CAEP ACCREDITATION HANDBOOK

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CAEP Accreditation Handbook

Table of Contents

The Purpose of the *CAEP Accreditation Handbook* 4
PART I: INTRODUCTION 5
CAEP'S Mission, Scope, and Goals 5
A New Context for Educator Preparation 5
A Culture of Evidence 6
Three Pathways to Accreditation 7
How the CAEP Accreditation Process Works: An Overview 7
Key Roles 9
Role of States 9
Role of Providers 9
Role of Peer Expertise in CAEP Reviews 9
PART II: CAEP STANDARDS AND EVIDENCE 10
CAEP Standards: The Backbone of Accreditation 10
STANDARD 1 14
EVIDENCE TABLE 16
EVALUATION RUBRIC 20
STANDARD 2 24
EVIDENCE TABLE 25
EVALUATION RUBRIC 31
STANDARD 3 34
EVIDENCE TABLE 37
EVALUATION RUBRIC 44
STANDARD 4 48
EVIDENCE TABLE 49
EVALUATION RUBRIC 55
STANDARD 5 59
EVIDENCE TABLE 61
EVALUATION RUBRIC 66
PART III: THE ACCREDITATION PROCESS 70
CAEP Eligible 70
Application and Eligibility 70
Table 1: Application, Candidacy, and Review 71

Optional Early Assessment Evaluation 73
Table 2: Early Evaluation of Assessments 73
How Providers Determine their Accreditation Pathway 74
The Self-Study Process 75
Online evidence, tagging, and case-making 76
Disaggregated data 77
Specialty/license area review 77
Table 3: Program Review Options: National, Review with Feedback, and State Review 79
Cross-cutting themes of diversity and technology 81
CAEP Accreditation Review and Decisions 82
Visitor Teams and Provider Self-Study Reports: A five-step process 82
CAEP Accreditation Council review 84
CAEP Accreditation Decisions 86
Annual Reporting 88
APPENDICES 89
APPENDIX A – INQUIRY BRIEF 89
APPENDIX B – SELECTED IMPROVEMENT 129
APPENDIX C – TRANSFORMATION INITIATIVE 142
APPENDIX D – Phase-in Chart 158
APPENDIX E – Guidelines for Submitting a Plan 160
APPENDIX F - Eight Annual Reporting Measures 164
APPENDIX G – Assessment Rubric 166
APPENDIX H - Areas for Improvement and Stipulations 170
REMOVAL OF STIPULATIONS FOR MET STANDARDS 171
REMOVAL OF STIPULATIONS FOR UNMET STANDARDS 172
APPENDIX I – Glossary 174

The Purpose of the *CAEP Accreditation Handbook*

The *CAEP Accreditation Handbook* and supplementary guides provide educator preparation providers (EPPs) a one-stop source of information about the CAEP accreditation process and expectations. This document is designed for a broad range of users—faculty and administrators from EPPs, state agency partners, visitor team members and other expert volunteers, representatives of national organizations, and all stakeholders engaged or interested in educator preparation effectiveness.

The *CAEP Accreditation Handbook* identifies the steps in the accreditation process and what they are meant to accomplish, how the process works, the standards on which the process is based, and what providers need to do to demonstrate they have met the 2013 CAEP Standards. CAEP offers significant detail, background, templates, and information to help providers understand what to expect at every phase of the process, from filling out applications to the final decision.

The *Handbook* is divided into four sections:

Part I: Introduction provides a general overview of CAEP accreditation including the goals, purposes, and context of CAEP accreditation along within the roles of key players.

Part II: CAEP Standards and Evidence presents the standards, their components and the intent of each standard. In addition, Part II identifies types of evidence that might demonstrate that a provider meets the standard and the rubrics used by reviewers to frame accreditation decisions.

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

Appendices include specific details for each of the three accreditation pathways from which EPPs may choose, the phase-in schedule, guidelines for developing a plan, the eight annual measures, assessment evaluation rubric, areas for improvement and stipulations, and a glossary of terms.

This *Handbook* is a part of a comprehensive system of support and capacity-building resources provided by CAEP to assist providers in making their case for meeting CAEP's 2013 Standards. Supplementary information—including policy statements, procedures, and resource guides that further explicate CAEP's processes—is available in the Accreditation Information Management System (AIMS). AIMS is a data management system created by CAEP to manage all report submissions, monitor and track submission processes, maintain all records specific to the accreditation process, and record all final decisions by the Accreditation Council. CAEP will alert all providers to additional supplemental resources through an announcement in AIMs. Additional resources are available to providers on the CAEP website including weekly announcements to EPPs, and recorded webinars on such topics as meeting the standards, establishing content validity, submitting a self-study, and making the case for meeting standards. Through CAEP conferences, association meetings, and online communication and feedback, CAEP will gather comments 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 guidance on its content.

CAEP is implementing its Standards for Advanced Programs (on the CAEP website under 'Standards') on a different timetable. Additional guidance on self studies, including programs at the advanced level for all three pathways, will be available by fall 2016; CAEP will notify providers via AIMS that these materials are available.

PART I: INTRODUCTION

CAEP'S Mission, Scope, and Goals

CAEP's mission is to advance excellence in educator preparation through evidence-based accreditation that assures quality and supports continuous improvement. Launched in 2013, CAEP works with more than 900 educator preparation providers currently participating in its 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). In addition, CAEP serves providers not previously accredited by NCATE or 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. It builds on the decades of institutional knowledge of the sector's previous accreditors, the National Council for Accreditation of Teacher Education (NCATE), founded in 1954, and the Teacher Education Accreditation Council (TEAC), founded in 1997, which agreed to form CAEP to advance the field of educator preparation. The U.S. Department of Education (ED) and the Council for Higher Education Accreditation (CHEA) currently recognize both NCATE and TEAC. CHEA also recognizes CAEP.

A New Context for Educator Preparation

This *Handbook* 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 investigates the health of quality assurance systems focused on continuous improvement and innovation. The ultimate goal of this redesign is to improve learning for all P-12 students.

CAEP's emergence as the sole accrediting body with a scope encompassing a broad range of traditional and non-traditional educator preparation providers comes at a pivotal time for education.[1] 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 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:

1. CAEP requires **evidence of effective clinical preparation that incorporates partnerships with P- 12 schools and districts** that meets local and national employers' urgent needs (e.g., addressing shortage areas 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. CAEP accreditation **includes all providers and encourages innovation** from university-based, alternative, for-profit, and online providers.

[1] 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.

4. CAEP maintains that 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.** This is 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 a teacher-of-record—and to the provider that prepared that teacher. They also are initiating data systems that collect information on other dimensions of educator preparation provider performance, such as those demonstrated by metrics associated with completers' performance, employer and completer satisfaction, and teacher evaluations that can be linked to completion, licensure, and employment rates.

The availability of more and higher quality data that document the performance of individual students, programs, and EPPs provides a unique opportunity for EPPs to fulfill their responsibilities for public accountability and to foster continuous improvement in educator preparation.

CAEP calls upon all educator preparation providers to create a culture of evidence to inform 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, using appropriate evidence to support its case for meeting the 2013 CAEP Standards. In addition, EPPs investigate and explore other sources of evidence that will improve and supplement the quality of existing evidence.

The formative review process for each of the three CAEP accreditation pathways, which typically lasts 8 to 12 months and involves additional documentation by providers, is an integral step in a culture of evidence. A key element of this process is CAEP's selection, development, and management of expert reviewers.

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, contribute to 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 providers describe as part of their self studies. These resources will also be available for research purposes.
- CAEP is collaborating 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.

One 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 that promote continuous improvement among a variety of providers, grant flexibility to try different interventions, and incubate promising new ideas.

Three Pathways to Accreditation

As part of the process, providers select one of three CAEP accreditation pathways that they will pursue in their quest to attain or maintain accreditation. The Inquiry Brief (IB), Selected Improvement (SI), and Transformation Initiative (TI) Pathways have common requirements for providers to present evidence that they meet all CAEP Standards and show 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. Through the IB process, the provider documents that all 2013 CAEP Standards have been met.
- CAEP's **Selected Improvement Pathway** requires the provider to use data-driven decision making to reach a higher level of achievement in an area of educator preparation such as specialty licensure areas, increase the efficiency of the EPP, and/or to assess candidate/completer impact on P-12 student learning. For this pathway, the provider selects a standard, component, crosscutting themes, and/or combination of standards to focus on for selected improvement. The provider makes the selection of a focal area based on data presented in the self study and provides a rationale for the selection.
- CAEP's **Transformation Initiative Pathway** requires providers to demonstrate how they meet all of the 2013 CAEP Standards. In addition, the provider (and sometimes a consortia of providers) submits 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 also be found in appendices A (Inquiry Brief), B (Selected Improvement), and C (Transformation Initiative).

How the CAEP Accreditation Process Works: An Overview

For providers who have never held NCATE or TEAC accreditation

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. Providers seeking first time accreditation from CAEP complete a Phase I and Phase II application available on the CAEP website.

For Providers with NCATE or TEAC Accreditation. EPPs previously accredited either by NCATE or TEAC are *CAEP eligible*. These EPPs will be eligible for CAEP accreditation as their NCATE or TEAC accreditation cycle expire.

Optional Early Instrument Evaluation

Providers pursuing CAEP accreditation can submit EPP created assessments—such as clinical observational instruments, dispositional assessments, employer surveys, exit surveys of educator candidates, and other sources—that they plan to use in making the case that their programs meet CAEP standards. CAEP offers this service to help providers and the field improve the quality of assessments to yield valid data and to help increase the likelihood of producing quality evidence.

The rubric used to evaluate EPP created assessments through the Optional Early Instrument Evaluation Review process is available in Appendix G. *(See detail on pages 76 to 77 of this document.)*

Program and State Review Process

All providers seeking CAEP accreditation must complete program (specialty licensure area) review, which states use to examine the content and efficacy of preparation in the various specialty areas and in advanced programs such as those for school leaders, school psychologists, reading specialists, librarians, and other school professionals. States define the program review option(s) 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 Handbook beginning on page 83-84.)*

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 to which providers continue to meet the CAEP 2013 Standards between accreditation visits. It provides important information for the benefit of consumers. Providers can also use the information to analyze trends, adjust the continuous improvement efforts, and document in their self-study reports.

Formative Review and Site Visits

After providers submit the self-study report, for a pathway, a formative review occurs. For those EPPs choosing the SI and TI pathways, CAEP assigns a Visitor Team to conduct a formative review. The team explores the quality and depth of evidence that providers used to make their case for meeting standards and to determine the focus of the site visit. For providers selecting the IB pathway, CAEP conducts a formative review to decide the readiness of the EPP for an on-site visit and to 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, videos). During the visit, the team also interviews provider leaders, faculty, mentor teachers, candidates, students, P-12 administrators, and others relevant stakeholders. The interviews are a critical part of the accreditation process, helping the Visitor Team to investigate, evaluate, interpret, and finally determine the sufficiency of the evidence for each standard. 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 found in the provider's program. Visitor Team members do not determine if standards are met.

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 a summary team evaluation of the completeness, quality, and strength of evidence for each standard and assigns areas for improvement and/or stipulations.

The CAEP Accreditation Council establishes initial review panels to evaluate the results of the site visit and provide a recommendation for a particular accreditation status. The initial review panel meets with a second panel of councilors (Joint Review Panel), consisting of members from other initial review panels, then check 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, and makes the official accreditation decision. CAEP then informs the program or provider in writing of its decision.

The provider may only appeal an "Adverse Action," which is denial or revocation of accreditation status. The granting of areas of improvement(s), stipulation(s) and/or probationary accreditation status cannot be appealed. *The complete appeal's process and step-by-step procedures are documented in detail in Part III of the Handbook.*

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 and further refining important roles for all stakeholders.

Role of States

States have legal authority over educator preparation and development. States 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 partnership 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.

Role of Providers

Providers are responsible for ensuring that their program completers are "classroom-ready" to have a measurable impact on P-12 student learning, and putting rigorous, high-quality systems in place to monitor candidate progress before recommending candidates for licensure. Providers are also responsible for ensuring that the evidence they rely on to support their claims satisfies CAEP's standards for reliable data and valid interpretations of that evidence. In addition, providers are responsible for meeting both CAEP and state reporting requirements. As part of the mid-accreditation cycle evaluation, EPPs can also choose to submit assessments they will use to evaluate progress toward achieving the CAEP standards for CAEP review and feedback.

CAEP requires providers to take a focused approach to evidence, not to submit vast amounts of data and artifacts to reviewers for analysis, but marshaling selected evidence to make their case, with data tagged to particular standards/components. The 2013 CAEP Standards require stakeholders to use data from their quality assurance systems as evidence.

Role of Peer Expertise in CAEP Reviews

CAEP uses a peer review system for all evaluations which brings together the trained stakeholders who are invested in quality education for both candidates and P-12 students. 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. CAEP trains these reviewers on all applicable standards, policies, and practices. Each review includes multiple steps to ensure the integrity of the process and consistent application of standards. Peer reviewers analyze evidence and determine strengths and weaknesses of that evidence. In addition, reviewers use submitted evidence to provide feedback regarding program effectiveness and alignment to CAEP Standards. Reviewers also will determine whether the providers have sufficiently addressed the themes of technology and diversity in their self studies.

PART II: CAEP STANDARDS AND EVIDENCE

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 educators and (2) there must also be solid evidence that the provider's faculty and clinical educators create a culture of evidence and use it to maintain and enhance the quality of their professional programs.

In August 2013, CAEP formally adopted rigorous standards and evidence expectations for initial teacher preparation. 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 was developed for advanced programs, which focus on other school professionals and educators who currently hold licenses; the CAEP Board of Directors adopted those standards in June 2014. Complete guidance on CAEP Standards for Advanced Programs will be available in the fall of 2016 through AIMS and the CAEP website.)

The 2013 CAEP Standards are intended to raise the bar for the quality of evidence that the EPPs submit for accreditation. Provider evidence must demonstrate that program completers can meet the nation's performance expectations for its teachers. In doing so, providers will elevate the teaching profession by creating a lever for systemic improvement for all teacher preparation entities. 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.

This part of the *Handbook* reinforces the association between standards and evidence found in the 2013 CAEP Standards. It is comprised of the full text of the CAEP standards and their associated components, together with descriptions of types of measures that produce evidence that could inform a provider's case, as well as guidelines for how review teams will evaluate submitted evidence. The following guidance describes sample performances, characteristics, and trends in preparation that are particular to components of the 2013 CAEP Standards. Please note: These materials are intended only as examples and 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 benchmark of research-based reliability and validity with regard to the CAEP standards they are to inform. In writing the self- study report, each provider will intentionally bring together relevant evidence that accumulates to address the components of each standard. All evidence **must be** tagged to a specific CAEP standard and 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 types of explanatory text:

- **a brief narrative** that interprets 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, and **the minimal level of sufficiency** required for each component.

An additional explanation, or rationale, for each of the 2013 CAEP Standards is available at this URL: file://caepfs01/homes$/stevie/Downloads/caep-2013-accreditation-standards%20(1).pdf

The examples of evidence
With that introduction, the Evidence Table precedes the rubrics, which describe the minimal level of sufficiency for each component under each CAEP standard:

A. **Measures or type of evidence**—For each component of each standard, the Evidence Table 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: CAEP's expectation is that providers will write holistically around each standard, and in the course of the documentation address the components. The exception to this rule are components 3.2, 4.1, 4.2, 4.3, 4.4, 5.3, and 5.4, all of which are required to be met. The measures or type of evidence provided in the Evidence Table do not include an exhaustive list; therefore, providers are welcome to employ different measures or types of evidence from those described in the Evidence Table. If providers do make a different selection, they are responsible for demonstrating that the evidence has clearly addressed the intent of the CAEP standards.

A. **Minimal level of sufficiency – E**ach CAEP Standard and component includes a description of the criteria reviewers use to determine if the evidence presented reaches the minimal level of sufficiency for the component.

Concluding notes

Three concluding notes on the examples provide guidance on how providers can develop and display evidence used in their self studies.

1. Use of the evidence in self studies

In assembling self studies, providers should focus on making the case that standards are met. Self studies should:

- Frame the argument to be made for a standard
- Describe the data sources with regard to their relevance in supporting the standard, noting why the data are 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.
- Discuss the use of data for continuous improvement by the provider.

As part of this process, providers must disaggregate data and results by specialty licensure areas for Standard 1. This process helps to identify noteworthy variations or may provide evidence of consistency across specialty licensure areas within the EPP. Providers should also look for patterns in the data, such as variations over time or after changes to the

program or context. All providers must submit data by licensure area since the review of data at this level is required as part of the overall accreditation decision. 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 analyses through indications of convergence, in cases where findings are mutually reinforcing or contradictory. In the self-study report, the EPP should highlight confirming and conflicting findings from 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 and continuous improvement.

All components of a standard are covered in the summary statement, but different providers may give different emphases for each component. 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's assertion 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 measures 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 closely monitor progress during preparation 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 the provider initiates a new data collection series prior to a site visit. Both CAEP and the provider should consider this circumstance as evidence of continuous improvement. CAEP may request that results be submitted in the provider's annual reports for a year or two, until stability with the revised measures is evident.

2. Characteristics and interpretations of evidence

There are numerous references in the Evidence 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 provider's primary documentation of those attributes falls under its 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 section 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*). For reviewers to determine the validity of the evidence for specific standards/components, providers will need to tag individual indicators on each assessment.

3. Addressing cross-cutting themes of technology and diversity

Places in which 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. (= diversity and = technology)

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

Diversity Incorporation of multiple perspectives, respect and responsiveness to cultural differences, and candidate understanding of their own frames of reference.

- Standard 1
  - Emphasizes "candidates" 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 candidates 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."[2] CAEP concurs. The perfect must not be the enemy of the good.

[2] Worrel, 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.

STANDARD 1

Standard 1: Content and Pedagogical Knowledge - *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.*

Candidate Knowledge, Skills, and Professional Dispositions

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.

Provider Responsibilities:

1.2 Providers ensure that candidates 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 candidates 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 candidates 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 candidates 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 for Standard 1

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 candidates, including their ability to draw on knowledge to demonstrate effective professional skills that foster P-12 student learning.

- The definitions of knowledge and skills embedded in Standard 1 are those of the Interstate Teacher Assessment and Support Consortium (InTASC), the Council of Chief State School Officers' project that defined teacher standards.

(http://www.ccsso.org/Resources/Publications/InTASC_Model_Core_Teaching_Standards_A_Resource_for_State_Dialogue_(April_2011)-x1025.html)

- Component 1.1 identifies four categories into which InTASC groups its ten standards (e.g., 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.

- Component 1.3 specifically identifies discipline specific content knowledge as fundamental to demonstrating effective professional skills. Specific attention should be given to components directly referenced in the standard. The standard notes the following: *"…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."* Standard 1 and specifically component 1.3 play a vital role in the accreditation review process. Reviewers determine the efficacy of individual licensure areas in the EPP by reviewing evidence/data under Standard 1 and specific evidence provided under component 1.3 from review sources such as Specialized Professional Associations (SPA) reports, state reports, and other approved accreditation agencies. All licensure area evidence is reviewed under Standard 1 and is an integral part of the accreditation decision specific to Standard 1.

- Component 1.4 specially identifies college- and career – readiness standards. The standard states: *"…advance the learning of all students toward attainment of college- and career-readiness standards."* Since this is specifically identified in the standard, EPPs should provide explicit evidence for the preparation of candidates for addressing college- and career-readiness standards with students.

The remaining components of Standard 1 (1.2 and 1.5) are worded as responsibilities of providers to "ensure" that candidates have particular proficiencies. These include candidates using research and evidence 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 they achieved each component. Providers must make a holistic case for how they meet the overall standard, weaving in evidence for components as part of the summary that makes the best case for meeting the standard.

General Rules for Standard 1:

- **All data must be disaggregated by specialty licensure area for Standard 1.**
- **At least three cycles of data must be submitted and analyzed. If a revised assessment is submitted with less than 3 cycles of data, data from the original assessment should be submitted.**
- **Cycles of data must be sequential and be the latest available.**
- **EPP-created assessments should be scored at the CAEP Sufficient Level as defined on the CAEP Assessment Evaluation Rubric.**
- **All components must be addressed in the self study.**
- **Evidence from Standard 1 is cited in support of continuous improvement and part of an overall system of review (Standard 5).**
- **There are no required components for Standard 1.**

EVIDENCE TABLE

Standard 1: Content and Pedagogical Knowledge - *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.*

Measures or Type of Evidence:

The provider's evidence, disaggregated by specialty license area (as applicable, include instruments and provider rubrics for scoring with evidence submissions) **makes a case for candidate proficiency as defined in the InTASC standards or categories** from measures such as those listed below:

Possible provider-created measures:

- Clinical experience observation instrument
- Lesson and unit plans
- Portfolios
- Teacher work samples
- GPA (for courses specific to the learner such as developmental psychology, motor development, etc.)
- Dispositional and professional responsibility data
- Comparisons of education and other IHE attendees on provider end-of-major projects or demonstrations (if applicable to provider);
- End-of-key-course tests
- Pre-service measures of candidate impact on P-12 student learning such as during methods courses, clinical experiences, and/or at exit
- 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

Possible 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 by times attempted, overall performance scores, subscales, and cohort average performance compared with state and/or national population, as applicable:

- 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

Report pass rates by times attempted, overall performance scores, subscales, and cohort average performance compared with state and/or national populations, as applicable

- GRE field tests (limited fields: biochemistry, cell and molecular biology, biology, chemistry, computer science, literature in English, mathematics, physics, psychology); ETS major field tests

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

NOTES ON THE PURPOSE OF THESE MEASURES

This is the primary component in which EPP's can assemble evidence to demonstrate the competencies of candidates, both through the preparation program and at exit. The standard makes it explicit that each of the four categories of InTASC Standards should be included in the array of evidence. Those categories are as follows:

- Learner and Learning (InTASC standards 1, 2, and 3): Content-specific methods courses that have learner development, learning differences, and creation of learning environments embedded into the course work including performance level and interpretation. Evidence of candidate competence with all students.
- Content (InTASC standards 4 and 5): Deep subject content knowledge; application of content. Performance level and interpretation.
- Instructional Practice (InTASC standards 6, 7, and 8): Evidence that candidates have opportunities to practice and then demonstrate knowledge and skills in assessment; also planning for instruction and instructional strategies that develop deep understanding of content areas and their connections to all students including performance level and interpretation. Candidates demonstrate modeling of digital and interactive technologies to achieve specific learning goals and engage students.

- Professional Responsibility (InTASC standards 9 and 10): Dispositional and professional development data, including leadership roles.
- EPPs should provide evidence from indicators of the impact that candidates or completers have on P-12 student learning either for component 1.1 or component 3.5 (exit measures).

1.2 *Providers ensure that candidates 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.*

Measures or Type of Evidence:

The provider's evidence, disaggregated by specialty license area (as applicable, include instruments and provider rubrics for scoring with evidence submissions) **is specific to research and evidence use in the content area** from sources such as these:

- Work sample
- Provider-created or proprietary assessments
- Pre- and post-data and reflections on the interpretation and use of data
- Portfolio (including assessment of assignments made to students and artifacts produced)

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

NOTES ON THE PURPOSE OF THESE MEASURES

Examples should provide evidence **that candidates are able to use data both for instructional decision making and developing an understanding of evidence-based professional practice.**

- Candidates' use of research and evidence for planning, implementing, and evaluating students' progress
- Candidates' use of data to reflect on teaching effectiveness and their own professional practice with performance at or above acceptable levels on rubric indicators
- Candidates' use of data to assess P-12 student progress and to modify instruction based on student data (data literacy

1.3 *Providers ensure that candidates 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).*

Measures or Type of Evidence:

Evidence, disaggregated by specialty license area, to demonstrate candidate proficiency according to specialty area, state, and/or other accrediting standards from measures such as the following:

- SPA reports
- Other specialty area accreditor reports
- Specialty area-specific state standards achieved OR evidence of alignment of assessments to other state/national standards
- Number of completers who have been awarded National Board Certified Teacher (NBCT) status by the National Board for Professional Teaching Standards (NBPTS)

Providers should include trends and comparisons within and across specialty licensure area data.

