specific implications for the program. |
| Adverse Action       | The revocation or denial of accreditation following a special review process when it is confirmed that an Educator Preparation Provider's (EPP's): (1) fails to continue to meet one or more CAEP standards; (2) fails to continue to meet CAEP's application requirements; (3) falsely reports data and/or plagiarizes information submitted for accreditation purposes; (4) fails to submit annual reports, annual dues, or other documents required for accreditation; and/or (5) results from an investigation into a valid complaint in which it is determined that the CAEP standards are no longer being met.                            |
| Aggregation          | A process of grouping distinct or varied data together and considering them as a whole. See disaggregation (adapted from the Western Association of Schools and Colleges glossary).   |
| All P-12 Students    | Defined as children or youth attending P-12 schools including, but not limited to, students with disabilities or exceptionalities, students who are gifted, and students who represent diversity based on ethnicity, race, socioeconomic status, gender, language, religion, sexual identification, and/or geographic origin.   |
| Annual Fees          | The payment required each year by an educator preparation provider (EPP) to retain its accreditation status, to have access to AIMS for annual report submission, and to support CAEP activities as outlined in its mission and strategic plan.   |
| Annual Report        | (1) A yearly update submitted through AIMS by an Educator Preparation Provider (EPP) in which, the EPP provides CAEP with a summary of: (a) progress on removing any areas for improvement/stipulations, (b) substantive changes, (c) links to candidate performance data on its website, (d) eight annual measures of program outcomes and impact; and pathway specific progress, as requested. (2) CAEP's yearly report to the public on the state/progress of accreditation.   |
| Appeal               | CAEP's process of reconsideration of denial or revocation of accreditation upon request by an educator preparation provider (EPP).  |

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| Appeals Committee  | A committee of the Accreditation Council from which a panel of reviewers are drawn to review an appeal.   |
| Appeals Panel  | The five-member group appointed from the Appeals Committee by the CAEP President to review an appeal.   |
| Appendix E   | A table included as part of the accreditation self-study for the Inquiry Brief pathway in which an inventory of the evidence available to demonstrate candidate achievement is recorded and is audited during the site visit.   |
| Applicant  | The status of an Educator Preparation Provider (EPP) while its application to CAEP is being completed or is under review.   |
| Area for Improvement (AFI)                                   | A statement written by a site visit team or Commission that identifies a weakness in the evidence for a component or a standard. A single AFI is usually not of sufficient severity that it leads to an unmet standard. However, a combination of AFIs may lead the site visit team to assign a stipulation or the Commission to determine that a stipulation is warranted. Areas for improvement should be remediated by the next accreditation cycle and progress toward improvement is reported annually in the annual report. |
| Assessment   | An ongoing, iterative process consisting of four basic steps: 1. Defining learning outcomes; 2. Choosing a method or approach and then using it to gather evidence of learning; 3. Analyzing and interpreting the evidence; and 4. Using this information to improve student learning (adapted from the Western Association of Schools and Colleges glossary).  |
| Attributes   | Qualitative characteristics of an educator candidate (such as credentials, knowledge, beliefs, attitudes, etc.).  |
| Audit  | A site visitor team's examination and verification of the Inquiry Brief self-study/supporting evidence presented by the educator preparation provider (EPP) to make its case for accreditation.   |
| Audit Task   | One of a series of activities related to a CAEP standard that is undertaken by site visitors. An audit task is composed of a <i>target</i> statement or table from the self-study report and a <i>probe</i> .   |
| Benchmark  | A point of reference or standard of excellence in relation to which something can be compared and judged. A specific level of student performance may serve as the benchmark that candidates are expected to meet at a particular point in time or developmental progression. Retention and graduation rates may also be benchmarked against those of peer institutions or national norms (adapted from the Western Association of Schools and Colleges glossary).  |
| Board of Directors   | The governance body responsible for policy development; the financial affairs of CAEP; and the election of CAEP's board members, committee members, and co-chairs of the Council.   |
| Bylaws   | The standing rules governing the regulation of CAEP's internal affairs.   |
| CAEP (Council for the Accreditation of Educator Preparation) | A nonprofit and nongovernmental agency that accredits educator preparation providers (EPPs). CAEP was created with the October 2010 adoption of a motion to consolidate the National Council for Accreditation of Teacher Education (NCATE) and the Teacher Education Accreditation Council (TEAC) by the boards of the two organizations. CAEP became operational on July 1, 2013.   |

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| CAEP Coordinator            | A role identified by some Educator Preparation Providers (EPPs) for an individual to coordinate the activities, reports and preparations for an accreditation review.   |
| Candidate for Accreditation | An accreditation status achieved after completion of an application to CAEP during which an Educator Preparation Provider (EPP) engages in a developmental/diagnostic evaluation of its readiness to engage in an accreditation review.   |
| Candidate                   | An individual engaged in the preparation process for professional education licensure/certification with an Educator Preparation Provider (EPP).  |
| Candidate Learning          | The development of effective teaching performance in individuals preparing for professional educator roles in P-12 settings.  |
| Capacity                    | An Educator Preparation Provider's (EPP) stated, reviewed and evaluated ability to deliver and maintain its obligations related to (1) the high quality preparation of candidates for professional roles/licensure/certification; (2) continuous improvement; and/or (3) transformation.  |
| Capstone                    | A culminating project or experience that generally takes place in a candidate's final year of study and requires review, synthesis, and application of what has been learned over the course of the candidate's preparation program. The result may be a product (e.g., original research) or a performance (e.g., a teaching sequence). The capstone can provide evidence for assessment of a range of outcomes, (e.g., proficiencies) (adapted from the Western Association of Schools and Colleges glossary).  |
| Case Analysis               | An analysis included in the Inquiry Brief site visit review that is focused on the CAEP standards of the educator preparation provider's (EPP) case for accreditation. The analysis cites evidence in the record that is consistent or inconsistent with CAEP's requirements and standards, including whether or not there are credible rival hypotheses for evidence put forward in the EPP's self-study. The case analysis is prepared by the lead site visitor and the Commissioner responsible for presenting the case for use by IB Commissioners as they develop recommendations about standards being met. |
| Case Study                  | For CAEP a case study is a systematic study of some aspect of preparation that posits a problem of practice, identifies a means to address it, frames appropriate measures, gathers data, and analyzes results for the purposes of preparation improvement and/or accreditation evidence.   |
| Ceiling/floor               | In assessment of learning a ceiling effect occurs when the assessment activity is not challenging enough, or the scoring rubric is not ambitious enough, to accommodate higher levels of candidate performance. A floor effect occurs when data cannot represent a value lower than what the assessment activity or rating scale allows (adapted from the Western Association of Schools and Colleges glossary).  |
| Certificate                 | An official document issued by a state agency that an individual meets state requirements to (1) teach at a specific level or for a specialized discipline/population of students (e.g. middle grades, biology, English Language Learners, etc.); or (2) serve in a specific education role in a school (e.g. principal, reading specialist, etc.).   |
| Certificate Level           | A professional educator preparation program that provides the courses for a specific certificate or license, but does not lead to an academic degree.   |
| Certification               | The process by which a governmental agency or nongovernmental organization grants professional recognition to an individual who meets specified   |

