



Association for **Advancing**
Quality in Educator Preparation

Guide to AAQEP Accreditation



2021



Association for **Advancing**
Quality in Educator Preparation

Guide to AAQEP Accreditation

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About AAQEP



The Association for Advancing Quality in Educator Preparation (AAQEP) is a membership association and quality assurance agency that provides accreditation services and formative support to all types of educator preparation providers.

Vision

AAQEP promotes excellent, effective, and innovative educator preparation that is committed to evidence-based improvement and enjoys a high degree of community engagement and public confidence.

AAQEP leverages credible evidence, technological advances, and innovations in quality assurance/accreditation to provide transparent, understandable reports on program quality and to foster innovation and improvement.

Mission

AAQEP promotes and recognizes quality educator preparation that strengthens the education profession's ability to serve all students, schools, and communities, and to do so equitably. To accomplish its mission, AAQEP:

- Supports the professional development of those engaged in quality assurance, continuous improvement, and innovation in educator preparation
- Coordinates formative peer reviews in support of member institutions' quality assurance, continuous improvement, and innovation
- Designs and implements accreditation processes, in cooperation with states and institutions, that respect the diversity and autonomy of institutions and providers

AAQEP works with its members to support excellent educator preparation that is engaged in meeting local needs.

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Preface

This *Guide to AAQEP Accreditation* (“*Guide*”) provides members of the Association for Advancing Quality in Educator Preparation (AAQEP) with comprehensive information on the AAQEP process to support them as they seek accreditation or reaccreditation. It also serves as a resource for volunteer peer reviewers and decision makers.

It describes AAQEP’s standards and aspects, evidence requirements and priorities, the overall process, the Accreditation Proposal and Quality Assurance Report (self-study), review and decision details, and annual reporting.

The *Guide* is an operating manual that is updated annually. Each year, AAQEP publishes a summary of the latest changes, and no changes or policies take effect until they are published. See “What’s New for 2021” on the next page for this year’s change list.

Members may choose to work with any version of the *Guide* that has a publication year **within 4 years of their scheduled visit**. For example, an educator preparation provider with a visit scheduled in fall 2025 may use this 2021 version or later editions; the version should be specified in the Quality Assurance Report to ensure reviewers have a common reference point.

While meant to provide a comprehensive overview, the following pages do not address every question that will arise for members and reviewers as they engage in the quality assurance process. Please consult the website **aaqep.org**, contact staff directly (see list inside the back cover), or reach out to the general-inquiry address, **aaqep@aaqep.org**.

A Word About Pandemic-Era Work



This *Guide* is being published against the backdrop of the COVID-19 pandemic, a public health crisis that has upended all aspects of society and heavily impacted the entire education sector, including educator preparation. Although the forecast for in-person site visits in the coming semesters remains uncertain, the *Guide* is framed with the assumption that they will soon resume. In the interim, guidance for conducting and hosting virtual reviews is available at **aaqep.org**.

Further, AAQEP recognizes that institutional and state responses to the pandemic continue to have an impact on coursework and clinical experiences for candidates—and consequently on programs’ operation and data collection. AAQEP encourages providers to document any resulting short-term program alterations, assessment changes, or data discontinuities. Review teams and the Accreditation Commission are aware of the challenges facing programs and the impacts on data collection and reporting. Members should contact their AAQEP liaison with any questions regarding documenting the impact of pandemic-related disruptions on program operations and evidence collection.

What's New for 2021

This edition of the *Guide* improves on last year's through several additions, clarifications, and reorganization of material but contains no substantive changes. The highlights:

Additions

- Section 6 introduces a few process updates in response to member feedback and clearer expectations for the content of Accreditation Proposals. The process has been improved by having the two peer reviewers assigned to each proposal collaborate on a joint review rather than conduct independent ones, and a context meeting between the provider and both reviewers now prefaces each review. In the proposal's construction, providers are now explicitly asked to identify their own criteria for success for each proposed measure and also to append measures to the proposal.
- Section 7 introduces the Aspect-Evidence Index to the Quality Assurance Report, a new element of the report's introduction that maps where evidence can be found within the report for particular standards and aspects.
- Section 9 introduces the new role of site visit liaison, an AAQEP staff member assigned to a quality assurance review to support both the review team and the provider.
- A brief definition of that role and other new entries appear in the glossary.

Clarifications and Reorganization

- This *Guide* has grown to include two more sections than last year's. Two topics that were embedded elsewhere in 2020 now have their own full sections: the role of peer review (Section 4) and information on decision meetings and rules (Section 10).
- Section 1 is reframed somewhat to focus less on AAQEP's founding and more on its operating philosophy.
- Section 3 offers a more robust discussion of evidence expectations and a summary of the opportunities in the AAQEP system for the provider to address them.
- Section 9 includes a list of the Program Capacity Indicators checked by review teams related to Standards 3 and 4.
- Section 11 (on maintaining accreditation) has expanded to foreground the ongoing cycles of quality assurance work and the processes for handling identified concerns and conditions before detailing the specific milestones represented by Annual Reports.

Substantive Changes

This edition of the *Guide* introduces no substantive changes. The AAQEP standards are reviewed every 7 years, which means the next potential revisions to the standards themselves will be in 2025.

Section 1. Introduction to AAQEP Accreditation

Founded in 2017, AAQEP is a quality assurance agency that provides accreditation services to the field of educator preparation. Through its Accreditation Commission, AAQEP accredits programs that prepare teachers and other education professionals both for initial entry into the profession and for gaining advanced or additional credentials. The settings of these programs range from colleges and universities to school districts, independent entities, and online providers.

Accreditation’s Role in Quality Assurance

Accreditation is higher education’s ongoing, evidence-based conversation with internal and external stakeholders about quality—how it is defined, how it can be measured, how it can be increased, and how it can be redefined. In brief, it is a conversation about standards, evidence, improvement, and innovation.

AAQEP’s accreditation system shares the basic structure common to U.S. accrediting agencies: Standards provide a common framework for determinations of quality, institutional self-study on a regular basis provides the evidence base for a review, and peer reviewers and decision makers carry out the evaluation.

Given the diversity of institutional types and modes of delivery that have long characterized U.S. higher education as a

whole and, increasingly, educator preparation as an enterprise, public quality assurance demands a flexible, transparent program-evaluation process grounded in evidence and peer review. AAQEP’s accreditation system is rooted in this long-standing tradition and is designed to ensure comparable quality across the many and multiplying preparation pathways that give access to and advancement in the education professions.

While the fundamental promise of accreditation is to assure the public of the quality of academic programs, substantial benefits also accrue to the institutions and individuals that participate in accreditation reviews. AAQEP’s accreditation system was designed by educator preparation scholars and practitioners to optimize and extend those benefits. Specifically, the AAQEP approach provides multiple avenues for collaboration and communication to foster a true learning community where the lessons learned in individual reviews inspire program improvement and professional learning for all participants.

The AAQEP accreditation system also recognizes and respects the central role of state program authorizers in educator preparation. The tenet of collaboration to maximize collective learning extends to partnerships with those state authorizers who are key partners in the conversation around quality and who also



set the ground rules for educator preparation through regulation, code, and legislation.

Accreditation benefits the public by making evidence regarding program quality accessible and transparent. It benefits preparation programs themselves by providing a framework for sharing evidence of candidate achievement and program performance and by providing a process for peer review and evaluation of that evidence. It benefits prospective students and their families by making comparable information on preparation providers available. It benefits the field of preparation as a whole by structuring the conversation about expectations and evidence and, increasingly in AAQEP's system, sharing findings regarding effective practices and productive innovations. It benefits the P-20 education system by ensuring educator quality and by supporting collaboration among providers, local school partners, and state authorizers.

AAQEP's approach to accreditation is designed to leverage these benefits to increase quality across the field of preparation and to increase public understanding of and confidence in educator preparation.

AAQEP's Approach to Accreditation

The AAQEP accreditation system is designed to be:

- **Formative:** Continuous engagement and timely feedback at multiple touch points in the accreditation process support programmatic growth and development.

- **Flexible:** Consistency need not be gained at the price of rigidity; flexible processes grounded in clear expectations maximize improvement and support innovation.
- **Collegial:** Professional collaboration among providers and with local partners enhances program quality locally and the field's effectiveness generally.
- **Accurate:** The accreditation process accurately determines areas of strength and areas of weakness and reports transparently on findings.
- **Contextual:** The process is sensitive to local contexts and respectful of institutional mission and relevant state policies.
- **Supportive:** Quality assurance, improvement, and innovation are mutually supportive and inform one another as part of a shared process.

While the accreditation *decision* punctuates each accreditation cycle and represents the cycle's final quality determination, the *process as a whole* is designed to provide formative feedback through facilitated collaborative engagement among members and between members and the association. The process supports the values listed above and is aligned with the recognition standards of the Council for Higher Education Accreditation and the recognition framework of the U.S. Department of Education.

The AAQEP approach resolves four fundamental tensions of standards-based quality assurance work, namely, the need for:



Standards must reflect both **today's** established expectations and **tomorrow's** possibilities.

Standards that provide clear expectations without limiting innovation

AAQEP's standards are the heart of the accreditation system. Encompassing today's established expectations and tomorrow's possibilities, the standards are consistent with current research, best practices, and expected outcomes but do not put a ceiling on progress by limiting innovation, which is essential to the ongoing growth of any dynamic professional field. AAQEP's standards distinguish between confirmed and exploratory dimensions of quality—as well as between those aspects that are addressed in similar ways across contexts and those that must be operationalized locally.

Evidence requirements that are rigorous without being prescriptive

The rules of evidence that guide decision-making are both demanding and realistic. Empirical evidence that has been verified in a site visit serves as the sole basis for accreditation decisions. Evidence quality and professional judgment inform decisions about which evidence is given the most weight in decisions and how new sources of evidence can enrich the conversation around quality assurance.

Balancing the demands of accountability without limiting attention to improvement

The twin aims of accountability and ongoing improvement are served by AAQEP's system. In addition to balancing these long-standing aims of accreditation, the AAQEP model also provides support for innovation.

Ensuring consistency in reviews that are conducted by a volunteer peer-review corps

Consistency in decisions is achieved in a volunteer-based system through thorough preparation and ongoing support. As with every accreditor, AAQEP's greatest asset and source of credibility is the professional dedication, generosity, and expertise of peer volunteers who serve as reviewers, site visitors, or members of a decision-making body. Disparate professional experiences, expertise, and perspectives are channeled into consistent operations that yield reliable and accurate accreditation decisions.

AAQEP's system—its standards, review and decision processes, and volunteer preparation and support—is committed to fostering:

- 1. Collaboration among preparation providers.** While recent reform efforts in education have focused on competition as a policy lever, AAQEP's view is that the field of educator preparation moves forward through collaboration.
- 2. Focus on improvement and innovation** in all processes and procedures. The design of the system promotes and supports creativity rather than compliance.
- 3. Partnerships** that bring together preparation providers, state authorities, and AAQEP provide complementary perspectives in the conversation about quality and, practically, reduce duplication in reporting.



4. An **open, comprehensive system** that engages all types of providers with the same quality expectations for all and that serves programs for all professional educators at the initial and advanced levels.
5. **Respect for context** and for the importance of institutional mission. Quality has to be exhibited locally and can be evaluated only in light of a provider’s particular context, mission, partners, and stakeholders.
6. **Consistent reviews** through the thorough preparation of reviewers

and the ongoing calibration of the reviews themselves.

7. **Efficiency** in managing processes and resources to conserve time and expense for members, while operating as frugally as is prudent as an agency.

In summary, AAQEP’s accreditation system recognizes quality in context, fosters ongoing improvement, encourages innovation, and facilitates broad collaboration to achieve the goal of preparing professional educators to serve effectively and to continue to grow and adapt.

AAQEP Design Principles



1. **Collaboration** among preparation providers
2. **Improvement**-focused, **innovation**-friendly protocols
3. **Partnership** among institutions, state agencies, and AAQEP
4. **Comprehensive** standards that address all types of providers
5. Respect for **context and mission**
6. **Consistency** and calibration of all reviews and decisions
7. **Efficiency** and frugality in operations

Section 2. The AAQEP Standards

Standards-based accreditation represents both a public evaluation of programmatic quality and a professional commitment to ongoing improvement and innovation. These twin goods are realized through evidence-engaged conversations with stakeholders, self-study, and peer review.

The AAQEP Standards: Expectations for Educators and for Programs That Prepare Them

The AAQEP standards (see **Figure 1**) establish clear expectations for program quality and set an agenda for

improvement and innovation. They are grounded in the field’s best research evidence and, where research does not shed light, in time-tested and well-reasoned professional practices and judgment.

They also address the field’s aspirations and open questions, thereby framing opportunities for inquiry that will guide improvement and spark innovation that will eventually lead to new research-warranted expectations.

In addition, the standards recognize that context matters in educator preparation. Institutional mission, community location, program scope, and local needs all establish both opportunities and obligations that programs must meet with quality and through collaborative innovation with stakeholders and partners.

AAQEP’s standards focus on both candidate/completer outcomes and program practices, and for each of these subjects, they establish two broad categories for attention: *foundational expectations* and *contextual challenges* (see **Figure 2**).

Foundational expectations, addressed in Standards 1 and 3, refer to the many noncontroversial aspects of educator performance and program practices for which there is widespread, research-supported agreement and for which well-defined and widely accepted assessment measures exist. While the instruments and strategies used to assess these “fundamentals” of quality are far from

Are There Separate Standards for Initial and Advanced Programs?



The AAQEP standards apply to **all types of educator preparation programs**, including initial teacher preparation, development of leaders for schools and districts, advanced programs for educators who are adding credentials or preparing for new professional roles, and preparation of other school professionals.

At their discretion, providers may incorporate multiple programs in their AAQEP quality assurance reviews, including doctoral programs. Providers intending to include doctoral programs in their self-study reports should contact their AAQEP liaison to discuss how Standards 1 and 2 have been applied to comparable programs.

Figure 1. AAQEP Expectations Framework**Standard 1: Candidate/Completer Performance****Program completers perform as professional educators with the capacity to support success for all learners.**

Candidates and completers exhibit the knowledge, skills, and professional dispositions of competent, caring, and effective professional educators. Successful candidate performance requires knowledge of learners, context, and content. Candidates demonstrate the ability to plan for and enact and/or support instruction and assessment that is differentiated and culturally responsive. Evidence shows that, by the time of program completion, candidates exhibit knowledge, skills, and abilities of professional educators appropriate to their target credential or degree, including:

- 1a.** Content, pedagogical, and/or professional knowledge relevant to the credential or degree sought
- 1b.** Learners; learning theory, including social, emotional, and academic dimensions; and application of learning theory
- 1c.** Culturally responsive practice, including intersectionality of race, ethnicity, class, gender identity and expression, sexual identity, and the impact of language acquisition and literacy development on learning
- 1d.** Assessment of and for student learning, assessment and data literacy, and use of data to inform practice
- 1e.** Creation and development of positive learning and work environments
- 1f.** Dispositions and behaviors required for successful professional practice

Evidence will include multiple measures, multiple perspectives (from program faculty, P-12 partners, program completers, and graduates' employers), and direct measures and evidence of performance in a field/clinical setting appropriate to the program.