NOTES ON THE PURPOSE OF THESE MEASURES

These reports can be used to provide evidence for other components of Standard 1, as relevant, with standards of Specialized Professional Associations (SPAs); 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).

1.4 *Providers ensure that candidates 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).*

Measures or Type of Evidence:

Multiple forms of evidence, disaggregated by specialty license area, indicate candidate 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** from measures such as those listed below:

- Observational instruments
- Lesson or unit plans
- Work samples
- Portfolios (such as edTPA or PPAT)

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

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. All states have standards specific to college- and career- readiness and EPPs should begin with their state-specific standards.

1.5 *Providers ensure that candidates model and apply technology standards as they design, implement, and assess learning experiences to engage students and improve learning; and enrich professional practice.*

Measures or Type of Evidence:

The provider presents evidence, disaggregated by specialty license area, of candidates modeling and applying technology standards through measures such as

- Clinical experience observation instrument
- Lesson or unit plan assessments
- Portfolios
- Work sample with exhibition of applications and use of technology in instruction
- Technology course signature project/assignment.

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

NOTES ON THE PURPOSE OF THESE MEASURES

Examples are 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 International Society for Technology in Education (ISTE). Examples could also demonstrate that candidates involve P-12 students in the use of technology that is aligned with the goals of the lesson, and that they use technology to differentiate instruction; to track student progress; communicate with other stakeholders; and to enhance the lesson.

Visitor Team Evaluation Rubric: Standard 1

The rubrics described in the chart below are **draft** guides for EPPs, members of CAEP Visitor Teams, and the CAEP Accreditation Council. The rubrics will be piloted over the next year and changes will be made based on feedback from EPPs, Visitor Teams, and the Accreditation Council. The rubrics are included in this draft to provide opportunities for stakeholders to offer guidance and feedback on their clarity, alignment to Standards/components, and usefulness to the accreditation process. Any feedback specific to the rubrics should be sent to Lauren Alexander at lauren.alexander@caepnet.org

The *CAEP Accreditation Handbook* defines the principal role of the Visitor Team to "investigate the quality of the provider's evidence, including its accuracy and its consistency or inconsistency with the provider's claims." The team analyzes the strength of the evidence "in demonstrating satisfaction of the CAEP Standards and (2) the description of particular strengths or deficiencies." The Team does not determine that individual Standards are met. Instead, the team evaluates the completeness, quality, and strength of evidence for each Standard overall.

There are references in the Visitor Team Evaluation Rubric below to the CAEP Assessment Evaluation Rubric, on which some of the criteria are based in the Evaluation Rubric for Standard 1; where applicable, references to the CAEP Assessment

Evaluation Rubric appear. *For EPP-created assessments to provide sufficient evidence/data for standards and/or components, the assessment should be at the CAEP "Sufficient Level" on the CAEP Assessment Evaluation Rubric. All of the rubrics are constructed around examples that appear in the *Handbook's* Evidence Table. Providers are welcome to employ different measurements from those described in the Accreditation Table examples. If different evidence is submitted, the provider is responsible for showing that it has addressed the intent of the CAEP Standards or component in an equally effective way. The intent is to make all of these CAEP guides consistent and mutually reinforcing.

As Visitor Teams investigate evidence and interpret it through these rubrics below, they will usually find that individual pieces of evidence are best described by criteria identified at more than one level. A decision by the Visitor Team is not based on a single piece of evidence, but the preponderance of evidence across multiple indicators. The Visitor Team summary analysis must determine the preponderance of weight across all of the accumulated evidence, taking into account the array and distribution pattern that the teams finds. All of the criteria at the minimal level of sufficiency should be addressed, but reviewers base the final decision on the preponderance of evidence at the standard level.

General Rules Reminder for Standard 1:

- **All data must be disaggregated by specialty licensure area for Standard 1.**
- **At least three cycles of data must be submitted and analyzed. If a revised assessment is submitted with less than 3 cycles of data, the data from the original assessment should be submitted.**
- **Cycles of data must be sequential and be the latest available.**
- **EPP-created assessments should be scored at the CAEP Sufficient Level as defined on the CAEP Assessment Evaluation Rubric.**
- **All components must be addressed in the self study.**
- **Evidence from Standard 1 is cited in support of continuous improvement and part of an overall system of review (Standard 5).**
- **There are no required components for Standard 1.**

EVALUATION RUBRIC

Component 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.

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL DRAFT Component 1.1	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • **EPP-created assessments are evaluated below the minimal level of sufficiency.** • **No data/evidence disaggregated by specialty licensure area.** • **Data/evidence presented do not align with indicators on assessments.** • **No or only partial attempt is made to**	• All general rules for the Standard are met. • All four of the InTASC categories are addressed with multiple indicators across the four categories. • The InTASC category of Instructional Practice is addressed from clinical experiences. • Multiple indicators/measures specific to application of content knowledge in clinical settings are identified with performance at or above the acceptable level on rubric indicators. • Analysis of data/evidence includes identification of trends/patterns, comparisons, and/or differences. • Data/evidences supports interpretations and conclusions. • Class average at or above acceptable levels on the EPP scoring guide indicators specific to the four categories of InTASC Standards.	**+** • EPP-created assessments are consistently scored above the minimal level of sufficiency on the CAEP Assessment Rubric. • All criteria at the minimal level of sufficiency are met. • Interpretations and conclusions are supported by data/evidence from multiple data/evidence sets. • Data/evidence are triangulated across data/evidence sets.

interpret data/evidence or data/evidence are misinterpreted. • **No indicators/measures specific to the application of knowledge are provided.**	• If applicable, providers demonstrate that candidate performance is comparable to non-candidate performance in the same courses or majors. • Specialty licensure area performance indicates competency and is benchmarked against the average licensure area performance of other providers (comparisons are made with scaled scores and/or state/national data when available).	• Specialty licensure area performance are benchmarked with both state and national averages.

Component 1.2: Providers ensure that candidates 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.

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL DRAFT Component 1.2	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • **EPP-created assessments are evaluated below the minimal level of sufficiency.** • **Planning, implementing, and evaluating of learning experiences are informal and not research or evidence/data based.** • **No documentation provided on candidates' use of data to reflect on teaching effectiveness or to assess student progress.**	• All general rules for Standard 1 are met. • Data/evidence document effective candidate use of research and evidence for planning, implementing, and evaluating P-12 students' progress, with performance at or above acceptable level on rubric indicators. • Data/evidence document effective candidate use of data to reflect on teaching effectiveness and their own professional practice with performance at or above the acceptable level on rubric indicators. • Data/evidence document effective candidate use of data to assess P-12 student progress and to modify instruction based on student data (data literacy), with performance at or above acceptable level on rubric indicators.	**+** • All criteria at the minimal level of sufficiency are met. • EPP-created assessments are evaluated above the minimal level of sufficiency on the CAEP Assessment Rubric. • Multiple data/evidence sources document effective candidate use of research • Evidence for planning, implementing, and evaluating learning experiences is documented. • Candidates demonstrate data literacy.

Component 1.3: Providers ensure that candidates 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).

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL DRAFT Component 1.3	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • **EPP-created assessments are evaluated below the minimal level of sufficiency.** • **No or only partial external evidence that**	• All general rules for Standard 1 are met. • The provider presents at least one source of evidence that candidates apply content and pedagogical knowledge at specialty licensure area levels (SPA or state reports, disaggregated specialty licensure area data, NBCT actions, etc.). • A majority (51% or above) of SPA program reports have achieved National Recognition.	**+** • EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Rubric. • Documentation from more than one source that

candidates apply content and pedagogical knowledge at specialty licensure area levels (SPA or state reports, disaggregated specialty licensure area data, NBCT actions, etc.). • **Under 51% of SPA reports or state program reports have achieved National Recognition or have been state-approved.** • **Answers to specific specialty licensure areas questions are incomplete and provide no analysis of data.**	• **OR** documentation is provided on periodic state review of program level outcome data. • Answers specific to specialty licensure area questions are complete and supported by an analysis and accurate interpretation of specialty licensure area data. • The providers makes comparisons and identifies trends across specialty licensure areas based on data. • Assessments submitted for the Program Review with Feedback option are at the minimal level of sufficiency.	candidates apply content and pedagogical knowledge at specialty licensure area levels (SPA or state reports, disaggregated specialty licensure area data, NBCT actions, etc.). • All SPA reports have achieved National Recognition or all specialty areas have been state approved. • Answers specific to specialty licensure area questions are complete, insightful, and supported by an analysis and accurate interpretation of specialty licensure area data •

Component 1.4: Providers ensure that candidates 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).

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL DRAFT Component 1.4	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • **EPP-created assessments are evaluated below the minimal level of sufficiency.** • **No or only one or two indicators specific to evaluating proficiencies for college- and career-readiness are provided.** • **No or only one or two indicators of candidates' ability to demonstrate differentiation of instruction for diverse learners.** • **No or only one or two indicators of candidates' ability to have students apply knowledge to solve problems and think critically.**	• All general rules for Standard 1 are met. • Multiple indicators/measures specific to evaluating proficiencies for college- and career- readiness are scored at or above the EPP scoring guide indicators at the minimal level of sufficiency (acceptable level): ○ candidates' ability to provide effective instruction for all students (differentiation of instruction). ○ candidates' ability to have students apply knowledge to solve problems and think critically. ○ candidates' ability to include cross-discipline learning experiences and to teach for transfer of skills. ○ candidates' ability to design and implement learning experiences that require collaboration and communication skills.	**+** • All criteria at the minimal level of sufficiency are met. • EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Rubric. • Data/evidence are triangulated across data/evidence sets specific to college- and career-readiness: ○ candidates' ability to demonstrate differentiation of instruction for diverse learners across data sets ○ candidates' ability to have students apply knowledge to solve problems and think critically

- **No or only one or two indicators of candidate's ability to include cross-discipline learning experiences and to teach for transfer of skills.**
- **No or only one or two indicators of candidate's ability to design and implement learning experiences that require collaboration and communication skills.**

- candidates' ability to design and implement learning experiences that require collaboration and communication
- candidates' ability to include cross-discipline learning experiences and to teach for transfer of skills.

Component 1.5: Providers ensure that candidates model and apply technology standards as they design, implement and assess learning experiences to engage students and improve learning; and enrich professional practice.

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL DRAFT Component 1.5	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • **EPP-created assessments are evaluated below the minimal level of sufficiency.** • **No or only partial evidence specific to technology standards (e.g., ISTE) in coursework and/or clinical experience.** • **No or only partial evidence specific to demonstrated proficiencies in the use of technology.** • **No or only partial evidence provided on candidates' ability to design and facilitate digital learning.** • **No or partial evidence provided on candidates' ability to track and share student performance data digitally.**	• All general rules for Standard 1 are met. • Exiting candidates model and apply technology standards (e.g., ISTE) in coursework and clinical experiences. • Candidates demonstrate knowledge and skill proficiencies including accessing databases, digital media, and/or electronic sources with performance at or above the acceptable level on rubric indicators. • Candidates demonstrate the ability to design and facilitate digital learning with performance at or above the acceptable level on rubric indicators. • Candidates demonstrate the ability to track and share student performance data digitally with performance at or above the acceptable level on rubric indicators.	**+** • All criteria at the minimal level of sufficiency are met • EPP-created assessments are evaluated above the minimal level of sufficiency on the CAEP Assessment rubrics. • Documentation of candidates' ability to use social networks as resources.

STANDARD 2

Standard 2: Clinical Partnerships and Practice - *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.*

Partnerships for Clinical Preparation

2.1 *Partners co-construct mutually beneficial P-12 school and community arrangements for clinical preparation, including technology-based collaborations, and shared 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.*

Clinical Educators

2.2 *Partners co-select, prepare, evaluate, support and retain high quality clinical educators, both EPP 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.*

Clinical Experiences

2.3 *The provider works with partners to design clinical experiences of sufficient depth, breadth, 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: (1) provider P-12 partnerships, (2) the clinical educators, and (3) 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 continuous and should feature shared decision making about crucial aspects of the preparation experiences and of collaboration among all clinical educators. 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. CAEP's Standard 2 encourages EPPs to (1) be purposeful in and reflective on breadth, depth, duration, coherence and diversity of their clinical experiences; (2) provide opportunities for candidates to practice the application of course knowledge in a variety of instructional settings; and (3) keep a clear focus on candidate experiences that have positive effects on P-12 student learning.

Clinical educators include all EPP and P-12 school-based individuals including classroom teachers, who assess, support, and develop candidates' knowledge, skills, or professional dispositions at some stage in the clinical experiences.

General Rules for Standard 2:

- **At least three cycles of data must be submitted and analyzed. If a revised assessment is submitted with less than 3 cycles of data, the data from the original assessment should be submitted.**
- **Cycles of data must be sequential and be the latest available.**
- **EPP-created assessments should be scored at the CAEP Sufficient Level as defined on the CAEP Assessment Evaluation Rubric.**
- **All components must be addressed in the self study.**
- **There are no required components for Standard 2.**

EVIDENCE TABLE

Standard 2: Clinical Partnerships and Practice - *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 for clinical preparation, including technology-based collaborations, and shared 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.*

Measures or Type of Evidence:

Multiple sources of documentation 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.

Examples of evidence could include the following:

- Description of partnerships (e.g., MOU) along with documentation that the partnership is being implemented as described

- Schedule of joint meetings between partners and purpose/topics covered in meetings
- Field experience handbooks (section[s] specific to component)
- Documentation of stakeholder involvement
- Documentation of a shared responsibility model
- Documentation of technology-based collaborations
- Evidence that placements, observational instruments, and evaluations are co- constructed by partners
- Criteria for candidate expectations during clinical experiences are co-constructed and identified on evaluation instruments

PHASE-IN APPLIES

NOTES ON THE PURPOSE OF THESE MEASURES

Evidence should document that both partners share in critical decisions that bear on clinical experiences of 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 of the extent to which partnerships are mutually beneficial and ensure that candidates effectively teach will happen onsite.

2.2 *Partners co-select, prepare, evaluate, support, and retain high quality clinical educators, both EPP 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 application to establish, maintain, and refine criteria for selection, professional development, performance evaluation, continuous improvement and retention of clinical educators in all clinical placement settings.*

Measures or Type of Evidence:

Evidence includes documentation that high quality clinical educators are co-selected, prepared, evaluated, supported, and retained.

The evidence might draw from indicators demonstrating the following:

- The provider documents clinical educator and clinical placement characteristics with co-selection, based on shared criteria.
- The provider documents its criteria for selection of clinical educators, including recent field experience and currency in relevant research.
- Resources are available online.
- Orientation of clinical educators is available in person and online.
- The provider shares performance evaluations of university supervisors, clinical educators, and candidates.
- The provider conducts surveys of clinical educators (P-12 and EPP based) and candidates on the quality of and consistency among clinical educators.
- The provider collects and uses data for modifying clinical experiences.
- The provider makes and keeps records of remediation and/or counseling out available.

Clinical educators

- Training and coaching of clinical educators is available in person and online.
- Joint sharing of curriculum development/design/redesign occurs between the provider and site(s).

PHASE-IN APPLIES

NOTES ON THE PURPOSE OF THESE MEASURES

The provider's plan includes methods to measure the purposes of co-selection, preparation, evaluation, support, and retention of clinical faculty.

2.3 *The provider works with partners to design clinical experiences of sufficient depth, breadth, 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.*

Measures or Type of Evidence:

The provider documents the provider and partner probe of the relationships between outcomes and a particular facet of clinical preparation (depth, breadth, diversity, coherence, or duration):

- Selection of one of the facets of preparation, based on analyses of data and individual fit, to examine current placement and then test the specific facet systematically (controlling for other variables) to gather data on what works.
- To summarize outcomes, providers could cross- reference their findings and conclusions from component 1.1 evidence on exiting candidate competencies, from component 3.4 evidence on monitoring of candidate development during preparation, and from component 4.1 evidence about completer impact on P-12 student learning.
- To examine clinical experiences, providers should ensure that these experiences are deliberate, purposeful, sequential, and assessed using performance-based protocols.
- To examine clinical experiences, component 2.3 is asking the provider to consider the relationship between the outcomes and the attributes of the clinical experiences. The question is as follows: What is it about the experiences (that is, depth, breadth, diversity, coherence, and duration) that can be associated with the observed outcomes?
- 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.

Cross-reference to guidelines for Visitor Team in component 5.2 for valid interpretation of evidence; component 1.1 for candidate competency; and component 3.4 for candidate progress; and component 3.5 for candidate exit proficiencies.

PHASE-IN APPLIES

NOTES ON THE PURPOSE OF THESE MEASURES

The example avoids repeating candidate exit measures that appear under component 1.1, and shifts to provider investigation of what it can learn from its current experience, or planned variation of that experience, about attributes of clinical preparation.

The provider should gather data on a specific facet of preparation in relation to outcomes (e.g., monitoring innovations for component 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.

The self study would document how the facet chosen and manner tested produces useful information. At least three cycles of data would ideally be available. There would be a thorough description of why the provider selected the particular facet, how it was tested, and what the provider learned.

NOTE: CAEP encourages research connecting specific aspects of clinical preparation to outcomes that can inform the field and promote research, innovations, and continuous improvement. Therefore, providers will not be penalized for trying something that does not yield better results.

Visitor Team Evaluation Rubric: Standard 2

The rubrics described in the chart below are **draft** guides for EPPs, members of CAEP Visitor Teams, and the CAEP Accreditation Council. The rubrics will be piloted over the next year and changes will be made based on feedback from EPPs, Visitor Teams, and the Accreditation Council. The rubrics are included in this draft to provide opportunities for stakeholders to offer guidance and feedback on their clarity, alignment to standards/components, and usefulness to the accreditation process. Any feedback specific to the rubrics should be sent to Lauren Alexander at lauren.alexander@caepnet.org

The *CAEP Accreditation Handbook* defines the principal role of the Visitor Team to "investigate the quality of the provider's evidence, including its accuracy and its consistency or inconsistency with the provider's claims." The team analyzes the strength of the evidence "in demonstrating satisfaction of the CAEP Standards and (2) the description of particular strengths or deficiencies." The Team does not determine that individual standards are met. Instead, the team evaluates the completeness, quality, and strength of evidence for each Standard overall.

There are references in the Visitor Team Evaluation Rubric below to the CAEP Assessment Evaluation Rubric, on which some of the criteria are based in the Evaluation Rubric for Standard 2; where applicable, references to the CAEP Assessment Evaluation Rubric appear. *For EPP-created assessments to provide sufficient evidence/data for standards and/or components, the assessment should be at the CAEP "Sufficient Level" on the CAEP Assessment Evaluation Rubric. All of the rubrics are constructed around examples that appear in the *Handbook's* Evidence Table. Providers are welcome to employ different measurements from those described in the Accreditation Table examples. If different evidence is submitted, the provider is responsible for showing that it has addressed the intent of the 2013 CAEP Standards or component in an equally effective way. The intent is to make all of these CAEP guides consistent and mutually reinforcing.

As Visitor Teams investigate evidence and interpret it through these rubrics below, they will usually find that individual pieces of evidence are best described by criteria identified at more than one level. A decision by the Visitor Team is not based on a single piece of evidence, but the preponderance of evidence across multiple indicators. The Visitor Team summary analysis must determine the preponderance of weight across all of the accumulated evidence, taking into account the array and distribution pattern that the team it finds. All of the criteria at the minimal level of sufficiency should be addressed, but reviewers base the final decision on the preponderance of evidence at the standard level.

General Rules for Standard 2:

- **At least three cycles of data must be submitted and analyzed. If a revised assessment is submitted with less than 3 cycles of data, the data from the original assessment should be submitted.**
- **Cycles of data must be sequential and be the latest available.**
- **EPP-created assessments should be scored at the CAEP Sufficient Level as defined on the CAEP Assessment Evaluation Rubric.**
- **All components must be addressed in the self study.**
- **There are no required components for Standard 2.**

EVALUATION RUBRIC

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.

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL DRAFT Component 2.1	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL

–
• Evidence is one directional (EPP to P-12 schools or P-12 schools to EPP).
• Limited or no evidence of a shared responsibility model.
	• All general rules for the Standard 2 are met.
	• The provider presents evidence that P-12 schools and EPPs have both benefitted from the partnership.
	• The provider presents evidence that a collaborative process is in place and is reviewed annually.
	• The provider regularly (at least twice a year) seek input from P-12 teachers and/or administrators on candidate preparation, including developing or refining criteria for entry/exit into clinical experiences.
	• Providers document a shared responsibility model that includes these components:
	  ○ Co-construction of instruments and evaluations
	  ○ Co-construction of criteria for selection of mentor teachers
	  ○ Involvement in on-going decision-making
	  ○ Input into curriculum development
	  ○ EPP and P-12 educators provide descriptive feedback to candidates
	  ○ Opportunities for candidates to observe and implement effective teaching strategies linked to coursework.
	  ○
		+
		• All criteria at the minimal level of sufficiency are met.
		• EPP-created assessments are evaluated above the minimal level of sufficiency on the CAEP Assessment Rubric.
		• Input from P-12 teachers and/or administrators is on-going and continuous (at least 4 times per year).

Component 2.2: Partners co-select, prepare, evaluate, support and retain high quality clinical educators, both EPP 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.

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL DRAFT Component 2.2	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • P-12 teachers and/or administrators have a limited role or no role in	• All general rules for the Standard 2 are met. • EPP and P-12 clinical educators and/or administrators co-construct criteria for selection of clinical educators and make co-selections. • School-based clinical educators evaluate EPP-based clinical educators and candidates and share results.	**+** • All criteria at the minimal level of sufficiency are met.

the selection of clinical educators.
- No system is in place for mutual evaluation of university supervisors, candidates, and clinical educators.
- Only in-person professional development is available.
- Decisions specific to clinical educators, candidates, and university supervisors are not data driven

- EPP-based clinical educators and candidates evaluate school-based clinical educators and share results.
- EPPs and P-12 clinical educators use data collected to modify selection criteria, determine future assignments of candidates, and make changes in clinical experiences.
- Supervisory resources and professional development opportunities are available on-line to ensure access to all clinical educators.
- All clinical educators receive professional development and are involved in creating of professional development opportunities on the use of evaluation instruments, evaluating professional disposition of candidates, setting specific goals/objectives of the clinical experience, and providing feedback.

- EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Rubric.
- All supervisory resources and professional development are interactive and available on-line.

Component 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.

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL

CAEP SUFFICIENT LEVEL
DRAFT
Component 2.3

EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL

–

- Evidence documents no or limited clinical experiences in diverse settings.
- No attempt is made to link attributes (depth, breath, diversity, coherence, and duration) to student outcomes and candidate/completer performance documented in Standards 1 and 4.
- Only one or two clinical experiences are documented.
- Only informal assessments are documented.
- Limited or no evidence is provided that candidates use data to guide instructional decision-making.
- **Clinical experiences are not sequential or progressive.**

- All general rules for the Standard 2 are met.
- Evidence documents that all candidates have active clinical experiences in diverse settings.
- Attributes (depth, breath, diversity, coherence, and duration) are linked to student outcomes and candidate performance. Standard 1 evidence shows that candidate have purposefully assessed impact on student learning using both formative and summative assessments in more than one clinical setting and have:
  - used two comparison points,
  - used the impact data to guide instructional decision-making,
  - modified instruction based on impact data, and
  - have differentiated instruction.
- Evidence documents that both candidates and students have used technology to enhance learning
- Evidence documents that candidates have used technology to track student progress and growth.
- Specific criteria for appropriate use of technology are identified
- Evidence documents a sequence of clinical experiences with specific goals that are focused, purposeful, and varied.
- Clinical experiences include focused teaching experience where specific strategies are practiced.
- Clinical experiences are assessed using performance-based criteria.