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|                            | qualifications/requirements. (See Certificate and/or Certificate Level.)   |
| Claims                     | The statements in the Inquiry Brief self-study report to describe how an educator preparation provider (EPP) meets CAEP standards in preparing competent, caring, and qualified educators (i.e., teachers, administrators, and other school professionals).  |
| Clarification Questions    | A set of questions about the Inquiry Brief self-study report that are prepared as part of the formative evaluation that need clarification in writing before the site visit begins. These questions are included, with the educator preparation provider's answers, in the site visit report and may lead to follow-up tasks during the visit.   |
| Clinical Educators         | All Educator Preparation Provider (EPP) and P-12-school-based individuals, including classroom teachers, who assess, support, and develop a candidate's knowledge, skills, or professional dispositions at some stage in the clinical experiences.   |
| Clinical Experiences       | Guided, hands-on, practical applications and demonstrations of professional knowledge of theory to practice, skills, and dispositions through collaborative and facilitated learning in field-based assignments, tasks, activities, and assessments across a variety of settings.  |
| Clinical Practice          | Student teaching or internship opportunities that provide candidates with an intensive and extensive culminating field-based set of responsibilities, assignments, tasks, activities, and assessments that demonstrate candidates' progressive development of the professional knowledge, skills, and dispositions to be effective educators.  |
| Coherence                  | Logical interconnection; overall sense or understandability.   |
| Cohort                     | A group of candidates or program completers admitted, enrolled, or graduated at the same time, e.g., a class entering in a fall semester or a class graduating in the spring semester.   |
| Commission                 | The accreditation body specific to an accreditation pathway that reviews the accreditation documents from the Educator Preparation Provider (EPP) and site visit team to (1) confirm, revise, or assign areas for improvement and/or stipulations, (2) recommend whether or not the CAEP standards were met by the EPP, and (3) verify whether or not the accreditation process followed CAEP's policies and procedures. |
| Complaint Review Committee | A committee of the Accreditation Council with responsibility for reviewing and taking action on valid complaints against an Educator Preparation Provider (EPP) or CAEP.   |
| Complaints                 | The formal submission of documents and other materials to support an allegation (1) that an Educator Preparation Provider (EPP) no longer meets one or more of the CAEP standards, s; (2) that CAEP did not follow its established policies and procedures; or (3) that a member of CAEP's staff violated CAEP policies or procedures, including but not limited to its code of conduct.                                 |
| Completer                  | Any candidate who exited a preparation program by successfully satisfying the requirements of the Educator Preparation Provider (EPP).   |
| Compliance                 | Presenting sufficient evidence of meeting the standards or requirements of a regulatory or accrediting body.   |
| Component                  | Sub-indicators of a standard that elaborate upon and further define a standard. CAEP uses its components as evidence categories that are summarized by the Educator Preparation Provider (EPP) and reviewed by the site visit team in order to assign areas for improvement or stipulations that lead to a peer judgment of whether or not a standard is met.  |

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| Confidentiality  | A policy statement to which site visitors, Commissioners, Councilors and staff are required to adhere. The policy includes expectations that individuals will not to disclose or discuss information from an educator preparation provider’s (EPP) self-study, related evidence, interviews, or CAEP’s decision-making process outside of the formal accreditation process meetings. |
| Conflict of Interest   | Information about the status and trends of outcomes for completers that should be available for prospective candidates, parents of applicants, employers of completers, parents of P-12 students and generally for the public.   |
| Consumer Information   | Information about the status and trends of outcomes for completers that should be available for prospective candidates, parents of applicants, employers of completers, parents of P-12 students and generally for the public.   |
| Content Knowledge  | The central concepts, tools of inquiry, and structures of a discipline.  |
| Continuing Accreditation                                     | The accreditation process for an Educator Preparation Provider (EPP) to renew its accredited status.   |
| Continuous Improvement                                       | A process of gathering information about all aspects of preparation activities and experiences, analyzing that information (looking for patterns, trends, making comparisons with peers), identifying what works and what seems to be troubled, making adjustments, and repeating the cycle.   |
| Continuous Improvement (CI) Pathway                          | The CAEP approach to accreditation review in which the Educator Preparation Provider’s (EPP’s) self-study includes a specific plan for, or evidence of, continuous improvement in an EPP-selected focal area.  |
| Council for the Accreditation of Educator Preparation (CAEP) | A nonprofit and nongovernmental agency that accredits educator preparation providers (EPPs). CAEP was created with the October 2010 adoption of a motion to consolidate the National Council for Accreditation of Teacher Education (NCATE) and the Teacher Education Accreditation Council (TEAC) by the boards of the two organizations. CAEP became operational on July 1, 2013.  |
| Credibility  | The quality of being believable or worthy of trust. For CAEP purposes, the evidence-based practices of an EPP that the data gathering and analysis process is objective, has integrity, and is free of preconceived ideas or bias.   |
| Criterion  | A characteristic mark or trait on the basis of which a judgment may be made (adapted from the Western Association of Schools and Colleges glossary).   |
| Criterion-referenced   | Testing or assessment in which candidate performance is judged in relation to pre-established standards and not in relation to the performance of other students. See norm-referenced (adapted from the Western Association of Schools and Colleges glossary).   |
| Cross-cutting Themes   | Overarching emphases on diversity and technology that are threaded throughout the standards and reflect the Commission’s perspective that they need to be integrated throughout preparation experiences.   |
| Culture of Evidence  | A habit of using evidence in assessment, decision making, planning, resource allocation, and other processes that is embedded in and characteristic of an educator preparation provider’s actions and practices (adapted from the Western Association of Schools and Colleges glossary).   |
| Cumulative   | For CAEP purposes, measures of candidate performance that increase or grow across successive administrations. Measures gain credibility as additional sources or methods   |