Standard 2: Completer Professional Competence and Growth**Program completers adapt to working in a variety of contexts and grow as professionals.**

Program completers engage in professional practice in educational settings and show that they have the skills and abilities to do so in a variety of additional settings and community/cultural contexts. For example, candidates must have broad and general knowledge of the impact of culture and language on learning, yet they cannot, within the context of any given program, experience working with the entire diversity of student identities, or in all types of school environments. Candidate preparation includes first-hand professional experience accompanied by reflection that prepares candidates to engage effectively in different contexts they may encounter throughout their careers. Evidence shows that completers:

- 2a.** Understand and engage local school and cultural communities, and communicate and foster relationships with families/guardians/caregivers in a variety of communities
- 2b.** Engage in culturally responsive educational practices with diverse learners and do so in diverse cultural and socioeconomic community contexts
- 2c.** Create productive learning environments and use strategies to develop productive learning environments in a variety of school contexts
- 2d.** Support students' growth in international and global perspectives
- 2e.** Establish goals for their own professional growth and engage in self-assessment, goal setting, and reflection
- 2f.** Collaborate with colleagues to support professional learning

Evidence for this standard will show both that program completers have engaged successfully in relevant professional practice and that they are equipped with strategies and reflective habits that will enable them to serve effectively in a variety of school placements and educational settings appropriate to the credential or degree sought.

Figure 1. AAQEP Expectations Framework (continued)

Standard 3: Quality Program Practices

The program has the capacity to ensure that its completers meet Standards 1 and 2.

Preparation programs ensure that candidates, upon completion, are ready to engage in professional practice, to adapt to a variety of professional settings, and to grow throughout their careers. Effective program practices include consistent offering of coherent curricula; high-quality, diverse clinical experiences; dynamic, mutually beneficial partnerships with stakeholders; and comprehensive and transparent quality assurance processes informed by trustworthy evidence. Each aspect of the program is appropriate to its context and to the credential or degree sought. Evidence shows the program:

- 3a.** Offers coherent curricula with clear expectations that are aligned with state and national standards, as applicable
- 3b.** Develops and implements quality clinical experiences, where appropriate, in the context of documented and effective partnerships with P-12 schools and districts
- 3c.** Engages multiple stakeholders, including completers, local educators, schools, and districts, in data collection, analysis, planning, improvement, and innovation
- 3d.** Enacts admission and monitoring processes linked to candidate success as part of a quality assurance system aligned to state requirements and professional standards
- 3e.** Engages in continuous improvement of programs and program components, and investigates opportunities for innovation, through an effective quality assurance system
- 3f.** Maintains capacity for quality reflected in staffing, resources, operational processes, and institutional commitment

Evidence related to this standard will include documentation of program practices and resources as well as the program's rationale for its structure and operation.

Standard 4: Program Engagement in System Improvement

Program practices strengthen the P-20 education system in light of local needs and in keeping with the program's mission.

The program is committed to and invests in strengthening and improving the education profession and the P-20 education system. Each program's context (or multiple contexts) provides particular opportunities to engage the field's shared challenges and to foster and support innovation. Engagement with critical issues is essential and must be contextualized. Sharing results of contextualized engagement and innovation supports the field's collective effort to address education's most pressing challenges through improvement and innovation. The program provides evidence that it:

- 4a.** Engages with local partners and stakeholders to support high-need schools and participates in efforts to reduce disparities in educational outcomes
- 4b.** Seeks to meet state and local educator workforce needs and to diversify participation in the educator workforce through candidate recruitment and support
- 4c.** Supports completers' entry into and/or continuation in their professional role, as appropriate to the credential or degree being earned
- 4d.** Investigates available and trustworthy evidence regarding completer placement, effectiveness, and retention in the profession and uses that information to improve programs
- 4e.** Meets obligations and mandates established by the state, states, or jurisdiction within which it operates
- 4f.** Investigates its own effectiveness relative to its institutional and/or programmatic mission and commitments

Evidence for this standard will address identified issues in light of local and institutional context.

Figure 2. AAQEP Standards and Expectation Dimensions

	Completer performance	Program practice
Foundational expectations	Widely shared expectations for which accepted measures are readily available	
	<p>STANDARD 1: Candidate/Completer Performance</p> <p>Program completers perform as professional educators with the capacity to support success for all learners.</p>	<p>STANDARD 3: Quality Program Practices</p> <p>The program has the capacity to ensure that its completers meet Standards 1 and 2.</p>
Contextual challenges	Shared questions or challenges that demand local solutions and invite innovation; reflection of specific institutional missions; responsiveness to state requirements	
	<p>STANDARD 2: Completer Professional Competence and Growth</p> <p>Program completers adapt to working in a variety of contexts and grow as professionals.</p>	<p>STANDARD 4: Program Engagement in System Improvement</p> <p>Program practices strengthen the P-20 education system in light of local needs and in keeping with the program’s mission.</p>

perfect, they are generally recognized, broadly implemented, and useful both for monitoring quality and for supporting improvement efforts.

Contextual challenges, addressed in Standards 2 and 4, represent widely shared commitments for which more creativity than compliance may be needed. Often addressed in collaboration with stakeholders and partners, these commitments are defined locally and are unlikely to share consensus measures or uniform solutions across programs or contexts. They include engagement with the P-20 system to address local challenges, efforts that by nature must be context-sensitive, and therefore vary from community to community. In short, the “contextual challenges” standards focus on aims that, though difficult to

assess, are important and provide valuable opportunities for collaboration and innovation.

This combination of foundational expectations and contextual challenges acknowledges the tension between ensuring accountability vis-à-vis documented best practices, as currently understood, and supporting and rewarding innovation, improvement, and attention to local needs and opportunities.

Within these two categories, four standards define AAQEP’s expectations for preparation providers. Two address *candidate/completer performance*; two address *program practices*. As **Figure 2** illustrates, within each of these pairs, foundational expectations and contextual challenges are specified.

AAQEP’s standards encompass two broad categories: **foundational expectations** and **contextual challenges**.

Evidence in relation to each standard is considered and evaluated **holistically**.

The standards preserve flexibility while assuring quality, and they promote improvement by avoiding prescription that would limit innovation. Each standard includes six aspects, shown in **Figure 1** and elaborated in the following pages.

Each aspect contributes to the overall account of the standard, and each one must be directly addressed with evidence that is appropriate to the program and to the particular standard. Nonetheless, the aspects are *not* independent elements to be considered apart from the whole body of evidence relating to the standard, which is evaluated holistically.

Essentially, each standard poses a particular question that must be answered in the affirmative, based on the evidence, for a program to be accredited:

Standard 1:

At the end of the program, are completers ready to fill their target

professional role effectively? *What evidence supports this claim?*

Standard 2:

Were completers prepared to work in diverse contexts, have they done so successfully, and are they growing as professionals? *What evidence supports these claims?*

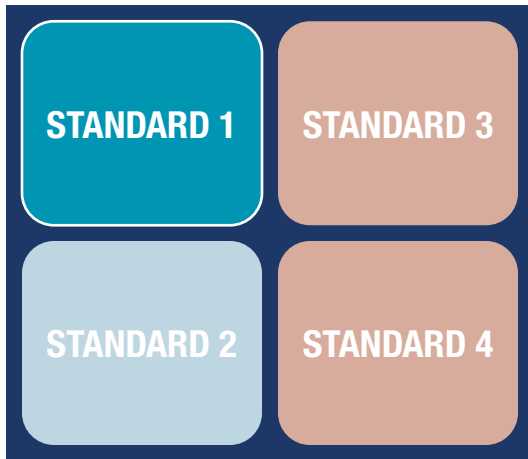
Standard 3:

Does the program have the capacity (internally and with partners) to ensure that completers are prepared and succeed professionally? *What evidence supports this claim?*

Standard 4:

Is the program engaged in strengthening the education system in conjunction with its stakeholders and in keeping with its institutional mission? *What evidence supports this claim?*

The remainder of this section unpacks the four standards and their aspects in more detail.



Standard 1 Key Question: At the end of the program, are completers ready to fill their target professional role effectively?

Standard 1: Candidate and Completer Performance

The aspects of Standard 1 represent the core elements of competent performance that are expected of professional educators. While the specific elements and evidence may differ depending on the particular role, license, or certificate, each aspect is part of every educator’s role in supporting success and thriving for all learners.

Standard 1 Unpacked: Aspects and Evidence

Evidence for Standard 1 must include *multiple measures* that provide *multiple perspectives* on candidate and completer knowledge and ability, including direct performance measures, at least some of which must be associated with actual practice in field or clinical settings.

Many measures—student teaching rating forms, for example—will address most if not all aspects of the standard. All listed perspectives must be accounted for in evidence for the standard, but not necessarily for each aspect of the standard. Evidence for and discussion of each aspect should be appropriate to the

particular degree, certificate, or license program. *Evidence must be provided for each aspect*, but evaluation of the program relative to the standard is holistic.

Typical measures for aspects of Standard 1 include grades in content, pedagogical, and professional courses; licensing or certification examination results; observations and summary ratings in field placements and internships; performance assessments; survey results; individual and focus group interviews; and case study findings. (Note that this list is not intended to be inclusive of all possible measures.)

The six aspects of Standard 1 require evidence showing that by the time they complete the program, candidates exhibit the knowledge and skills of professional educators, including:

1a. Content, pedagogical, and/or professional knowledge relevant to the credential or degree sought

Professionals are defined, in part, as those who use their specialized knowledge in the service of others—so mastering the specialized knowledge appropriate to the license or certificate for which they are being prepared is a



For each of the standards and their aspects, **the evidence must be appropriate** to the credential or degree for which candidates are prepared.

critical aspect of candidates' readiness to perform as professionals. In the context of initial teacher preparation, this means command of the *content knowledge* that one will be responsible for teaching, along with the *pedagogical knowledge* needed to teach that content well.

In preparation for other professional roles in education, such as school building leaders, district administrators, or specialist roles, the specialized knowledge to be learned in order to qualify for the new professional role is referred to simply as *professional knowledge* in the context of this standard. (AAQEP recognizes that, viewed with another lens, all of Standards 1 and 2 constitute the broader body of professional knowledge that all educators share.)

To elaborate, initial teacher preparation focuses on content knowledge and the instructional cycle of planning; implementing appropriate, differentiated, culturally responsive models of instruction; and assessment (more on these below). Preparation of school leaders, in contrast, focuses on the new role-specific knowledge appropriate to that professional work. Similarly, preparation of currently licensed or certified teachers for new specialized roles, such as literacy or reading teachers or special education teachers, focuses on the research base and instructional practices specific to those roles rather than on additional teaching content knowledge.

To summarize:

- *Content knowledge* refers to the subject matter to be taught by a program completer
- *Pedagogical knowledge* refers to general and content-specific pedagogy

- *Professional knowledge* in this context refers to the specialized domain for a particular professional role in education

The role-specific knowledge—content, pedagogical, and/or professional—that must be demonstrated by candidates and deployed by completers is specified in the codes and regulations of licensing or certifying agencies of states and other licensing jurisdictions and in the standards of specialized professional associations. (Individual providers will orient their programs around the standards appropriate to the state or jurisdiction in which they operate; see Standard 3 below.)

For each of the standards and their aspects, the evidence must be appropriate to the credential or degree for which candidates are prepared.

1b. Learners; learning theory, including social, emotional, and academic dimensions; and application of learning theory

In addition to mastering relevant content, pedagogical, and professional knowledge, program completers must understand learning. This aspect requires knowing and applying learning theories and understanding students as learners in all their complexity, including social, emotional, and academic dimensions.

The learning sciences provide the field of education with rich resources; preparation programs must prepare candidates to deploy these resources in the interest of all individuals' holistic development.

1c. Culturally responsive practice, including intersectionality of race, ethnicity, class, gender identity and

expression, sexual identity, and the impact of language acquisition and literacy development on learning

Effectively supporting success and thriving for all learners in all their diversity, regardless of one's specific professional role in education, requires respecting and engaging learners' communities and cultural knowledge. Relevant conceptual frameworks include culturally responsive teaching, culturally relevant pedagogy, culturally sustaining pedagogy, funds of knowledge, asset-based teaching, and others.

Candidates must be able to recognize and respond to the intersectionality of race, ethnicity, class, gender identity and expression, and sexual identity. They must also understand the impact of language acquisition—first, second, or additional—and literacy development on learning. Their educational practices must affirm all learners and support their success.

1d. Assessment of and for student learning, assessment and data literacy, and use of data to inform practice

Assessment has always been recognized as an integral aspect of the instructional cycle, but it has been foregrounded in recent years for two reasons. First, research increasingly points to strong assessment practice, particularly formative assessment, as among the most powerful promoters of learning in the classroom (e.g., Hattie, 2008). Second, recent decades' intense focus on high-stakes standardized testing has often skewed and narrowed assessment practice in counterproductive ways.

Regardless of their specific professional role, educators must understand the basics of balanced assessment, be assessment- and data-literate, and engage with the production and interpretation of evidence to inform instruction and/or school policies and practices.

1e. Creation and development of positive learning and work environments

Commensurate with their specific professional role, educators must be able to create positive environments for learners in a variety of instructional settings and productive work environments for professional colleagues as they work together. For teachers, this means creating learning environments that engage all learners and promote success. For school leaders, these abilities include creating a positive work environment and school climate as well as supporting teachers in creating positive learning environments for students.

New to the AAQEP Standards? Plans, Pilots May Be Reported



Working with new standards often requires programs to develop new or additional data collection. A provider's first self-study (the Quality Assurance Report, or QAR) for AAQEP may include **plans** for data collection and reporting (and where possible, pilot data) on one or more aspects of the standards. Subsequent Annual Reports by accredited providers will include updates on those plans and reporting of evidence from new data sources.

Providers should contact their AAQEP liaison to discuss inclusion of plans for data collection as part of the QAR.

1f. Dispositions and behaviors required for successful professional practice

In addition to mastering requisite knowledge and skills, educators must exhibit traits that are sometimes labeled professional dispositions, behaviors, or ethics. While various programs and scholars define this category differently, all programs must hold completers to their vision of professionalism and expectations for ethical practice.

Types of Evidence for Standard 1

Evidence for Standard 1 must include data from multiple measures and must

represent the perspectives of program faculty, P-12 partners who have worked with candidates in clinical placements, program completers themselves in the early years of their careers, and completers' employers.

The evidence set also must include direct measures of candidate performance in a field/clinical setting appropriate to the program. Note that in some advanced programs, "field" experiences are carried out in the practicing teacher's own classroom and school; in doctoral programs, the dissertation research may be the equivalent applied work in the field. As noted previously, the evidence gathered should be appropriate to the program.

Data reported in the AAQEP Quality Assurance Report (self-study document) must be disaggregated by license or certificate program, by location, and by mode of delivery. Disaggregation allows readers to understand the relative strengths of the various license or certificate programs offered by a provider and to note any differences across locations or modes of delivery.

Note, too, that any one assessment instrument may address one or more aspects of Standard 1 and may also provide evidence relevant to Standard 2. (See the box on page 21 regarding the relationship between Standards 1 and 2—both of which address candidate and/or completer performance, but each of which poses a different question to be addressed with evidence by the provider.)

Understanding Standard 1 Evidence

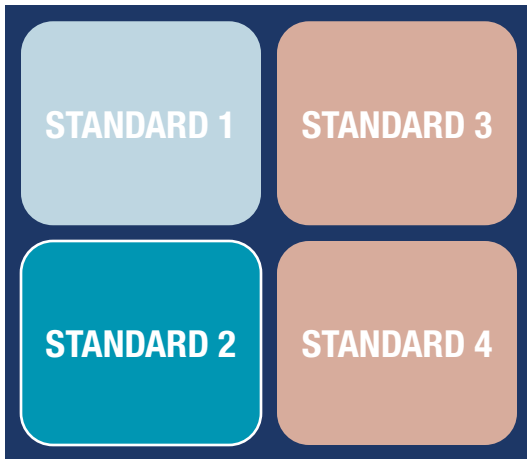


For each program being reviewed, evidence for Standard 1 must address each aspect and must include multiple measures that capture multiple perspectives:

- Program faculty
- P-12 partners
- Program completers
- Completers' employers

Many measures will address most if not all aspects of the standard. All four of the listed perspectives must be accounted for in evidence for the standard, but not necessarily for each aspect of the standard.