+

- All criteria at the minimal level of sufficiency are met.
- EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment rubric.
- Attributes (depth, breath, diversity, coherence, and duration) are linked to student outcomes and candidate performance in Standards 1 and 3.
- Specific guidelines are identified for the effective use of technology and social media to enhance instruction and communication.
- Candidates are assessed throughout the program in multiple clinical experiences with data supporting

- Candidates are assessed throughout the program with data supporting increasing levels of candidate competency.
- Evidence documents the relationship between clinical experiences and coursework (coherence).

increasing levels of candidate competency.

STANDARD 3

Standard 3: ***Candidate Quality, Recruitment and Selectivity –*** *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.*

Plan for Recruitment of Diverse Candidates who Meet Employment Needs

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.

Admission Standards Indicate that Candidates have High Academic Achievement and Ability

3.2 ***REQUIRED COMPONENT-*** *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.[i]*

[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.

Additional Selectivity Factors

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.

Selectivity During Preparation

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.[ii]

Selection At Completion

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. CAEP monitors the development of measures that assess candidates' success and revises standards in light of new results.

Underlying Concepts and Considerations

Standard 3 is focused on the need for providers to recruit and develop a strong applicant pool. The standard and its admissions criteria component 3.2, are based on accumulating and stable findings over several decades indicating that student learning is associated with the academic 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 professional judgment come together to frame the concepts in each of the six components of Standard 3.

- Because there should be a more diverse pool of completers prepared for teaching, providers need to accept the responsibility to recruit accordingly (component 3.1).
- Because there is a need to bring qualified candidates into the teaching profession, admissions requirements should focus on academic achievement of this pool. The standard also allows for alternative criteria because there may be more than one set of effective strategies to help achieve a teaching workforce that is both talented and diverse (component 3.2).
- 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 candidates' preparation (3.3).
- There should be explicit attention, all through preparation, to actively monitoring the quality of candidates and completers, especially in relation to developing the knowledge, pedagogical content knowledge, and pedagogical skills needed to effectively teach college- and career-ready skills to P-12 students (component 3.4)
- 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 (component 3.5).
- 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 (component 3.6).

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 various ways to meet its goal.

General Rules for Standard 3:

- **At least three cycles of data must be submitted and analyzed. If a revised assessment is submitted with less than 3 cycles of data, the data from the original assessment should be submitted.**
- **Cycles of data must be sequential and be the latest available.**
- **EPP-created assessments should be scored at the CAEP Sufficient Level as defined on the CAEP Assessment Evaluation Rubric.**
- **All components must be addressed in the self study.**
- **Component 3.2 is required.**

EVIDENCE TABLE

Standard 3*: Candidate Quality, Recruitment and Selectivity –* *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 American's P-12 students. The provider demonstrate efforts to now and address community, state, national, or local needs for hard-to-staff schools and shortage fields, currently, STEM, English-language learning, and students with disabilities.*

Measure or Type of Evidence:

Application, acceptance, and enrollment rates should be disaggregated by demographic variables such as socio-economic background, gender, ethnicity, and other background characteristics.

Strategic recruitment plans, based on the provider's mission and employment opportunities (including STEM, ELL, (special education, and hard-to-staff schools) for completers and need to serve increasingly diverse populations. Includes plans for outreach, numerical goals and baseline data, monitoring of progress, analyses and judgment of adequacy of progress toward goals, and making indicated changes. Also, (1) evidence of resources moving toward identified targets and away from low-need areas; (2) evidence of marketing and recruitment at high schools and/or colleges that are racially and culturally diverse; and (3) evidence of collaboration with other providers, states, and school districts as an indicator of outreach and awareness of employment needs.

PHASE-IN APPLIES

NOTES ON THE PURPOSE OF THESE MEASURES

An adequate plan will demonstrate basepoints on current measures of (1) academic achievement and (2) diversity, and (3) provider knowledge of employment needs; includes targets for each year (five years out). Providers use results to judge effects of recruitment and to adjust recruitment strategies as needed.

Providers demonstrates knowledge of employment opportunities in schools/districts/regions where candidates are likely to be placed, including hard-to-staff schools and shortage fields.

3.2 REQUIRED COMPONENT- *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.[i]*

[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.

Measures or Type of Evidence:

Provider recruitment data, together with the admissions selection criteria, provide a means to monitor progress toward goals set under component 3.1 plans. The provider presents admission criteria, admitted candidate criteria, and enrollment pool of candidates' criteria for GPA, for normed tests, and any alternatives. More explicitly, the EPP provides GPA, normed tests, and any alternate measures separately for admission criteria, the admitted candidates, and the enrolled pool of candidates. In addition to the mean cohort GPA, providers should report the range/standard deviation, and percentage of students below 3.0.

For admissions at the undergraduate level, as freshmen, the CAEP "minimum criteria" should be interpreted as referring to high school GPA and "normed tests" such as ACT or SAT (or IB, or AP, or other normed measures) or state or other assessments linked to normed data.

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 ability.

PHASE-IN-APPLIES

NOTES ON THE PURPOSE OF THESE MEASURES

The intent of the components 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.

ALTERNATIVE 1: Until 2020, demonstration of state- normed test "corresponding" with a national test to meet criteria.

Provider recruitment data, together with the admissions selection criteria, provide a means to monitor progress toward goals set under component 3.1 plans. The provider presents admissions criteria, admitted candidate criteria, and enrollment pool of candidates' criteria for GPA, for normed tests, and any alternatives. More explicitly, the EPP provides GPA, normed tests, and any alternate measures separately for admissions criteria, the admitted candidates, and the enrolled pool of candidates. In addition to the mean cohort GPA, providers should report the range/standard deviation, and percentage of students below 3.0.

NOTES ON THE PURPOSE OF THESE MEASURES:

Allows for use of state tests provided evidence of state-normed test "corresponding" with national test to meet is documented or exceed criteria set in the component.

ALTERNATIVE 2:

Any provider alternative criteria for admissions, as stated in the CAEP component 3.2; also data for admitted candidates in relation to the criteria, as well as valid support for the claim and results.

NOTES ON THE PURPOSE OF THESE MEASURES

Alternative 2 is intended to permit a provider to devise different admission criteria from those described at the beginning of component 3.2. If a provider elects this alternative, it provides data, or undertakes a case study, indicating provider knowledge of relevant literature about the selected criteria, and valid support for the claim and results.

Providers should assume that "multiple evaluations" language is addressed by the combination of CAEP minimum criteria and the alternative option.

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.*

Measures or Type of Evidence:

The provider indicates non-academic factors actually used during candidate admissions and monitored during preparation. A description of how these non-academic factors are assessed and applied to admissions decisions should be included. The provider demonstrates knowledge and use of relevant literature supporting the factors it has selected and/or investigated. The provider bases selection criteria on relevant research literature and/or investigations it has conducted, including both quantitative and qualitative approaches.

Measures may be related to specific specialty license areas or generally applied to all provider candidates.

PHASE-IN APPLIES

Cross-reference to guidelines for Visitor Team in components 5.2 for valid interpretation of evidence and 5.3 on testing.

NOTES ON THE PURPOSE OF THESE MEASURES

The Intent of the 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 the results (below), would fulfill the intent of this component.

A case study is one option for presenting 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 employed.

Measures may be related to specific specialty license areas or generally applied to all provider candidates.

The CAEP Standard 3 "rationale" provides the following examples of non-academic measures or candidate quality: grit, communications, ability to motivate, focus, leadership, perseverance, writing, dialogue, questioning, self-assessment, and reflection.

PHASE-IN APPLIES

Cross-reference to guidelines for Visitor Team in components 5.2 for valid interpretation of evidence and 5.3 on testing.

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.[ii]*

Measures or Type of Evidence:

The provider documents evidence that it measures candidate progress at two or more points during preparation (including decision points on candidate retention, assessments, provider interventions, the results, and provider explanations for actions taken) for candidates' development of the following knowledge/skills:

- Ability to teach to college- and career-ready standards
- Content knowledge
- Pedagogical content knowledge
- Pedagogical skills
- Integration of technology with instruction

The provider documents 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).

Cross-reference to relevant evidence provided for Standard 1 (components 1.1, 1.3, 1.4, 1.5) for candidate competence.

NOTES ON THE PURPOSE OF THESE MEASURES

This component emphasizes continuing monitoring of candidate quality during preparation and also complements component 1.3 (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 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.

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.*

Measures or Type of Evidence:

Provider evidence documents pre-service positive candidate impacts on P-12 student learning and development.

Cross-reference to relevant evidence provided for component 1.1 on candidate competence and 1.3 on alignment with specialty area standards.

NOTES ON THE PURPOSE OF THESE MEASURES

The provider must include demonstration of candidates' positive impacts on P-12 student learning and development such as the following:

- Pre-service measures of candidate impact on P-12 student learning such as during methods courses, clinical experiences, and/or at exit.
- 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.

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. CAEP monitors the development of measures that assess candidates' success and revises standards in light of new results.

Measures or Type of Evidence:

Provider evidence documents candidate understanding of the profession:

- Provider measure of topic knowledge of codes of ethics, professional standards of practice and relevant laws and policies, based on course materials/assessments
- Results of national, state, or provider-created instrument(s) to assess candidates' understanding of special education laws (section 504 disability) code of ethics, professional standards, and similar content.

- Evidence of specialized training (e.g., bullying, state law, etc.).

PHASE-IN-APPLIES

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

Visitor Team Evaluation Rubric: Standard 3

The rubrics described in the chart below are **draft** guides for EPPs, members of CAEP Visitor Teams, and the CAEP Accreditation Council. The rubrics will be piloted over the next year and changes will be made based on feedback from EPPs, Visitor Teams, and the Accreditation Council. The rubrics are included in this draft to provide opportunities for stakeholders to offer guidance and feedback on their clarity, alignment to standards/components, and usefulness to the accreditation process. Any feedback specific to the rubrics should be sent to Lauren Alexander at lauren.alexander@caepnet.org

The *CAEP Accreditation Handbook* defines the principal role of the Visitor Team to "investigate the quality of the provider's evidence, including its accuracy and its consistency or inconsistency with the provider's claims." The team analyzes (1) the strength of the evidence "in demonstrating satisfaction of the CAEP Standards and (2) the description of particular strengths or deficiencies." The Team does not determine that individual standards are met. Instead, the team evaluates the completeness, quality, and strength of evidence for each Standard overall.

There are references in the Visitor Team Evaluation Rubric below to the CAEP Assessment Evaluation Rubric, on which some of the criteria are based in the Evaluation Rubric for Standard 3; where applicable, references to the CAEP Assessment Evaluation Rubric appear. *For EPP-created assessments to provide sufficient evidence/data for standards and/or components, the assessment should be at the CAEP "Sufficient Level" on the CAEP Assessment Evaluation Rubric. All of the rubrics are constructed around examples that appear in the *Handbook's* Evidence Table. Providers are welcome to employ different measurements from those described in the Accreditation Table examples. If different evidence is submitted, the provider is responsible for showing that it has addressed the intent of the 2013 CAEP Standards or component in an equally effective way. The intent is to make all of these CAEP guides consistent and mutually reinforcing.

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General Rules for Standard 3:

- **At least three cycles of data must be submitted and analyzed. If a revised assessment is submitted with less than 3 cycles of data, the data from the original assessment should be submitted.**
- **Cycles of data must be sequential and be the latest available.**
- **EPP-created assessments should be scored at the CAEP Sufficient Level as defined on the CAEP Assessment Evaluation Rubric.**
- **All components must be addressed in the self study.**
- **Component 3.2 is required.**

EVALUATION RUBRIC

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.

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL DRAFT Component 3.1	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
	The provider includes the following documented evidence:	
–		**+**
• Limited or no evidence of a recruitment plan. • Data are not disaggregated by race/ethnicity, SES, and/or sex. • Limited or no evidence that EPP has identified employment opportunities/needs in schools, districts, and/or region. • STEM and ELL opportunities are not addressed in the EPP analysis of shortage area employment needs.	• All general rules for the Standard 3 are met. • Recruitment plan, based on mission, with baseline points and goals (including academic ability, diversity, and employment needs) for five years • Disaggregated data on applicants, those admitted, and enrolled candidates by relevant demographics including race/ethnicity, SES, and/or sex • Recruitment results are recorded, monitored, and used in planning and modification of recruitment strategies • Knowledge of and action that addresses employment opportunities in schools, districts, and/or regions where completers are likely to seek employment • STEM and ELL, special education, and hard-to-staff school needs are explicitly addressed in analysis of shortage areas • The recruitment plan and its implementation have moved the provider toward the goal of greater candidate diversity and academic achievement. • Evidence that the provider monitors the influence of employment opportunities on enrollment patterns.	• All criteria at the minimal level of sufficiency are met. • EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Rubric. • Implications or results are evaluated, and EPP considers possible changes in marketing strategies if targets are not met.

3.2 REQUIRED COMPONENT: 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.[i]*

[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.

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	**CAEP SUFFICIENT LEVEL DRAFT Component 3.2 - Required**	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
–	• All general rules for the Standard 3 are met. • All/data evidence is disaggregated by specialty licensure area, as well as aggregated. • The average score of each admitted cohort meets CAEP minima: GPA of 3.0 and performance on a nationally normed test of academic achievement in the top 50%. • **OR** similar average cohort performance using a state normed test, corresponding with a national normed test, of academic achievement in the top 50%. • **OR** EPP has a reliable, valid model in which the use of admissions criteria results in a positive correlation with academic achievement or positive impact on P-12 student learning.	**+**
• EPP fails to document cohort average on CAEP criteria and/or state alternative. • EPP has superficial information but no "reliable, valid model" that uses different criteria from those stated in CAEP minima.		• Average score of each admitted cohort meets CAEP minima: GPA of 3.0 and performance on a nationally normed test of academic achievement in the top 60%. • **OR** similar average cohort performance using a state normed test of academic achievement in the top 60%. • **OR** EPP has a reliable, valid model in which the use of admissions criteria results in a positive correlation with measures of P-12 student learning.

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.*

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL DRAFT Component 3.3	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • EPP does not establish additional selectivity factors at admission or during preparation. • No evidence that the EPP monitors progress of individual candidates. • Limited or no association/correlation of non-academic criteria with candidate and completer performance.	• All general rules for the Standard 3 are met. • The provider documents evidence of established non-academic criteria used during admissions. • The provider's rationale for established non-academic criteria makes an evidence-based case (existing literature or provider investigations) for the selection and implementation. • The EPP monitors candidate progress on established non-academic criteria at multiple points and takes appropriate actions based on results. • The provider associates/correlates non-academic criteria with candidate and completer performance.	**+** • All criteria at the minimal level of sufficiency are met. • EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Rubric. • Evidence supports that selected factors were determined from research or practice knowledge.

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.*

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL DRAFT Component 3.4	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL

–
• EPP uses beginning and exit measures but has no evidence of monitoring of progression during preparation.
• Measures provide no evidence of developing candidate proficiencies during preparation.
	• All general rules for the Standard 3 are met.
	• The provider documents two or more measures/gateways of candidate progression (from key decision points).
	• The provider presents explicit criteria for monitoring/assessing with a focus on candidate development throughout preparation.
	• **Or** evidence of developing proficiencies of candidates at two or more measures/gateways of candidate progression (from key decision points) in:
	  ○ Ability to teach to college- and career-ready standards
	  ○ Content knowledge
	  ○ Pedagogical content knowledge;
	  ○ Pedagogical skills
		+
		• All criteria at the minimal level of sufficiency are met.
		• EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Rubric.
		• Provider documents three or more measures/gateways of

- Integration of use of technology
- Results and stated candidate progressions criteria align with evidence of actions taken such as the following:
  - Changes in curriculum or clinical experiences
  - Providing interventions
  - Counseling outs.

candidate progression (from key decision points).

- Evidence shows provider interventions for candidates failing in one or more areas.

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.*

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	**CAEP SUFFICIENT LEVEL DRAFT Component 3.5**	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
–	**[Evidence the same as that for 1.1]** • Evidence documents effective teaching, including positive impacts on P-12 student learning and development for all candidates as noted in Standard 1.	+

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

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	**CAEP SUFFICIENT LEVEL DRAFT Component 3.6**	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
–	• All general rules for the Standard 3 are met. • Evidence documents candidates' understanding of codes of ethics and professional standards of practice. • Evidence documents candidates' knowledge of relevant laws and policies (e.g., 504 disability provisions, education regulations, bullying, etc.).	+
• Limited or no documentation of candidates' understanding of codes of ethics and professional standards of practice . • EPP provides limited or no documentation that candidates have knowledge of relevant laws and policies.		• All criteria at the minimal level of sufficiency are met. • EPP-created assessments are evaluated above the minimal level of sufficiency on the CAEP Assessment Rubric. • Evidence documents candidate's understanding and application of codes of ethics and professional standards of practice.

STANDARD 4

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: All components must be met for Standard 4

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 through 4.4 components. The request to EPPs 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 report. Providers are expected to supplement that annual reporting information with other, more detailed, data on the same topics from their own sources. Unconstrained by CAEP's longer-term goal for consistently defined and commonly reported annual measures, EPPs will have greater flexibility to assemble their best documentation for Standard 4 by employing sources available in their own state, or documentation that they created, if 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 their impact 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 CAEP 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, continue to evolve; CAEP points to two documents, in particular, that may help guide providers:

- CAEP's web resources contain a report from the American Psychological Association (*Assessing and Evaluation Teacher Preparation Programs*) 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 includes information pertaining to states that make various forms of value-added data in teacher evaluations available to providers and those that do not.

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. http://www.caepnet.org/accreditation/caep-accreditation/caep-accreditation-resources

General Rules for Standard 4:

- **All phase-in requirements are met.**
- **All component for Standard 4 are required.**
- **At least three cycles of data must be submitted and analyzed. If a revised assessment is submitted with less than 3 cycles of data, the data from the original assessment should be submitted.**
- **Cycles of data must be sequential and be the latest available.**
- **EPP-created assessments should be scored at the CAEP Sufficient Level as defined on the CAEP Evaluation Assessment Rubric.**
- **All components must be addressed in the self study.**

EVIDENCE TABLE

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: All components must be met for Standard 4

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 component 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 report. Providers may supplement that information with other, more detailed, data on the same topics if they have any.

4.1 Required Component: *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.*

Measures or Type of Evidence:

Providers that have access to or are located in states that use P-12 student learning data, should include at least three cycles of **data on completers' contribution to student-learning growth through such evidence as follows -**

- Value-added modeling (VAM)
- Student-growth percentiles tied to teacher (completers or provider)
- Student learning and development objectives
- State supported measures that address P-12 student learning and development that can be linked with teacher data
- Providers' documentation of analysis and evaluation of evidence presented on completers' impact on P-12 student learning

If available and applicable, providers demonstrate familiarity with evidence such as the following:

1. Sources of any P-12 learning data from states on
   a. Psychometric soundness of the assessments taken by students
   b. Complementary sources of evidence
2. P-12 students from whom the data come, such as the following -
   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
   d. Degree of attrition (student data – provides context) from prior to current performance measures of P-12 students that would influence interpretations of data
   e. The manner by which student 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).
3. The state's practice in reporting data, including the following information:
   f. Level of the state disaggregation of data so that relevant information is available for specific preparation fields
   g. State criteria used to establish the minimum number of completers for whom data are provided to the provider
   h. State's decisions as to the number of years a completer's performance is associated with their preparation
   i. Disaggregated data provided by the state that permit comparisons for prior P-12 performances

j. Disaggregation of data provided by the state that permit comparisons for completers teaching in similar situations, such as special education, disability, English Language Learners, attendance, and giftedness.

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

NOTES ON THE PURPOSE OF THESE MEASURES

See *CAEP Evidence Guide* 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.

State and subject differences in terms of data availability and requirements will be taken into account.

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 in the future.

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, the following guidance applies:

- 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; and then make refinements and further data collection.
- The provider could maintain a continuing cycle of such studies, examining completer performance in different grades and/or subjects over time.
- The provider could develop case studies of completers that demonstrate the impacts of preparation on P-12 student learning and development and can be linked with teacher data; some examples follow:
    - Provider-conducted case studies of completers
    - Completer-conducted action research
    - Descriptions of partnerships with individual schools or districts
    - Description of methods and development of any assessment used
    - Use of focus groups, blogs, electronic journals, interviews, and other evidence

PHASE-IN-APPLIES

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

NOTES ON THE PURPOSE OF THESE MEASURES

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 show evidence of competent analyses.

Visitor Teams will take into account state and subject differences in terms of availability and requirements for these data.

See *CAEP Evidence Guide* sections seven, "Impact of Learning" and six, "Case Studies."

4.2 Required Component: *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.*

Measures or Type of Evidence:

Providers submits at least three cycles of **data on completers' effective application of professional knowledge, skills, and dispositions which can include**

- student surveys and/or
- classroom observations of completers using measures correlated with P-12 student learning, such as those used in the MET study and/or
- provider-created classroom observations.

Provider analyze student survey and completer observation evidence, including (1) comparison of trends over time and benchmarking with district, state, national, or other relevant data, if available; (2) assessments and scoring guides; (3) interpretations of results; and (4) information on the representativeness of data.

PHASE-IN APPLIES

Cross-reference to guidelines for Visitor team in component 5.2 for valid interpretation of data.

NOTES ON THE PURPOSE OF THESE MEASURES

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.

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 in the future.

4.3 Required Component: *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.*

Measures or Type of Evidence:

Providers submit at least three cycles of **data on employer satisfaction with completers' preparation from evidence such as the following:**

- Employer satisfaction surveys (include instrument sampling, response rates, timing)
- Employer satisfaction interviews (include population represented, response rates, instrument content, timing)
- Employer satisfaction focus groups (include population represented, response rates, instrument content, timing)
- Employer satisfaction case studies (include description of methodology).

Providers submit at least three cycles of **data on employment milestones** such as the following:

- Promotion
- Employment trajectory
- Employment in high needs schools
- Retention in
  (1) education position for which initially hired
  or
  (2) other education role by the same or a different employer

Cross-reference to guidelines for Visitor Teams in component 5.2 for valid interpretation of evidence.

PHASE-IN APPLIES

NOTES ON THE PURPOSE OF THESE MEASURES 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.

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.

4.4 Required Component: *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.*

Measures or Type of Evidence:

Providers submit at least three cycles of **data on completers' perception of their preparation as relevant to the responsibilities they confront on the job**:

- Completer satisfaction surveys (include instrument, sampling, response rates, timing)
- Completer satisfaction interviews (include population represented, response rates, instrument content, timing)
- Provider focus groups of employers (include population represented, response rates, instrument content, timing)
- Completer satisfaction case studies (include methodology)

Cross-reference to guidelines for Visitor Teams in component 5.2 for valid interpretation of evidence.

PHASE-IN APPLIES

NOTES ON THE PURPOSE OF THESE MEASURES 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.

Visitor Team Evaluation Rubric: Standard 4

The rubrics described in the chart below are **draft** guides for EPPs, members of CAEP Visitor Teams, and the CAEP Accreditation Council. The rubrics will be piloted over the next year and changes will be made based on feedback from EPPs, Visitor Teams, and the Accreditation Council. The rubrics are included in this draft to provide opportunities for stakeholders to offer guidance and feedback on their clarity, alignment to standards/components, and usefulness to the accreditation process. Any feedback specific to the rubrics should be sent to Lauren Alexander at lauren.alexander@caepnet.org

The *CAEP Accreditation Handbook* defines the principal role of the Visitor Team to "investigate the quality of the provider's evidence, including its accuracy and its consistency or inconsistency with the provider's claims." The team analyzes (1) the strength of the evidence "in demonstrating satisfaction of the CAEP Standards and (2) the description of particular strengths or deficiencies." The Team does not determine that individual standards are met. Instead, the team evaluates the completeness, quality, and strength of evidence for each Standard overall.