for generating them are employed. The resulting triangulation helps guard against the inevitable flaws associated with any one approach. The same principle applies to qualitative evidence whose “weight” is enhanced as new cases or testimonies are added and when such additions are drawn from different sources. In sum, the entire set of measures used under a given Standard should be mutually reinforcing.

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| Curriculum         | Courses, experiences, and assessments for preparing and evaluating educator candidates to teach students at a specific age level, to teach a specific subject area, or to work as another school professional such as a principal, school library media specialist, or superintendent.  |
| Cut Score          | A score or rating that is designated as the minimally acceptable level of performance on an assessment.   |
| Data               | Information with a user and a use that may include individual facts, statistics, or items of information. For CAEP purposes, data include results of assessment or information from statistical or numerical descriptions of phenomena, status, achievement, or trends.   |
| Deep Understanding | Knowledge of a particular thing to such a degree that it implies skill in dealing with or handling something, comprehension, and personal interpretation.   |
| Denial             | The accreditation decision when an EPP’s case for initial accreditation fails to meet one or more CAEP standards.   |
| Dependability      | Worthy of trust; reliable.  |
| Disaggregation     | A process of breaking out aggregated data according to specific criteria in order to reveal patterns, trends and other information. Data such as retention and graduates rates are commonly disaggregated according to demographic characteristics such as race/ethnicity and gender. Data from assessment of candidate learning can be disaggregated to derive information about the needs of different subgroups and ways to improve their performance (adapted from the Western Association of Schools and Colleges glossary). |
| Discipline         | A branch of knowledge, typically studied in higher education, that becomes the specific subject area in which a teacher specializes (such as history), or the professional field in which an educator practices (such as educational administration).   |
| Dispositions       | The habits of professional action and moral commitments that underlie an educator’s performance (InTASC Model Core Teaching Standards, p. 6.)   |
| Distance Education | A formal educational process in which instruction occurs when the learning and the instructor are not in the same place at the same time. Distance learning can occur through virtually any media and include asynchronous or synchronous modes as well as electronic or printed communications.  |
| Diverse            | Showing a great deal of variety; very different, as in diverse clinical placements (See diversity).   |
| Diversity          | (1) Individual differences (e.g., personality, interests, learning modalities, and life experiences), and (2) group differences (e.g., race, ethnicity, ability, gender identity, gender expression, sexual orientation, nationality, language, religion, political affiliation, and socio-economic background) (InTASC Model Core Teaching Standards, p. 21).  |
| Dues               | The yearly financial assessment paid by a member to maintain its partnership  |

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|                                     | agreement and/or collaborative representation in CAEP's governance system.  |
| Educator                            | Anyone who directly provides instruction or support services in P-12 or higher education settings.  |
| Educator Preparation Provider (EPP) | The entity responsible for the preparation of educators including a nonprofit or for-profit institution of higher education, a school district, an organization, a corporation, or a governmental agency.   |
| Effectiveness                       | Adequacy to accomplish a purpose; producing the intended or expected result. For CAEP purposes effectiveness includes the impact that a candidate or program completer has on P-12 student learning.  |
| Elements                            | A component or constituent of a whole or one of the parts into which a whole may be resolved by analysis. For CAEP purposes these are the components of a program including academic, pedagogical, clinical and other elements that constitute the total preparation program.   |
| Endorsement                         | An addition to an educator's license or certification that officially sanctions an educator's fulfillment of preparation requirements to teach a subject different from that specified on the original license/certificate, to work with another group or age level of students, or to provide professional services in schools.  |
| Ethics                              | The moral principles that govern a person's or group's behaviors.   |
| Evaluation                          | A process for measuring and judging the quality of performance of a program, a process, or individuals (e.g., candidates, clinical faculty). While assessment of student learning and evaluation processes are related they do differ and it is best not to use the terms interchangeably (adapted from the Western Association of Schools and Colleges glossary).  |
| Evidence                            | The intentional use of documentation, multiple and valid measures, and analysis provided as support for and proof of an educator preparation provider's (EPP) claims related to CAEP's standards.   |
| Extension                           | A change in the term of accreditation that results because of a good cause delay or postponement of an Educator Preparation Providers' (EPP's) site visit.  |
| Faculty                             | The personnel, including both employees and partners of the EPP, who assess, support, and develop a candidate's knowledge, skills, and/or professional dispositions within the scope of the educator preparation program. Note that this includes academic as well as clinical faculty, and EPP-based educators as well as P-12 partner educators. EPPs may include personnel referred to as coaches, mentors, or development team members. |
| Fees                                | The yearly financial assessment paid by (1) an Educator Preparation Provider (EPP) to maintain its accreditation status; (2) a state to maintain its partnership agreement; or (3) an affiliated organization/agency to maintain its collaborative representation in CAEP's governance system.  |
| Field Experiences                   | Early and ongoing practice opportunities to apply content and pedagogical knowledge in P-12 settings to progressively develop and demonstrate their knowledge, skills, and dispositions.  |
| Formative Assessment                | Assessment intended to provide feedback and support for improved performance as part of an ongoing learning process, whether at the candidate, program or EPP level. See summative assessment (adapted from the Western Association of Schools and  |