Evidence for and discussion of each aspect should be appropriate to and disaggregated by degree, certificate or license program, location, and mode of delivery.



Standard 2 Key Questions:

Were completers prepared to work in diverse contexts, have they done so successfully, and are they growing as professionals?

Standard 2: Completer Professional Competence and Growth

The ultimate aim of educator preparation is not merely successful candidate performance in the program, but successful and effective professional practice in subsequent years and decades. Standard 2 addresses the challenging task of preparing educators to continue to grow as professionals and to adapt to school and community environments different from those encountered in the supportive context of the preparation program.

Standard 2 Unpacked: Aspects and Evidence

Several of this standard’s aspects are similar to aspects of Standard 1 but with this distinction: Standard 2 seeks evidence of completers’ ability to address the aspect in a variety of school and community contexts.

The six aspects of Standard 2 require evidence showing that program completers:

2a. Understand and engage local school and cultural communities, and

communicate and foster relationships with families/guardians/caregivers in a variety of communities

Candidates engage with schools and communities in the context of the preparation program. Following program completion, however, completers must navigate the establishment of positive relationships with school and local communities and with families, guardians, and other caregivers. Preparation should provide completers with understanding of the importance of such relationships, experience with developing them, and strategies for engaging with a variety of school and community environments.

2b. Engage in culturally responsive educational practices with diverse learners and do so in diverse cultural and socioeconomic community contexts

Candidates engage in culturally responsive, relevant, sustaining practice in field and clinical placements in their programs. They must also learn strategies and practices that will allow them to do so independently and in a variety of cultural and socioeconomic contexts.



2c. Create productive learning environments, and use strategies to develop productive learning environments in a variety of school contexts

Whether at the level of the classroom, professional learning community, or school, educators participate in the creation of learning and work environments that shape participation and outcomes. Experiences and strategies gained in the preparation context should equip completers to do so flexibly in a variety of contexts.

2d. Support students' growth in international and global perspectives

In order to understand the world in which they live and to participate in the global economy, P-12 students need to develop international awareness and global perspectives on content. Educators, in turn, need to be prepared to support student growth in this area.

Programs addressing this aspect for the first time might include plans and preliminary evidence with regard to candidate performance. Providers whose data sets were not previously attuned to measuring performance in this area have nonetheless found they have good curricular coverage (for example, all elementary teachers are prepared to teach

social studies and a wide array of children's literature).

2e. Establish goals for their own professional growth and engage in self-assessment, goal setting, and reflection on their own practice

As candidates enter or take on a new role in the education profession, they need to be prepared to take charge of their own ongoing professional growth. Such readiness includes awareness of available resources and strategies for managing their own development.

2f. Collaborate with colleagues to support professional learning

To work as a professional educator requires collaboration with a variety of colleagues, and that collaboration often involves professional development—learning from others, sharing knowledge with others, and creating professional learning contexts for mutual learning.

Clearly, some of the aspects of Standard 2 present challenges in terms of data collection. AAQEP expects providers to seek such evidence as can be collected in partnership with completers and their employers. See Section 3 of this Guide for additional perspectives and potential evidence sources for aspects of Standards 1 and 2.

How Do Standards 1 and 2 Differ, and What Evidence Is Relevant to Each?



Standards 1 and 2 both address aspects of candidate and/or completer performance. They differ in that Standard 1 addresses the “foundational expectations” that are widely shared and for which adequate measures (by and large) exist, whereas Standard 2 addresses “contextual challenges” that include matters more difficult to measure and more dependent on local context and definition.

These standards also differ in the key question each poses regarding performance. Standard 1 asks this:

At the end of the program, are completers ready to fill their target professional role effectively?

Evidence gathered while candidates are in the program, in clinical placements, and in their first year or two of employment can be analyzed to address this question.

Standard 2 asks a different set of questions:

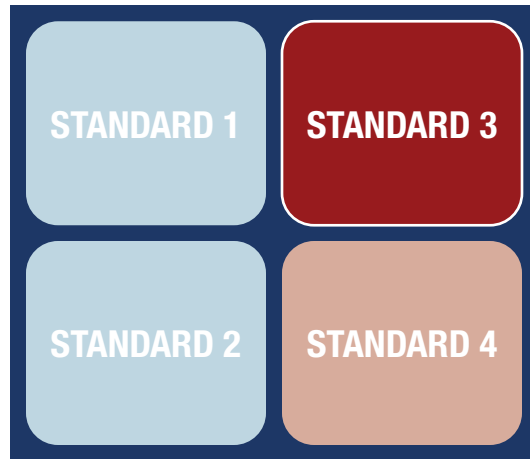
Were completers prepared to work in diverse contexts, have they done so successfully, and are they growing as professionals?

Evidence to answer these latter questions would ideally draw mainly on longitudinal evidence across completers’ careers including performance evaluations, the success of their own students (or for school leaders, their effectiveness as instructional leaders), etc.

Longitudinal data, however, are often difficult to access. Some states provide evidence of completer performance in the form of teacher evaluations or student test results—but access to such data is uneven, samples are often very small and of uncertain composition, and the measures currently in use are just beginning to show their value and their limitations. In addition, the further completers progress in their careers, the more their intervening experiences and subsequent learning contribute to outcomes and thus confound attempts to discern the impact of their preparation program.

These very real measurement challenges notwithstanding, the question is an important one that can be addressed through a combination of evidence sources.

In a nutshell, there will likely be some overlap in the evidence sources drawn upon in addressing Standards 1 and 2. Bearing in mind the distinct questions that each standard asks will help to focus the analysis and discussion relative to each standard in the Quality Assurance Report.



Standard 3: Quality Program Practices

Standards 3 and 4 address program practices. The aspects of Standard 3 describe the functioning of an effective program that exhibits clarity regarding its goals, deploys resources effectively to support candidate learning, works with stakeholders to create the experiences candidates need to support their learning, and engages in continuous improvement.

Standard 3 Unpacked: Aspects, Evidence, and Appendices

Standard 3 represents foundational expectations regarding program practices for quality assurance and improvement.

Every accreditation decision includes two components: a judgment of quality and a judgment regarding confidence that the level of quality will be maintained.

Whereas the evidence presented for Standards 1 and 2 informs the decision regarding program quality, the evidence presented for Standards 3 and 4 informs the judgment regarding confidence that the level of quality and improvement

Standard 3 Key Question:

Does the program have the capacity (internally and with partners) to ensure that completers are prepared and succeed professionally?

processes will be continued throughout the length of the accreditation term.

The provider's Quality Assurance Report (QAR) documents evidence to support Standards 3 and 4 through designated appendices (see Sections 7 and 8 of this *Guide*).

The six aspects of Standard 3 require evidence that the program:

3a. Offers coherent curricula with clear expectations that are aligned with state and/or national standards

Programs accredited by AAQEP provide candidates with a coherent curriculum that is aligned with state and/or national standards. Curriculum alignment with standards identified by the provider can be presented in Appendix C to the QAR (see Section 8 of this *Guide*).

AAQEP recognizes that state requirements regarding standards are of primary importance to providers in most cases. Providers are welcome, but not required, to include crosswalks aligning programs to additional national standards, including those of specialized professional associations such as the National Council



of Teachers of English, the International Literacy Association, etc.

3b. Develops and implements quality clinical experiences, where appropriate, in the context of documented and effective partnerships with P-12 schools and districts

Partnering with P-12 schools to provide high-quality clinical experiences is an important aspect of provider quality. Partnerships take different forms depending on the provider’s scope, local geography, and other contextual factors. The QAR should include an explanation of the provider’s rationale for its partnerships, a list and description of partnerships, and a description of the clinical experiences that result from and are embedded in those partnerships. AAQEP affirms AACTE’s (2018) Clinical Practice Commission report, *A Pivot Toward Clinical Practice*, as a useful framework.

Clinical experiences should provide candidates opportunities to gain the capacities indicated in the aspects of Standards 1 and 2 and be a source of evidence from the perspective of P-12 partners as well as direct evidence of performance in the professional roles for which candidates are being prepared.

3c. Engages multiple stakeholders, including completers, local educators, schools, and districts, in data collection, analysis, planning, improvement, and innovation

As important as internal controls and attention to evidence are to the quality assurance process, engagement of a wide array of stakeholders adds perspectives, insights, and credibility to such efforts.

AAQEP expects members to engage systematically and routinely with multiple stakeholder groups, including program completers, local educators, schools, and districts—and perhaps others in the community or region served by the provider. In many cases, one or more advisory groups efficiently fulfill this function, but no particular organizational format is required. Stakeholders should be meaningfully engaged in consideration of evidence and of evidence quality as well as in evidence-based planning, program improvement, and, as needed or desired, development of innovations.

A description of stakeholder engagement and a summary of its results or outcomes can be included in Appendix D to the QAR, which presents the provider’s internal quality controls (see Section 8 of this *Guide*).

3d. Enacts admission and monitoring processes linked to candidate success as part of a quality assurance system aligned to state requirements and professional standards

A fundamental component of quality assurance in educator preparation resides in the processes providers use to recruit and select candidates, monitor their progress through the preparation program, and assess their readiness for entry into the professional role for which they have been prepared. As with all aspects of the quality assurance system, admission and exit requirements must meet any relevant state requirements or mandates.

Providers must have an evidence-based admissions process, monitor candidate progress, and analyze evidence to affirm or refine those processes and report on

AAQEP expects members to engage systematically and routinely with multiple stakeholder groups.

candidate success (which is defined as either successful program completion or counseling into an alternative program).

Providers describe and document these processes in Appendix A to the QAR (see Section 8 of this *Guide*). The account should include both a description of the measures, benchmarks, and processes used and the results of the provider's study of its processes. Any identified needs for improvement or process enhancement should be noted.

3e. Engages in continuous improvement of programs and program components, and investigates opportunities for innovation, through an effective quality assurance system

As important as the admissions and monitoring process is to quality assurance, a full account of a provider's quality assurance system requires a broader examination. That examination is accomplished through a broad-based or focused audit of internal quality controls. Providers include this documentation as Appendix D to the QAR (see Section 8 of this *Guide*).

In addition, quality of evidence is a critical component of any quality assurance system. Appendix E to the QAR addresses the provider's work to assure the quality of the data upon which it relies.

3f. Maintains capacity for quality reflected in staffing, resources, operational processes, and institutional commitment

Programs document evidence of their operational capacity and institutional commitment in Appendix C to the QAR (see Section 8 of this *Guide*). This evidence must show sufficient and well-qualified faculty and staff, availability of resources to support the program, and other critical inputs. Appendix C calls for information on faculty, facilities, fiscal support, student support services, and student feedback mechanisms.

In sum, the evidence provided for Standard 3 must show that the provider has the capacity to maintain program quality, the institutional commitment to support quality, and the internal processes to sustain quality and support ongoing improvement.

How Do Standards 3 and 4 Differ, and What Evidence Is Relevant to Each?



Standards 3 and 4 both address aspects of program practice. As noted above, they differ in that Standard 3 addresses the “foundational expectations” for program operation and for quality assurance processes, whereas Standard 4 addresses the challenge of working for positive change in the context or contexts served by the provider. As with Standards 1 and 2 above, it might be helpful to think of each of Standards 3 and 4 as addressing a distinct question.

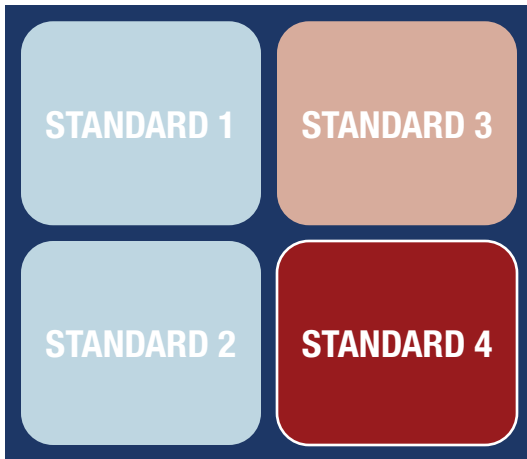
The evidence marshaled in relation to Standard 3 must answer the question:

Does the program have the capacity (internally & with partners) to ensure that completers are prepared and succeed professionally?

The evidence presented in relation to Standard 4 must answer this question:

Is the program engaged in strengthening the education system in conjunction with its stakeholders and in keeping with its institutional mission?

In terms of format and focus, evidence for meeting Standard 3 will be quite similar across providers. Evidence regarding Standard 4, on the other hand, may be framed quite differently from case to case, as it will reflect institutional context and mission as well as efforts, including innovations, targeting specific local needs.



Standard 4 Key Question:

Is the program engaged in strengthening the education system in conjunction with its stakeholders and in keeping with its institutional mission?

Standard 4: Program Engagement in System Improvement

In addition to showing that it has the capacity, commitment, and quality control processes necessary to support candidate and completer success, a provider must demonstrate that it is engaged with partners and stakeholders in efforts to strengthen the P-20 education system.

Standard 4 Unpacked: Aspects, Evidence, and Appendices

Standard 4 attends to a provider’s local context and needs as well as to jurisdictional requirements.

The six aspects of Standard 4 require evidence that the provider:

4a. Engages with local partners and stakeholders to support high-need schools and participates in efforts to reduce disparities in educational outcomes

As an integral component of the larger education system, educator preparation has a part to play in addressing the

challenges facing the system as a whole. AAQEP expects providers to engage with partners and stakeholders, within their scope and context, to support schools with identified needs and to address the overriding challenge of disparity in educational outcomes. These efforts should be commensurate with providers’ mission and context of service.

4b. Seeks to meet state and local educator workforce needs and to diversify participation in the educator workforce through candidate recruitment and support

One persistent area of disparity in education is the underrepresentation in the educator workforce of people of color, of those from lower socioeconomic strata, and (in some certificate areas) of men, among others. AAQEP expects members to work toward more equitable representation in the educator workforce through candidate recruitment and support. In doing so, providers help address state and local workforce needs, particularly shortage areas and hard-to-staff schools or positions.

4c. Supports completers' entry into and/or continuation in their professional role, as appropriate to the credential or degree being earned

Providers are increasingly engaged in follow-up support for completers of their programs as they enter their new professional roles and continue to develop. Appendix B to the QAR gives providers the opportunity to document their efforts to support program completers (see Section 8 of this *Guide*).

AAQEP recognizes that this aspect is an area of growth and innovation in the field and that efforts and their results will vary significantly depending on local context and institutional scope and resources. All AAQEP members are, however, expected to address this aspect (as all others) and to report on the outcomes.

4d. Investigates available and trustworthy evidence regarding completer placement, effectiveness, and retention in the profession and uses that information to improve programs

The primary focus of this aspect is making use of evidence supplied by state

education authorities to providers regarding their program completers who are employed as educators in the state's public school sector. Where available, state-provided data on program completers' place of employment, survey responses, performance evaluations (e.g., principal ratings), and students' test results can inform providers' quality assurance efforts.

States vary widely, however, in terms of what evidence is collected, what is made available to providers, and the format and level of aggregation in which any data are shared. Often, such data are available for only a portion of any given provider's completers (e.g., those who teach in the state's public schools). Even where evidence is available, its quality may be controversial, such as some P-12 student testing data (see American Educational Research Association, 2015; American Statistical Association, 2014). These caveats notwithstanding, the available evidence can contribute to a provider's program improvement efforts and must be made available to the review team in the QAR or at the site visit.