There are references in the Visitor Team Evaluation Rubric below to the CAEP Assessment Evaluation Rubric, on which some of the criteria are based in the Evaluation Rubric for Standard 4; where applicable, references to the CAEP Assessment Evaluation Rubric appear. *For EPP-created assessments to provide sufficient evidence/data for standards and/or components, the assessment should be at the CAEP "Sufficient Level" on the CAEP Assessment Evaluation Rubric. All of the rubrics are constructed around examples that appear in the *Handbook's* Evidence Table. Providers are welcome to employ different measurements from those described in the Accreditation Table examples. If different evidence is submitted, the provider is responsible for showing that it has addressed the intent of the 2013 CAEP Standards or component in an equally effective way. The intent is to make all of these CAEP guides consistent and mutually reinforcing.

As Visitor Teams investigate evidence and interpret it through these rubrics below, they will usually find that individual pieces of evidence are best described by criteria identified at more than one level. A decision by the Visitor Team is not based on a single piece of evidence, but the preponderance of evidence across multiple indicators. The Visitor Team summary analysis must determine the preponderance of weight across all of the accumulated evidence, taking into account the array and distribution pattern that the team it finds. All of the criteria at the minimal level of sufficiency should be addressed, but reviewers base the final decision on the preponderance of evidence at the standard level.

General Rules for Standard 4:

- **All phase-in requirements are met.**
- **All component for Standard 4 are required.**
- **At least three cycles of data must be submitted and analyzed. If a revised assessment is submitted with less than 3 cycles of data, the data from the original assessment should be submitted.**
- **Cycles of data must be sequential and be the latest available.**
- **EPP-created assessments should be scored at the CAEP Sufficient Level as defined on the CAEP Assessment Evaluation Rubric.**
- **All components must be addressed in the self study.**

EVALUATION RUBRIC

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.*

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	**CAEP SUFFICIENT LEVEL DRAFT Component 4.1 - Required**	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • No, limited, or inappropriate in-service data provided. • Analysis or evaluation of evidence is incomplete or superficial and not supported by data. • No or inappropriate context or description of the source of P-12 learning.	• All general rules for the Standard 4 are met. • Provider submits one or more measures of state-provided impact data at the in-service level when available. • **OR** provide at least one measure of impact data, utilizing research-based methodology, from a representative or purposive sample of candidates at the in-service level (cases studies, action research, etc.). • Provider aligns an analysis and interpretation of evidence to standard/component and conclusions are supported by data. • Provider includes context and description of the source of P-12 learning data. • Provider includes description and explanation on the representativeness of the data.	**+** • All criteria at the minimal level of sufficiency are met. • EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Evaluation Rubric. • At least two measures of impact data are provided at the in-service level, • **OR** at least two measures of impact data from a representative sample of selected candidates are provided at the in-service level (cases studies, action research, etc.), • **OR** phase-in plan is complete for collection of impact data including timelines, future steps, and pilot.

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

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	**CAEP SUFFICIENT LEVEL DRAFT Component 4.2 - Required**	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • Student surveys did not meet criteria identified in the CAEP Assessment Evaluation Rubric. • Survey return rates were too low (15% or below) for the data to be useful or survey data were limited to one or two licensure areas. • Validity descriptions were not submitted or were inappropriate and failed to meet any research based standard for establishment of validity or no specific type of validity was identified.	• All general rules for the Standard 4 are met. • Observation and/or student survey assessments measure the application of professional knowledge, skills, and dispositions corresponding with teaching effectiveness and/or P-12 student learning. • Observation and/or student survey assessments utilized a representative sample inclusive of most licensure areas or a purposive sample to be enlarged over time. • Survey return rates were at acceptable levels (20% or above) and inclusive of most licensure areas in the EPP. • Provider identifies specific types of validity and includes appropriate descriptions. • Provider submits valid interpretations of data that are supported by results.	**+** • All criteria at the minimal level of sufficiency are met. • EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Evaluation Rubric. • Survey return rates of completers were at acceptable levels (40% or above) and inclusive of all licensure areas in the EPP. • Validity descriptions were detailed, identified a validity coefficient, and specific types of validity were identified.

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.

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	**CAEP SUFFICIENT LEVEL DRAFT** **Component 4.3 Required**	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL

–
• No system for gathering employer satisfaction data is in place or is inadequate.
	• All general rules for the Standard 4 are met.
	• Provider submits evidence that employers perceive completers' preparation was sufficient for their job responsibilities.
	• Provider includes appropriate analysis and interpretation of results.
	• Provider describes a system for the analysis, evaluation, and interpretation of data and conclusions are supported by data.
	• Provider documentation includes:
	  ○ a description of the system for gathering data
	  ○ adequate response rates (20% or more)
	  ○ a description of the representativeness of the sample
	  ○ data specific to high need schools
	  ○ data specific to licensure areas
	  ○ comparison points for data.
	• Provider submits documentation of employment milestones, including promotion, employment trajectory, and retention for at least some completers and conducts appropriate analysis.
		+
		• All criteria at the minimal level of sufficiency are met.
		• EPP assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Evaluation Rubric.
		• Provider submits documentation that
		  ○ Identifies the system for gathering and interpreting data
		  ○ Includes evidence of responses rates of 40% or above on surveys or similar instruments
		  ○ a representative sample was used
		  ○ provides data specific to high needs schools or licensure areas
		  ○ Provides multiple comparison points for data.

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.

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	**CAEP SUFFICIENT LEVEL DRAFT Component 4.4 Required**	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • Interpretation and analysis of data are incomplete or conclusions are not supported by data. • Only one or two of the following were provided: ○ system for gathering data ○ adequate response rates (20% or more) ○ description on the representativeness of the sample ○ multiple comparison points ○ trends over time.	• All general rules for the Standard 4 are met. • Provider submits evidence that completers perceive their preparation was sufficient for their job responsibilities. • Provider includes appropriate analysis and interpretation of results. • Provider shows evidence of an adequate and representative sample reflected in responses. • Provider achieves an adequate response rates (20% or more). • Analysis and interpretation of data aligned with the intent of the standard/component. • Conclusions are supported by the data.	**+** • All criteria at the minimal level of sufficiency are met. • EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Evaluation Rubric. • The provider documents ○ the system for gathering and interpreting data and that ○ responses rates were 40% or above.

STANDARD 5

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.*

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.*

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.*

Underlying Concepts and Considerations

Provider evidence for Standards 1 through 4 constitutes a significant demonstration of the capabilities and performance of the quality assurance system. Additional and unique evidence for Standard 5 unifies and gives purpose to evidence relevant to previous standards; it includes documentation of how the provider collects, monitors, reports and uses data.

Standard 5 focuses on the extent to which the leadership and management of educator preparation providers use quality assurance systems to support continuous improvement. The standard is written as a way to adapt principles stated in the Baldrige Education Criteria that successful education organizations follow. 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 if needed, 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 provider uses data regularly. The EPP 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; and then uses the results to improve program elements to judge its progress and status. Finally, the provider involves stakeholders evaluating its effectiveness, generating improvements, and identifying models to emulate.

General Rules for Standard 5:

- **All phase-in requirements are met.**
- **Components 5.3 and 5.4 are required.**
- **At least three cycles of data must be submitted and analyzed. If a revised assessment is submitted with less than 3 cycles of data, the data from the original assessment should be submitted.**
- **Cycles of data must be sequential and be the latest available.**
- **EPP-created assessments should be scored at the CAEP Sufficient Level as defined on the CAEP Assessment Evaluation Rubric.**
- **All components must be addressed in the self study.**

EVIDENCE TABLE

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.*

Measures or Type of Evidence:

Providers document the quality assurance system:

- A description of how the evidence submitted in Standards 1-4 and other provider data are collected, analyzed, monitored, and reported.
- Evidence of system capabilities including support for data-driven change (e.g., data can be disaggregated by specialty license area and/or candidate level as appropriate), application across and within specialty license areas, and ability to disaggregate data by relevant aspects of EPP management and policy (e.g., usefulness).
- Schedule and process for continuous review, together with roles and responsibilities of system users.

Cross-reference to evidence provided for Standards 1-4 as evidence of the capabilities of the quality assurance system.

NOTES ON THE PURPOSE OF THESE MEASURES

Measures for this component are intended to document the capabilities of the provider's quality assurance system (i.e., what it can do). Documentation should show the range of measures on which the provider relies.

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.*

Measures or Type of Evidence:

Providers submit documentation for assessment instruments and data files as evidence for Standards 1-4:

- Description of developmental steps in constructing instruments
- Empirical/analytical data supporting the use of the instrument for its intended purposes
- Formal study of the alignment of instruments with their intended goals
- Implementation procedures and context
- Empirical evidence that interpretations of data are consistent and valid

If applicable, results of optional Early Assessment Evaluation review of instruments and scoring guides and actions taken as a result.

NOTES ON THE PURPOSE OF THESE MEASURES

Examples of evidence, above, are intended to document that measures are relevant, verifiable, representative, cumulative, and actionable:

- Instruments align with construct being measured.
- Scoring of assessment (items) clearly defined.
- Interpretation of assessment (items) results unambiguous.
- Data files complete and accurate.
- Data results align with demonstrated quality.
- Follow principles in the *CAEP Evidence Guide* (See *CAEP Evidence Guide*, section 5).
- Convergence (e.g., correlation across multiple measures of the same construct)/consistency (e.g., inter-rater reliability) analysis conducted appropriately and accurately.
- Convergence/consistency is of sufficient magnitude and statistically significant, if appropriate.

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 *CAEP Evidence Guide*, section 6.)

Providers should be moving toward using or gathering data on outcome measures that relate to or predict completer effectiveness.

5.3 Required Component: *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.*

Measures or Type of Evidence:

Providers document of regular and systematic data-driven changes drawn on research and evidence from the field and data analyses from the provider's own evidence from its quality assurance systems and from the 2013 CAEP Standards, as well as changes tied to provider's goals and relevant standards.

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

- baseline(s),
- intervention,
- tracking over time
- rationale for conclusions
- comparison(s) of results, and
- next steps taken and/or planned.

If applicable, providers document use of results of optional Early Instrument Evaluation review; base next steps on test from component 2.3.

Improvement plan and actions are related to the Normed Test Improvement Rule, as applicable. Based on performance on normed tests used in component 1.1.

PHASE-IN APPLIES

NOTES ON THE PURPOSE OF THESE MEASURES

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. 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.)

Not all changes need to lead to improvement, as CAEP encourages data-driven experimentation, but changes should trend toward improvement.

5.4 Required Component: *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.*

Measures or Type of Evidence:

Providers document results from monitoring and using the CAEP 8 annual reporting measures as defined in the EPP Annual Report call and in state partnership agreements.

Impact measures:

1. P-12 student learning/development
2. Observations of teaching effectiveness
3. Employer satisfaction and completer persistence
4. Completer satisfaction

Outcome measures:

5. Completer or graduation rate
6. Licensure rate
7. Employment rate
8. Consumer information.*

Other evidence of EPP impact apart from the eight (8) annual measures.

For above evidence, include

- analysis of trends,
- comparisons with benchmarks,
- indication of changes made in EPP preparation curricula and experiences,
- how/where/with whom results are shared
- resource allocations, and
- future directions.

PHASE-IN APPLIES

NOTES ON THE PURPOSE OF THESE MEASURES

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.

***CAEP does not use consumer information in accreditation decision making.**

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.*

Measures or Type of Evidence:

Providers document that stakeholders are involved. Describe stakeholders and roles as relevant to specific examples of shared

- decision making and results, and
- evaluation, and selection and implementation of changes for improvement.

NOTES ON THE PURPOSE Of THESE MEASURES
The examples of measures are intended to document that providers appropriately and regularly involve stakeholders and provide for their active participation in interpretations of data, decision making, evaluation and continuous improvement.

Cross-reference to evidence of clinical partnerships provided for components 2.1, 2.2, and 2.3 and system users in component 5.1.

Visitor Team Evaluation Rubric: Standard 5

The rubrics described in the chart below are **draft** guides for EPPs, members of CAEP Visitor Teams, and the CAEP Accreditation Council. The rubrics will be piloted over the next year and changes will be made based on feedback from EPPs, Visitor Teams, and the Accreditation Council. The rubrics are included in this draft to provide opportunities for stakeholders to offer guidance and feedback on their clarity, alignment to standards/components, and usefulness to the accreditation process. Any feedback specific to the rubrics should be sent to Lauren Alexander at lauren.alexander@caepnet.org

The *CAEP Accreditation Handbook* defines the principal role of the Visitor Team to "investigate the quality of the provider's evidence, including its accuracy and its consistency or inconsistency with the provider's claims." The team analyzes (1) the strength of the evidence "in demonstrating satisfaction of the CAEP Standards and (2) the description of particular strengths or deficiencies." The Team does not determine that individual standards are met. Instead, the team evaluates the completeness, quality, and strength of evidence for each Standard overall.

There are references in the Visitor Team Evaluation Rubric below to the CAEP Assessment Evaluation Rubric, on which some of the criteria are based in the Evaluation Rubric for Standard 5; where applicable, references to the CAEP Assessment Evaluation Rubric appear. *For EPP-created assessments to provide sufficient evidence/data for standards and/or components, the assessment should be at the CAEP "Sufficient Level" on the CAEP Assessment Evaluation Rubric. All of the rubrics are constructed around examples that appear in the *Handbook's* Evidence Table. Providers are welcome to employ different measurements from those described in the Accreditation Table examples. If different evidence is submitted, the provider is responsible for showing that it has addressed the intent of the 2013 CAEP Standards or component in an equally effective way. The intent is to make all of these CAEP guides consistent and mutually reinforcing.

As Visitor Teams investigate evidence and interpret it through these rubrics below, they will usually find that individual pieces of evidence are best described by criteria identified at more than one level. A decision by the Visitor Team is not based on a single piece of evidence, but the preponderance of evidence across multiple indicators. The Visitor Team summary analysis must determine the preponderance of weight across all of the accumulated evidence, taking into account the array and distribution pattern that the team it finds. All of the criteria at the minimal level of sufficiency should be addressed, but reviewers base the final decision on the preponderance of evidence at the standard level.

General Rules for Standard 5:

- **All phase-in requirements are met.**
- **Components 5.3 and 5.4 are required.**
- **At least three cycles of data must be submitted and analyzed. If a revised assessment is submitted with less than 3 cycles of data, the data from the original assessment should be submitted.**
- **Cycles of data must be sequential and be the latest available.**
- **EPP-created assessments should be scored at the CAEP Sufficient Level as defined on the CAEP Assessment Evaluation Rubric.**
- **All components must be addressed in the self study.**

EVALUATION RUBRIC

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.*

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL DRAFT Component 5.1	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • While multiple measures are part of the data review, the system is disjointed with an incoherent set of assessments. • No system is in place for regular review of the evidence/data. • Evidence/data are missing for two or more of the CAEP Standards. • No systematic collection, analysis, or reporting of data/evidence is identified. • No analysis of specialty licensure area is provided.	• All general rules for the Standard 5 are met. • The provider uses evidence/data from a coherent set of multiple measures to inform, modify, and evaluate EPP's operational effectiveness. • The provider submits evidence that it regularly reviews system operations and data. • The provider evidence shows that the system has the capacity to collect, analyze, monitor, and report data/evidence on all 2013 CAEP Standards. • Provider evidence documents that the system supports disaggregation of data by specialty licensure area and other dimensions (e.g., over time, by race/ethnicity, gender, etc.). • Provider evidence shows that the system supports the ability to monitor operational effectiveness (e.g., setting program priorities and data tracking). • The provider documents evidence of appropriate access and use by a variety of users for various purposes.	**+** • All criteria at the minimal level of sufficiency are met. • EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Evaluation Rubric. • Evidence demonstrates that the system operations and data are regularly reviewed and actionable. • Evidence/data confirm that all CAEP Standards and components are met. • Evidence demonstrates the provider's ability to collect, analyze, report, and use data to respond to new inquires. • The system is inclusive of specialty licensure area data review and action.

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.*

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL DRAFT Component 5.2	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • EPP-created assessments used in quality assurance system are below the	• All general rules for the Standard 5 are met. • At least 50%of EPP created assessments used in the quality assurance system are scored at the minimal level of sufficiency as defined by the CAEP Assessment Evaluation Rubric. • Documentation that EPP-created assessments (except for surveys) have - ○ established content validity, and	**+** • All criteria at the minimal level of sufficiency are met • EPP-created assessments are evaluated above minimal level of sufficiency

minimal level of sufficiency.

- No or limited description of content validity or inter-rater reliability are provided.
- No or limited documentation that evidence is characterized by the following attributes:
  - relevant (related to standard),
  - verifiable (accuracy of sample),
  - representative (specificity on sample characteristics),
  - cumulative (generally 3 cycles or more)
  - actionable (in a form to guide program improvement).
- No or limited documentation that data/evidence was interpreted or consistently analyzed.

  - inter-rater reliability or agreement is at .80 or 80% or above (except for surveys)
  - for surveys, questions align to standards.
- Provider document that evidence (as defined in the *CAEP Evidence Guide*) is characterized by the following attributes:
  - relevant (related to standard)
  - verifiable (accuracy of sample)
  - representative (specificity on sample characteristics)
  - cumulative (generally 3 cycles or more), and
  - actionable (in a form to guide program improvement).
- Provider documents that interpretations of evidence are consistent, accurate, and supported by data/evidence.

on the CAEP Assessment Evaluation Rubric.

- At least 75% of EPP created assessments used in quality assurance system are scored at the minimal level of sufficiency as defined by the CAEP Assessment Evaluation Rubric.
- Documentation that interpretations of evidence are consistent, accurate, multi-leveled, and supported by data/evidence.
- Qualitative and quantitative data triangulates/leads to similar conclusions about strengths and areas for improvement.

5.3 ***Required Component:*** *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.*

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	**CAEP SUFFICIENT LEVEL DRAFT Component 5.3 Required**	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
–	• All general rules for the Standard 5 are met. • The provider documents that it regularly and systematically ○ reviews quality assurance system data, ○ identifies patterns across preparation programs (both strengths and weaknesses), ○ uses data/evidence for continuous improvement, and ○ tests innovations. • Most (80% or more) change and program modifications are linked back to evidence/data with specific examples provided	**+**
• Documentation that EPP regularly and systematically does two or less of the following: ○ reviews quality assurance system data, ○ poses questions,		• All criteria at the minimal level of sufficiency are met. • EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Evaluation Rubric.

○ identifies patterns across preparation programs (both strengths and weaknesses), ○ investigates differences, ○ uses data/evidence for continuous improvement, and ○ tests innovations. • Change and program modifications are not supported or linked back to evidence/data. • No evidence/data from Standards 1 through 4 are cited. • No documentation of explicit investigation of selection criteria used for component 3.2 in relation to candidate progress and completion.	• Evidence/data from Standards 1 through 4 are cited and applied. • The provider documents explicit investigation of selection criteria used for Standard 3 in relation to candidate progress and completion. • The provider documents evidence that data-driven changes are ongoing and based on systematic assessment of performance, and/or that innovations result in overall positive trends of improvement for EPPs, their candidates, and P-12 students.	• All change and program modifications are linked back to evidence/data with specific examples provided • Evidence/data from Standards 1 through 4 are cited and applied.

5.4 Required Component: *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.*

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	**CAEP SUFFICIENT LEVEL DRAFT Component 5.4 Required**	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • Recapitulation of EPP's annual reports on CAEP's eight (8) outcome and impact measures together with just one or two of the following: ○ analysis of trends ○ comparisons with benchmarks ○ indication of changes made in preparation	• All general rules for the Standard 5 are met. • CAEP's eight (8) outcome and impact measures are systematically monitored and reported together with ○ relevant analysis of trends ○ comparisons with benchmarks ○ evidence of corresponding resource allocations, and ○ alignment of results to future directions anticipated. • Evidence that the eight (8) annual outcome and impact measures and their trends are posted on the EPP website and in other ways widely shared. • Program changes and modifications are linked to EPP's own evidence/data for topics described in the eight (8) annual measures.	**+** • All criteria at the minimal level of sufficiency are met • EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Evaluation Rubric. • Recapitulation of EPP's annual reports on CAEP's eight (8) outcome and impact measures together with four or more of the following:

- changes in resource allocations
- future directions anticipated.

- No or limited evidence that eight (8) measures and their trends are posted on the EPP website and in other ways widely shared

- analysis of trends
- comparisons with benchmarks
- indication of changes made in preparation
- changes in resource allocations
- future directions anticipated.

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.*

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	**CAEP SUFFICIENT LEVEL DRAFT Component 5.5**	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL

–
• No or limited list of particular stakeholders. involvement is provided
• No or limited examples are provided of stakeholder input.
• No or limited evidence is provided on ways that stakeholders are involved in the process.
	• All general rules for the Standard 5 are met.
	• Provider documents specific evidence of diverse stakeholder involvement through multiple sources in each of the following areas:
	  ○ decision-making,
	  ○ program evaluation, and
	  ○ selection and implementation of changes for improvement.
	• EPP identifies at least two examples of input from stakeholders and use of that input.
		+
		• All criteria at the minimal level of sufficiency are met
		• EPP-created assessments are evaluated above minimal level of sufficiency on the CAEP Assessment Evaluation Rubric.
		• Specific evidence of diverse stakeholders involvement is documented through multiple sources in each of these areas:
		  ○ decision-making
		  ○ communication
		  ○ program evaluation
		  ○ selection and implementation of changes for improvement.

PART III: THE ACCREDITATION PROCESS

This part of the *Handbook* 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 enhance student learning. It describes in detail the broad range of actions that are common to all providers and part of the seven year accreditation process—from application filings and reviews of instruments to the self study; from efforts to choose a CAEP accreditation pathway to ongoing annual reports. The section also includes how CAEP decides whether a provider has earned CAEP accreditation status.

In addition, this section of the *Handbook* addresses steps toward CAEP accreditation that are common for all EPPs. It includes not only requirements on how and when to submit documents, 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 provide further information on topics described in this section. Aspects of the process that are specific to each of the three CAEP pathways are included in *Appendices A (Inquiry Brief), B (Selected Improvement), and C (Transformation Initiative).*

CAEP Eligible

Providers that have been continuously accredited by either NCATE or TEAC are considered **CAEP eligible**. CAEP will accept both NCATE and TEAC accreditation through the duration of the awarded accreditation cycle. These providers will notify CAEP of their intentions to pursue CAEP accreditation one year before the end of their NCATE or TEAC legacy cycle. Since both legacy accreditors are integrated into the CAEP AIMS system, providers will simply update the current information in AIMS.

All EPPs must submit a CAEP annual report while completing their legacy accreditation cycle. Any TEAC weaknesses/stipulations or NCATE areas for improvement are addressed through the CAEP annual reporting process. In addition, each NCATE or TEAC provider will report on the CAEP eight annual measures. For complete details on the annual reporting process see page **Appendix F** of this document.

If an EPP's accreditation has lapsed, the EPP must reapply to CAEP through the Application and Eligibility process described below. See Table 1 for complete details.

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 providers 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 provider resources, faculty qualifications, and number of programs required. The U.S. Department of Education requires these capacity tables. The application can be found on the CAEP website; see http://caepnet.org/accreditation/eligibility/.

The table on the following page describes to prospective CAEP provider candidates, how to complete the application, and CAEP's review process.