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|                             | Colleges glossary).  |
| Good Cause                  | Reasons that are beyond the control of an Educator Preparation Provider (EPP) such as a change in state regulations or a natural disaster.   |
| Good Faith Effort           | In philosophy, the concept of good faith (Latin: <i>bona fides</i> , or <i>bona fide</i> for “in good faith”) denotes sincere, honest intention or belief, regardless of the outcome of an action.   |
| Governance                  | The system of management that defines policy, provides leadership, guides oversight of the accreditation and administrative policies, procedures and resources of CAEP.  |
| Grade Point Average (GPA)   | A quantitative indicator of candidate achievement. Letter grades are converted to numbers and averaged over a period of time. Commonly used but controversial due to grade inflation and lack of alignment between grades and specific learning outcomes (adapted from the Western Association of Schools and Colleges glossary).  |
| Group Average               | The GPA and standardized test scores are averaged for all members of a cohort or class of admitted candidates. Averaging does not require that every candidate meet the specified score. Thus, there may be a range of candidates’ grades and scores on standardized tests.  |
| High Quality Candidates     | The rigorous qualifications of candidates at admission, exit and throughout a preparation program as judged through selective criteria on a recurring basis by EPPs.   |
| Holistic                    | For CAEP purposes, a judgment of overall performance on a CAEP standard that reflects the understanding that the standard has a meaning or interpretation that is more than the sum of its components.   |
| Innovation                  | Implementation of something new or different in the preparation of educators that leads to the improvement of teaching and support of student learning.  |
| IB                          | Inquiry Brief, the accreditation pathway undertaken by an educator preparation provider (EPP) to evaluate itself against the CAEP standards with a research monograph style self-study that focuses on broad-based faculty engagement in investigation of candidate performance with an emphasis on the quality of the evidence used to evaluate candidate performance and to improve program quality. |
| Indicator                   | A trend or fact that indicates the state or level of something.  |
| Inquiry                     | An approach to self-study or research that involves a process of exploration that leads to asking questions and making discoveries in the search for new understandings.   |
| Institutional Accreditation | The summative evaluation of a college or university against the standards of an institutional or regional accreditor such as the Higher Learning Commission.   |
| Institutional Standards     | Standards set by an Educator Preparation Provider (EPP) that reflect its mission and identify important expectations for educator candidate learning that may be unique to the EPP.  |
| Internal Academic Audit     | A verification of the processes used by an educator preparation provider (EPP) to ensure the quality of candidates, its educators, and curricular and other program requirements. An academic audit is reported in Appendix A of the Inquiry Brief self-study report.  |
| International Accreditation | Educator Preparation Providers incorporated in or primarily operating in countries outside of the United States may seek CAEP accreditation. International institutions must meet all of CAEP’s standards and policies; however, in some cases adaptation  |

may be made to accommodate national or cultural differences while preserving the integrity of the CAEP process (adapted from the Western Association of Schools and Colleges glossary).

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| Internship                         | Full-time or part-time supervised clinical practice experience in P-12 settings where candidates progressively develop and demonstrate their knowledge, skills, and dispositions.   |
| Job Placement Rates                | The number and percentage of a cohort of admitted candidates or program completers who accepted jobs as teachers or other school professionals in a school after completing of a preparation program.   |
| Joint Review Team                  | The working group of the Accreditation Council comprised of two Review Panels from two distinct Commissions that reviews the accreditation materials and the Review Panels' reports to develop recommendations for accreditation status of their assigned EPP cases for presentation to the Accreditation Council.  |
| Knowledge Base                     | The empirical research, disciplined inquiry, informed theory, and wisdom of practice that serves as the basis for requirements, decisions, and actions of an educator preparation provider (EPP).   |
| Lapse                              | A term used to refer to the accreditation status of an Educator Preparation Provider (EPP) when the site visit is not hosted on schedule and no request for an extension or withdrawal from accreditation have been filed.  |
| Lead Site Visitor                  | The head of the site visit team, appointed by CAEP staff, who manages the accreditation review process of the Educator Preparation Provider (EPP) from the point of the formative review/audit through the site visit and up to the point of review by the Commission and Accreditation Council.  |
| Legacy Visits                      | The final accreditation reviews of educator preparation providers (EPPs) under the NCATE standards or TEAC quality principles between fall 2012 and spring 2016 onsite visits.  |
| License                            | An official document issued by a state agency that an individual meets state requirements to (1) teach at a specific level or for a specialized discipline/population of students (e.g. middle grades, biology, English Language Learners, etc.); or (2) serve in a specific education role in a school (e.g. principal, reading specialist, etc.). (See Licensure or Licensure Level). |
| Licensure                          | The process by which a governmental agency or nongovernmental organization grants professional recognition to an individual who meets specified qualifications/requirements. (See Licensure Level.)   |
| Licensure Level                    | A professional educator preparation program that provides the courses for a specific certificate or license but that does not lead to an academic degree.   |
| Measures                           | The variety of observation and assessment tools and methods that are collected as part of a research effort.  |
| Members of CAEP                    | Stakeholders that are educational organizations, states, and other agencies or parties committed to CAEP's mission and strategic plan.  |
| Metric                             | A method of measuring something, or the results obtained from this.   |
| Misleading or Incorrect Statements | Misrepresentation of an Educator Preparation Provider's (EPP's) accreditation status or the use of accreditation reports or materials in a false or misleading manner.  |