Quality Assurance Report Appendices at a Glance



A: Candidate Recruitment, Selection, and Monitoring (supports Aspect 3d)

B: Completer Support and Follow-Up Practices (supports Aspect 4c)

C: Program Capacity and Institutional Commitment (supports Aspects 3a & 3f)

D: Internal Quality Controls (supports Aspect 3e)

E: Evidence of Data Quality (supports Aspect 3e)

See Sections 7 and 8 of this Guide for details on the QAR and its appendices.

In instances where state authorities make no such information available to programs, providers are encouraged to report such data as can be feasibly gathered regarding completer placement and retention. Evidence regarding completer performance is already required and reported under Standards 1 and 2.

4e. Meets obligations and mandates established by the state(s) and/or jurisdiction(s) within which it operates

Providers support the P-20 education system by preparing qualified professional educators. As part of the overall education system, providers are obligated to meet all requirements established by the state(s) or jurisdiction(s) that authorize their programs that lead to licensure or certification for completers.

In some cases, partnership agreements with states may obligate AAQEP to verify that providers meet particular state requirements. Any such requirements will be specified in a memorandum of agreement posted on the AAQEP website. Guidance will indicate the preferred means of presenting any necessary evidence.

If no particular requirements are specified for review in a state, providers can merely report on the authorization status of their various certificate or licensure programs with the state(s) in the narrative for Standard 4. State authorization letters, notifications, or links to posting of approval on state websites can serve as evidence; AAQEP generally verifies state authorization as part of each review.

Note, too, that some states accept evidence of other agencies' accreditation for some educator preparation programs in lieu of AAQEP accreditation. For example, music education programs accredited by the National Association of Schools of Music, or counselor education programs accredited by the Council for Accreditation of Counseling and Related Educational Programs, may be exempt from an AAQEP review. Documentation of accreditation status for any such specialized programmatic accreditors can be included as evidence in relation to Aspect 4e.

4f. Investigates its own effectiveness relative to its stated institutional and/or programmatic mission and commitments

Providers are invited to include in their review evidence regarding institutional or programmatic mission or commitment. While AAQEP will not make judgments about commitments that fall outside the scope of its standards, it recognizes and respects the importance and value of institutional context and particularity. Such missional goals can be furthered through collecting, analyzing, and reporting relevant evidence.

Evidence regarding Standard 4 includes descriptive narrative supported by indicators selected by the provider that document both the status of current efforts and, over time, the cumulative impact of the provider's engagement with schools, districts, state authorities, and other relevant stakeholders.

Section 3. Evidence Requirements and Priorities

Evidence is at the heart of any conversation about quality in educator preparation, and the field of education in general is rich in terms of available approaches to collecting and analyzing evidence. Because accreditation is an empirical enterprise, decisions regarding the relative importance of different types of evidence and the criteria that define quality at various levels are essential ones.

Evidence requirements help to operationalize an accrediting agency's standards. While the preceding section of this *Guide* addresses the particular requirements for each standard, this section elaborates AAQEP's general considerations and priorities regarding evidence.

The AAQEP review process invites explicit discussion of evidence in three contexts (see Sections 6-11 of this *Guide* for details on these stages of the process):

- First, the **Accreditation Proposal** identifies the evidence sources the provider will rely on in making the case that its programs meet AAQEP Standards 1 and 2 and indicates its own criteria for success on those measures. In addition, the proposal describes how the provider will investigate the quality of that evidence (validity and reliability for quantitative measures, trustworthiness for qualitative

measures, and fairness and bias mitigation for all measures).

- Second, the **Quality Assurance Report** presents the results of data collection related to Standards 1 and 2 and analysis indicating the degree to which the provider's own criteria of success are met. It also documents the results of the investigations of data quality. Finally, Appendix A reports evidence from admissions processes and monitoring of candidates as they progress through the program as a means of evaluating admissions and support processes.
- Third, **Annual Reports** give updates on select measures related to Standards 1 and 2 along with required program performance indicators and discussion related to Standards 3 and 4.

In the field of educator preparation, long-standing assessment practices and protocols leave many providers well-stocked with data; the challenge is often to identify the most significant sources of information and to develop effective review and analysis practices that ensure quality, support improvement, and identify avenues for growth and innovation. In the AAQEP review, providers must identify and define their own expectations for candidate/completer performance on each measure and collect data in such a way that they can clearly report

on success vis-à-vis those expectations. Explicitly establishing these expectations is necessary to enable meaningful analysis of data in the self-study and annual reports as well as for ongoing improvement and strategic planning.

Evidence presented to make the case for AAQEP accreditation must be appropriate to the program it represents and include the following:

- Multiple measures, collected over time (for multiple cohorts of candidates/completers), representing multiple perspectives, with reasonable continuity of instruments
- Direct evidence of performance in the roles for which candidates are being prepared
- Clear indication of the provider's expected level of performance or criteria of success on all assessments that measure achievement, accomplishment, or performance
- Completer, employer, and other "downstream" measures to supplement direct measures of candidate performance
- Evidence of the reliability and validity of quantitative measures, the trustworthiness of qualitative measures, and the fairness and freedom from bias of all measures

As a set, the evidence should be representative of all groups and subgroups of candidates and completers, including all certificate or license programs, all levels and locations, and all modes of delivery that are included in the accreditation case. The evidence set as a whole must provide a sufficient evidentiary basis to support an accreditation decision.

These heuristics apply chiefly to the evidence presented relative to Standards 1 and 2, which should consist of data from instruments or data-gathering protocols that focus on candidate performance, completer experience and perspectives, and/or those of completers' employers. Evidence related to Standards 3 and 4, the program practice standards, consists primarily of documentary evidence, though it could certainly also include analysis of data from stakeholder surveys and other such measures.

Multiple Measures With Reasonable Continuity

Relying on multiple sources of evidence around any particular standard or aspect increases the accuracy of conclusions, because while each measure adds information and provides a perspective, each is also partial. Thus, presenting multiple measures provides a more complete answer to or view of the question at hand.

At the same time, use of multiple measures allows providers to adopt new, adapt existing, and discontinue inadequate measures as needed, so long as some measures remain in place to provide continuity.

The phrase *with reasonable continuity* recognizes that, while it would be

Privacy Considerations



While AAQEP's quality assurance process is designed to be a transparent means of providing public information on program quality, *individuals'* privacy must be safeguarded. Throughout all reporting in the accreditation process, individuals' privacy should be assured by de-identifying any data included in the reports.

inadvisable to change all measures at once, ongoing revision and improvement of an assessment system is preferable to continuing the use of less-adequate measures, simply for the sake of continuity, when a better measure is available.

In practice, this means providers are free to revise their assessment system—to change instruments or measures—at any point, as long as they articulate a rationale for the change and report data from prior measures until they are discontinued and replaced. New measures for which a limited “run” of data is available may be included in the report: AAQEP encourages innovation in measurement and inquiry strategies.

Every measure of candidate and completer performance included in the evidence set must be accompanied by a clear indication of the provider’s expected level of performance or criteria of success.

Direct Evidence of Performance in the Role

The AAQEP system prioritizes direct measures of candidate and completer

performance and, in particular, measures that are most comprehensively available for a given program’s candidates and completers. Performance assessments that capture actual teaching performance (or analogous performance of the professional activities for which a candidate is being prepared), scored by trained and calibrated raters, constitute the field’s strongest measures. Where available, such assessments are highly valued in the decision process.

Nevertheless, a body of evidence that includes multiple measures constitutes the strongest warrant for judgments about program quality. Programs must provide evidence related to each aspect of each standard, although to take the example of Standard 1, each aspect may not be supported by evidence from every one of the required perspectives (program faculty, P-12 partners, program completers, and completers’ employers). The evidence set for each standard as a whole, however, must meet the evidence requirements listed at the end of the

Direct vs. Indirect Measures of Performance

Direct measures of performance involve observing (or reviewing recordings of) candidate performance in the role for which they are being prepared.



Because teaching and other educational activities are complex behaviors that require planning and reflection, many direct measures of performance—such as the Teacher Work Sample and various teacher performance assessments such as edTPA, PPAT, and various CalTPAs—require portfolios of student work that reflect a complete cycle of work, the enactment of which is observed in person or via recording as a central element of the evaluation. Note, however, that all direct observation of performance in clinical settings does constitute a direct measure of performance.

Indirect measures involve gathering information through means other than actual observation of candidates at work. These can include reflective journals, surveys, exit interviews, focus groups, and course assignments.



standard description (see **Figure 1**, pp. 11-12).

In addition to direct measures, indirect indicators and evidence that is available for only some candidates and completers still add useful information. Such evidence, including whatever data are provided through state longitudinal data systems, can be quite useful and must be considered. Evidence from indirect, “downstream,” and state-provided sources is best used to inform program improvement efforts rather than to judge program quality. The clearest and most valid account of program performance and impact is achieved by prioritizing direct and comprehensive measures.

Clear Indication of Performance Expectations for Assessment Measures

For all measures, including direct performance measures, providers should specify their own definition of successful performance. In some cases, such as state license examinations, the provider may use an externally set definition of successful performance. In the case of locally developed instruments, the provider will set its own expectations. Having clear definitions of what counts as success, or what level of performance is expected, is necessary both for communicating the meaning of results to candidates and for making judgments about program performance.

In some cases, conversations with P-12 partners regarding appropriate levels of expectations for preservice and novice teachers, in comparison with appropriate expectations for veteran teachers whose performance may be evaluated

using the same framework, can be an important step in establishing the reliability of ratings and the validity of the resulting scores.

Note that this requirement applies to assessments used to measure individual achievement, accomplishment, or performance, but not to evidence collection methods such as surveys, interviews, or focus groups. Providers may still opt to discuss desired results from these methods, such as the level of satisfaction they hope to see reported on surveys.

Completer, Employer, and Other Downstream Measures

As noted in the comments on evidence for Standards 1 and 2 above, multiple perspectives in the evidence base provide a robust account of program quality and a more comprehensive basis for ongoing improvement and for identifying opportunities for innovation.

Evidence gathered from program completers regarding their preparation and current practice, and from employers of completers, provides both useful reflection on preparation and new perspectives on emerging needs and trends—each of which can inform improvement and innovation. Performance data or ratings provided by state systems, where available, are likewise potentially valuable.

Perspectives of program completers and their employers are frequently sought through surveys; response rates, however, vary greatly. Some states have had considerable success with common statewide surveys, but many providers have experienced very low response rates to their own surveys. AAQEP members have responded to the limitations

Evidence from indirect, “downstream,” and state-provided sources is best used to inform **program improvement** efforts rather than to judge quality.

of surveys by using focus groups, panel studies, social media, and other digital strategies to remain in contact with and support completers as they begin and continue their careers.

AAQEP recognizes both the value of these stakeholders' perspectives and the challenges that providers face in gathering input. Nonetheless, such evidence has great value for informing improvement efforts, identifying potential innovations, and strengthening partnerships with completers and with the P-12 colleagues who employ them. The education research "toolbox" contains many potentially fruitful research models and techniques, and AAQEP providers are broadening the range of tools used to gather these important perspectives.

Data Quality Considerations

Accreditation decisions provide quality assurance based on empirical evidence of completer and program performance; valid, reliable, trustworthy, equitable data is essential to this task. AAQEP's standards therefore require evidence of the quality of the data reported in the Quality Assurance Report (QAR). Appendix E to the report is designated for addressing data quality (see Section 8 of this *Guide*).

In terms of building a solid empirical case for accreditation, multiple measures are necessary in part because error is an inevitable component of measurement; all reported results include some degree of error. So responsible inquiry in this context requires multiple measures and extends to investigating the qualities of those measures. Validity and reliability of all quantitative measures and the trustworthiness of all qualitative

measures must be investigated and the results reported. Fairness and bias risks/mitigation must also be investigated for all measures used as evidence in the QAR. Providers examine the quality of a body of evidence in the interest of accuracy and with the aim of improvement. (AAQEP's optional Accreditation Proposal process offers an opportunity to get peer feedback on data quality investigation strategies.)

The QAR explains the processes the provider has used to establish validity, reliability, trustworthiness, and fairness (bias mitigation) appropriate to each measure, including processes followed to engage program faculty, P-12 partners, as well as other internal and external stakeholders in evaluating instruments.

The report should explain why the measures are appropriate for their uses and in their context and how they ensure that measures such as course assessments, observation protocols, or internship ratings used in the self-study are administered and scored consistently by the multiple raters involved.

In addition, the report should address potential sources of bias in measurement and explain how programs have mitigated such challenges to fairness. With regard to characteristics and qualities of measurement, and in support of its innovation agenda, AAQEP supports contextual expectations of evidence quality as recommended by Bryk, et al. (2015).

Finally, AAQEP encourages the ongoing development of innovative measures and refinement of existing measures, particularly but not exclusively related to contextual challenges.

Section 4. Professional Engagement in Peer Review

The preceding sections of this *Guide* lay out the framework of the AAQEP system—its philosophy, standards, and evidence expectations. This section introduces the peer reviewers and other volunteers who put it into action.

Peer Review: The Heart of the System

From its inception, AAQEP has been grounded in the experiences, expertise, and commitments of professionals in the field of educator preparation. Working groups composed of educators working in higher education, in state education departments and standards boards, and in P-12 schools drafted the standards and developed the processes that became the AAQEP accreditation system. Now, colleagues from these communities volunteer their expertise and time to enact the system by serving in a variety of roles.

The expertise and professional judgment provided by education professionals who volunteer their time is AAQEP's greatest asset and source of credibility. While the organization's staff supports all aspects of the process, the generosity of these volunteers makes the work possible.

Who Engages as a Peer Reviewer?

Reviewers are professional educators who work in preparation programs, in state education departments and professional standards boards, in P-12 schools, and in some cases as independent (often recently retired) education consultants. Participation from across professional fields brings the benefits of varied perspectives and expertise.

Representation from the P-12 community is especially valued on AAQEP's site visit teams, which always include at least one such locally recruited member.

AAQEP membership is not a prerequisite to anyone's service as a reviewer; many colleagues from nonmember educator preparation providers are active AAQEP reviewers.

Selection and Assignment

Three reviewer roles are open to self-nomination via an online application: proposal reviewers, Quality Review Team (QRT) members, and QRT leads (see box, p. 34). Staff connect applicants with the appropriate professional development experiences for their preferred roles on a rolling basis.

Once they complete their required training, volunteers are eligible to be matched

Peer Reviewer Roles and Responsibilities



As programs go through the accreditation process, volunteer peer reviewers play key roles at each stage, from reviewing proposals to conducting site visits to making accreditation decisions as Accreditation Commissioners.*

Proposal Reviewer

Proposal reviewers provide feedback on providers' Accreditation Proposals (see Section 6 of this *Guide*). The proposal review process is conducted completely online and begins with a context meeting, in which the proposal authors meet their reviewers and respond to any initial questions that the reviewers might have. Proposal reviewers then have approximately 2 months to collaborate on completing a review form with written comments; at the provider's discretion, a feedback exchange meeting may be scheduled.

Quality Review Team Member

AAQEP quality assurance reviews (see Section 9 of this *Guide*) are conducted by Quality Review Teams with the following members:

- Team lead
- One or more additional peer reviewers
- A local practitioner selected by the provider

In addition, in keeping with formal agreements between state authorizers and AAQEP, review teams in some states include one or more additional team members with responsibilities defined in the partnership agreement.

All of these team members participate in both off-site and on-site components of the review process. Off-site meetings are held virtually, while site visits generally require 3 to 4 days (inclusive of travel). QRT members' responsibilities throughout the site visit process are to carefully review the evidence presented by the provider, to clarify and verify that evidence through questions and document review, and to supplement the record with evidence collected on site from documents and interviews with individuals and groups. Reviewers are also responsible for contributing to the team's official reports following the off-site review meetings and the site visit.