Table 1: Application, Candidacy, and Review

Provider	CAEP review
Application	
To become an applicant for accreditation by the Council for the Accreditation of Educator Preparation (CAEP), an unaccredited Educator Preparation Provider (EPP) must complete the application and meet the candidacy requirements below. The provider's administrator (e.g., CEO, dean, or director) completes the application, signs it (the administrator and the president/CEO), and submits to the CAEP office as an e-mail attachment. To establish applicant status for CAEP accreditation, a provider must indicate on the application that it comply with the following conditions: • Provide all information requested by CAEP to carry out its accrediting functions. • Pursue the CAEP accreditation pathway identified in the application for membership and agrees to comply with the requirements for that pathway. • Comply with CAEP policies, including disclosure of accreditation status (see *Policy XXXVII, Public Disclosure and Transparency of Accreditation Information of the CAEP Policy Manual*). • Understands the CAEP annual fees and submits payment for the application fee. (CAEP will send an invoice upon acceptance of the application.) • Before CAEP Candidacy can be awarded, the EPP must host a CAEP site visit to determine if CAEP Candidacy can be granted.	CAEP staff review applications to ensure the provider submits all required information. CAEP notifies providers 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.
Candidacy	
Following submission of the application, a provider must submit evidence in CAEP's Accreditation Information Management System (AIMS): See URL: http://caepnet.org/accreditation /eligibility 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.	CAEP staff reviews the materials submitted for completeness. Providers that meet all requirements have up to five years to achieve CAEP Candidacy status.

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 "candidacy" statement (table 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.org/accreditation/caep-accreditation/application

To maintain and continue their accreditation status, accredited educator preparation providers update the data tables each year as part of CAEP's annual reporting process. At the time of the accreditation review or diagnostic visit (for CAEP candidate EPPs only), providers update or revise the tables as appropriate and submit them as part of the self-study report 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 implement 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 the candidacy phase as noted in Table 1, during which CAEP reviews some elements of the provider's capacity before the candidacy process begins. The CAEP application candidacy 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 report 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, based on the 2013 CAEP Standards. 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 areas for improvement** 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 as part of their self-study report.

- **Providers previously accredited only by NCATE or TEAC with any Standard or Quality Principle unmet or with an area for improvement cited** in NCATE Standards 5 or 6 or TEAC Quality Principle III must reestablish their eligibility.

Optional Early Assessment 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 step is purely voluntary, but providers found doing so useful. This review provides EPPs 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 using the revised assessments. These revised assessments will be included 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 is being 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 Assessments

Provider Submits	CAEP Reviews
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. The provider • requests "shells" or report templates for submission to AIMS, indicating semester and year of the self-study report submission; • submits assessments, scoring guides, and surveys in the appropriate AIMS shell; The provider includes the following items in the submission: • assessments 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), • a chart that identifies proprietary assessments,	CAEP provides an appropriate AIMS Template for submission of assessments. CAEP trains reviewers for this task, following the assessment, survey, and scoring guides included in the *CAEP Evidence Guide* (January 2015 edition). CAEP returns an evaluation to the provider. When the review is fully phased in and reviews are conducted three years prior to completion of the self-study report, there will be sufficient time for providers to revise instruments and

• scoring guides for EPP-created assessments,
• a chart that identifies which items on assessments or surveys provide evidence for individual CAEP standards
• responses for each assessment to these questions:
  ○ point or points when the assessment is administered
  ○ purpose of the assessment and its use in candidate monitoring or decision making
  ○ information provided to candidate on the assessment's purpose
  ○ bases for judgement (minimal level of sufficiency) defined
  ○ description of a researched based process for determining at minimum content validity
  ○ description of a researched based process for determining inter-rater reliability.
• responses for each survey to these questions:
  ○ point or points when the survey is administered
  ○ purpose of the survey
  ○ directions to respondent for completion of the survey.
To submit instruments for early review, EPPs contact CAEP and request a submission template.
	collect three cycles of data.

How Providers Determine their Accreditation Pathway

CAEP accreditation requires that EPPs select a particular pathway based on their institutional contexts, interests, and capacity. While all pathways are built around the five 2013 CAEP Standards, they differ in emphasis and the mode of addressing continuous improvement. The three CAEP pathways are as follows:

- **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 report provides evidence for how the EPP meets the standards, and aligns claims, data quality expectations, and program expectations with the applicable standards. The provider also needs to demonstrate engagement in continuous improvement by describing and probing the functioning of its quality assurance system through an internal audit, including mechanisms that assure the quality of clinical partnerships and practice and of candidates from admission to completion.

  A provider selecting the Inquiry Brief Pathway for its self study would submit
  - a self-study report investigating the provider's claims. The report addresses Standards 1, 4, and data quality expectations for Standard 5, and

- an Internal Audit Report that provides evidence that the EPP meets Standards 2 and 3 and continuous improvement expectations for Standard 5.

- **CAEP's Selected Improvement (SI) Pathway** emphasizes data-driven decision making to reach a higher level of achievement in an area of educator preparation. Accordingly, a provider makes a data-driven selection of one or more standards, components across standards, and/or cross-cutting themes as its 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 gives 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 move toward the next accreditation review engaged in focused continuous improvement.

  A provider choosing the Selected Improvement Pathway for its self study would submit
  - a report addressing the five standards through prompts about the evidence for each standard, and
  - 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 (preferably five 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 preparation practices. The provider may conduct these initiatives 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, **and**
- 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 Appendices A (Inquiry Brief), B (Selected Improvement), and C (Transformation Initiative).

The Self-Study Process

Gathering 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. 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 report to assess the quality of the evidence that indicates a provider has met CAEP standards and to identify strengths, areas for improvement, 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). Providers tag the evidence to the standard/component 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 self study/brief and data snapshot that helps organize the self-study report which 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;
- 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 should be included.
- All surveys and other instruments and any other data used as evidence should be included.
- All "proprietary"[3] assessments are listed in a chart so the information is consistent across reports from different providers; actual assessments are not submitted.
- All evidence is tagged 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 non-survey assessments, their validity, inter-rater reliability, relevancy, and other similar factors.

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 which 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 the following:

- Individual indicators 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 for Standard 1 must be disaggregated by specialty/license area and include complete data charts. If the EPP has a specialty licensure area that has under 10 candidates over the three cycles of data (low enrollment specialty licensure areas), the EPP can aggregate those candidates and simply report the data for everyone in the third cycle. Evidence provided for other standards does not have to be disaggregated by specialty licensure area unless specifically identified at the minimal level of sufficiency in the rubric.

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

Because the new standards require in some instances 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.

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

CAEP is phasing 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 D** 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. Review of specialty license area data or reports is integral to the accreditation review process; the Accreditation Council uses this data to determine if Standard 1 has been met. The review options available to EPPs are based on the State Partnership Agreement. States can allow three options three options for specialty licensure area review. These options include Specialty Professional Association (SPA) review, Program Review with Feedback, and State review. All providers should check with their state's department of education or other governing body to determine the program review option(s) available in their states. Providers can select any combination of specialty licensure area review options based on their state partnership agreement. The selected option(s) will trigger specific questions that providers will answer based on their analysis of the special licensure area disaggregated data found in Standard 1, their SPA reports, or their state program review reports. In lieu of a state agreement, providers may select either the SPA or Feedback option for program level review. 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 National Recognition. SPA reports are submitted three years before the site visit and are in addition to the required CAEP self study. Each SPA determines the recognition status of the specialty licensure area based on its specific national standards and recognition decisions are the responsibility of the SPA. CAEP's role in the SPA review process is to facilitate the process by managing the submission and review procedures, but CAEP has no role in the final decision on the recognition status of the specialty licensure area. CAEP site visitors do review all SPA reports to determine if component 1.3 has been fully addressed.

  In order for the National Recognition status to be determined before the EPP submits a self study, EPPs submit SPA reports three years before the semester of the scheduled site visit. If an EPP's self study is due in fall of 2020, various SPA reports are due fall of 2017. This allows the SPAs time to review the reports, provide feedback to the EPP, and for the EPP to respond to any conditions identified in the SPA report.

- **Program Review with Feedback.** During the Program Review with Feedback process, EPPs analyze specialty licensure area data presented in the self study. In addition, EPPs must provide evidence that they are using specialty licensure area data for continuous improvement. EPPs selecting this option will align the specialty licensure area data with CAEP Standard 1 and state standards.

  The Program Review with Feedback option is built into the self study process and requires no additional report. Evidence for the Program Review with Feedback process is developed through the analysis of specialty licensure data that are disaggregated by licensure area as required for Standard 1. The Program Review with Feedback option has 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 report for Standard 1.

As part of the self-study process, CAEP requires providers to answer questions specific to the ways in which they are using specialty/license data for continuous improvement. In addition, the state may request providers to answer specific questions about state standards and requirements based on the disaggregated data presented in Standard 1.

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. CAEP sends feedback to states through this option, and copies are sent to the providers as part of the response to the EPP's self study.

Self-study reports will be state-specific in relation to Standard 1 for providers selecting this option.

- Each provider will identify the state in which it is located along with its selection of a program review option(s), within those in the state partnership agreement.
- States have the option to contribute questions specific to state standards and continuous improvement linked to disaggregated specialty licensure data presented in the self-study report.
- As part of the self study, CAEP will require providers to answer questions specific to the ways that they use specialty licensure area data 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 state Program Review with Program Review with Feedback. 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 state-level review process 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 the ways that specialty licensure area data are used for continuous improvement.

The chart that follows 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: Program Review Options: National, Review with Feedback, and State Review

All providers seeking accreditation must submit evidence of candidates' specialty/license area competency from among the following three options based on the CAEP-state agreement (this chart is also on CAEP's website):

Process	Review with National Recognition ("Specialty	Review with Feedback Option	State Review Option

	Professional Association" or SPA Option)		
a. Who submits?	Providers that choose the SPA option in states that allow SPA review as a program review option	Providers that choose the Feedback option in states that allow this as a program review option	Providers in states which allow state review as a program review option
b. Standards used for review:	National standards from Specialty Professional Associations (SPA standards)	CAEP/InTASC standards, and state standards if required	State standards
c. Provider submission of assessment data:	Three years prior to scheduled site visit providers submit assessments and data for program review to separate SPAs representing specific specialty/license area. Each SPA submission has a separate template. Answer questions on how data from SPA reports were used for continuous improvement in self study under CAEP Standard 1. Address an additional question on status of all SPA reports submitted as evidence and how SPA reports were used for continuous improvement.	Providers submit disaggregated assessment data by specialty/license area in the self study under CAEP Standard 1. No additional report is required. Answer questions on how specialty/license area data were used for continuous improvement. Additional questions from state about state standards and requirements.	Provider follows state guidelines.
d. Review of assessment data:	SPA specific content specialists review alignment of assessments, scoring guides, and data to SPA standards. SPA reviewers provide feedback to programs about the strengths and weaknesses of the evidence to meet SPA standards.	Visitor Team reviews (a) alignment of specialty/ license area data with state standards and requirements, and (b) disaggregated data for specialty/license areas presented in the provider's self study for Standard 1.	State review process

	Visitor Team analyzes the evidence provided by the SPA reports.		
e. Decisions:	SPA review leads to one of the following decisions: - Nationally Recognized - Nationally Recognized with conditions - Further development required, or Nationally Recognized with probation - Not Nationally Recognized [Only review option resulting in national recognition]	CAEP provides feedback to states on alignment of evidence with state standards and disaggregated results. Same feedback is provided to providers	State approval of program.
f. Use of program review in accreditation process:	The report from Visitor Team on evidence from SPA reports is evaluated for decision on provider's accreditation status.	The report from Visitor Team on disaggregated specialty/license area data derived from the self study is evaluated for decision on provider's accreditation status.	CAEP evaluates state approval program report for decision on provider's accreditation status.

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 standards. A complete description of the 2013 CAEP Standards is available in Part II of this *Handbook.*

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 foci:

- "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 candidates 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 diverse supervisors, peers, and students. 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 areas for improvement for crosscutting themes. The Visitor Team may flag areas that do address components of standards that the team will investigate more closely, particularly where those components address diversity or technology.

CAEP Accreditation Review and Decisions

CAEP's accreditation 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 the team's concluding report. This section also defines CAEP accreditation decisions as they begin with initial review panels and are acted upon by the Accreditation Council, a process that assures 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.

Visitor Teams and Provider Self-Study Reports: A five-step process

After a provider submits its 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 a high level of competence CAEP regularly assesses Visitor Team members' performance 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 the evidence for each standard. Team recommendations flow from the member's first-hand knowledge of the provider gained through the investigation of the self-studies and on the site visit. The Visitor Team's analysis represents a starting point for the Accreditation Council reviews and decisions.

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's self-study report, and then convene electronically for their initial review. The team analyzes data and other evidence and checks for the alignment of the data and evidence to the 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 selected this option
- Results from annual reviews of areas for improvement, weaknesses, and stipulations
- Results from annual reports on progress of Selected Improvement Plans and Transformation Initiative Plans, and Internal Audits
- SPA or Program Review with Feedback or 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 report 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; and
- creates a work task for the site visit investigation indicating the evidence trails that the Visitor Team will follow during the site visit. The plan provides roadmaps for an efficient investigation, but evidence inquires made by the Visitor Team are not limited to the work plan. The team hares the plan with the provider.

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 the provider submitting its addendum 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, P-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 standards.

- The Visitor 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 report, 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 to improve the quality of the 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; and
- 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 submitted through AIMS 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 are submitted as an addendum to the self-study report. Responses should be completed at least one month in advance of the 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 Accreditation Council review

What is reviewed:

- Self-study, (if applicable, as amended in response to the formative report),
- Visitor Team report, including possible provider corrections and response, and the formative review
- Visitor Teams comments on the provider's response;
- The record of the initial and joint panels' deliberations and recommendations (for Council only)

Initial Panel Review. Accreditation cases are first reviewed by a panel of three to five Councilors. 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 policies and procedures were followed. If there was any deviation from CAEP policies and procedures, the panel states whether it perceives that its recommendations were compromised by that deviation and proposes an appropriate remedy.

Procedures are as follows:

- CAEP staff, in consultation with the Chair of the Council, selects 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 then introduce recommendations for accreditation status and citations of strengths, areas for improvement, and/or stipulations as a starting point for the panel's discussion.
- The meetings are conducted electronically or in person and may be scheduled on a rolling basis.
- The provider and the lead site visitor may be asked to respond to clarification questions from the Council members.
- The CAEP President or his designees may attend any session of a panel review.

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 its identification of the extent of support of evidence for each standard and any deficiencies, and the Initial and Joint Panels reviews' accreditation recommendations relevant to the CAEP Standards.

The Council's consideration begins with an Initial Review Panel. The Joint Review Panel is comprised of all Councilors who served on the Initial Review Panel and an equal number councilors, whose role is to review the recommendation of the Initial Review Panel to ensure rigor, clarity, and consistency in accreditation recommendations, particularly across pathways.

- To focus its resources appropriately, the Joint Review 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.
- Co-chairs lead each panel so that a Council member who serves on a different initial review panel from the one that initially considered the provider case can lead the Joint

Review Panel discussion. CAEP staff, in consultation with the Council chair, makes 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 Joint Review 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 Review Panel, Joint Review Panel, 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 2013 CAEP 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. Areas for improvement need not be publicly disclosed, but will become stipulations if they remain uncorrected by the next accreditation cycle.
- **Probationary Accreditation**—To reaccredit for a period of two years a provider previously accredited by CAEP, NCATE, or TEAC with all 2013 CAEP Standards met, but now failing to meet no more than one 2013 CAEP Standard. Probationary 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 revoke or denied accreditation. 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 areas for improvement 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

The Accreditation Council can also assign areas for improvement and/or stipulations for both met and unmet CAEP Standards. For complete details on areas for improvement and stipulations, please see **Appendix**

Reconsideration and appeals

CAEP policy permits a provider to ask for reconsideration or appeal of particular Council decisions. In the case of either 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 to revoke or deny accreditation. EPPs cannot request reconsiderations for stipulations or areas for improvement. 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 includes at least one of the following conditions:

- CAEP procedures were not followed by Visitor Teams, the Accreditation Council, or CAEP staff
- A conflict of interest or prejudice by members of Visitor Teams, the Accreditation Council, or CAEP staff 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). The provider 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, like that for reconsideration, includes at least one of the following conditions:

- CAEP procedures were not followed by Visitor Teams, the Accreditation Council, or CAEP staff.
- A conflict of interest or prejudice by members of Visitor Teams, the Accreditation Council, or CAEP staff 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 the Accreditation Council or served on the Board of Examiners (BOE) of NCATE or as a TEAC Commissioner. 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 report 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. Procedures specific to the hearing include the following:

- 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 to answer questions about CAEP's previous consideration of the case.
- 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 each January for submission by April.

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 goal 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 facilitate the next stage of the Board's intentions for use of these measures. Future plans include setting and monitoring 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 F** provides additional information about the CAEP annual reporting requirements for the eight annual reporting measures and other purposes.

APPENDICES

APPENDIX A – INQUIRY BRIEF

The provider addresses the five CAEP Standards throughout the self-study, and describes the evidence that specifically addresses each component of the Standards and the CAEP cross-cutting themes of diversity and technology as described in Part III of the CAEP Accreditation Manual.

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	Only if applying for first-time 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. Formative evaluation	•Provider attends CAEP workshops on writing the Inquiry Brief self-study (optional).	•CAEP staff reviews draft self-study for coverage, clarity, completeness, and auditability and returns drafts for revisions and resubmission as needed.	First draft should be submitted 9-12 months prior to the scheduled visit.

	•Provider submits draft of the self-study with checklist.		
3. Self-study revisions	• Provider faculty responds to CAEP staff and reviewers' comments. • Provider submits final self-study with checklist.	•CAEP declares self-study auditable (self-study is clear and complete) and instructs provider to submit final version. •CAEP accepts self-study and notifies Visitor Team that it is available.	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	•Provider submits data for site visit as requested. •Provider responds to any clarification questions as needed.	•CAEP schedules site visit. • Site visitors review the self-study report and formulate a plan for verifying its accuracy at the site visit.	
7. Site Visit	•Provider receives and hosts Visitor Team during visit (2-4 days). •Provider responds to site visit report.	• Visitor Team completes visit to campus • Visitor Team prepares site visit report and sends to provider faculty. • Visitor Team responds to provider faculty's comments about the draft site visit report. • Visitor Team prepares final site visit report and sends it to provider, copying state representatives when applicable.	First draft of site visit report is sent out four weeks after the site visit.
8. Case Analysis	• Provider responds to accuracy of case analysis.	•CAEP sends self-study, site visit report, and faculty response to accreditation reviewers •CAEP sends self-study, site visit report with provider response, and case analysis to accreditation reviewers	Case analysis is sent to reviewers and provider two weeks before accreditation review.

9. Accreditation Council Review Panel	• Provider representatives and lead Visitor Team member are invited to participate.	•Accreditation Council Review Panel meets to review documentation, identify weaknesses and stipulations, if any, and make recommendation regarding standards met or unmet •The Accreditation Council makes the accreditation decision. (For complete details on process see "How CAEP Decides on Accreditation" section of handbook.)	Accreditation review occurs the semester following the site visit.
10. Public announcement	Provider accepts or appeals CAEP's action (within 30 days) ⍰⍰	•CAEP announces accreditation decisions on its website and informs other stakeholders •CAEP sends the provider a certificate of accreditation if applicable.	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 and Monitoring Committee reviews 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) 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. Submit a Word version of the document using the following file naming convention: [Standards][Self-study type] for [Institution] [Program Name]. For example, *CAEP IB for University of America Tchr Ed.docx* or *CAEP IB for University of America Ed Ldrshp.docx* Upload the Email first full draft of document for a formative review in AIMS. If a site visit term has not yet been scheduled (such as for some institutions seeking initial accreditation) email the first draft to 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.

Planning Checklist for Preparing the *Brief*

First draft: 9-12 months before desired site visit date
Final draft: 6 months before desired site visit
Audit confirmed: 4 months prior to site visit

Target Site Visit Semester: _____

1. Review	When	Who
CAEP's accreditation process		
The CAEP Standards		
State and professional association standards		
The requirements for content of the *Brief*		

2. Inventory available measures	When	Who
Study the evidence available in the field pertaining to the graduates' learning, note what evidence the faculty relies on currently, what it does not, and what it might collect in the future (Appendix E)		
Assemble a list of the program's assessments. Determine the program's standard for the sufficiency of evidence of graduates' learning that would support claims for Standard 1 (e.g., what are the cut scores?). Explain how and why the program uses the assessments and trusts the assessment process and data. (For Section 2)		
Add any locally developed instruments to Appendix F		

3. Gather information	When	Who
Program overview (For Section 1)		
Alignment of program requirements with CAEP Standard 1 and state and national standards (For Appendix D)		
Program faculty qualifications (For Appendix C)		
Parity and Program capacity (For Appendix B)		

4. Conduct an internal audit	When	Who
Describe the program's quality control system and conduct an internal audit		
Draft the internal audit report (Appendix A)		

5. Take stock	When	Who
Review all materials and findings to date		

6. Formulate claims	When	Who
Write your claims and align claims with evidence for them		
Check consistency of your claims with your published public claims		

7. Analyze and discuss the data	When	Who
Study the results of the assessments cited in Appendix E, and formulate the program's interpretation of the meaning of the results of the assessments		

8. Draft *Brief*	When	Who
Compare draft against checklists		
Submit a draft for formative evaluation		

RESOURCES FOR THE *INQUIRY BRIEF* PATHWAY

For CAEP Cases, CAEP and the Accreditation Council offer the following print and electronic resources and guidance:

Website. CAEP's website (www.caepnet.org) offers links to the Standards, guides to pathways and self-study reports, and the Evidence Guide. There are links to these in an overview located at http://caepnet.org/accreditation/guide-to-self-study-reports-and-evidence/. Information about fees is available at http://caepnet.org/accreditation/dues-and-fees/ . Additional resources are available in the Resources area in AIMS, which can be accessed via the AIMS Member Login link on the CAEP website or directly via http://aims.caepnet.org

Guidance and feedback. The IB Commission provides staff to assist the candidate EPPs, and EPPs seeking continuing accreditation, while the faculty members are writing and editing the Brief. The Senior Vice President of Accreditation or the Director of the Inquiry Brief Pathway is a point of contact for prospective or new members interested in the IB pathway. They can route messages to the appropriate CAEP staff member, or providers can directly contact the IT team for AIMS questions and setup; the formative email box (formative@caepnet.org) for questions about formative evaluation; or the Site Visit Coordinator for visit scheduling and logistical questions. Contact information for CAEP staff is available in AIMS and on the CAEP website (About US > Staff Listing).

ORGANIZING THE *BRIEF*

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 describes the evidence that specifically addresses each component of the Standards and the CAEP cross-cutting themes of diversity and technology as described in Part III of the CAEP Accreditation Manual. The structure for the CAEP Inquiry Brief is as follows:

Title Page and Table of Contents
Section 1: Introduction
Section 2: Claims and Rationale for Assessments
Section 3: Methodology
Section 4: Results
Section 5: Discussion and Plan
Section 6: References cited in the Brief
Section 7: Appendices
- **Appendix A: Internal Audit Report**
- **Appendix B: Parity and Capacity**
- **Appendix C: Faculty Qualifications**
- **Appendix D: Program Requirements and Alignment with State and National Standards**
- **Appendix E: Inventory of Evidence**
- **Appendix F: Assessment Instruments with a Table of Contents**

As the due date for submission of the final version of your EPP's Inquiry Brief approaches, please monitor the resources area of CAEP's Newsletter for alerts on whether the IB AIMS template has launched. Information produced in accordance with the instructions below can be pasted into the template. Any special instructions for submission will be embedded in the template. This will include information on character limits, file size limits, basic instruction regarding content, etc. Currently, the file size limit for each audit document uploaded to AIMS is 5MB. To facilitate formative feedback, files (excepting Instruments) should be submitted in a Microsoft Word-compatible format (.doc, .docx, or .rtf) as opposed to PDF or image files.