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| Mission   | An important goal or purpose accompanied by strong conviction that underlies the work of an educator preparation provider.   |
| National Council for Accreditation of Teacher Education (NCATE) | An affiliate of the Council for the Accreditation of Educator Preparation (CAEP) that has accredited professional education units or programs since it was founded in 1954. NCATE consolidated with TEAC in 2013 to form CAEP.   |
| National Recognition  | The status granted specific educator preparation programs that meet the standards of a specialized professional association (SPA) that is a member of CAEP.  |
| Norming   | In assessment of candidate learning, a process of training raters to evaluate products and performances consistently, typically using criterion-referenced standards and rubrics (adapted from the Western Association of Schools and Colleges glossary).  |
| Norm-referenced   | Testing or assessment in which candidate performance is judged in relation to the performance of a larger group of candidates, not measured against a pre-established standard. See criterion-referenced (adapted from the Western Association of Schools and Colleges glossary).  |
| Operating Procedures  | The document that outlines the step-by step implementation of the CAEP policies that guide CAEP's day-to-day activities.   |
| Parity  | The equity of an educator preparation provider's (EPP) budget, facilities, equipment, faculty and candidate support, supplies, and other elements of the EPP compared to the resources available to similar programs at the institution or organization that houses the EPP.   |
| Parsimony   | Measures or metrics that are limited in number but powerful in information. For CAEP purposes, the fewest number of measures or metrics that make a compelling case for meeting a standard.  |
| Partner   | Organizations, businesses, community groups, agencies, schools, districts, and/or EPPs specifically involved in designing, implementing, and assessing the clinical experience.  |
| Partnership   | Mutually beneficial agreement among various partners in which all participating members engage in and contribute to goals for the preparation of education professionals. This may include examples such as pipeline initiatives, Professional Development Schools, and partner networks.  |
| Pedagogical Content Knowledge                                   | A core part of content knowledge for teaching that includes: core activities of teaching, such as figuring out what students know; choosing and managing representations of ideas; appraising, selecting and modifying textbooks...deciding among alternative courses of action and analyzing the subject matter knowledge and insight entailed in these activities. |
| Pedagogical Knowledge   | The broad principles and strategies of classroom instruction, management, and organization that transcend subject matter knowledge.  |
| Pedagogical Skills  | An educator's abilities or expertise to impart the specialized knowledge/content of their subject area(s).   |
| Peer Review   | A self-regulation process by which the quality of an institution, organization, Educator Preparation Provider (EPP), school, or other entity is evaluated by individuals who are active participants in the profession.  |
| Performance Assessment  | Product- and behavior-based measurements based on settings designed to emulate real-life contexts or conditions in which specific knowledge or skills are actually   |

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|                                       | applied.  |
| Performance Data                      | Information, both quantitative and qualitative, derived from assessments of educator candidate proficiencies as demonstrated in practice.   |
| Petition                              | The document prepared by an Educator Preparation Provider (EPP) to explain the grounds for requesting reconsideration of denial or revocation of accreditation.   |
| Preponderance of Evidence             | The weightiness of the facts and claims presented by the EPP along with people interviewed and observations made by site visitors that convincingly make the case that a standard or component is being met or not met. This preponderance is based on the convincing evidence and its probable truth or accuracy, and not simply on the amount of evidence. (See evidence).  |
| Probationary Accreditation            | The continuing accreditation decision rendered by the Accreditation Council when an Educator preparation Provider (EPP) fails to meet one of CAEP's standards.  |
| Probationary Visit                    | The site visit that occurs within two years after the Accreditation Council puts an EPP on probation for failing to meet one of CAEP's standards.   |
| Probes                                | A specific action taken by a site visitor during an inquiry brief site visit to establish whether a statement, table, or figure in the self-study is accurate. In cases in which the outcomes of a probe are variable or uncertain with regard to the accuracy of the item, the site visitors continue to investigate until a stable pattern is uncovered or until a probe's result is unambiguous.   |
| Professional Community                | Educators engaged in practice within the Educator Preparation Provider (EPP), other educators at the institution/organization, P-12 practitioners, candidates, and other school professionals involved in the preparation of in-service and pre-service educators.  |
| Professional Development              | Opportunities for educators to develop new knowledge and skills through professional learning activities and events such as in-service education, conference attendance, sabbatical leave, summer leave, intra- and inter-institutional visitations, fellowships, and work in P-12 schools.   |
| Professional Development School (PDS) | A specially structured school in which Educator Preparation Provider (EPP) and P-12 school clinical educators collaborate to (1) provide practicum, field experience, clinical practice, and internship experiences; (2) support and enable the professional development of the Educator Preparation Provider (EPP) and P-12 school clinical educators; (3) support and enable inquiry directed at the improvement of practice; and (4) support and enhance P-12 student achievement.                 |
| Proficiencies Program                 | Demonstrated abilities to perform some part of what is described by standards.<br>A planned sequence of academic courses and experiences leading to a degree, a recommendation for a state license, or some other credential that entitles the holder to perform professional education services in schools. Educator Preparation Providers (EPPs) may offer a number of program options (for example, elementary education, special education, secondary education in specific subject areas, etc.). |
| Program Approval                      | The distinction granted by a state governmental agency when an Educator Preparation Provider's (EPP) program meets the state's standards and/or requirements.   |
| Program Completer                     | Any candidate who exited an educator preparation program by successfully satisfying the requirements of the Educator Preparation Provider (EPP). (See Completer.)   |
| Program Review with                   | The process by which CAEP assesses the quality of programs offered by an educator   |