Note that review teams do not make evaluative judgments or determine whether standards have been met. They review, collect, and analyze information to support the Accreditation Commission's determinations.

Quality Review Team Lead

In addition to sharing the responsibilities of other QRT members, team leads are responsible for leading all components of their assigned quality assurance review. They are the main point of contact for staff as well as between the QRT and the provider being reviewed. Team leads set up and guide off-site meetings, facilitate the team's review of the Quality Assurance Report, organize the team's completion of the Off-Site Review Report, work with the provider to finalize the review schedule, lead the site visit, and coordinate preparation of the QRT Report, including sending the draft to the provider for factual corrections and the final version to AAQEP. The team lead also attends the decision meeting for the case as a resource to the Accreditation Commission.

* For details about commissioners' roles and responsibilities, see aaqep.org and Section 10 of this *Guide*.



to specific reviews based on the information collected in their applications, such as their professional experience and areas of expertise, in addition to their availability to complete the assignment.

Local practitioners on QRTs are recruited by the provider hosting the visit, and partnership agreements with some states specify additional state-focused reviewers. Although their entrance into the system and assignment to teams is slightly different, these individuals complete the same training as other reviewers before serving in their roles.

Expectations

Regardless of their specific role in the system, AAQEP reviewers are prepared to:

- **Embrace the AAQEP philosophy.** Reviewers are interested in and review critically all of the many types of evidence brought forward in self-study reports; reviewers are also alert to innovations and plans for continuous improvement.
 - **Be mindful of providers' context.** Reviewers pay close attention to each provider's context and seek to understand evidence in that light.
 - **Act professionally.** Reviewers serve as representatives of AAQEP, are respectful of providers' and fellow peer-reviewers' time, and maintain confidentiality at all times.
 - **Respond and comment thoughtfully.** In the role of "critical friend," reviewers provide feedback that fosters and promotes reflection, is nonjudgmental, and seeks to clarify.
- **Work collaboratively.** Reviewers work as collaborative partners or team members in all aspects of their work.
 - **Adhere to timelines.** Reviewers commit to adhering to timelines so that all aspects of the review process are completed in a timely manner.

Preparation and Support

All reviewers are provided with extensive professional learning opportunities to ensure consistency in their understanding and application of AAQEP's expectations in the delivery of the quality assurance process. Supports for reviewers include:

1. **Training Modules.** All reviewers, including local practitioners and any state-related visitors, are required to complete online training modules relevant to their role. These asynchronous modules are always available to reviewers, are updated annually (if needed), and are supplemented by a companion guide for each role.
2. **Webinars.** AAQEP offers periodic role-specific webinars to support reviewers in their work. These meetings review key processes and documents and give reviewers an opportunity to ask questions. Recordings of these webinars are also available on demand.
3. **Reviewer Resource Page.** A login-protected resource page provides quick access to key reviewer documents, webinar recordings, and registration for upcoming webinars.

QRT members have two additional lines of support:

1. **Site Visit Liaison.** Each QRT is assigned a site visit liaison—an AAQEP staff member or consultant—who is on call as a resource to both the team and the provider throughout the quality assurance review.
2. **Reviewer-in-training opportunity.** At their own option, and with the permission of the provider hosting the site visit, prospective team leads may observe a team's work from start to finish.

Reviewers have access to the latest training modules whenever they wish, and all reviewers commit to retaking the modules at least every 3 years. Revisiting modules serves as a good refresher and updates reviewers on any changes since their last training.

Confidentiality

Prior to beginning their work on a case, all reviewers sign a confidentiality agreement promising not to discuss cases, particularly any personally identifying and/or sensitive information related to the review, with parties external to the proposal and/or quality assurance review process. Reviewers also agree to delete any files, passwords, and other sensitive material related to the review from their devices at the conclusion of the review.

Feedback

At the conclusion of each review, all parties involved are surveyed for their feedback on the AAQEP process, reviewer performance, and preparation support and materials.

AAQEP uses this feedback to improve its system, including reviewer training modules, to ensure competent and calibrated peer reviewers.

Section 5. Overview of the AAQEP Process

The remainder of this *Guide* details the journey through the AAQEP accreditation process; it is intended to outline all the basic information needed to complete an accreditation review. This section provides an overview, and each remaining section provides details on a particular stage of the process. Additional resources, including review forms and sample documents, are available on the Member Resources pages of **aaqep.org**.

The AAQEP standards and processes work together to support innovation and collaboration as means of advancing excellence in educator preparation. The accreditation process builds on the long history of quality assurance through peer review that is the hallmark of higher education in the United States.

AAQEP's process incorporates both standard features of peer-review-based accreditation and enhancements designed to increase accreditation's utility and credibility, with an emphasis on collaborative professional engagement.

See **Figure 3** on page 38 for a timeline of the major activities in the full AAQEP cycle; see also **Figure 10** on page 62 for a timeline of provider actions around only the quality assurance review.

The core of the AAQEP accreditation process consists of a self-study conducted by the provider, off-site and on-site

review by trained peer reviewers, and final review and action by the Accreditation Commission. These activities are framed within each provider's ongoing engagement with evidence for improvement (see Section 11 of this *Guide*) and supported by frequent touch points, on-demand resources, and deliberate structures in the AAQEP system.

Guide Sections 5-11: A Roadmap



This section of the *Guide* gives a comprehensive overview of the AAQEP cycle, from joining a cohort through the accreditation review and annual reporting. Sections 6 through 11 then revisit the main segments of this process in greater detail, in chronological sequence:

- **Section 6: The Accreditation Proposal**
(optional pre-review feedback process)
- **Section 7: The Quality Assurance Report**
(required self-study document)
- **Section 8: Appendices to the Quality Assurance Report**
- **Section 9: The Quality Assurance Review**
- **Section 10: The Accreditation Decision**
- **Section 11: Maintaining Accreditation** (continuous engagement with evidence, including Annual Reports)

Figure 3. Timeline – AAQEP Quality Assurance Process

WHAT	WHO	WHEN	
Apply for/maintain AAQEP membership	Provider	Join anytime, maintain annually	
Complete scheduling form with preferences for reviewer characteristics, site visit semester/year	Provider	Upon joining	
Assign provider to cohort, identify AAQEP liaison	AAQEP	Upon receipt of scheduling form	
Participate in professional learning (cohort calls, webinars, live events, consulting, etc.)	Provider	Ongoing / optional	
OPTIONAL	Send Accreditation Proposal to AAQEP	Provider	2-3 years before site visit
	Share proposal with 2 trained reviewers	AAQEP	Within 1 month of next match date
	Hold context meeting with reviewers	Provider	Within 2 weeks of receiving reviewer info
	Send provider completed Proposal Review Form, hold optional feedback exchange	Reviewers	Within 2 months of receiving proposal
	Review proposal for completeness	AAQEP	4-6 weeks after peer review is complete
	Revise proposal (if desired), file final version with AAQEP	Provider	By next quarterly proposal due date
Secure final visit dates by paying at least 50% of site visit fee	Provider	1 year before site visit	
Send Quality Assurance Report (self-study report) to AAQEP, select local practitioner for review team	Provider	At least 6 months before site visit	
Confirm composition of Quality Review Team (QRT), hold logistics call	AAQEP & Provider	4-6 months before visit	
Share case material with confirmed QRT	AAQEP	4-6 months before visit	
Solicit third-party comment on program(s) being reviewed	AAQEP & Provider	At least 4 months before visit	
Hold virtual off-site review team meeting to review documents, develop clarification questions; send Off-Site Review Report to provider	QRT	2-3 months before visit	
Hold virtual off-site review provider meeting to meet each other, review clarification questions, discuss visit schedule	QRT, Provider, & AAQEP Liaison	2 months before visit	
Respond to third-party comments (if warranted)	Provider	2 weeks before visit	
Respond to team's clarification questions	Provider	Before or at beginning of visit	
Conduct site visit	QRT		
Send QRT Report to provider	Team Lead	4 weeks after visit	
Respond to QRT Report noting any factual corrections	Provider	Within 2 weeks of receiving report	
Review case and make accreditation decision	Accreditation Commission	2-4 months after visit	
Send official decision package to provider	AAQEP	Within 30 days of decision	



Getting Off to a Strong Start: AAQEP's Formative Supports

AAQEP's system incorporates both standard accreditation practices and distinctive features that are designed to increase the utility and credibility of the process and to reduce uncertainty and inconsistency. These features include supportive processes for each provider that begin immediately upon joining and extend throughout its membership, from regular and ongoing connection with a peer cohort and AAQEP liaison to timely activities like getting peer feedback on an Accreditation Proposal to focused professional learning opportunities for different stages of the review cycle.

As soon as a provider signs up for AAQEP membership, its representatives gain immediate access to the members-only webinar series that addresses each stage of the accreditation process. They can also register at a discount for events such as the scaffolded series of workshops that guide participants in developing action plans around key components of their quality assurance work (see aaqep.org for details). In addition, the provider's primary contact completes a scheduling form to supply important information such as the anticipated site visit year and semester and preferences for cohort placement.

Cohort

All preparation providers seeking accreditation through AAQEP are placed in a cohort of peers. Cohorts foster collaboration among providers and facilitate regular and efficient communication between members and AAQEP staff. Each cohort has an assigned AAQEP liaison

who facilitates monthly video calls and provides ongoing technical assistance to cohort members.

Providers are assigned to cohort groupings based on their preferences such as shared accreditation timelines, program size, and program type (indicated in their scheduling form). AAQEP surveys members periodically to optimize cohort formation and operation.

Participation in the monthly cohort calls is always optional, and each provider may send as many or as few representatives as desired. These calls give participants the opportunity to share successful strategies with peers and to solicit ideas from one another throughout the accreditation process. Members discuss approaches to writing the Quality Assurance Report (QAR), assessments and types of evidence that make the case for particular aspects of the standards, and ways to address new policy expectations or other contextual challenges.

AAQEP values the insights and suggestions that emerge from the cohorts as well, and the monthly calls allow the association to continuously monitor and assess its own process.

AAQEP Liaison

AAQEP liaisons maintain consistent and regular communication between the association and members in a cohort. Liaisons provide cohort members with information and resources from the time of cohort placement through the quality assurance review and beyond. This ongoing relationship allows AAQEP liaisons to become well-acquainted with members and their unique contexts and

Cohorts provide members with opportunities to share struggles and successes throughout the accreditation process. Working in the context of a supportive learning community is both **encouraging** and **productive**.

An ongoing relationship with providers allows **AAQEP liaisons** to become well-acquainted with members and their unique contexts and to effectively support them throughout the process.

to effectively support them throughout the process.

Accreditation Proposal – Optional but Encouraged

As the provider plans its self-study process, it has the opportunity to get feedback on its plans by submitting an Accreditation Proposal 2 to 3 years before the site visit. Two peer reviewers give formative feedback on each proposal, and the provider may respond and even revise the proposal to ensure its plan is on track. AAQEP staff check the final Accreditation Proposal for completeness and file it with the provider's member record.

The Accreditation Proposal is intended to provide clarity for all parties as the review proceeds, particularly related to the contextual dimensions of each self-study. The completed contextual portions of QARs will amount to small-scale studies on issues common to the field.

For further detail about the AAQEP Accreditation Proposal, see Section 6 of this *Guide*.

Quality Assurance Review

The provider sends its final self-study report (the QAR) to AAQEP 6 months before its site visit. This step inaugurates the formal quality assurance review, which consists of an off-site and an on-site component in which reviewers consider the QAR and seek to affirm its evidence.

Off-Site Component

Once AAQEP receives the QAR, the Quality Review Team (QRT) is assembled (see Section 4 of this *Guide* for details on peer reviewer roles). The team holds two

virtual off-site review meetings, one of just the team and one with the provider. At the first meeting, the team discusses the provider's report, delegates internal team tasks associated with the review, identifies individuals they wish to interview as they work to affirm the evidence put forth in the report, and drafts the Off-Site Review Report. The completed report is shared with the provider before the second meeting, where the provider and team have an opportunity to meet one another and to discuss clarification questions and logistics of the visit.

On-Site Component

During the site visit, which usually lasts 2 to 3 days, the review team examines evidence from or related to the self-study report and conducts interviews with various stakeholder groups. Following the visit, the team prepares a written report and sends it to the provider within 4 weeks of the visit. The provider has an additional 2 weeks to check the report for factual accuracy. The final QRT Report is then forwarded to the AAQEP Accreditation Commission to inform its decision regarding the provider's accreditation status.

Section 9 of this *Guide* provides more detail on the quality assurance review.

Accreditation Decision

The conclusion of each review cycle is the consideration of the case by the Accreditation Commission. The Commission meets regularly via video conference to review cases. For each case, the commissioners examine the provider's QAR along with the QRT Report to inform an accreditation action. Representatives from the provider and the review team



lead attend the meeting and see the Commission's discussion and decision in real time.

Details on the decision process are described in Section 10 of this *Guide*.

Annual Report

Following an affirmative decision, accreditation status is maintained by completing the AAQEP Annual Report each year. The Annual Report assures AAQEP

that quality is being maintained or enhanced, that continuous improvement opportunities are being addressed, and that other public reporting requirements are met. The Annual Report is also the place for members to share information on changes in state regulations and to forecast innovations that are in the works.

For more information, see Section 11 of this *Guide*.

The provider and review team lead are **present in the Accreditation Commission's meeting** and witness the discussion and decision in real time.

Site Visits: Minimizing the Footprint

One of AAQEP's foundational design principles is that of efficiency and frugality. AAQEP seeks to minimize the duration of the site visit by conducting a careful off-site review and completing some interviews virtually.



Section 6. The Accreditation Proposal

The Accreditation Proposal lends structure and formative support to the early stages of a provider’s self-study. Proposals are typically written 2 to 3 years prior to a site visit, though even providers on a tighter schedule have found great value in this optional activity, both from the head start it gives them on the self-study process and from the peer-review feedback they receive.

In its proposal, the provider describes the evidence it plans to use in relation to all aspects of Standards 1 and 2, including plans for ensuring data quality. The proposal also explains the program’s contextual challenges and any current or anticipated programmatic improvements or innovations. Two trained peer reviewers collaborate to give formative feedback on each proposal, which the provider then uses to inform the next steps of its accreditation work.

Purposes of the Proposal

The Accreditation Proposal is an opportunity for a provider to:

- Begin the self-study process by defining an evidence set aligned to the aspects of Standards 1 and 2
- Articulate the criteria for success for each measure included in the evidence set
- Detail or articulate plans for investigating data quality for each of the measures

- Record contextual challenges and planned innovations that are pertinent to the scope of accreditation
- Receive formative feedback in a time-frame that allows the provider to make use of it

Although AAQEP retains the final Accreditation Proposal in the provider’s record, programs are free to adjust their plans as the self-study progresses, including revising or using altogether different measures if appropriate (see “Multiple Measures With Reasonable Continuity,” p. 29). Some providers, in fact, find their proposal a useful reference point in documenting their ongoing improvements in program offerings and in self-assessment. These adjustments and accompanying rationale can be documented in the Quality Assurance Report (QAR) and subsequent Annual Reports.

Content of the Proposal

The Accreditation Proposal focuses primarily on the planned evidence for Standards 1 and 2; it is *not* a rough draft of the entire QAR. In fact, the proposal includes no information related to Standards 3 and 4 except for the treatment of data quality considerations. In relation to the overall accreditation process, writing the proposal allows the provider to begin its work with a focus on evidence of candidate and completer performance in order to ensure that the evidence it

Figure 4. Program Specification Table for AAQEP Accreditation

Degree or Certificate granted by the institution or organization	State Certificate, License, Endorsement, or Other Credential (if any)	Number of Candidates currently enrolled (academic year: ____)	Number of Completers in most recently completed academic year (____)
TOTALS:			

is collecting will meet the needs of the self-study.