SECTION 1: INTRODUCTION

Section 1 provides the brief (1-5 page) overview of the EPP. It orients the reader to the provider's history and context (e.g., within the state and institution), but does not specifically address the Standards. It should contain the table of program option that lists the full set of initial and advanced programs offered by the EPP for educator preparation leading to employment in P-12 settings or in administrative offices related to P-12 schools or teachers. If the complete table is already provided in another AIMS report, that source can be referenced if the authors do not wish to duplicate the list of initial and advanced programs. This table should be tagged to Standard 1 (See the Accreditation Manual).

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.

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?

Example of Tagging of Measures within Narrative

Measure 1: Admissions Data/Grade Point Average (1.1, 1.2, 3.2)

The admission process provides important data for entrance into the College of Education. The analysis of transcripts ensures compliance with state standards and an expectation that candidates have a course of study that has instilled knowledge beyond a major specialization. Furthermore, all XYZ University students must demonstrate competence in writing and quantitative reasoning by meeting the following three course requirements…

The IB Pathway's Standards of Evidence:

In addition to the requirement that the evidence satisfy scholarly standards for the reliable and valid interpretation of evidence, the Commission has a standard for sufficiency of the evidence cited in the EPP's Inquiry Brief, which is that the preponderance of the evidence is consistent with the EPP's claims with regard to CAEP standards and that there is no evidence in the record that proves that the statements made by the provider about and CAEP standards were false. The Commission uses a system of heuristics to arrive at its accreditation recommendations and judgment about whether the provider's evidence for the CAEP standards related to them are trustworthy and sufficient.[4]

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).

[4] The sufficiency heuristic uses a 75% criterion for sufficiency of evidence in the site-visit.

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" within Section 5 of the Brief (Discussion and Plan).

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, candidates at completion (i.e., exiting, but not yet in service), and about *completers* of the program (1st to 3rd year post-exit who are employed or seeking employment). [Standard 1 requires evidence about pre-service candidates, but can be supplemented by completer data. Standard 4 requires evidence about inservice completers, not candidates at exit, and -- to the extent possible – should include both employed and unemployed completers when discussing Component 4.3].

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 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?* Providers should provide information in Section 2 that relates to these questions.

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 in the standard should be addressed, but different providers may give different emphases to each component. Claims can be direct statements or questions about the standards and/or components, or they can broader statements that address multiple components.
3. The provider should be able to identify at least two measures or categories of evidence associated with each claim. Subsets of items from the same instrument (e.g., a field observation evaluation form) can be used to support different claims to which the subsets relate.

F. CLAIMS AND CAUSES

The provider's case for meeting the CAEP Standards requires evidence about the *status* of candidates and completers in relation to outcome standards and external benchmarks. 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).

G. RATIONALE FOR THE ASSESSMENTS

The alignment table template for Alignment of Assessments to Claims and CAEP Components should be completed and included.

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 used to test the claims*. *It makes sense, based on these measures, that the claims are (or strongly appear to be) true*. In addition, for each measure used the provider must make clear what level of performance it regards as sufficient and why that standard or criterion of 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 determine the criterion of success for the assessment (the passing score)? How do we know that 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. Faculty members, 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. This should be presented. 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 faculty entertains in its inquiry into whether or not the assessments are valid. For example: Are the faculty supervisors or the 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 teaching standards, 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. For example, to minimize concerns about grade inflation.

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 and 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 evaluates candidate performance
- How evaluators are trained/certified competent to use evaluation measures accurately
- At what point candidates are assessed
- In what context candidates are assessed (e.g., during a course, in the field, online exam)
- How the raw data were analyzed (e.g., replicable description of analytic procedures)
- How reliability and validity of the evidence is assured (i.e., how the provider investigates whether the performance standards were applied consistently and the interpretations of results are trustworthy)

SECTION 4: RESULTS

Section 4 presents the outcomes of the assessments, organized by claim. It includes the results of assessments of candidate and completer performance as it relates to Standards 1 and 4, and reliability and validity results for these assessments (Component 5.2). Even if no claims were made about Standard 4 in Section 2, any available data on Standard 4 should be presented in the Results section. All results for Standard 1 should be disaggregated by specialty licensure area and tagged to the CAEP

component and state standard for educators to which it applies (e.g., InTASC). Results for Standard 4 should include information about the representativeness of the sample. Sample or population size should be provided for each result.

Whenever measures of central tendency are provided, measures of dispersion should also be provided (e.g., mean and standard deviation). Inclusion of range interval (min/max) and percentage of candidates/completers meeting the performance criterion should be provided for each result.

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 and phase-in plans for components to which phase-in applies.

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

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

- What do the reported results mean?
- How are the results used for program decisions/improvements?

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."

With respect to **Program Review with Feedback**, the provider should review the disaggregated data and answer the following questions in a distinct subsection called "Program Review":

1. How have the results of specialty licensure area or SPA evidence been used to inform decision making and improve instruction and candidate learning outcomes?
2. What has been learned about different specialty licensure areas as a result of the review of the disaggregated data?
3. How does the specialty licensure area data provide evidence for meeting the state-selected standards?
4. How are specialty licensure area evidence aligned with the identified state standards?

SECTION 6: REFERENCES

In Section 6, the faculty should list published documents referenced in the Inquiry Brief self-study, using APA style. Only cited material should be in the reference list. If background materials are included, they should be in a separate, clearly labeled list at the end of Section 6.

SECTION 7: APPENDICES

Appendix A: Internal Audit Report

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 Summary Table template should be completed and included.

The provider also presents evidence for meeting Standards 2, 3, and the remaining elements of Standard 5 (5.1, 5.3, 5.4, 5.5). The internal audit probes the functioning of quality assurance mechanisms for ensuring the quality of clinical partnerships (Standard 2) and candidates (Standard 3). 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.

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

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

The Quality Assurance/Control 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, graduates, 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, faculty members conduct 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. This is where the Summary Table of Internal Audit proves is placed.

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.

ADDITIONAL APPENDICES

The following Appendices can be uploaded to the Evidence Room (or Data Sheet areas) in AIMS in lieu of presenting them in the Brief.

Appendix B: Parity and Capacity

This section contains a table with links to program documents or a description of their location. A template is provided in the Exercise section of this workbook. This section does not contain anything else. If this information has already been provided within a CAEP table that is part of the program

profile or another CAEP report, simply refer the reader to the appropriate source (e.g., CAEP Phase 2 application or Annual Report).

Appendix C: Faculty Qualifications

This section contains a table with information about faculty and clinical educator's qualifications. This section does not contain anything else. An adaptable template is provided in the Exercise section of this workbook.

Appendix D: Program Requirements and Alignment with State and National Standards

This section contains a table that illustrates how program elements align with external standards. This section does not contain anything else. An already adaptable template is provided in the Exercise section of this workbook. This can be a resource for planning the tagging of Standard 1 data and of instrument items/ subsets.

Appendix E: Inventory of Evidence

This section contains table of the same information typically provided in the CAEP annual report. Depending on when the visit occurs in relation to the annual reporting period, this information may need to be updated for the brief. If no update is needed, simply refer the reader to the most recent Annual Report. No supplemental evidence or data tables should be provided in this section (please upload any of these to the Data Sheet space in the AIMS Audit Documents. All documents should have informative names with respect to their relevance and the content within should be tagged to relevant CAEP components).

Appendix F: Assessment Instruments with a Table of Contents

This section contains a table contents with the name and page number for each instrument. The name can be hyperlinked to the first page of each instrument as well, but should not substitute for page numbers. Every locally developed instrument should be provided. If external assessments are available online (e.g., form a state or commercial website) please provide a list of hyperlinks. All instruments used to provide data for the brief should be accessible to the site visit team.

REQUIRED TABLES TO INCLUDE IN THE INQUIRY BRIEF SELF-STUDY

Front Matter: Table of Contents

Table of Contents Created using the Table of Contents feature (see **References** Tab in Microsoft Word).

For this feature to properly auto-generate the table of contents, the items you want indexed must be formatted using a "heading" style from the Styles menu in the ribbon. Headings at level 1 and 2 are sufficient for indexing the main sections and subsections of the brief in both the main table of contents and the Appendix F table of contents. The default styles can be redefined to suit your formatting preferences.

Table of Contents

Section 1: Program Overview **5**
History of the Institution 5
History of the College of Education 5
Table 1.1 Program Options 6
Table 1.2 Demographics 7

Section Two: Claims, Evidence, and Rationale **8**
Alignment of Claims with CAEP Standards 12

Section Three: Method **14**
Description of Measures 14
Procedures for assessing Validity and Reliability 17
Procedures for analyzing Claim 1 data 18
Procedures for analyzing Claim 2 data 19
Procedures for analyzing Claim 3 data 20
Procedures for analyzing Cross-Cutting Themes 21

Section Four: Findings **22**
Validity and Reliability Results 22
Claim 1 Results 25
Claim 2 Results 28
Claim 3 Results 33
Cross-Cutthing Theme Results 36

Section 5: Discussion and Plan **41**

Section 6. References **47**

Section 7. Appendices **50**
Appendix A: Quality Control System and Internal Audit 50
Appendix B: Evidence of Institutional Capacity for Program Quality 63
Table B.1 Capacity Data 67
Table B.2 Parity Data 69
Appendix C: Faculty Qualifications 71
Table C.1 Full Time Faculty (through summer 2016) 71
Table C.2 Part-Time Faculty (through summer 2016) 72
Table C.3 Part-Time Field Supervisors (through summer 2016) 73
Appendix D: Program Requirements 75
Table D.1Program Of Study 77
Table D.2 Alignment Table 79
Appendix E. Inventory of Evidence 80
Appendix F: Local Assessments 82

Section 1: Introduction

Demographics

The table(s) should present enrollment and completer statistics over time, disaggregated by demographic groupings that reflect the diversity of the EPP with respect to typical classifications recorded in US, state, or institutional population census data (e.g., gender, race/ethnicity, citizenship, first-generation college attendance, non/traditional status, etc.). To the extent that the EPP demographic can mirror the categories used in larger contexts, this should be attempted.

Program List

Options include all licensure areas at the initial and advanced levels as well as any degree programs at these levels that lead to work with P-12 students, teachers, or schools/central offices. Any options within elementary, secondary, and special education should be disaggregated in a manner consistent with the approved degree and licensure areas in the university catalog and state department of education records. Prior to September 1, 2017 self-study submissions do not include data on advanced programs, but they should be listed in the table.

Table [XX]
Table of Program Options

Option Name*	Level (UG, grad, post-bacc)	Number of completers in previous academic year	Number of students enrolled in current academic year
Initial			
Elementary (K-6)			
Secondary (6-12)			
K-12			
Advanced			

Section 2: Claims and Rationale

Table [XX]
Alignment of CAEP Standard 1 Components to EPP Claims and Supporting Evidence

CAEP Standard 1 Component	EPP Claim (may be repeated as appropriate)	Supporting Evidence Sources
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.		
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.		

Add Standard 4 Components if claims are being made.

Table [XX]
Evidence Sources and Criteria for Success

Supporting Evidence Sources	Performance/Outcome Criteria	Justification for Criteria
e.g., Content GPA	*Minimum of 3.0*	*State requirement for licensure*

Section 3: Methods of Assessing the Claims

Please describe your analyses in sufficient detail that they could be replicated.

Table [XX]
Methods of Generating Results from Sources of Supporting Evidence

Evidence Source	Sampling	Analytic Method/Procedure
e.g., Content GPA	*All completers recommended for licensure from [year 1] to [year 2]*	*Use GradTracker database to run a report on Content GPA. Compute range interval and percentage of recommended graduates with at least a 3.0.*

Section 4: Results

Tips:

- Try to minimize row height and blank space.
- Highlighting of tags is not required. If the alignment to CAEP standards is not obvious, you can tag columns. Alternatively, you could add a table note reminding the reader of the alignment discussed in Section 2 and/or 3.
- If the Ns do not vary across sections, provide the N for each row and the total. If the Ns vary across sections, provide the N for each cell rather than simply for the year.
- Please provide a table title that specifically describes what is in the table
- Color coding (as in the elementary section of the table) is not required. The method used in the secondary section is fine too. Either could be applied to the whole table. The goal is for the boundaries between sets of rows to be clear for easier reading.
- Any of alignment options shown in this table is fine (e.g., centered, left-justified, right-justified, staggered). However, alignment should be consistent within the table.

Sample Results tables that illustrate tagging and suggestions for structure are provided below.

Results Table Example 1

Table 4.2 Mean (SD) Elementary Candidate Student Teaching Evaluation Results by Section, 2013-2015 (CAEP 1.1, 1.2, 1.3, 1.4, 1.5)

			Evaluation Section				
Option	**Year**	**N**	**1 (1.3)**	**2 (1.5)**	**3 (1.2)**	**4 (1.4)**	**5 (1.1)**
e.g., Elementary	*2013*	*43*	*3.4 (.48)*	*3.4 (.48)*	*3.4 (.48)*	*3.4 (.48)*	*3.4 (.48)*
Elementary	2013						
	2014						
	2015						
Total	2013-2015						

Results Table Example 2

Table 4.3 Mean (SD) Student Teaching Evaluation Results by Section, 2013-2015 (CAEP Standard 1)

		Evaluation Section				
Option	**Year**	**1 (1.3)**	**2 (1.5)**	**3 (1.2)**	**4 (1.4)**	**5 (1.1)**
Elementary						
e.g., P-2	*2013*	*3.4 (.48)*	*3.4 (.48)*	*3.4 (.48)*	*3.4 (.48)*	*3.4 (.48)*
	N	*9*	*9*	*8*	*9*	*9*
P-2	2013					
	N					
	2014					
	N					
	2015					
	N					
Total						
K-6	2013					
	N					
	2014					
	N					
	2015					
	N					
Total	N = xxx					
Secondary						
Biology	2013					
	N					
	2014					
	N					
	2015					
	N					
Total	N = xx					
Chemistry	2013					
	N					
	2014					
	N					
	2015					
	N					
Total	N = xx					

Section 5: Discussion and Plan

Table [XX]
Ways in which Evidence from the Self-Study will be Used for Program Enhancement

Actionable Conclusions	Plans for Continuous Improvement	Evidentiary bases for Plan Elements
e.g., 1.1: Elementary candidates need additional support in Social Studies to reduce retakes of Praxis II.	*Evaluate and enhance the social studies content in the capstone course.*	*Review of capstone course content and results from exit surveys indicate that capstone focuses heavily on math and science, with much less attention to social studies.*

Appendix A: Internal Audit

All CAEP Standards are associated with quality assurance mechanisms, and those mechanisms should be part of the internal audit. Standards 2, 3, and 5 are addressed primarily in the internal audit. EPPs should be sure to describe and probe the quality control mechanisms associated with these standards. They may demonstrate this in different ways, but the summary table below should present at least the highlights. If necessary split the table apart and intersperse narrative on sample, method, or conclusions specific to each component or probe. There should be at least one probe for each component and at least two probes for each required component. Recall that the Phase-In Plan allows for some evidence to be in the form of a plan for gathering data. Refer to the plan in the table and produce the narrative of the plan in another area of the internal audit report

Mechanisms are structures, policies, or procedures regarding operations. **Probes** are questions about how well the mechanisms are functioning and methods for establishing functionality. **Findings** are specific results acquired via probing. Conclusions regarding how well the mechanism overall quality assurance system is functioning should be addressed in the Conclusion section of the internal audit or in a Conclusions column added to the table.

Table A1
Summary of Internal Audit Probes

CAEP Standard Indicators and additional items probed	Quality Control Mechanism/Target	Probe(s)	Findings/Results
Candidate Knowledge, Skills, and Professional Dispositions 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.			
Provider Responsibilities 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.			

CAEP Standard Indicators and additional items probed	Quality Control Mechanism/Target	Probe(s)	Findings/Results
Provider Responsibilities 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).			
Provider Responsibilities 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).			
Provider Responsibilities 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.			

CAEP Standard Indicators and additional items probed	Quality Control Mechanism/Target	Probe(s)	Findings/Results
Partnerships for Clinical Preparation 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.			
Clinical Educators 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.			

CAEP Standard Indicators and additional items probed	Quality Control Mechanism/Target	Probe(s)	Findings/Results
Clinical Experiences 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.			
Plan for Recruitment of Diverse Candidates who Meet Employment Needs 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.			

CAEP Standard Indicators and additional items probed	Quality Control Mechanism/Target	Probe(s)	Findings/Results
Admission Standards Indicate That Candidates Have High Academic Achievement And Ability 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] • [Alternative 2]			

CAEP Standard Indicators and additional items probed	Quality Control Mechanism/Target	Probe(s)	Findings/Results
Additional Selectivity Factors 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.			
Selectivity During Preparation 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.			

CAEP Standard Indicators and additional items probed	Quality Control Mechanism/Target	Probe(s)	Findings/Results
Selection At Completion 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.			
Selection At Completion 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. CAEP monitors the development of measures that assess candidates' success and revises standards in light of new results.			

CAEP Standard Indicators and additional items probed	Quality Control Mechanism/Target	Probe(s)	Findings/Results
Impact on P-12 Student Learning and Development 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.			
Indicators of Teaching Effectiveness 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.			
Satisfaction of Employers 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.			

CAEP Standard Indicators and additional items probed	Quality Control Mechanism/Target	Probe(s)	Findings/Results
Satisfaction of Completers 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.			
Quality and Strategic Evaluation 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.			
Quality and Strategic Evaluation 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.			
Continuous Improvement 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 Standard Indicators and additional items probed	Quality Control Mechanism/Target	Probe(s)	Findings/Results
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.			
Continuous Improvement 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.			
Curriculum			
Faculty			
Facilities, equipment, and supplies			
Fiscal and administrative support and soundness			
Materials: Recruiting and admissions, calendars, catalogs, publications, grading, and advertising	[provide hyperlinks for web sources]		
Student support services			
Student feedback			

Appendix B: Parity and Capacity

Table B1
EPP Parity

Capacity dimension	EPP	Institutional norm for similar programs	Analysis of differences
Curriculum[7]			
Faculty[8]			
Facilities[9]			
Fiscal & administrative[10]			
Student support[11]			
Student feedback[12]			

[7] E.g., total number of credits for graduation, grade requirements, number of credits in the major

[8] E.g., proportions of terminal degrees, genders, races, etc., research support per faculty member, workload composition, balance of academic ranks, promotion and tenure standards

[9] E.g., allocated space and equipment, support facilities, special facilities

[10] E.g., cost/student, staff compensation, scholarships, proportion of administrators/support staff

[11] E.g., counseling, advisement, media/tech support, career placement

[12] E.g., proportion of complaints about program, course evaluation ratings

Table B2
EPP Capacity
References to Institutional Documents for Each Requirement

Elements of Capacity	Program's references for documentation/hyperlink for each requirement
Curriculum	
Document showing credit hours required in the subject matter are tantamount to an academic major	
Document showing credit hours required in pedagogical subjects are tantamount to an academic minor	
Faculty	
Majority of the faculty have a terminal degree (major or minor) in the areas of course subjects they teach	See Appendix C
Facilities	
Documents showing appropriate and adequate resources	
Fiscal and Administrative	
Documents attesting to the financial health of the institution	
Documents showing program administrators are qualified for their positions	
Documents showing resources are adequate to administer the program	
Candidate Support	
Documents showing adequate student support services	
Documents showing the drop-out and program completion rates	
Policies	
Documents showing an academic calendar is published	
Documents showing a grading policy is published and is accurate	
Documents showing there is a procedure for students' complaints to be evaluated	
Documents showing that the transfer of credit policy is published and is accurate.	
Program provides for student evaluations of courses.	
If appropriate, documents showing that the program has the capacity to ensure the timely delivery of distance education and support services and to accommodate current student numbers and expected near-term growth in enrollment and documents showing that a process to verify the identity of students taking distance education courses is used by faculty teaching the distance education courses.	

Appendix C: Faculty and Clinical Educator Qualifications

The EPP undoubtedly believes its faculty members are qualified for their assignments. The IB Pathway asks that the EPP summarizes the evidence upon which it relies to substantiate its belief that faculty members assigned to the program are qualified. The evidence can be efficiently summarized in a table. For each faculty member, the entries in the table might include the following information, any item of which may be omitted if the item is not related to the qualifications the program truly values:

1. Current academic rank and title at the institution,
2. Highest degree,
   2a) Institution that granted the highest degree,
   2b) Year the degree was granted,
   2c) Field of the degree,
3. Number of years at the institution,
4. The course numbers of the courses the person is regularly assigned to teach in the program.

Disaggregate by program option or role, in accordance with program structure. Separate tables can be created for each program option if desired. Separate tables can be created for different types of faculty (e.g., full-time, part-time, instructional, clinical, etc.). Additional columns can be added to capture information that is important to the program when hiring, retaining, promoting, or assigning faculty to courses or roles.

Appendix C:
Table C1 Program Faculty Qualifications

Name	Degree, University, and Discipline	Academic Rank, Program, and Years at EPP	Courses Taught	Years of P-12 School Experience
[program option 1]				
[program option 2]				

Appendix D: Program Requirements and Alignments to Standards

Separate alignment tables can be created for program elements that are common across programs (e.g., field requirements) and elements unique to particular programs or levels. Separate tables can be created for each program option if needed.

Table D1
Alignment of Program Requirements to State of Professional Association Standards

Standard 1components	Program option requirements that address Standard 1 and state subject matter and pedagogical standards for: [Program Option]					State standard number	Professional association standard number
	Required courses	Field work requirements	Admissions requirements	Portfolio requirements	Exit requirements		
Cross-cutting theme: ***Technology***							

The program is free to tailor the column headings to its particular requirements for each of its program options. For example, a program might have made the following provisions for subject matter knowledge in its program requirements for math teachers: the state may have some math standards the program names, the program may have adopted the subject matter standards of NCTM, certain math courses are required and named, some field work may require math lessons and units, for admission the program may require a math aptitude test score, some prerequisite math courses, a portfolio may require work samples of math lessons and their assessment by the student teacher, and finally the program may require some exit survey on math preparation and knowledge or some standardized math test (e.g., Praxis II). All of these requirements would be cited in the cells in the table above either directly and/or by reference to some other document. A program may have requirements of a different kind from those in the column headings above to address Standard 1, etc. These should be cited either by substitution or addition.

Appendix E: Inventory of Evidence

Appendix E: Inventory of Evidence				
Type of evidence	**Available and in the**		**Not available and Not in the *Brief***	
Note: items under each category are examples. Program may have more or different evidence	**Relied on** (X)	**Not relied on** Reasons for not relying on this evidence	**For future use** Rationale for including in future *Briefs*	**Not for future use** Rationale for not including in future *Briefs*
Grades				
1.Student grades and grade point averages				
Scores on standardized tests				
2. Student scores on standardized license or board examinations				
3. Student scores on undergraduate and/or graduate admission tests of subject matter knowledge and aptitude				
4. Standardized scores and gains of the program graduates' own pupils				
Ratings				
5. Ratings of portfolios of academic and clinical accomplishments				
6. Third-party rating of program's students				
7. Ratings of in-service, clinical, and PDS teaching				
8. Ratings, by cooperating teacher and college / university supervisors, of practice teachers' work samples.				

[5] Assessment results related to CAEP Standard 1 (and potentially Standard 4) that the EPP uses or reports elsewhere must be included in the *Brief*. Evidence reported to the institution or state licensing authorities, or alluded to in publications, websites, catalogs, and the like must be included in the *Brief*. Therefore, Title II results, grades (if they are used for graduation, transfer, admission), admission test results (if they are used), hiring rates (if they are reported elsewhere) would all be included in the *Brief*.