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| Feedback                                 | preparation provider (EPP). Specialty program areas are reviewed individually in clusters (cross-grade programs, secondary programs, and other school professionals) against state-selected standards. This review results in feedback for states, EPPs, and site visitors as the accreditation visit is conducted.   |
| Program Review with National Recognition | The process by which CAEP, in collaboration with its specialized professional associations (SPAs), assesses the quality of programs offered by educator preparation providers (EPPs). EPPs that select this program review option are required to submit their programs for review by SPAs as part of the accreditation process unless otherwise specified by the state partnership agreement with CAEP.  |
| Program Reviewers                        | Peer volunteers who review specialized educator programs against the standards of Specialized Professional Associations (SPAs), state standards, or other standards identified by the state as part of the accreditation process for CAEP.  |
| Progressions/Progressive Development     | Descriptions of increasingly sophisticated ways of thinking about and enacting teaching practice that suggest trajectories of growth that both depend upon learning from experience and are influenced by support from mentors, interaction with colleagues, and engagement in ongoing professional learning. (InTASC Model Core Teaching Standards, p. 50)   |
| Protocol                                 | Expectations for actions, behaviors, or reports, similar to etiquette (for example, CAEP protocol dictates that at the end of a site visit the lead site visitor meeting with the head of the educator preparation provider to share team findings) (adapted from the Western Association of Schools and Colleges glossary).  |
| Provider                                 | An inclusive term referring to the Educator Preparation Provider (EPP) that is the sponsoring organization for preparation, whether it is an institution of higher education, a district- or state-sponsored program, or an alternative pathway organization.   |
| Public Disclosure                        | (1) A CAEP policy to ensure that an Educator Preparation Provider (EPP) maintains its accreditation status, candidate performance data, and accreditation information available on the EPP's website for access by current and prospective candidates, parents, faculty, school professionals, and others. (2) A CAEP policy to ensure that CAEP maintains the accreditation status of EPPs and other accreditation information on its website. |
| Qualitative Measures                     | Assessments or analyses that can be reported narratively and numerically to provide in-depth study of an individual, classroom, or school. Qualitative assessments include, but are not limited to, in-depth interviews, focus groups, observations, case studies, and ethnographic studies.  |
| Quality Assurance System                 | A system that ensures continuous improvement by relying on a variety of measures, establishing performance benchmarks for those measures (with reference to external standards where possible), seeking the views of all relevant stakeholders, sharing evidence widely with both internal and external audiences, and using results to improve policies and practices in consultation with partners and stakeholders.                          |
| Quantitative Measures                    | Assessments or analyses that can be reported numerically and sometimes generalized to a larger population. Common quantitative measures include surveys (online, phone, paper), observation and other evaluative forms, and tests.  |
| Rationale                                | A statement or argument that provides a justification for a selection, decision, or   |

recommendation.

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| Relevance             | A principle of evidence quality that implies validity, but goes beyond it by also calling for clear explanation of what any information put forward is supposed to be evidence of and why it was chosen. This principle also implies that there is a clear and explicable link between what a particular measure is established to gauge and the substantive content of the Standard under which it is listed.   |
| Reliability           | The degree to which test scores for a group of test takers are consistent over repeated applications of a measurement procedure and hence are inferred to be dependable and repeatable for an individual test taker. A measure is said to have a high reliability if it produces consistent results under consistent conditions.   |
| Reliable, Valid Model | For CAEP purposes (p. 17 of the Commission report), a case study that is presented to meet one or more of CAEP's standards in which key outcomes and processes are gauged, changes and supporting judgments are tracked, and the changes presented are actually improvements. To be reliable and valid as a model, the case study should have followed CAEP's guidelines in identifying a worthwhile topic to study, generated ideas for change, defined the measurements, tested solutions, transformed promising ideas into sustainable solutions that achieve effectiveness reliably at scale, and shared knowledge.  |
| Remand                | Returning a case for accreditation to a new team for a second full review when there is no consensus on the recommendations of the joint review team by the Accreditation Council.   |
| Representative        | The extent to which a measure or result is typical of an underlying situation or condition, not an isolated case. If statistics are presented based on a sample, evidence of the extent to which the sample is representative of the overall population ought to be provided, such as the relative characteristics of the sample and the parent population. If the evidence presented is qualitative—for example, case studies or narratives, multiple instances should be given or additional data shown to indicate the typicality of the chosen examples. CAEP holds that sampling is generally useful and desirable in generating measures efficiently. But in both sampling and reporting, care must be taken to ensure that what is claimed is typical and the evidence of representativeness must be subject to audit by a third party. |
| Requirements          | CAEP's expectations other than those contained in the standards, including criteria for eligibility or candidacy, paying annual fees, submitting annual reports, publishing educator candidate performance data on websites, etc.  |
| Retention Rates       | Comparison of the number of candidates who entered a program against the number who completed the program and were recommended for certification or licensure. Retention rates may also be collected for the number of new teachers who begin work in schools and who are still working in specified subsequent years.   |
| Review Panel          | A 3-4 person group selected from an Accreditation Commission that examines the self-study, site visitors' report, and other accreditation documents related to an Educator Preparation Provider's (EPP) case for accreditation. The Review Panel makes a recommendation to the Joint Review Team of the Accreditation Council on the standards that are met and confirms or revises areas for improvement and/or stipulations.   |
| Revocation            | The continuing accreditation decision made by the Accreditation Council to revoke an   |

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|  | accredited status when the Accreditation Council has determined that the Educator Preparation Provider (EPP) no longer meets two or more CAEP standards.  |
| Rigor                                      | In education, refers both to a challenging curriculum and to the consistency or stringency with which high standard for learning and performance are upheld (adapted from the Western Association of Schools and Colleges glossary).  |
| Rubric                                     | A tool for scoring candidate work or performances, typically in the form of a table or matrix, with criteria that describe the dimensions of the outcomes down the left-hand vertical axis, and levels of performance across the horizontal axis. The work of performance may be given an overall score (holistic scoring) or criteria may be scored individually (analytic scoring). Rubrics are also used for communicating expectations (adapted from the Western Association of Schools and Colleges glossary). |
| Satisfaction                               | For CAEP purposes, the degree of confidence and acceptance that a preparation program was satisfactory, dependable, and true to its purpose by an employer or candidate.  |
| Self Study                                 | The process and document that an Educator Preparation Provider (EPP) creates/undergoes to evaluate its practices against CAEP standards.  |
| Shared Accountability                      | A policy for holding Educator Preparation Providers (EPPs), P-12 schools and teachers mutually responsible for students’ and candidates’ learning and academic progress.  |
| Signature Assessment                       | An embedded assessment method using an assignment—either the identical assignment or multiple assignment all constructed according to a common template—across multiple courses or sections of courses. A sample of candidates’ work products is then examined using a rubric to arrive at judgments about the quality of candidate learning across the course or program (adapted from the Western Association of Schools and Colleges glossary).  |
| Site Visit                                 | The two-to-three days in which site visitors conduct their summative review of an Educator Preparation Provider’s (EPP) self-study report and evidence on location at the EPP’s campus or organizational headquarters.  |
| Site Visitors                              | Evaluators who review educator preparation providers (EPPs) that submit a self-study for one of CAEP’s accreditation pathways. Site visitors examine the EPP against the evidence presented to make the case for meeting the CAEP standards. Site visitors are selected from nominations by CAEP members, EPPs, states, and others; they must successfully complete training.   |
| Site Visitors Report                       | The document prepared by site visitors during and/or following the site visit that verifies the evidence presented in the self-study report written by the educator preparation provider (EPP) to identify which evidence supports each CAEP standard and which evidence is inconsistent with the CAEP standard.  |
| Specialized Professional Association (SPA) | A member of CAEP that is a national organization of teachers, professional education faculty, and/or other school professionals who teach a specific content area (e.g., mathematics or social studies), teach students at a specific developmental level (i.e., early childhood, elementary, middle level, or secondary), teach students with specific needs (e.g., special education teachers), or provide services to students (e.g., school counselors, school psychologists, or principals).                   |
| Stakeholder                                | Partners, organizations, businesses, community groups, agencies, schools, districts,  |