The proposal narrative is a relatively brief document (generally 20-30 pages in length, not counting appended measures) composed of four sections:

1. Introduction/overview of the provider’s programs and context
2. Specification of measures to be used as evidence for Standards 1 and 2 (with instruments appended at the end of the proposal)
3. Explanation of how data quality characteristics have been or will be investigated for all proposed measures
4. Description of contextual challenges and planned or implemented changes and/or innovations, including ways of monitoring the impact of those changes

1. Introduction/overview of the provider’s programs and context

The introduction presents a high-level overview of the provider, its context, and the particular programs seeking accreditation. This overview briefly addresses program design, candidate population,

geographic factors, mission or other commitments, and relevant state requirements that shape the accreditation process for the provider. It need not be as detailed or extensive as the corresponding introduction to the full QAR.

In addition to an overview, the introduction should include a completed Program Specification Table (see **Figure 4**) to clearly define the scope of anticipated AAQEP review. This table is used throughout the quality assurance review process. It is reproduced, and updated as needed, in the Quality Assurance Report, Quality Review Team reports, and Accreditation Action Report, and it is updated on an annual basis in accredited providers’ Annual Reports. A template and guidance for completing this table is available at aaqep.org.

2. Measures to be used as evidence for Standards 1 and 2

In Section 2 of the proposal, the provider describes the evidence sources that it intends to use to show that it meets Standards 1 and 2. (See also Sections 2 and 3 of this *Guide*.) Through narrative and tables, the provider indicates which evidence sources relate to which aspects of the standards. Note that proposal

reviewers check to be sure that each aspect is addressed for every included program.

Overall, the evidence set for Standard 1 must include:

- **Multiple measures**
- **Multiple perspectives**, including program faculty, P-12 partners, program completers, and completers' employers
- **Direct measures**, including evidence of performance in a field/clinical setting appropriate to the program

While all four required perspectives must be represented *for the standard as a whole*, some aspects may not include evidence from all four perspectives.

The evidence set for Standard 2 will likely have some overlap with that of Standard 1, but with greater emphasis on evidence from completers' practice in their professional roles, including evidence collected from completers themselves, from their employers, and from any other state-provided data available to the provider.

For both standards, the provider attaches the cited measures or instruments as appendices to the proposal, with the exception of state license exams, should those be used, and any measures administered by a state that are not available to the provider. Although reviewers are not asked to make judgments about the instruments, access to them allows reviewers a clearer sense of how measures are being used.

Figure 5 shows one example of how information on measures related to Standards 1 and 2 might be presented.

(For samples excerpted from actual proposals, see the login-protected Member Resources pages at aaqep.org.) Multiple versions of this or any chosen table format may be needed if any of the programs require different measures from others. For example, an instructional leadership program may use altogether different measures from initial teacher preparation programs.

For each of its selected measures, the provider also indicates its own criteria for success. Criteria might include state-required cut scores on a mandated assessment (e.g., licensure exams), a rubric or rating form's identified level of proficiency (e.g., an observation tool that describes the skills to be demonstrated), or a percentage of stakeholders in survey responses (e.g., the percentage of completers who rate that they were prepared in a particular domain). Although no actual data are presented in the proposal, the explicit identification of programmatic expectations supports the provider's ongoing analysis and use of data for monitoring and improvement purposes.

Some instruments offer evidence that can be applied to multiple aspects of a standard (e.g., one survey might contain elements that align to various aspects). To help reviewers understand plans for any such measures, the proposal could include an illustration that maps the particular element(s) or item(s) of measures to each aspect, such as the table shown in **Figure 6**.

Note that the sample tables on the next page are meant to serve as examples rather than models; none of these formats is required.

Figure 5. Sample Reporting Format: Evidence in Support of AAQEP Standards 1 and 2

Standard/ aspect	Measure	Provider's criteria for success	Planned or in use	Perspective/source (program faculty, P-12 partners, program completers, or completers' employers)	Direct or indirect

Figure 6. Sample Reporting Format: Instruments Mapped to Multiple Aspects

Measure: [e.g., a performance assessment or survey]	
Rubric or survey item #	AAQEP standard(s) and aspect(s) addressed

Figure 7. Sample Reporting Format: Organizer for Examination of Measures' Quality

Quantitative Measure:	
Evidence (or plans) regarding validity	
Evidence (or plans) regarding reliability	
Evidence (or plans) regarding fairness	
Qualitative Measure:	
Evidence (or plans) regarding trustworthiness	
Evidence (or plans) regarding fairness	

3. Explanation of how data quality characteristics have been (or will be) investigated for all measures

In this section, the provider explains how it is examining the quality of each proposed measure. Although such examination might not have been completed at the time of proposal writing, reviewers look for both what the provider has done and what the provider plans to do.

For quantitative measures, the provider reports on plans for or the results of investigations of validity (through

whatever means is appropriate to the measures and the contexts of their use) and reliability in implementation. For qualitative measures, the provider details means for ensuring and checking on the trustworthiness of evidence. In addition, for both quantitative and qualitative measures, the provider reports on its consideration of the fairness of conclusions drawn from results, including consideration of potential bias.

Figure 7 shows a possible format for reporting on the quality of each measure.

4. Contextual challenges and planned changes, improvements, and innovations

The final section of the Accreditation Proposal serves to identify new or emerging features of the programs being reviewed. In some cases, these changes may be in response to specific contextual challenges. The provider describes any recent innovations, changes that will be in process by the time of the AAQEP site visit, and program elements that will rely on novel evidence or on different measures from those described above (such as new assessments that are being introduced). The provider also explains how it plans to monitor these changes and what markers will be used to guide and evaluate their implementation.

The purpose of this section is to put context and innovations on the record for peer review and to ensure they are recognized and acknowledged in the review process.

Peer-Review Timeline and Process

Accreditation Proposals are reviewed on a quarterly cycle. Providers may send proposals to AAQEP at any time, but staff match them to peer reviewers on or about February 1, May 1, August 1, and November 1.

Staff assign two trained peer reviewers to each proposal and share their contact information with the provider, who then schedules a “context meeting” for the reviewers and provider representatives. The purpose of this meeting is to acquaint reviewers with the provider, its programs, and the context in which they operate; this briefing and the opportunity to ask questions helps the reviewers to be well-informed as they fully engage in responding to the proposal. After the context meeting, reviewers collaborate to complete the review and send one set of feedback to the provider within 3 months of the start of the cycle.

When the joint review form has been received, the provider may opt to discuss it with the reviewers in a feedback exchange meeting in a conference call or video meeting, or via email exchange. Such follow-up interaction is not required but may be helpful in clarifying feedback.

Check for Completeness

AAQEP staff close out the review by conducting a completeness check of the

One Proposal Per Case

Each individual self-study calls for a separate Accreditation Proposal. Most providers complete a single self-study, sent to AAQEP as a single Quality Assurance Report (QAR), for their quality assurance review.

Some providers with multiple and substantially independent programs, however, find it more productive and meaningful to complete separate QARs for programs or program clusters. For example, the initial teacher licensure programs and an educational leadership program at a given provider may have so little in common that writing two reports makes sense. To support those two separate self-studies, the provider would write an Accreditation Proposal for each (although providers are free to change the initial decision regarding the number of QARs after completing the proposal process).

For additional guidance on deciding how to organize the self-study work, see the next section of this *Guide*.





proposal. This check is intended only to confirm that the proposed evidence set covers all aspects of Standards 1 and 2 and that all evidence requirements have been addressed (or have plans to be addressed). Based on this check, staff complete a brief feedback form to alert the provider to any identified gaps in the evidence set that will need to be addressed in the QAR itself.

A completeness check assures the provider that the self-study design is on track and its process can move forward. Note that an affirmative completeness check does not guarantee a successful review, but it provides confidence that the eventual decision will be based on complete

evidence. Accreditation Proposals are saved as part of the member's record.

Note that in some cases, a provider may wish to revise the proposal in response to reviewer feedback or to address one or more gaps noted in the completeness check conducted by AAQEP staff. Revision of proposals is not necessary, although it may be a useful exercise as part of the ongoing self-study process.

If the proposal is revised to address identified gaps in the evidence set, the provider's AAQEP liaison can review the adjustments as needed. If a provider does choose to revise a proposal, AAQEP will file the revised version in its record.

Section 7. The Quality Assurance Report

At least 6 months before an accreditation site visit, the provider produces one or more Quality Assurance Reports (QARs) as the culmination of its self-study process. Each report makes an evidence-based argument that all preparation programs included in the case meet AAQEP's four standards and are therefore eligible for accreditation.

The QAR presents this case in two parts: a narrative and a set of appendices (see sample outline in **Figure 8**). The narrative outlines the case, provides relevant contextual details, and identifies and presents analysis of the evidence in support of each aspect of each standard. The

appendices supplement the narrative with a focus on five areas in support of Standards 3 and 4. Although AAQEP maintains flexibility regarding the general format and length of the QAR, *the listed appendices are required* to help ensure consistency and ease of locating information in reports, reviews, and decisions.

Providers should keep the following points in mind as they work to present their evidence:

- Although the body of evidence related to each standard is evaluated holistically, the evidence set as a whole must clearly address each aspect.

Figure 8. Sample Outline for the AAQEP Quality Assurance Report

Introduction and Overview of the Program and the Study

Section 1. The Case for Standard 1: Candidate/Completer Performance

Section 2. The Case for Standard 2: Completer Competence and Growth

Section 3. The Case for Standard 3: Quality Program Practices

Section 4. The Case for Standard 4: Program Engagement in Improvement

Conclusion. Findings and Commitments

Appendix A. Candidate Recruitment, Selection, and Monitoring

Appendix B. Completer Support and Follow-Up Practices

Appendix C. Program Capacity and Institutional Commitment

Appendix D. Internal Quality Controls

Appendix E. Evidence of Data Quality

- Providers should resist the temptation to include every possible piece of evidence that might bear on the standards. Authors can support an efficient review by being judicious in selecting only the evidence that best makes their case.
- Data alone do not make a case; the Accreditation Commission looks for the provider's *analysis* of the evidence in relation to the provider's own stated criteria for success on the various measures, and how results inform program improvements or validate

How Many Quality Assurance Reports Are Needed?



Providers structure their self-studies in the way that best supports their own quality control and continuous improvement work. For AAQEP's purposes, the Quality Assurance Report (QAR) is an important delineation of the scope of a quality assurance review; each QAR sets in motion its own review process, accreditation decision, and Annual Report. Providers should consult with their AAQEP liaison as they decide how to structure their self-study/ies.

All in One

Most providers complete a single self-study, sent to AAQEP as a single QAR, for their quality assurance review. Multiple certificate, licensure, or degree programs can be included in a single QAR, as long as the evidence is explained in a coherent way for reviewers. In all QARs, it is important to disaggregate reported data by license/certificate program, location, and mode of delivery.

Multiple QARs

When a provider's portfolio of programs is complicated by different evidence sets or varied governance of the programs' operations, it may make more sense to present them as separate cases. Writing separate QARs offers a cleaner way to look at the evidence and produces more focused feedback from reviewers. For example, a provider might group all of its initial teacher licensure programs into one self-study but prepare a second study for its counselor preparation program, or opt to separate its campus-based programs from others that operate autonomously in a partner setting.

Costs and Benefits

Writing multiple reports is likely to take more effort than writing just one report, although attempting to combine unlike programs in one self-study can also be a costly exercise! Other than producing more reports, the primary cost of having separate cases is in the travel expenses for extra reviewers at the site visit. Each QAR needs its own Quality Review Team, so more reviewers are involved with multiple cases, but only one site visit fee applies if the cases are reviewed at the same time. (Providers may also choose to have different QARs reviewed on separate schedules, in which case each review carries its own site visit fee.)

The benefits of conducting separate self-studies lie in the improved ease of analyzing evidence and communicating about quality—and particularly in the additional feedback gained throughout the process, offering programs more individualized attention.

current practices. The QAR can address these matters directly in the conclusion of each section and/or in the final “Findings and Commitments” section.

- Attention to limitations in the evidence (e.g., small *n*'s in some data reports, not fully validated measures) is not a weakness but a prerequisite for developing stronger lines of evidence. Providers are encouraged to acknowledge and address such issues as an aspect of continuous improvement.
- Standards 1 and 3 require evidence that is generally available using agreed-upon measures, while Standards 2 and 4 are more challenging, aspirational, and contextual in nature. Therefore, especially in a provider's first QAR after adopting the AAQEP standards, evidence may not yet be available for some aspects of Standards 2 and 4, in which case the provider may report on new or planned measures or activities.
- Data included in or linked to the QAR should be de-identified to protect the privacy of the individuals involved.
- Because data are de-identified and because of the confidentiality that pertains in accreditation processes, programs or program strands with low enrollment (“low *n*'s”) should still be broken out in reporting.
- The evidence for Standards 1 and 2 consists primarily of reports of data gathered with instruments, in interviews, or artifacts of candidate performance, whereas Standards 3 and 4 are addressed with more narrative describing processes and documents related to those processes. Evidence

for Standards 3 and 4 that is dealt with in one of the appendices should be summarized briefly in the narrative but presented more fully in the relevant appendix.

Introduction and Overview of the Program and the Study

The introduction provides readers with an understanding of the provider's context and basic information about the programs for which accreditation is sought. Key topics to address include (but are not limited to):

- A very brief history of the institution and programs seeking accreditation
- An explanation of the mission or key commitments or rationale that shapes the programs
- An overview of candidate and faculty demographics
- A description of key partnerships with schools
- An overview of the self-study, including a summary of who participated in the analysis and report writing

Note that some items touched upon in the introduction are documented more fully in appendices, so the introduction can describe things briefly and at a higher level and refer to the appendices for details.

This section of the QAR also identifies which edition of this *Guide* was used for the self-study and presents two required tables:

1. The provider's current Program Specification Table (see **Figure 4**, p. 43) to clearly summarize the scope of the AAQEP review

Figure 9. Aspect-Evidence Index to the Quality Assurance Report (abbreviated)

Measures used by aspect (Standards 1 and 2)	Location in QAR (link or page #)
1a. Content, pedagogical, and/or professional knowledge relevant to the credential or degree sought	
[add rows for each aspect and its measure(s)]	
2f. Collaborate with colleagues to support professional learning	
Appendices Supporting Standards 3 and 4	
Appendix A: Candidate Recruitment, Selection, and Monitoring	
Appendix B: Completer Support and Follow-Up Practices	
Appendix C: Program Capacity and Institutional Commitment	
Appendix D: Internal Quality Controls	
Appendix E: Evidence of Data Quality	

2. An Aspect-Evidence Index (see **Figure 9**) to where evidence for each aspect of Standards 1 and 2 is located in the QAR, giving readers a streamlined road map and serving as a final check for the provider that all aspects are addressed with evidence in the report

Templates and guidance for completing both of these tables are available for download from <https://aaqep.org/member-resources>.

Section 1. The Case for Standard 1: Candidate/Completer Performance

Key question: At the end of the program, are completers ready to fill their target professional role effectively?

In this section, the provider makes the case that its completers perform as

professional educators with the capacity to support success for all learners. As noted in Section 3 of this *Guide*, the evidence must include multiple measures representing multiple perspectives—those of program faculty, P-12 partners, program completers, and completers’ employers—and it must include direct evidence of candidate performance in a setting that is appropriate to the requirements of the particular license. For many programs, this evidence will come from a culminating clinical experience or internship. Others may have different contexts for gathering such direct performance evidence as is appropriate to the program. For each measure used, the provider should specify its own criteria for successful performance and use those criteria as a frame of reference in its analysis of the evidence.