Rates				
9. Rates of completion of courses and program				
10. Graduates' career retention rates				
11. Graduates' job placement rates				
12. Rates of graduates' professional advanced study				
13. Rates of graduates' leadership roles				
14. Rates of graduates' professional service activities				
Case studies and alumni competence				
15. Evaluations of graduates by their own pupils				
16. Alumni self-assessment of their Accomplishments				
17. Third-party professional recognition of graduates (e.g., NBPTS)				
18. Employers' evaluations of the program's graduates				
19. Graduates' authoring of textbooks, curriculum materials, etc.				
20. Case studies of graduates' own pupils' learning and accomplishment				

Appendix F: Local Assessments

Table of Contents Created using the Table of Contents feature (see Front Matter section above for an example)

For this feature to properly auto-generate the table of contents, the items you want indexed must be formatted using a "heading" style from the Styles menu in the ribbon. Headings at level 1 and 2 are sufficient for indexing the main sections and subsections of the brief in both the main table of contents and the Appendix F table of contents. The default styles can be redefined to suit your formatting preferences.

APPENDIX B – SELECTED IMPROVEMENT

SELECTED IMPROVEMENT PATHWAY PROCESS FOR ACCREDITATION

Distinctive Characteristics

The Selected Improvement Pathway requires the provider to use data-driven decision making to reach a higher level of achievement in an area of educator preparation such as specialty licensure areas, increase the efficiency of the EPP, and/or to assess candidate/completer impact on P-12 student learning. For this pathway, the provider selects a standard, component, crosscutting themes, and/or combination of standards to focus on for selected improvement. The provider makes the selection of an area for improvement based on data presented in the self study and provides a rationale for the selection. Based on data from the self study, the provider develops a data-driven plan for the area of improvement and implements the plan throughout the seven year accreditation cycle. Progress on the implementation of the plan are reported each year in the annual report. The plan and its implementation provide evidence that the EPP demonstrates ongoing use of data for continuous 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 2013 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) 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.
2. **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) includes (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) responses 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 the programs offered by the provider and the 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, 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 to 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) and the program review process—either a CAEP review for national recognition or review with feedback, or the state's review (see reference on pages 31 to 33). This information will be used to ensure that the appropriate report template is made available when the provider uses 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 a 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.

Steps for Developing a Self Study

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 chosen 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 <u>been</u> 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 (candidate quality, recruitment and selectivity), all components of Standard 4 (on impact measures) and components 5.3 and 5.4 (on continuous improvement), must be met.

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 points 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, noting why the data are 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 the provider to identify noteworthy variations or show 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, the provider should make comparisons between its 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 areas in which plans are acceptable, and for information on 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*. This information falls 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

Summary Statement: In Standard 1, the provider makes the case for candidate competencies prior to exit from the program through data from common assessments. The EPP 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 success in their own professional P-12 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. The provider explains 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

Summary statement: Standard 2 is the place to demonstrate that the provider has partnerships with P-12 schools that are beneficial to both parties. The provider explains how collaborative partnerships are conducted, monitored, and evaluated, and how this evidence has led to changes in programs. The EPP provides 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 – (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.

The provider continues to prepare and monitor candidates during their programs to ensure that completers will be effective teachers. The programs ensure 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. Providers should 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 (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 pre-service teachers to have a positive impact on P-12 student learning and development for all students. The provider should present additional evidence, beyond what has been reported in the its annual reports, that completers are having a 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 presents information about the quality of the evidence used in the self study 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 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 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. The provider should submit additional documentation on areas for improvement under these standards.

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 Part 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. Providers that choose the Selected Improvement Pathway should 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

The provider should upload each item of evidence into the Accreditation Information Management System (AIMS) and tag the items as relevant to specific components and standards. The upload can also be tagged evidence as related to the Selected Improvement Plan.

2. The Selected Improvement Plan (SIP) Narrative

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

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

   The first section of the Selected Improvement Plan provides a description of the selected area of focus 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 SIP must be of sufficient scope to have a positive impact on the provider and its completers.

   The second section provides a rationale for choosing the selected area of focus. 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 the evidence.

2. Goals and objectives are identified and aligned with the selected area of focus. They must
   - be appropriate and align with the selected focal 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, and
   - 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.
   - A plan for evaluating and monitoring strategies and/or interventions is included.
   - 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: 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: Study predictive value of video analysis as an admissions tool	Finalize study protocols and rubrics; trained 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 is 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 is 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; and
- 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;
- describe 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); and
- 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 focus.
- The provider must show progress on the SIP in the Annual Reports.
- The provider should make changes to the SIP when data indicates change is needed.
- 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 identifies the rubric for evaluating the plan.

Table 7 ***Rubric for Evaluating the Selected Improvement Initiative Plan***

Indicator	Undefined	Emerging	Meets Expectation	Exceeds Expectation
Focal area alignment and rationale for selection driven by self study	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.

Goals and objectives are identified and align with selected area.	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 of 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 of 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.
Strategies for intervention	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 and 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.
Data collection and analysis	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 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.

Indicator	Undefined	Emerging	Meets Expectation	Exceeds Expectation
Capacity to implement and complete plan	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 costs, 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.
Overall evaluation of the SIP	When reviewed as a whole, the proposal lacks specificity, clarity, and coherence. 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 areas for improvement (lacks specificity, etc.), these do not impact the overall SIP.	All components of the plan meet expectations and no areas for improvement were identified.

Table 1

Selected Improvement Pathway Self-Study: Accreditation timeline and process at-a-glance

Steps	Timelines/ Provider actions	CAEP actions
1. Application	Only if applying for first accreditation, provider prepares and submits online 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. 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 give feedback to the provider.
3. Call-for-comment	6 to 8 months prior to the site visit, provider distributes call-for-comment announcement to all specified parties.	• CAEP staff places upcoming spring or fall visits on "call-for-comment" webpage. • CAEP staff uploads comments into AIMS and notifies the provider that the testimony is available for a response.

4. 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.	2 +/- months after the SSR is submitted, CAEP Visitor Team reviews self study, including a review of the SIP. 2 +/ - weeks after the meeting, the team's Formative Feedback Report (FFR) to the provider is posted in AIMS.
5. 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	• Provider works with the Visitor Team lead to schedule interviews and observations as requested from pre-visit and/or FFR. • Provider hosts Visitor Team.	• Visitor Team verifies submitted evidence and formulates further questions for the visit. • Team completes visit to the provider's site(s), including a review of the SIP. • Visitor Team prepares the site visit report, including an evaluation of the SIP. • Lead site visitor conducts exit interview with provider. • Visitor Team prepares final site visit report (submitted 4 weeks after the conclusion of the site visit). • CAEP staff review report. •Team lead submits final site visit report in AIMS and notifies provider and state representatives as applicable of its availability.
7. Provider Response	• Within 7 days of receipt, the provider responds to accuracy of site visit report (factual corrections). • Within 2 weeks, the provider submits its response to the final site visit report in AIMS.	• Lead site visitor receives factual corrections and makes changes as appropriate. • Visitor Team reviews provider's response to the site visit report. • Lead site visitor submits a response to the provider's comments in AIMS (within 7 days).
8. SIP Commission Initial Review Panel	• Provider representatives and/or state representatives attend meeting (optional – and at provider/agency expense).	• 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.
9. Accreditation Joint Review Panel	No provider action taken.	• 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.
10. Accreditation Council Decision	No provider action taken.	• Accreditation Council meets to determine the accreditation decision of the provider. • CAEP sends Accreditation Council's decision to the provider and state representatives, as applicable. Accreditation Action letter and reports are posted in AIMS.
11. Public announcement	In case of an adverse decision (denial or revocation of accreditation), provider accepts or appeals CAEP's action (within 30 days).	• CAEP announces accreditation and probation decisions on its website and informs other stakeholders. • CAEP sends the provider a certificate of accreditation or schedules the probationary visit.

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.

APPENDIX C – TRANSFORMATION INITIATIVE

Transformation Initiative Pathway Process for Accreditation

Distinctive 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. 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. CAEP's Transformation Initiative seeks proposals from providers that commit to conduct research on promising practices, innovations, and interventions directed at transforming educator preparation for greater accountability, effectiveness, rigor, and quality.

Eligibility

In order to submit a research proposal for review, providers must

- be in full accreditation status seeking continuing accreditation with no unmet standards or stipulations and few, if any, areas for improvement;
- have the approval of the state to participate in the Transformation Initiative (TI) Pathway
- have all applicable programs recognized by the appropriate affiliated specialized professional associations (SPA) or approved by the state;
- 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; and
- obtain prior written approval and support of the CAEP partner state education agency.

A provider should submit a Transformation Initiative Plan up to five years prior to its scheduled accreditation visit date. The CAEP Accreditation Council reviews proposals using the rubric for the Transformation Initiative Plan, gives 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 A TRANSFORMATION INITIATIVE PLAN

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 0r No

Current accreditation status:_____

Standards unmet, if any: _____

Stipulations cited, 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 through 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	• Provider representatives attend CAEP conference sessions on writing the *TI Proposal.* • Provider submits TI Proposal for Approval—preferably, up to five years prior to the accreditation visit.	• CAEP staff reviews draft TI Plan and returns drafts for revisions and resubmission as needed. • Accreditation Council review proposal and make recommendations for approval, rejection, and/or revisions.

*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 report. The self study provides the EPP's update on progress under the plan, and review of that update is a part of the Visitor Team responsibility. The full Transformation Initiative self study at-a-glance timeline appears below.

Preparing the Transformation Initiative Plan

To be eligible for the Transformation Initiative 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. The structure for a Transformation Initiative Plan is 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 the 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 areas:

- 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, or
    - the assessment and improvement of student learning and readiness for post- secondary education o the retention of educators in schools, including induction, mentoring, ongoing professional development, support for National Board Certification and other strategies.

TI Plan 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 include the following explanations:

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 the following sections:

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, and
    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, to include:
        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, including
        1. any use of software

2. any statistical measures used to analyze data
3. any qualitative methodology used (triangulation, etc.).

d. Describe any instrument used.

1. Information must be included on the validity and reliability of the instrument.
2. The provider must give a rationale for selection of the instrument
3. If the instrument is created by the provider for use in the study, the provider must identify how validity was established for the instrument.

e. Describe procedures as follows:

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. The timeline 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 must include and identify the following:
      1. complete budgetary estimates on cost for implementation of TI,
      2. all needed resources,
      3. personnel needs and any reassignment of responsibilities,
      4. any travel costs for data collection, training, and similar travel expenses.
   b. The provider must identify any need for outside consultants or expertise for the implementation of project.

STEPS FOR PREPARING THE TRANSFORMATION INITIATIVE SELF-STUDY REPORT

The self study is the process of evaluation 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 2013 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) 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. The provider should 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) includes the following sections: (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 to 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 and the program review process, either a CAEP review for national recognition or feedback, or the state's review. This information will be used to ensure that the appropriate report shell is made available when the provider enters 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 in the provider's report.

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 (candidate quality, recruitment and selectivity), all components of Standard 4 (on impact measures) and components 5.3 and 5.4 (on continuous improvement), must be met.

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 points 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, noting why the data are 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 the provider to identify noteworthy variations or show 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 circumstances in which 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 *Handbook*. These pieces of evidence 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 Appendix A 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. The provider presents evidence 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 student 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.

Ensuring that candidates are able 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 Appendix A notes on measures or types of evidence for Standard 2.)*

Summary statement: Standard 2 is the place to demonstrate that the provider has partnerships with P-12 schools which are beneficial to both parties. The provider should explain how collaborative partnerships are conducted, monitored, and evaluated, and how this evidence has led to changes in programs. The provider's report should include 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 *Handbook*. 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 Appendix A notes on measures or 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 the 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. The provider should 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 Standard4, but it is not necessary to repeat the Standard 4 documentation in Standard 3.

- Standard 4: Program Impact *(See Appendix A notes on measures or 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 preservice teachers to have a positive impact on P-12 student learning and development of all students. The provider should present additional evidence, beyond what has been reported in annual reports, that completers are having a positive impact on P-12 student learning. The evidence should complement the evidence in the Provider Annual Report, as described in Part II of this *Manual*. 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 the assessments and data

presented in the self study 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. The provider should submit additional documentation on areas for improvement under these standards.

D. CROSS-CUTTING THEMES OF DIVERSITY AND TECHNOLOGY

Part III of this *Manual* 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 12, among the features that are common to all self-study reports under all three pathways.

The rubric for evaluating a Transformation Initiative Plan is below.

Table 9

Rubric for Transformation Initiative Plan

Indicator	Undefined	Emerging	Meets Expectation	Exceeds Expectation
Significance of project identified and justified.	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 raised, but no specific research questions are identified.	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 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.	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 actionable research questions are identified and linked to the literature review.	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, and actionable research questions are identified and linked to the literature and rationale for the study. How the study will contribute to the body of knowledge in education is articulated.
Research questions and objectives	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 interven-tions, 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 are aligned 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 are aligned with research question(s), stated in measurable terms, tied to key milestones of the initiative, and linked to interventions, strategies, or outcomes.

Indicator	Undefined	Emerging	Meets Expectation	Exceeds Expectation
Participants and selection	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.
Research design is described	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 research.	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 research are vague and lack specificity.	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 data are to be analyzed, how data collection is to occur, and when and where the research is to be conducted.	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 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.
IRB approval and timeline for implementa-tion of research plan.	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 linked 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.

Indicator	Undefined	Emerging	Meets Expectation	Exceeds Expectation
Broad-based unit and stakeholder involvement in the development and implementa-tion of plan.	TI developed by one individual or small group not representative of 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.
Capability to implement and complete the research plan.	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 timeline is provided.	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 needed to implement the plan. General descriptions of responsibilities are provided for key individuals.	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.

Indicator	Undefined	Emerging	Meets Expectation	Exceeds Expectation
Overall evaluation of Transforma-tion Initiative Proposal	When reviewed as a whole, the proposal lacks specificity, clarity, and coherence. 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 areas for improvement (lacks specificity, etc.), these do not impact the overall quality of the initiative. Areas for improvement should be addressed before the initiative is implemented.	All components of the proposal meet expectations and no areas for improvement were identified. The initiative is ready for implementation.

Table 1

Transformation Initiative Pathway Self-Study Report: Accreditation timeline and process-at-a-glance Self-Study Report

Steps	Timelines\Provider actions	CAEP actions
1. Application	Only if applying for first accreditation, provider prepares and submits online 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. 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 EPP.
3. TI Proposal Submission	• Provider representatives attend CAEP conference sessions on writing the TI Proposal. • Provider submits TI Proposal for Approval—-preferably, up to five years prior to the accreditation visit.	• CAEP staff reviews draft TI Plan and returns drafts for revisions and resubmission as needed. • TI commissioners review the TI proposal and submit their recommendations for revisions.
4. Call-for-comment	6 to 8 months prior to the site visit, provider distributes call-for- comment announcement to all specified parties.	• CAEP staff places upcoming spring or fall visits on website's "call-for-comment" page. • CAEP staff uploads it into AIMS and notifies the provider that the testimony is available for a response.
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.	2 +/- months after the self-study report is submitted, CAEP Visitor Team reviews self study, including a review of the TI plan. 2 +/ - weeks after the meeting, the team's Formative Feedback Report (FFR) to the provider is posted in AIMS.
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	• Provider works with the team lead to schedule interviews and observations as requested from pre-visit and/or FFR. • Provider hosts Visitor Team.	• Visitor Team verifies submitted evidence and formulates further questions for the visit. • Team completes visit to the Provider site(s), including a review of progress on the TI plan. • Visitor Team prepares the site visit report, including an evaluation of the progress on the TI proposal plan. • Lead site visitor conducts exit interview with provider. • Visitor Team prepares final site visit report (submitted 4 weeks after the conclusion of the site visit). • CAEP staff review report. Team lead submits final site visit report in AIMS and notifies provider and state representatives as applicable of its availability.
8. Provider Response	• Within 7 days of receipt, the provider responds to accuracy of site visit report (factual corrections). • Within 2 weeks, the provider submits its response to the final site visit report in AIMS.	• Lead site visitor receives factual corrections and makes changes as appropriate. • Visitor Team reviews provider response to the site visit report. • Lead site visitor submits a response to the provider's comments in AIMS (within 7 days).
9. TI Commission Initial Review Panel	• Provider representatives and/or state representatives attend meeting (optional, and at provider/agency expense).	• 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.
10. Accreditation Council Joint Review Panel	No provider action taken.	• 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.
11. Accreditation Council Decision	No provider action taken.	• Accreditation Council meets to determine the accreditation decision of the provider. • CAEP sends Accreditation Council's decision to the provider and state representatives, as applicable. Accreditation Action letter and reports are posted in AIMS.
12. Public announcement	In case of an adverse decision (denial or revocation of accreditation), provider accepts or appeals CAEP's action (within 30 days).	• CAEP announces accreditation and probation decisions on its website and informs other stakeholders. • CAEP sends the provider a certificate of accreditation or schedules the probationary visit.

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 TI plan and informs the provider if there are concerns.

APPENDIX D – Phase-in Chart

The CAEP phase- in policy and how it provides a transition period for providers

Phase-in of new lines of evidence will be necessary. CAEP recognizes that the 2013 standards require, in some cases, evidence that has not been required or collected in the past. Accordingly, CAEP has created developmental expectations for providers with visits during the transition period (2014 and 2015) and for providers with visits in the first two years after the standards become required (those with visits in 2016 and 2017).

	Provider selects prior or new CAEP standards		**New CAEP standards required for all accreditation self-studies, reviews, and decisions**				
If your next accreditation self-study is submitted in calendar year→	2014	2015	2016	2017	2018	2019	2020
1. GENERAL PHASE-IN POLICY CONTAINED IN THE SELF-STUDY GUIDES PERTAINS TO: Topics in the CAEP standards requiring evidence not previously expected EXAMPLES: candidate assessment literacy (Standard 1); Partnerships with mutual decision making (Standard 2); Recruitment of academically able and diverse candidates (Standard 3); Functioning Quality Assurance System (Standard 5)							
• **Self-study includes plans**	Plans	plans	Plans + progress	Plans + progress	Fully in place	Fully in place	Fully in place
• **And after Accreditation Council approves, provider annual reports show progress under the plan**	Progress, data	Progress, data	Progress in provider Report	Progress in provider report			
2. STANDARD 3 PHASE-IN OF PERFORMANCE ON A NATIONALLY NORMED ASSESSMENT OF ACADEMIC ACHIEVEMENT/ ABILITY PERTAINS TO: Admitted candidate group average performance on nationally normed achievement/ ability assessments; EXAMPLES: SAT, ACT, GRE			Top 50%	Top 50%	Top 40%	Top 40%	Top 33%
• **Alternative criteria can be used, validated through investigation**	Apply	apply	Apply	apply	apply	apply	Apply

3. THE 8 ANNUAL REPORTING MEASURES PHASE-IN IMPLEMENTATION PERTAINS TO: 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)							
• **In 2014, CAEP is collecting data on completion, licensure and employment (consistent with Title II and/or PEDS). Also, provider reporting is optional for 4 of the 8 measures.** • **Other 2014 provider reporting *describes* but does not collect available or planned data, to inform 2015 and later CAEP provider annual reporting requests.**	Jan. 2014 CAEP request	Jan. 2015 CAEP request	Jan. 2016 CAEP request	Jan. 2017 CAEP request	Jan. 2018 CAEP request	Jan. 2019 CAEP request	Jan. 2020 CAEP request

APPENDIX E – Guidelines for Submitting a Plan

CAEP GUIDELINES FOR PLANS

PHASING IN ACCREDITATION EVIDENCE

INTRODUCTION

CAEP's accreditation procedures include phase-in plans that allow educator preparation providers (EPPs) submitting self-study reports through calendar 2017 some additional time to collect the appropriate evidence/data. While these plans are in effect, CAEP's Site Visitors and accreditation reviews will accept them, together with any implementation steps that have occurred by the time of the site visit, as if they were evidence.

These *Guidelines for Plans* are to help EPPs understand CAEP's expectations for phase-in plans submitted during the transition period that begins in 2015. They provide additional detail on the CAEP Evidence Phase-In Schedule found in *CAEP Accreditation Manual – Version 2* (p. 83-84). These *Guidelines* also describe important aspects of the Site Visitors' investigation of plans as well as options that the Accreditation Council will consider in reaching accreditation decisions.

What CAEP components can be addressed by plans? Preparation providers take responsibility for identifying evidence to document their arguments that standards are met. Examples of various types of evidence for standards and components can be found in the *CAEP Accreditation Manual – Version 2* in Appendix A (p. 87-114). Plans and their implementation may be used as evidence to document aspects of educator preparation that were not typical of accreditation evidence prior to CAEP's 2013 standards. The following list is excerpted from the *CAEP Accreditation Manual*:

- 1.4, college and career ready preparation
- 2.1, clinical partnerships 2.2, clinical faculty
- 2.3, clinical experiences;
- 2.3, associating completer outcomes with clinical experiences
- 3.1, recruitment
- 3.2, selectivity criteria
- 3.2, alternative for use of different selectivity criteria
- 3.3, use of non-academic measures for candidate selectivity and development
- 3.4, candidate progress during preparation
- 3.6, professional and ethical preparation
- 4.1, P-12 student learning and development data
- 4.1, alternative where no P-12 student growth data are available
- 4.2, teacher observation evaluations and student perception surveys
- 4.3, employer satisfaction with preparation and employment persistence of completers
- 4.4, completer satisfaction with preparation
- 5.3, continuous improvement
- 5.3, testing innovations as part of Standard

  5 continuous improvement
- 5.4, CAEP outcome measures: licensure, completion, placement, consumer information

GUIDELINES

These *Guidelines for Plans* describe: (1) EPP responsibilities when they prepare plans and use them as evidence in self-study reports; (2) guides for CAEP Site Visitors in reviewing phase-in plans; and (3) guides for Accreditation Council decisions that make use of phase-in plans as indicators of expected and initial data/evidence.

1. GUIDELINES FOR EDUCATOR PREPARATION PROVIDERS

A phase-in plan describes an overall goal and design to gather evidence for continuous improvement and accreditation. Phase-in plans can be submitted as accreditation evidence through calendar 2017 and will be reviewed as evidence for CAEP accreditation purposes. Ideally, plans will be prepared in 2015 or early in 2016. Here are key attributes of the content of plans:

RELATIONSHIP TO STANDARD OR COMPONENT

- An explicit link of the intended data/evidence to the standard or component it is meant to inform; self-studies will tag the evidence to the appropriate standard;
- A description of the content and objective of the data/evidence collection

TIMELINE AND RESOURCES

- Detailing of strategies, steps and a schedule for collection through full implementation, and indication of what is to be available by the time the site visit;
- Specification of additional data/evidence that will become available in the calendar years following accreditation until completion of the phase-in plan steps.
- Reporting from at least one data collection by calendar 2018;
- A description of the personnel, technology and other resources available; institutional review board approvals, if appropriate; and EPP access to data compilation and analysis capability.

DATA QUALITY

- A copy of the collection instrument if it is available, together with information called for in CAEP instrument review rubrics;
- Description of procedures to ensure that surveys and assessments reach level 3 or above on the CAEP assessment rubric;
- Steps that will be taken to attain a representative response, including: the actions to select and follow up a representative sample (or, a purposeful sample if that is appropriate for the data collection) and actions to ensure a high response rate;
- Steps to ensure content validity and to validate the interpretations made of the data;
- Steps to analyze and interpret the findings and make use of them for continuous improvement.

2. GUIDELINES FOR REVIEW BY SITE VISITORS

Site Visitors review plans as if they were data. Their responsibility is to document the following:

RELATIONSHIP TO STANDARD OR COMPONENT

- That there is a specific connection with provisions of a CAEP standard or a component;

- That the plan makes a compelling argument that the data/evidence would be an appropriate and strong measure for the standard or component.