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|                             | and/or EPPs interested in candidate preparation or education.   |
| Standardized Test Scores    | The numerical expression of a student’s or educator candidate’s performance on an examination that was administered and scored consistently across all of the test takers who took the same examination. This consistency permits a more reliable comparison of student or educator candidate performance across test takers.   |
| Standards                   | Normative statements about educator preparation providers (EPPs) and educator candidate practices, performances, and outcomes that are the basis for an accreditation review. Standards are written in broad terms with components that further explicate their meaning. (See Professional Standards.)  |
| State Partnership Agreement | A formal agreement between a state and CAEP that defines the state’s recognition of accreditation decisions, the program review options available to educator preparation providers (EPPs) within the state, and the relationship between CAEP accreditation and state program approval. The agreement outlines the state’s presence and role in accreditation visits.  |
| State Program Review        | The process by which a state governmental agency reviews a professional education program to determine if it meets the state’s standards for the preparation of school personnel.   |
| STEM                        | Science, technology, engineering and mathematics.   |
| Stewardship                 | The responsible oversight and protection of something considered worth caring for and preserving.   |
| Stipulation                 | A statement written by a site visit team or Commission which is confirmed by the Accreditation Council as a deficiency related to one or more components or a CAEP standard. A stipulation is of sufficient severity that a standard is determined to be unmet. For EPPs seeking to continue their accreditation, a stipulation must be corrected within two years to retain accreditation. For EPPs seeking initial or first accreditation, a stipulation leading to an unmet standard will result in denial of accreditation. |
| Strategic Evaluation        | A component of CAEP Standard 5 (Provider Quality, Continuous Improvement, and Capacity) that refers to an educator preparation provider’s (EPP’s) use of a variety of methods and processes to provide timely, credible, and useful information that can be acted upon to increase its organizational effectiveness and its impact on its completers’ ability to support and improve P-12 student learning.   |
| Structured                  | A quantitative research method commonly employed in survey research to ensure that each interview is presented with exactly the same questions in the same order; that answers can be reliably aggregated; and that comparisons can be made with confidence between sample subgroups or between different survey periods. For CAEP purposes the term is used in the context of structured observation instruments and structured student surveys.   |
| Student                     | A learner in a school setting or other structured learning environment. CAEP uses “student” to identify learners in P-12 schools.   |
| Student Development         | The physical, psychological, and emotional changes that occur in P-12 students as they progress from dependency to increasing autonomy facilitated by the educational process.  |
| Student Growth              | The change for an individual in educational outcome(s) between two or more points in  |

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|  | time as measured against state or national standards, in academic learning, or in “whole child” development.   |
| Student Learning                               | The educational outcome(s) mastered by P-12 students as set forth in the academic curriculum during a given time period by the school or school system and as provided by the classroom teacher.   |
| Student Surveys                                | Questionnaires about the performance of teachers and other school professionals that are completed by P-12 students. Student surveys are one of the measures that an educator preparation provider (EPP) could use to demonstrate the teaching effectiveness of its candidates and completers.   |
| Substantive Change                             | Any change in the published mission or objectives of the organization or educator preparation provider (EPP); the addition of courses or programs that represent a significant departure in terms of either content or delivery from those that were offered when the EPP was most recently accredited; a change from contracting with other providers for direct instructional services, including any teach-out agreements. Substantive changes are reported by EPPs in their annual report to CAEP. |
| Summary of the Case                            | For the <i>Inquiry Brief</i> pathway, the site visitors’ explication of the case the educator preparation provider (EPP) has made for accreditation.   |
| Summative Assessment                           | Assessment that occurs at the conclusion or end point of a course or program to determine whether candidate learning outcomes have been achieved. See formative assessment (adapted from the Western Association of Schools and Colleges glossary).  |
| Summative Report                               | The document prepared by site visitors during and/or following the site visit as a final evaluation and verification of the evidence presented in the self-study report by the Educator Preparation Provider (EPP).  |
| Target Statement                               | (See <i>audit task</i> .)  |
| Teacher Education Accreditation Council (TEAC) | An affiliate of the Council for the Accreditation of Educator Preparation (CAEP) that has accredited professional education programs since it was founded in 1997. TEAC consolidated with NCATE in 2013 to form CAEP.  |
| Teacher Performance Assessment (TPA)           | An ongoing process for measuring teacher candidates’ performance. CAEP expects these assessments to be validated based on state and national professional standards, to be reliably scored by trained evaluators, and to be used for continuous improvement of educator preparation.   |
| Teach-out Agreement                            | An agreement between accredited educator preparation providers (EPPs) and its candidates that will provide a reasonable opportunity for candidates to complete their program of study if the EPP stops offering its educational program before all enrolled candidates have completed the program.   |
| Teach-out Plan                                 | A written document that describes the process for the equitable treatment of candidates when an educator preparation provider (EPP) ceases to operate a program before all candidates have completed their courses of study.   |
| Technology                                     | The tools and techniques available through computers, the Internet, telecommunications, and multimedia that are used by educator preparation providers (EPPs) for instruction and the input, storing, processing, and analyzing of data in quality assurance systems. Educator candidates should be able to demonstrate that they use technology to work effectively with students to support student learning.  |
| Third-party Comment                            | Testimony from members of the professional community or the public about the   |

quality of the Educator Preparation Provider (EPP) and its programs.