Evidence must be presented in support of each aspect of the standard, although any particular aspect might not be supported by evidence from all of the required perspectives. As a whole, evidence for the standard must address each aspect, draw from all four perspectives noted above, and include direct performance evidence.

Single instruments may include evidence relevant to more than one aspect or even more than one standard. In such cases, the QAR can provide a description of the measure when it is first mentioned and present tables displaying the evidence as efficiently as possible, referring back to the relevant table at appropriate points in the narrative (rather than

reproducing the full data table every time it is referenced).

Where such detail can be provided, reviewers and commissioners benefit from seeing basic descriptive statistics (range, mean, standard deviation). The QAR should also clearly explain what level of performance on any given measure is regarded as representing successful performance or evidence of quality, and the analysis should indicate whether the expectation was met.

In some cases, an instrument will be externally benchmarked or normed. The cut score for state licensing tests, for example, is established and should be noted. For other measures, such as surveys of completers or their employers, the provider needs to specify what responses are regarded as denoting success and any particular reasoning that went into the establishment of such criteria.

Data must be disaggregated by program—typically by license or certificate—as well as by location, if programs are offered in more than one, and by mode of delivery (e.g., in-person vs. online). If different specific certificate or licensure programs are being discussed in the same report, data must be disaggregated at the license or certificate level, even if only a small number of individuals are represented on a particular line. The narrative discussion may, when the data indicate broad similarity in results, address several license or certificate programs collectively.

It is helpful to reviewers and to commissioners if this section of the QAR *and those for the other three standards* conclude with a summary of the main

Who Is the Audience for the QAR?



The QAR affords the provider the opportunity to showcase both widely shared and unique, contextual features of its program(s); it is a place to document quality and commitment to improvement and innovation. AAQEP encourages members to share evidence of program quality and activity with a range of audiences, including local partners and stakeholders.

One set of audiences for the report is, of course, the Quality Review Team and the Accreditation Commission. Reviewers and commissioners can be assumed to be widely knowledgeable about educator preparation, but at least some will be unfamiliar with the provider, the programs, and the context. The report needs to convey sufficient information for them to understand the findings in context, and any acronyms or locally used terms should be defined and/or indexed in the QAR.

Local audiences—program faculty and colleagues across campuses—are also important; AAQEP encourages providers to organize the QAR and underlying evidence reports in ways that make information accessible and actionable.

findings and implications for future program development related to that standard.

Section 2. The Case for Standard 2: Completer Competence and Growth

Key questions: Were completers prepared to work in diverse contexts, have they done so successfully, and are they growing as professionals?

As noted in Section 2 of this *Guide*, some of the evidence for Standard 2 will be drawn from the same measures used for Standard 1. The QAR needs to make the case that the evidence answers the key questions posed by each standard.

To demonstrate that it meets Standard 2, the provider must include evidence that strategies and/or reflective habits were mastered by candidates while in the program, evidence that relevant professional experiences have been successfully enacted, and evidence of continued growth and development in relation to the aspects. Wherever possible, as in reporting evidence for Standard 1, data in this section should be disaggregated by program, license, location, and mode of delivery.

AAQEP recognizes the challenges associated with gathering information from completers and their employers and supports innovation and experimentation in this regard. Evidence for some aspects of Standard 2 may cover only some segments of a provider's overall program offerings; the provider may clarify such cases by commenting on how such findings can inform additional segments of the portfolio.

Providers that are new to the AAQEP system may have only recently begun to gather evidence on aspects of performance that were not documented previously. Such providers may opt to identify the new measures that are being implemented and report on outcomes from those measures in subsequent Annual Reports.

As with Standard 1, the provider's analysis of findings should refer to its own identified criteria for successful performance in evaluating results and in planning for responses.

How Many Years of Data Are Required?



The evidence set on which the Quality Assurance Report is based should include data from multiple cohorts of program completers. Using evidence from 3 years (or three cohorts or classes) of completers is generally a good minimum, as it is sufficient to give a clear sense of levels of performance and a limited indication of trends. Nonetheless, sometimes other data sources, including newly implemented ones, provide valuable insight and can be considered in the review.

In deciding what to report, providers should consider trends in their data that might shed light on program quality and evidence of either improvement or decline. For some lines of evidence, many years of data are typically available.

AAQEP's rules of evidence encourage addition of new and better measures at whatever point they become available, so the number years or cycles of evidence included for different measures may vary. Clear explanation of choices regarding reporting cycles will ensure mutual understanding at the time of the visit and in the decision process.

Section 3. The Case for Standard 3: Quality Program Practices

Key question: Does the program have the capacity (internally and with partners) to ensure that completers are prepared and succeed professionally?

Standard 3 represents the foundational expectations for the provider's quality assurance efforts. Many aspects of Standard 3 are addressed in QAR Appendices A, C, D, and E. The narrative portion of this section need not repeat the contents of those appendices but may refer to them in making the case that the standard is met.

For example, while discussing the provider's efforts to support development of a diverse education workforce and its attention to state and local workforce needs, the report might reference processes and findings presented in Appendix A.

More detail about making the case for Standard 3 is included in Section 8 of this *Guide*.

Section 4. The Case for Standard 4: Program Engagement in Improvement

Key question: Is the program engaged in strengthening the education system in conjunction with its stakeholders and in keeping with its institutional mission?

Standard 4 deals with various contextual opportunities and challenges that providers address. The narrative for this section of the QAR should address each aspect of Standard 4. It may also refer to the appendix (B) that relates to this standard, without reproducing the appendix's material.

In addition to addressing specific contextual opportunities and challenges, this section of the report may describe and report on innovations that are in process but have not been established long enough to produce many cycles of data. For such innovations, the provider should indicate what data it is collecting throughout the implementation process to gauge whether the innovation is on track and trending toward success (or should note the indicators that have led the provider to alter course).

Finally, this section of the QAR offers the provider an opportunity to note and document any jurisdictional (state, provincial, territorial, local) challenges or efforts relevant to the programs under accreditation review. If the provider's state has an agreement with AAQEP that requires any additional reporting, it should also be addressed here or included as its own appendix at the end of the report.

Section 4 of the report describes and reports on **innovations that are in process** but have not been established long enough to produce many cycles of data.

Quality Review Team Report

The AAQEP Quality Review Team (QRT) completes a report at the conclusion of each site visit. Providers may find it profitable to examine the template for that report, available on the Member Resources page at aaqep.org, as a way of anticipating review team concerns and needs. See Section 9 of this *Guide* for additional insight into what QRT members look for during their review.





Conclusion. Findings and Commitments

The conclusion presents the provider's overall findings and analysis from the self-study, summarizes the implications of the findings, and points to future actions. It also presents an action plan for future work by (a) explaining any planned changes to the program based on the evidence presented; (b) identifying new areas of investigation or inquiry, data sources to collect, strategies to explore, and benchmarks to use for tracking progress; and (c) documenting any new initiatives or innovations.

This section of the QAR also guides providers in writing their future Annual Reports, as it sets out a plan for maintaining, strengthening, and/or innovating in their operations over the next accreditation period.

Appendices

A series of appendices supports the narrative of the QAR by providing additional detail and analysis in several areas. See the next section of this *Guide* for information about the QAR appendices.

Formatting Considerations

Initially, the QAR itself can be shared with AAQEP and the review team as a PDF, website, and/or linked documents in a file-sharing platform such as Google,

OneDrive, Box, Dropbox, or others. Any format is possible so long as it constitutes a cohesive digital package that can be shared with reviewers before and during the site visit.

Authors should take care to include page numbers wherever possible, to ensure that all hyperlinks work, and to clearly label any separate files containing the report's sections, tables, appendices, or supporting documents.

Following the visit, a PDF version of the core QAR must be provided to the Accreditation Commission. The PDF must include the narrative, including the evidence that supports Standards 1 and 2, and the required appendices. This is the version that will, along with the Quality Review Team Report, inform the Accreditation Commission's deliberation and decision.

In summary, the QAR is the main case a provider makes for being accredited, presenting a thorough account of how it meets the standards and of the particular context and innovations that characterize its operations. AAQEP encourages providers to take advantage of opportunities for guidance and support in writing the report, such as that offered in the proposal process, in webinars and workshops, on cohort calls, and through their AAQEP liaison or other staff.

Section 8. Appendices to the QAR

Following the narrative portion of a provider’s self-study, each Quality Assurance Report (QAR) contains a series of appendices that document key program practices as evidence for AAQEP Standards 3 and 4:

- A. **Candidate Recruitment, Selection, and Monitoring**
(supports Aspect 3d)
- B. **Completer Support and Follow-Up Practices**
(supports Aspect 4c)
- C. **Program Capacity and Institutional Commitment**
(supports Aspects 3a & 3f)
- D. **Internal Quality Controls**
(supports Aspect 3e)
- E. **Evidence of Data Quality**
(supports Aspect 3e)

All data presented in the QAR, whether in the narrative or in the appendices, should be appropriately de-identified, disaggregated by program, judiciously selected, and accompanied by analysis. This model of presentation is designed not only to package information clearly for reviewers but also to enable future sharing of case studies and other examples—an important element of AAQEP’s support for collaboration among providers.

Appendix A. Candidate Recruitment, Selection, and Monitoring

In AAQEP’s expectations for quality program practices (Standard 3), Aspect 3d asks for evidence that programs *enact admission and monitoring processes linked to candidate success*. Appendix A addresses this expectation by describing the cycle of candidate recruitment, selection (admissions), monitoring, and support throughout the program and evaluating the effectiveness of that system, with particular attention to the appropriateness of the admissions criteria and the effectiveness of candidate supports.

Appendix A is essentially a case study in which the provider investigates the effectiveness of its own institutional processes. The recruitment, selection, and monitoring processes and criteria can be continually assessed and updated in light of success in candidate retention and completion. In order to determine the effectiveness of the system, the provider must connect the process to its completer data.

Providers have completed this case study in one of two ways. Some providers follow one or more cohorts of candidates through the program from start to finish, documenting candidates’ experience and looking at the proportion of candidates who complete on time versus those who



do not (or who leave the program, either for another major or program or to drop out). Another approach is to focus on candidates who encounter difficulty completing the program, or who do not complete the program, and work back through their experiences to find where additional support may have been effective, or common points or performance indicators that could become warning indicators.

This study must be based on empirical evidence, with specific measures and criteria selected by the provider. The narrative should include conclusions that explain how the evidence presented supports current practice and/or what improvements to current practices will be implemented and studied.

AAQEP invites members to share this appendix in particular with other providers in order to inform the field and promote effective practices across the system.

Appendix B. Completer Support and Follow-Up Practices

In support of Standard 4, Appendix B addresses Aspect 4c, which calls for evidence that providers *support completers' entry into and/or continuation in their professional role, as appropriate to the credential or degree being earned*. Here, the provider describes services offered to program completers to support their transition into the professional workplace as well as their ongoing growth as professionals.

Some providers have well-developed practices and formally collaborate with partners in the P-12 system to support and monitor their completers. In some

cases, only certain programs offered by the provider have developed such systems, while others have not. Still other providers are in the initial stages of determining how to address this aspect of the standard, in many cases providing informal support.

Depending on the situation, Appendix B may include actual data from existing practices or plans for new efforts to follow up with completers. In the latter case, the appendix must also specify how the effort will be monitored and evaluated and what data will be collected in the process; as with all planned activities, progress toward enacting these efforts will be addressed in annual reporting.

AAQEP expects Appendix B to be unique to each QAR, varying by each provider's context. Practices may differ among a provider's programs and may depend on various schools' and districts' willingness or ability to participate. Potential innovations to mention in this section could include online seminars for graduates, support promises, and engagement with schools' or districts' induction programs.

This appendix is another one that could make a useful case study for other providers to read; AAQEP invites members to share their work and areas of emerging practice and innovation to facilitate collective learning.

Appendix C. Program Capacity and Institutional Commitment

In support of Standard 3, Appendix C addresses Aspect 3a, which calls for evidence of *coherent curricula with clear expectations that are aligned with state*

AAQEP invites members to **share case studies** with other providers in order to inform the field and promote effective practices across the system.

and national standards, as applicable, and 3f, which calls for evidence of how the program maintains capacity for quality reflected in staffing, resources, operational processes, and institutional commitment.

The first part of Appendix C documents the following dimensions of capacity related to aspects of Standard 3:

- Alignment of the program's curricula with state and/or national standards (typically in an alignment matrix)
- Sufficient and appropriately qualified faculty (both full- and part-time) to teach courses and provide supervision (typically in one or more tables showing faculty qualifications, rank, length of tenure, demographic characteristics, and teaching assignments; faculty CVs need not be included in the QAR but should be available for the review team)
- Adequacy of facilities in relation to the needs of the program(s) and candidates (documentation may include tables and/or narrative)
- Fiscal support that is sufficient to maintain program quality (this may be a brief description that refers to the institutional commitment presented later in the appendix)
- Provision of support services to all candidates on an equitable basis (typically a description of student support services that are available to candidates, including all groups of candidates, such as those in off-site, distance, or evening program offerings)
- Means for students to provide feedback on their program and to receive a fair and unbiased hearing for any

concerns they may have with the program (including both routine means of student feedback solicitation, such as course evaluations and completion surveys, and means by which students can express concerns and lodge complaints)

The second part of Appendix C documents institutional commitment to the provider/program by showing that the resources and capacities devoted to it (chiefly those listed above) are at parity with those devoted to comparable programs within the institution, or with institutional norms, or with a comparable program in another institutional setting. (The first two listed are the most accessible and common.) Note that parity does not imply absolute equality: Medical school facilities, for example, are inevitably more costly than facilities for most other units on a campus, and market forces result in higher faculty salaries in some departments.

Appendix D. Internal Quality Controls

Having detailed admissions and monitoring processes (in Appendix A), described completer support and follow-up efforts (in Appendix B), and documented dimensions of program capacity (in Appendix C), providers use Appendix D to support Aspect 3e, in which providers describe how they *engage in continuous improvement of programs and program components, and investigate opportunities for innovation through an effective quality assurance system.*

Appendix D assures AAQEP that the provider has the capacity to maintain quality by monitoring its own processes,

Appendix D assures AAQEP that the provider has the **capacity** to maintain quality, to identify problems should they arise, and to monitor its own operations effectively.



identifying problems or anomalies should they arise, and addressing them effectively.

In constructing Appendix D, programs verify their capacity to monitor quality either by auditing the major aspects of their internal quality control system (which are described in Appendices A, B, and C) or by engaging in a cycle of targeted improvement such as the *plan-do-study-act* cycles recommended in the improvement science framework of Bryk et al. (2015).

In a broad-based internal audit, providers probe specific elements of the quality control system based on the records of a sample of recent completers. Beginning with such a sample, the provider looks back at those individuals' experiences across the program, including their recruitment and selection, their progress through the various monitoring checkpoints, their experience of the curriculum and associated field and clinical placements, and the qualifications of those who taught them in classes, advised them, and worked with them as mentors or supervisors in the field.

Key aspects to include in an audit would be those impacting students directly, such as admissions and monitoring, clinical dimensions, coherence of curriculum, and appropriateness of staffing. Specific decisions regarding what to include and how to examine it are for the program itself to make.

A second, more focused approach to documenting the quality control system involves digging deeply into the system to address a particular problem that has been documented with evidence. For example, the provider of a program that

experienced unacceptably high (by its own definition) attrition rates decided to scrutinize the data around the experiences of those who left or were counseled out of the program prior to completion. Based on the findings of that investigation, the provider undertook several targeted interventions and monitored the results. After refining its admission process and differentiating the pathways through the program over the course of 2 years, the program was able to show increased retention.