TIMELINE AND RESOURCES

- That any scheduled steps included in the plan prior to the site visit have actually occurred and are satisfactory. Site Visitors determine:
  - That arrangements made and data collected are consistent with specifications in the plan and/or that changes are appropriate to the circumstances;
  - That available data have been interpreted and used for continuous improvement by the EPP in ways appropriate to the stage of implementation of the plan;
  - That implementation steps and any available data suggest that the evidence compiled under the plan will be valid and sufficient for the intended purpose;
  - That there will be at least one data collection that can be reported in calendar 2018;
  - That the plan can realistically be accomplished within the resources available to the EPP (in terms of personnel, technology, access, or other resources).

DATA QUALITY

- That survey and assessment instruments included in plans are reviewed under the CAEP assessment rubric and Site Visitors judge whether those instruments are consistent with the CAEP level 3 rubric or above—e.g.;
  - That the instruments will provide information directly relevant to the standard or component, (if an assessment, it has content validity);
  - That the instruments use questions that are clear and unambiguous; ○ That the instruments are administered at a specified point during the preparation experiences that is appropriate for the standard or component being informed;
  - That the instruments are scored by evaluators who are trained in using the instrument.
- That any survey or assessment can reasonably be expected to achieve a representative response and have an appropriately high response rate;
- That the plan specifies appropriate measures to ensure quality of the planned data;
- That appropriate analyses will be conducted with the data/evidence and appropriate interpretations are likely to be made.

3. GUIDELINES FOR ACCREDITATION ACTION ON PHASE-IN PLANS

The CAEP Commissions make an initial cumulative review and determine the degree to which each standard and required component have been met, based on the preponderance of evidence and determine areas for improvement or stipulations. They make recommendations for the Accreditation Council. Using the phase-in plans along with any other EPP-provided evidence, results from the Site Visitors' review, and recommendations from the CAEP Commissions, the Accreditation Council makes the final accreditation decision.

- The Commission and Council actions occur as part of CAEP consideration of the cumulative evidence for each standard:
  - Review and analysis of the phase-in plan and any available data/evidence under the plan serve in place of data/evidence for the phase-in period;
- If deficiencies are found in the plans, instruments or implementation, there can be an area for improvement or stipulation—depending on severity:

- If the particular measure is one of multiple measures under a standard, an area for improvement may be cited;
- If the plan covers all the evidence for a particular component or standard, an area for improvement may be cited or a stipulation may be specified;
- If the plan covers any one of the 7 mandated CAEP components, a deficiency will result in a stipulation. If the deficiency is severe, it may result in a standard not met.

Subsequent to Accreditation Council action, follow up annual EPP reports are required until the plan is fully implemented.

APPENDIX F - Eight Annual Reporting Measures

The chart below provides additional information about the CAEP annual reporting requirements for the 8 annual measures and other purposes.

Providers report	CAEP reviews
Eight annual reporting measures	
This annual reporting is required of all providers.	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.
Providers report annually on CAEP's four impact measures: • P-12 student learning/development, • Observations of teaching effectiveness, • employer satisfaction and completer persistence • completer satisfaction and four outcome measures: ▪ completer or graduation rate, ▪ licensure rate, ▪ employment rate and ▪ consumer information, including student loan default rate.	If a provider fails to submit the requested data, then the following procedures will be initiated: • An extension can be granted for up to 30 days beyond the deadline. • 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. • 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.
The consumer information is reported but is not considered in making accreditation decisions.	
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.	
Trends in the annual reports for each provider are a part of the self-study report.	
Annual reporting of progress on stipulations and weaknesses	
The provider's Annual Report provides information on the activities and outcomes related to any	CAEP reviews of progress on the annual updates and substantive changes that have occurred. The Committee ensures that progress has been made

weaknesses or stipulations cited in the last accreditation decision.	on addressing deficiencies from the previous accreditation visit.

Annual reporting of progress on Selected Improvement and Transformation Initiative plans and provider changes in categories of evidence for the Inquiry Brief pathway

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.	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.

Providers with cited stipulations must submit a petition and have them removed within two years of the citation in order to maintain their accreditation status.

APPENDIX G – Assessment Rubric

CAEP EVALUATION TOOL FOR EPP-CREATED ASSESSMENTS

USED IN ACCREDITATION

For use with: assessments created by EPPs including observations, projects/ assignments and surveys

For use by: EPPs, CAEP assessment reviewers and Site Visitors

EXCERPT from the CAEP ACCREDITATION HANDBOOK on "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. . . 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. . . . This feature is a part of CAEP's specialty/ license area review under Standard 1.

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
– • Use or purpose are ambiguous or vague	**1. ADMINISTRATION AND PURPOSE** (informs relevancy) • The point or points when the assessment is administered during the preparation program are explicit • The purpose of the assessment and its use in candidate monitoring or decisions on progression are specified and appropriate • Evaluation categories or assessment tasks are tagged to CAEP, InTASC or state standards	**+** • Purpose of assessment and use in candidate monitoring or decisions are consequential
• Limited or no basis for reviewers to know what information is given to respondents • Instructions given to respondents are incomplete or misleading • The criterion for success is not provided or is not clear	**2. INFORMING CANDIDATES** (informs fairness and reliability) • The candidates who are being assessed are given a description of the assessment's purpose • Instructions provided to candidates about what they are expected to do are informative and unambiguous • The basis for judgment (criterion for success, or what is "good enough") is made explicit for candidates	• Candidate progression is monitored and information used for mentoring • Candidates are informed how the instrument results are used in reaching conclusions about their status and/or progression

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
	3. CONTENT OF ASSESSMENT (informs relevancy)	
• Category or task link with CAEP, InTASC or state standards is not explicit • Category or task has only vague relationship with content of the standards being informed • Category or task fails to reflect the degree of difficulty described in the standards • Evaluation categories or tasks not described or ambiguous • Many evaluation categories or tasks (more than 20% of the total score) require judgment of candidate proficiencies that are of limited importance in CAEP, InTASC or state standards	• Evaluation categories or tasks assess explicitly identified aspects of CAEP, InTASC or state standards • Evaluation categories or tasks reflect the degree of difficulty or level of effort described in the standards • Evaluation categories or tasks unambiguously describe the proficiencies to be evaluated • When the standards being informed address higher level functioning, the evaluation categories or tasks require higher levels of intellectual behavior (e.g., create, evaluate, analyze, & apply). For example, when a standard specifies that candidates' students "demonstrate" problem solving, then the category or task is specific to students' application of knowledge to solve problems • Most evaluation categories or tasks (at least those comprising 80% of the total score) require observers to judge consequential attributes of candidate proficiencies in the standards	• Almost all evaluation categories or tasks (at least those comprising 95% of the total score) require observers to judge consequential attributes of candidate proficiencies in the standards
	4. **SCORING** (informs reliability and actionability)	
• Rating scales are used in lieu of rubrics; e.g., "level 1= significantly below expectation" . . "level 4 = significantly above expectation". • Levels do not represent qualitative differences and provide limited or no feedback to candidates specific to their performance. • Proficiency level attributes are vague or not defined, and may just repeat from the standard or component	• The basis for judging candidate work is well defined • Each proficiency level is qualitatively defined by specific criteria aligned with the category (or indicator) or with the assigned task • Proficiency level descriptions represent a developmental sequence from level to level (to provide raters with explicit guidelines for evaluating candidate performance and candidates with explicit feedback on their performance) • Feedback provided to candidates is actionable • Proficiency level attributes are defined in actionable, performance-based, or observable behavior terms. NOTE: If a less actionable term is used such as "engaged", criteria are provided to define the use of the term in the context of the category or indicator	• Higher level actions from Bloom's taxonomy are used such as "analysis" or "evaluation"

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
	5.a DATA VALIDITY	
• Plan to establish validity does not inform reviewers whether validity is being investigated or how • The instrument was not piloted prior to administration • Validity is determined through an internal review by only one or two stakeholders. • Described steps do not meet accepted research standards for establishing validity.	• A description or plan is provided that details steps the EPP has taken or is taking to ensure the validity of the assessment and its use • The plan details the types of validity that are under investigation or have been established (e.g., construct, content, concurrent, predictive, etc.) and how they were established • The assessment was piloted prior to administration • The EPP details its current process or plans for analyzing and interpreting results from the assessment • The described steps generally meet accepted research standards for establishing the validity of data from an assessment	• A validity coefficient is reported • types of validity investigated go beyond content validity and move toward predictive validity
	5.b DATA RELIBILITY	
• Plan to establish reliability does not inform reviewers whether reliability is being investigated or how. • Described steps to not meet accepted research standards for reliability. • No evidence, or limited evidence, is provided that scorers are trained and their inter-rater agreement is documented.	• A description or plan is provided that details the type of reliability that is being investigated or has been established (e.g., test-retest, parallel forms, inter-rater, internal consistency, etc.) and the steps the EPP took to ensure the reliability of the data from the assessment • Training of scorers and checking on inter-rater agreement and reliability are documented • The described steps meet accepted research standards for establishing reliability	• A reliability coefficient is reported • Raters are initially, formally calibrated to master criteria and are periodically formally checked to maintain calibration at levels meeting accepted research standards

WHEN THE INSTRUMENT IS A SURVEY:
Use Sections 1 and 2, above, as worded and substitute 6.a and 6.b, below for sections 3, 4 and 5.

	6.a. SURVEY CONTENT	
• Individual item are ambiguous or include more than one subject • Items are stated as opinions rather than as behaviors or practices	• Questions or topics are explicitly aligned with aspects of the EPP's mission and also CAEP, InTASC or state standards • Questions have a single subject; language is unambiguous • Leading questions are avoided • Items are stated in terms of behaviors or practices instead of opinions, whenever possible • Surveys of dispositions make clear to candidates how the survey is related to effective teaching	• Scoring is anchored in performance or behavior demonstrably related to teaching practice • Dispositions surveys make an explicit

EXAMPLES OF ATTRIBUTES BELOW SUFFICIENT LEVEL	CAEP SUFFICIENT LEVEL	EXAMPLES OF ATTRIBUTES ABOVE SUFFICIENT LEVEL
• Dispositions surveys provide no explanations of their purpose		connection to effective teaching
• Scaled choices are numbers only, without qualitative description linked with the item under investigation • Limited or no feedback provided to candidates • No evidence that questions are piloted	**6.b DATA QUALITY** • An even number of scaled choices helps prevent neutral (center) responses • Scaled choices are qualitatively defined using specific criteria aligned with key attributes identified in the item • Feedback provided to the EPP is actionable • EPP provides evidence that questions are piloted to determine that candidates interpret them as intended and modifications are made, if called for • EPP provides evidence that candidate responses are compiled and tabulated accurately • Interpretations of survey results are appropriate for the items and resulting data • Results from successive administrations are compared (for evidence of reliability)	• EPP provides evidence of survey construct validity derived from its own or accessed research studies

APPENDIX H - Areas for Improvement and Stipulations

What is an Area for Improvement (AFI)?

An area for improvement is a statement written by a site visit team or the Accreditation Council 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 Accreditation Council to determine a stipulation is warranted. Areas for Improvement should be remediated by the next accreditation cycle and progress toward improvement is reported annually through the annual report process.

Results: The EPP must address AFIs in their Annual Report. During the next accreditation review the EPP must demonstrate that the AFIs have been corrected. If the AFIs have not been corrected, a stipulation may be cited in the same area.

What is a Stipulation?

A stipulation is a statement written by a site visit team or 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 may be determined to be unmet. A stipulation must be addressed within two years to retain accreditation and is only assigned in cases for continuing accreditation. A stipulation that leads to an unmet standard cannot be assigned in cases of initial or first accreditation.

Stipulations can be assigned for met CAEP Standards. If a stipulation is assigned for a met standard(s), a document review is required. EPP must address all stipulations for all standards at the end of the two year time frame.

Results: A stipulation could lead to a standard being found not met. Probationary accreditation is granted by the Council when one CAEP Standard is not met. The EPP must address stipulations in their Annual Report for both met and unmet standards. Whether or not the standard is met, the stipulation must be addressed within two (2) years. If the stipulation is corrected, probation is removed, and accreditation is continued for the reminder of the 7-year term. If the stipulation has not been corrected, accreditation is revoked.

What is the difference between an AFI and a Stipulation?

The difference between an AFI and a stipulation is the severity of the concern. The Teams considers the scope of the impact of the weaknesses found in evidence. It is systemic issue crossing licensure areas and impacting more than a few candidates? Does the concern address several components of the standard? What will be the impact if the concern is not corrected quickly? If it is systemic and would impact the overall quality of completers' preparation, it should be cited as a stipulation. If the EPP's efforts approach sufficiency but could be better, it should be cited as an AFI.

Determining the difference between an AFI or a stipulation is often a professional judgment. Visit teams give serious consideration to citing stipulations as it will trigger the EPP to address the concern specifically in their response to the team report. If the Accreditation Council agrees to the stipulation, the EPP has two years to remove the stipulation. Specific guidelines for addressing stipulations are included in this appendix.

How are Areas for Improvement and Stipulations Written?

The team writes a statement and rationale for each AFI and stipulation. The statement are standards-based, brief (usually one sentence), and state the weakness or deficiency. The statement should be sufficiently clear to be understood on its own. The corresponding rationale supports the statement by explaining what findings lead the

team to cite the AFI or stipulation. The rationale is standards-based, more detailed than the statement (a few sentences), and describes the context of the areas for improvement or stipulation.

REMOVAL OF STIPULATIONS FOR MET STANDARDS

When all Standards are Met

What is under review:

- The stipulation and any AFIs cited for the standard with the stipulation.

Process for removal of stipulations

- The provider is given 24 months to take action on the stipulation
- In the 24th month the EPP submits an Interim Self-Study Report
- A team of 2 site visitors is assigned for a document review
- The team (and Accreditation Council) have access to previous CAEP accreditation decisions including Stipulations and AFIs for the standard(s)
- The team holds an electronic meeting and prepares a report
- In its report the team makes recommendation to the Accreditation Council on stipulations and AFIs
  - Stipulations: removal, removal and citation of an AFI in the same area, revision, or continuation
  - Areas for improvement: removal, revision, or continuation
- Provider respond to team's report
- Case is reviewed at the next Accreditation Council meeting
  - If the stipulation is continued, the Council finds the standard not met and accreditation is revoked.

Sample timelines

Fall Visits	**Action**
Fall 2016	On-site visit
Spring 2017 (April)	AC Meeting/Decision/Assignment of Stipulations
Spring 2017-Spring 2019	EPP addresses stipulations
Spring 2019 - May 1	EPP submits Documentation (Interim Report)
Within 60 days (July 1)	Site visitor review (document review only)
Within 30 days (Aug 1)	EPP submits rejoinder
Fall 2019 (October)	AC Meeting Decision
Fall 2019 –Spring 2024	Continue accreditation term for 4.5 years

Spring Visits	Action
Spring 2017	On-site visit
Fall 2017 (October)	AC Meeting/Decision/Assignment of Stipulations
Fall 2017-Fall 2019	EPP addresses stipulations
Fall 2019 (October 31)	EPP submits Documentation (Interim Report)
Within 60 days (Dec 31)	Site visitor review (document review only)
Within 30 days (Jan31)	EPP submits rejoinder
Spring 2020 (April)	AC Meeting Decision
Spring 2020- Fall 2024	Continue accreditation term for 4.5 years

REMOVAL OF STIPULATIONS FOR UNMET STANDARDS

When a Standard is Not Met (Probationary Accreditation)

What is under review:

- The entire standard with a stipulation, focus is on the stipulation and any areas for improvement cited for that standard.
- Stipulations for met standards, if any, and areas for improvement related to that standard.

Process for removal of stipulations/remove probation

- Provider is given 24 months to take action on the stipulation
- In the 24th month the EPP submits an Interim Self-Study Report
- A team of 3 site visitors is assigned
- The team (and Accreditation Council) have access to previous CAEP accreditation decisions including Stipulations and AFIs for the standard(s) under review
- The team holds an electronic meeting and prepares a formative report
- Provider responses to formative report
- Site visit is held and team prepares on-site report
- Provider respond to the on-site report
- In its reports the team makes recommendation to the AC on AFIs and Stipulations
  - Stipulations: removal, removal and citation of an AFI in the same area, revision, or continuation
  - Areas for improvement: removal, revision, or continuation
- Case is review at the next Accreditation Council meeting
  - If the stipulation is continued and/or the standard is found not met accreditation is revoked.

Sample timelines

Fall Visits	Action
Fall 2016	On-site visit
Spring 2017 (April)	AC Meeting/Decision/Unmet Standard
Spring 2017-Spring 2019	EPP addresses stipulations

Spring 2019 (May 1)	EPP submits Stipulations Report
Within 60 days (July 1)	Formative review/report
Within 30 days (Aug 1)	EPP submits rejoinder
Fall 2019	On-site visit/report
Spring 2020 (April)	AC Meeting Decision
Spring 2020 –Spring 2024	Continue accreditation term for 4 years

Spring Visits	**Action**
Spring 2017	On-site visit
Fall 2017 (October)	AC Meeting/Decision
Fall 2017-Fall 2019	EPP addresses stipulations
Fall 2019 (October 31)	EPP submits Stipulations Report
Within 60 days (Dec 31)	Formative review /report
Within 30 days (Jan 31)	EPP submits rejoinder
Spring 2020	Site visit/report
Fall 2020 (October)	AC Meeting Decision
Fall 2020-Fall 2024	Continue accreditation term for 4 years

APPENDIX I – Glossary

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. CAEP accreditation informs the public that the educator preparation provider (EPP) has met state, professional, and institutional standards educational quality. (2) The decision rendered by CAEP when an EPP meets CAEP's standards and requirements.
Accreditation Council	The governance body that grants or withholds accreditation of an educator preparation provider (EPP), based on the review findings of an initial review panel and a joint review team. The Council also certifies whether or not the accreditation process followed CAEP's policies and procedures.
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 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: Inquiry Brief (IB), Selected Improvement (SI), 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 Action Report	The final report completed by the Accreditation Council and official record of an educator preparation provider (EPP) accreditation status. It informs the EPP 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 its decisions.
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. The term for a fully accredited EPP is seven years.
Actionable	Sufficiently detailed and relevant to directly indicate or clearly suggest a course of action. Information is actionable if it supplies the *who, what, when, where*, and *why* that allows one to determine how to change current practice(s) to achieve the intended goal.
Adverse Action	The revocation or denial of accreditation when it is confirmed that an educator preparation provider's (EPP's): (1) fails to meet one CAEP Standard after a review for initial accreditation; (2) fails to meet two or more CAEP Standards after a review for reaccreditation; (3) fails to continue to meet CAEP's application requirements; (4) falsely reports data and/or plagiarizes information submitted for accreditation purposes; (5) fails to submit annual reports, annual dues, or other documents required for accreditation; and/or (6) results from an investigation into 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	A yearly update submitted through AIMS by an educator preparation provider (EPP) in which, the EPP provides CAEP with a summary of: (1) provider information; (2) progress on removing any areas for improvement/stipulations; (3) substantive changes; (4) links to candidate performance data on its website; (5) eight annual measures of program outcomes and impact; and (6) pathway specific progress, as requested.
Appeal	CAEP's process of reconsideration of denial or revocation of accreditation upon request by an educator preparation provider (EPP).
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.
Applicant	The status of an educator preparation provider (EPP) that has completed its Phase I Application while its Phase II Application to CAEP is being completed or is under review.
Area for Improvement (AFI)	A statement written by a site visit team or the Accreditation Council 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. Areas for improvement should be remediated by the end of the accreditation term 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).
Audit for Inquiry Brief	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 *target* statement or table from the self-study report and a *probe*.
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 (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.
CAEP Coordinator	An educator preparation provider (EPP) representative designated by the EPP as the primary recipient for CAEP related communications.
CAEP Eligible	The status conferred to educator preparation providers (EPPs) that have been continuously accredited by either NCATE or TEAC. EPPs that have been declared CAEP eligible will automatically be reviewed for CAEP accreditation at the end of their NCATE or TEAC accreditation terms.
Candidate for Accreditation	An accreditation status achieved after completion of Phase II 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).
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 report.
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.
Certificate/Licensure	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 qualifications/requirements. (See Certificate and/or Certificate Level.)
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. These include, but are not limited to, culminating clinical practices such as student teaching or internship.
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.
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.

Cohort 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.
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 standard(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.
Confidentiality	A policy statement to which site visitors, 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.
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.
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.
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.

Denial	The accreditation decision when an educator preparation provider's (EPP) case for initial accreditation fails to meet one or more CAEP standards.
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.
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 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.
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.
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 educator preparation provider (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 Colleges glossary).
Good Cause Extension	A request made by an educator preparation provider (EPP) requesting an extension to its accreditation term for a 'good cause' for a period up to one year in consultation with the state/country partner because of reasons that are beyond the control of the EPP, such as a change in state regulations, natural disaster, new state or national standards or legislation, changes in EPP leadership, or other extenuating circumstances.

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.
Inquiry Brief	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.
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	Review processes used by an educator preparation provider (EPP) in the Inquiry Brief Pathway to ascertain the proper functioning of its Quality Assurance System (QAS). The focus, methods, and findings of the internal audit are presented in the Brief and the implications of the findings for continuous improvement of the QAS and program features are discussed.
International Accreditation	Educator preparation providers (EPPs) 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).
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 that reviews the accreditation materials and the Review Panels' reports to develop recommendations for accreditation status of their assigned educator preparation provider 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 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.
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.
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 to specific educator preparation licensure areas 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. CAEP accreditation is a peer review process.
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 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 an appeal following denial or revocation of accreditation.
Preponderance of Evidence	An overall confirmation that candidates meet standards in the strength, weight, or quality of evidence. 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 after the Accreditation Council puts an educator professional provider (EPP) on probation for failing to meet one of CAEP's standards.
Probes	Specific methods employed/actions taken by an educator preparation provider (EPP) during the internal audit of the IB Pathway to verify alignment between operational expectations and operational reality. In addition, Site Visitors use probes during examination of the IB self study evidence to verify the credibility and accuracy of cited evidence and to gather additional information pertinent to assessing the strength of an EPP's case for CAEP accreditation.
Professional Learning Communities (PLCs)	Educators committed to working collaboratively in ongoing processes of collective inquiry and action research in order to achieve better results for students they serve. CAEP supports PLCs for a variety of stakeholders.
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	Demonstrated abilities to perform some part of what is described by standards.
Program	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	A separate status from National Recognition provided by SPAs, program approval is the distinction granted by a state government agency when an educator preparation provider (EPP) program meets the state's standards and/or requirements. Program approval can encompass continuous review or one-time approval.
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 Feedback	The process by which CAEP assesses the quality of licensure areas data offered by an educator preparation provider (EPP) under Standard 1. Specialty licensure areas are reviewed individually against state-selected standards. This review results in feedback for states, EPPs, and site visitors on the quality of evidence presented at the specialty licensure area level.
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 licensure areas against the standards of Specialized Professional Associations (SPAs) and provide feedback to the state and site visitors.
Progressions/Progressive Levels	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 meets 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	Mechanisms (i.e., structures, policies, procedures, and resources) that an educator preparation provider (EPP) has established to promote, monitor, evaluate, and enhance operational effectiveness and the quality of the educator preparation provider's candidates, educators, curriculum, and other program requirements.
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.
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 Council 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 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.
Selected Improvement (SI) Pathway	One of three CAEP accreditation pathways in which an educator preparation provider (EPP) provides evidence that the CAEP Standards are met. The self study includes a data driven plan for improvement on a focal area selected by the EPP.
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, and/or educator preparation providers (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 review panel 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 educator preparation providers (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 terms 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 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 *Inquiry Brief* 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 leaning 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 *audit task*.)
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.
Transformation Initiative Pathway	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.