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| TI                         | One of the three CAEP accreditation pathways, Transformation Initiative, in which evidence shows that standards are met and the educator preparation provider (EPP) is engaged in research related to educator preparation that will inform the profession.  |
| Title II                   | A requirement of the Higher Education Opportunity Act of 2008 that educator preparation providers (EPPs) report the performance of teacher candidates on state licensure tests along with other data.  |
| Title IV                   | A requirement of the Higher Education Opportunity Act of 2008 and its predecessor that colleges and universities must be accredited by an institutional accrediting body recognized by the Secretary of the U.S. Department of Education for their students to be eligible for federal financial aid.  |
| Training                   | The formal and informal preparation of Board members, Council members, Commission members, site visitors, volunteers, consultants, and staff for their CAEP roles and responsibilities.  |
| Transparency               | Openness in communications about the accreditation process, documents prepared for accreditation, and the outcomes of the accreditation review.  |
| Triangulation              | A technique that reinforces conclusions based on data from multiple sources.   |
| Validity                   | The extent to which a set of operations, test, or other assessment measures what it is supposed to measure. Validity is not a property of a data set but refers to the appropriateness of inferences from test scores or other forms of assessment and the credibility of the interpretations that are made concerning the findings of a measurement effort.   |
| Value-added Measures (VAM) | For CAEP purposes, assessments that provide evidence of P-12 students' intended educational outcomes as measured by standardized tests and other assessments. For CAEP purposes, VAM should demonstrate the change over time of intended educational outcomes that is attributable to teacher preparation programs.  |
| Verifiable                 | The degree to which a measure or result is able to be independently confirmed or substantiated. This is partly a matter of whether the process of creating the current value of the measure is replicable, and if repeating the process would yield a similar result. This principle implies reliability, but goes beyond it to require transparency and full documentation—whether sufficient information is available to enable any third party to independently corroborate what was found. |

## APPENDIX D: Other CAEP Accreditation Resources

During the self-study process, providers gather and present data and other evidence that are relevant to the CAEP standards and components, reflecting on their current functioning, effectiveness, and continuous improvement.

CAEP is committed to supporting providers while they prepare for and undertake their self-study as part of the accreditation process. This is reflected in the choice of resources available to providers throughout the process. The resources include:

- Staff contacts (by individual or conference calls, e-mail, letters, virtual or face-to-face meetings, or the CAEP Community chat forum for like groups).
- Webinars (and/or archived recordings)
- Workshops and conferences
- CAEP web site and AIMS (Accreditation Information Management System)
- Updates via electronic newsletters and/or CAEP web site

### Staff

By calling the CAEP office, providers, Site Visitors, reviewers, and any other constituent involved in the process will be connected with a staff member who is able to assist them. Alternatively, staff can be contacted by e-mail and a further virtual or face-to-face meeting may follow should there be need for one. The main CAEP office phone number is (202)-753-1630. Contact information is also available on CAEP web site at: [www.caepnet.org](http://www.caepnet.org)

### Webinars, Archived Recordings, and other forms of online meetings:

CAEP conducts webinars for providers preparing for accreditation reviews and encourages all providers and other interested parties to participate. Likewise, CAEP conducts webinars for Visitor Teams to keep them current with accreditation procedures and what is expected from them. Archived recordings of past webinars are available at <http://caepnet.org/resources/> and <http://www.ncate.org/Webinars/WebSeminarsArchive/tabid/637/Default.aspx#instaccred>

An online forum known as CAEP Community is in development for providers and other constituents, and should be up and running by January 2015. This will help develop a supportive cohort of like institutions through conducting chats, comparisons and sharing or documents, exchanges about various approaches to accreditation preparation. Member providers will be provided with an access code to CAEP Community which will be located at: [INSERT WHEN AVAILABLE].

### CAEP Conferences:

CAEP conferences are held twice every year in spring and fall. These provide an orientation to the accreditation process for participating providers, state representatives, Visitor Team members, reviewers, and other constituents involved in the accreditation process, as well as opportunities for face-to-face consultations with staff. Objectives for the consultation with CAEP staff include a review of what constitutes a compelling self-study report, including goals, strengths, required evidence, challenges, and areas for improvements in order for providers to determine steps and strategies for their preparation in the accreditation review process. Conference dates are available on CAEP's web site at: <http://caepnet.org/events/>

Provider faculty and leaders who are unable to attend a conference may, if they wish to do so, arrange on-campus consultations with CAEP staff at the provider's cost. This alternative arrangement is subject to availability of staff at the time.

**CAEP web site and AIMS (Accreditation Information Management System):**

Most accreditation reference materials are posted on CAEP web site including CAEP standards, Guide to Self-Study Reports and Evidence, presentations at past conferences, and others. Accreditation materials on the web site are available at: <http://caepnet.org/accreditation/>. These materials include the CAEP Evidence Guide, a general reference for information about CAEP's "culture of evidence" concepts, principles of good evidence, use of evidence, and guidelines for provider assessments, surveys, scoring guides, case studies, and development and use of measures of P-12 student learning.

Member providers have additional resources in AIMS on report and evidence submission processes. The CAEP technical support team is always available to support providers experiencing any technical problems with AIMS. The IT team can be reached at 202.753.1661, or through Frank Huang at [frank.huang@caepnet.org](mailto:frank.huang@caepnet.org).

New information and/or updates that are of assistance to providers preparing for accreditation are normally posted on CAEP's web site and in AIMS. Guides to self-study reports and evidence are available at this URL:

<http://caepnet.org/accreditation/guide-to-self-study-reports-and-evidence/>.