Whereas the broad-based internal audit approach focuses on verifying processes and, potentially, identifying areas in need of intervention, the focused approach requires that at least one cycle of intervention (i.e., an evidence-based improvement effort that is monitored) be completed. It also requires engagement early in the accreditation cycle.

Whichever approach is taken, Appendix D should identify the team that conducted the audit or investigation and briefly explain the process that was followed, including:

- A description of the sample that was drawn and the reasoning behind its composition, or of the focal problem and the baseline evidence that identified it as a problem
- Specification and explanation of the elements selected for investigation and how they were audited and/or of the improvement cycle that was implemented
- A description of the process that was followed in gathering and summarizing the evidence
- An account of how the evidence was reviewed for use in program improvement efforts

- An explanation of the findings and any implications they have for program changes or improvement

Each approach to verifying a program's capacity for monitoring quality and improving program performance has potential benefits to the program beyond simply assuring the public of its capacity for quality monitoring. Programs engaged in the broad-based internal audit typically find areas in which policies are not being implemented consistently, policies where exceptions have become the rule, policies that need to be updated, etc. Providers that engage in targeted improvement cycles benefit immediately from the findings and establish a culture of improvement.

The process of completing an audit or investigation also gives its participants a clearer sense of how various aspects of the program function and fit together, often highlighting areas where efficiency, effectiveness, or both can be enhanced or improved.

Appendix E. Evidence of Data Quality

In an evidence-based accreditation system, credibility depends on the quality of the evidence on which decisions are based. In AAQEP's system, data quality, a key aspect of Standard 3, is addressed both in the optional proposal stage (see Section 6 of this *Guide*) and in Appendix E to the QAR.

In this appendix, which supports Aspect 3e, providers describe how they *engage in continuous improvement of programs and program components, and investigate opportunities for innovation through an effective quality assurance system*. For

measures used in making the case that Standards 1 and 2 are met, these four qualities are addressed:

Validity—In vernacular discussions, validity answers the question *Does an instrument actually measure what it claims to measure?* Current measurement theory focuses on the validity of inferences drawn from data and the consequences of their use. In practical terms, confidence in the validity of evidence produced by a given measure is supported by (a) alignment between the instrument and relevant standards or constructs, (b) evaluation of the instrument by external partners who help generate the evidence (expert review), and (c) affirmation by external stakeholders who use or might use the evidence in making evaluative decisions. Arguments for validity are also strengthened when results from a given measure correlate with those of presumably related measures. When providers collaborate on this work with stakeholders such as P-12 partners and program completers, both data quality and partnerships benefit.

As a whole, validity evidence should make a convincing case that evidence produced by the measure can be trusted as an indicator. Not all types of validity must be considered for any particular measure.

Reliability—In general, reliability concerns the question of whether a given measure or instrument produces the same results in multiple applications. Repeated administration (test-retest) and item-level analysis (internal consistency) are common strategies for studying instrument reliability. While these aspects of reliability are of interest, the

In an evidence-based accreditation system, credibility depends on the **quality of the evidence** on which decisions are based.



main reliability issue for accreditation in educator preparation is the consistent application of rating forms by multiple raters—such as faculty grading key assessments used in program monitoring and valuation, or P-12 partners in clinical settings.

In practical terms for accreditation work, evidence for the reliability of instruments should provide assurance that all of those using a given instrument or rating form understand and use the instrument in consistent ways. Both preparation and calibration of raters are frequently reported.

Trustworthiness—While concern for the accuracy of inferences from a given body of evidence (validity) and for consistency in gathering evidence through a given strategy (reliability) can be applied to all types of evidence, the classical discussions of reliability and validity are grounded in *quantitative* measurement discourse. Understanding and improving educator preparation programs almost always draws on *qualitative* evidence as well as quantitative, and AAQEP equally values both types of evidence.

For qualitative sources of evidence used in making the case for accreditation, providers should attend to and provide evidence of the trustworthiness of such evidence. Qualitative research addresses the quality of evidence by providing information showing that it is credible, dependable, and confirmable.

Fairness—It is vitally important that measures be equitable in representing performance of all stakeholders—including applicants, candidates, completers, and partners. Providers must

investigate evidence that the meaning of results differs across groups and consider that characteristics irrelevant to what is being measured or assessed may lead to differential outcomes.

Issues to consider related to fairness are the possible introduction of bias in assessment content or processes and other factors that might contribute to disparate access or outcomes for different groups. Discrepancy analysis—comparing outcomes across groups and investigating potential biases that might lead to differences among them—is a commonly used strategy (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 2014, Standard 7).

Appendix E should answer the following questions:

- What processes were followed to investigate measures' validity, reliability, trustworthiness, and fairness?
- What processes were followed to engage program faculty as well as internal and external stakeholders in evaluating instruments and in ensuring reliable (consistent) administration?
- What were the results of these investigations?

Providers that are at an early stage in some or all investigations of data quality may use this appendix to articulate their plans as well as their results to date. Progress on any such plans can be addressed in future Annual Reports.

Appendix E should also include blank copies of locally developed instruments used in the report.

Understanding and improving educator preparation programs draws on **qualitative as well as quantitative** evidence, and AAQEP equally values both types.

Section 9. The Quality Assurance Review

The AAQEP accreditation system operates on a 7-year cycle that features both continuous engagement, such as through cohorts and professional learning, and periodic checkpoints—namely annual reporting and the cycle-culminating self-study and quality assurance review. This review is conducted by a team of peer reviewers over a period of approximately 6 months and includes two off-site meetings, a site visit, and an accreditation decision meeting.

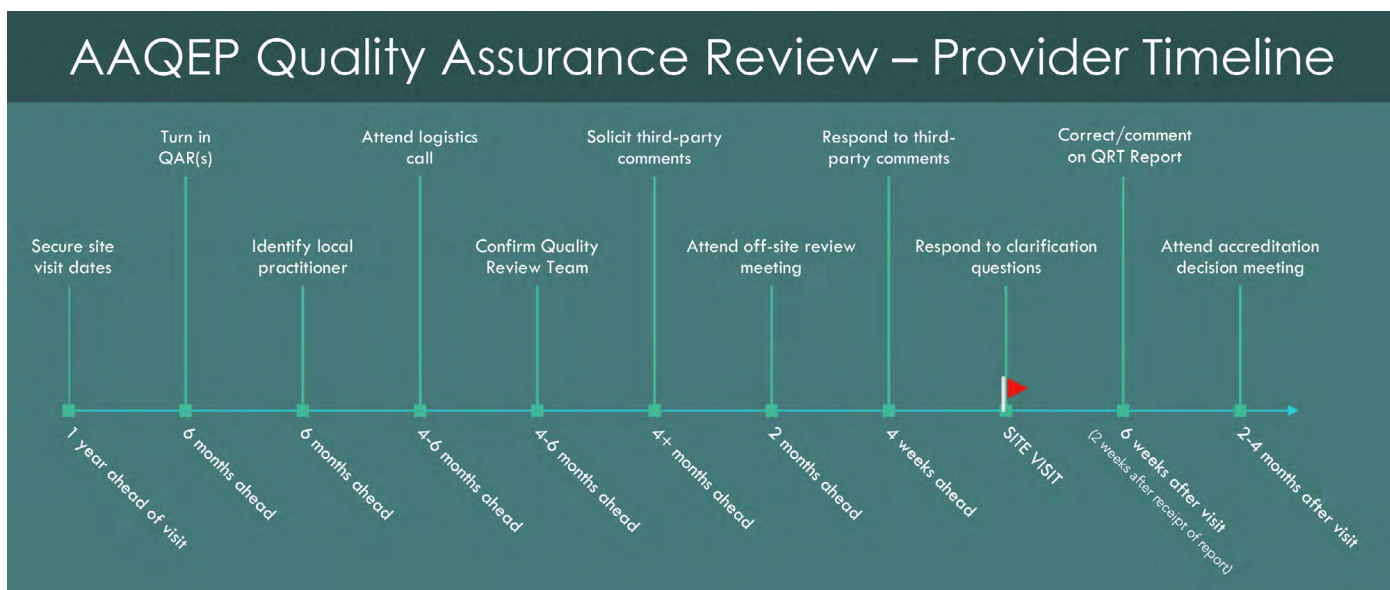
The quality assurance review is officially set in motion when the provider sends one or more Quality Assurance Reports (QARs) to AAQEP staff, who arrange a variety of logistics and activities to keep

the review on track. While the provider's primary tasks in the review are completing the QAR and hosting the site visit, staff also guide the provider through a number of other actions, as shown in **Figure 10** (see also **Figure 3**, p. 38, for a timeline of the whole AAQEP quality assurance process).

Provider Primary Contact

Upon joining AAQEP, every regular member designates one person as the primary contact for all membership purposes. If a provider wants to assign an alternate lead for just the quality assurance review (or multiple leads if programs are presented in more than one QAR), it should notify staff when the

Figure 10. Key Provider Actions in the Quality Assurance Review



QAR is submitted; otherwise AAQEP will assume the primary contact is the lead. Having a single point person for each review ensures consistent communication and paves the way for a well-organized and productive site visit.

Previsit Activities

The following components of the quality assurance review take place prior to the site visit. Note that the optional proposal stage of the process falls outside the quality assurance review, generally occurring 2-3 years before the visit to give providers feedback on plans before writing the QAR; see Section 6 of this *Guide* for details about the Accreditation Proposal.

Securing Site Visit Dates

Shortly after joining AAQEP, each provider completes a scheduling form with important information about site visit timing and preferred reviewer characteristics. Based on this information, staff contact the provider about a year before the requested site visit semester to identify specific dates. The reserved block is typically a 2-day period during a time when the programs are in session and key stakeholders will be available for interviews and meetings.

The provider secures the site visit dates on AAQEP's schedule by signing a letter of intent and paying at least 50% of the site visit fee. (The other 50% of the fee is due 30 days before the visit starts.) This fee covers visit-related staff time, volunteer training, technology, and administration costs; it does not include reviewers' travel expenses, which are paid separately by the provider at the

conclusion of the review (see aaqep.org for more information).

The Quality Assurance Report and Logistics Call

Approximately 6 months before the visit date, the provider initiates the quality assurance review by sending its QAR(s) electronically to AAQEP. (See Sections 7 and 8 of this *Guide* for details about preparing the QAR.)

Staff then schedule a logistics call with the provider to discuss AAQEP's travel policy, how to craft an effective site visit schedule, and other details that require advance planning. The provider's assignments from this meeting include drafting a schedule and arranging on-site details such as these:

- Securing lodging and campus parking passes (if needed) for reviewers
- Reserving meeting rooms
- Arranging audiovisual needs including Wi-Fi internet access
- Scheduling appointments with campus leaders (president, provost, dean, etc.)
- Securing catering and/or dining reservations (if appropriate)

Note: If the provider writes more than one QAR to be reviewed at the same time, their reviews can be coordinated in combined logistical activities, but each QAR has a separate Quality Review Team—meaning each has its own local practitioner, off-site review and reports, and decision.

The Local Practitioner

During or even before the logistics call, AAQEP staff prompt the provider to



recruit a local practitioner to serve as a full member of the Quality Review Team (QRT). Early identification allows the local practitioner time to take the AAQEP volunteer training modules as well as participate in all QRT activities, so this step needs to be completed 6 months before the site visit. AAQEP staff supply guidelines to aid providers in this task.

The local practitioner is an active or recently retired P-20 educator (teacher, administrator, counselor, or other educator in a role appropriate to the programs seeking accreditation) who can bring valuable knowledge of the state and local context to the team and is familiar with the program being reviewed.

Although adjuncts who work in the program may be considered for this role, the local practitioner should not be someone whose main employment is with the provider or whose professional work is being evaluated in the review. Adjuncts who supervise student teachers occasionally, who work as cooperating teachers, or who teach occasional courses for the program but whose main employment is in a local school have proven to be very effective team members.

Once identified by the provider, the local practitioner must complete AAQEP training modules and sign a confidentiality agreement before serving on the

QRT. Providers are also encouraged to consider the ability to secure release days for local practitioners to attend QRT activities (both virtual and on-site).

Other Quality Review Team Members

Approximately 4 to 6 months before a provider's site visit, AAQEP staff assign the rest of the QRT to serve with the local practitioner. Assignments are made by matching available AAQEP-trained reviewers with the provider's preferences regarding reviewer expertise and experience.

The number of reviewers on each team is based on the size and complexity of the program(s) under review; a typical team consists of three to five individuals, including the team lead, local practitioner, and at least one other quality assurance reviewer.*

AAQEP staff send the provider a curriculum vitae for each AAQEP-selected QRT member to review for potential conflicts of interest. If none is found, AAQEP confirms the members of the QRT. Once confirmed, each reviewer signs a confidentiality agreement before beginning to work on the case.

See Section 4 of this *Guide* for additional information about AAQEP volunteers.

The **local practitioner**, nominated by the provider to serve on the Quality Review Team, brings valuable knowledge of the state and local context.

* Collaboration among the provider, AAQEP, and state authorities is one of AAQEP's operating principles. In addition to the core Quality Review Team, some states' education department or standards board staff participate in reviews as observers (see "State Connections With Site Visits," p. 68). In other states, review teams actually include one or more state-appointed members, and in a few states, a state team and an AAQEP team may visit a provider simultaneously. While state-to-state variation may sound confusing, AAQEP and the relevant state agency ensure that providers within any given state have all the details that pertain to their situation.



Site Visit Liaison

As the QRT is assembled, a site visit liaison from the AAQEP staff is also assigned to the visit. This liaison is available to support both the team and provider throughout the process and may observe review meetings for consistency.

Third-Party Comment

At least 4 months prior to a site visit, the provider solicits feedback from stakeholders, such as faculty, staff, students, alumni, employers, and others, on the quality of its programs seeking accreditation. AAQEP staff again supply guidelines and sample language for this task.

AAQEP collects all third-party comments via its website, to which the provider links in its solicitation from its own website, emails, newsletters, and/or other media to help notify relevant stakeholders of the call for public comment. The provider is responsible for sending AAQEP the link to at least one such post.

Comments may not be submitted anonymously, but once comments close AAQEP de-identifies the feedback before sharing it with the provider, 4 weeks prior to the site visit. The provider then has 2 weeks to respond to the comments, should it choose to do so. This response is forwarded to the QRT along with the original comments and becomes part of the provider's case record.

The Off-Site Review

Once the QRT members are all trained and confirmed and have signed confidentiality agreements, staff give them access to the provider's QAR and related materials. Concurrently, the team lead

coordinates with QRT members and the provider to begin reviewing the case and to schedule the two virtual meetings of the off-site review: one for just the team and one where the provider joins as well.

Team Meeting

The team's first virtual meeting is typically held 2-3 months before the site visit. At this meeting, team members review the case and author the Off-Site Review Report.

This report contains the provider's Program Specification Table along with the team's narrative summary of the case, clarification questions for the provider, and notes regarding site visit logistics. Following the off-site review team meeting, the team lead sends the completed Off-Site Review Report to the provider and to AAQEP.

Team and Provider Meeting

The second virtual meeting of the off-site review takes place a couple of weeks after the first. In addition to introducing team members to the provider before the site visit, this meeting allows both parties to discuss and adjust the on-site schedule and other logistics. The meeting also aims to ensure that the provider understands the clarification questions presented in the Off-Site Review Report (although they are not intended to be

Role of the Quality Review Team



The Quality Review Team is tasked with affirming the evidence submitted in the QAR. Team members do not make a recommendation to the Accreditation Commission or provide any type of judgment on accreditation outcomes to the provider.

answered during this meeting, but rather addressed in writing at the beginning of or just prior to the site visit).

In addition to these full-team meetings, the team lead and provider may communicate in advance of the visit regarding matters such as logistics, setting up virtual interviews, corrections to the case information in the Off-Site Review Report, and answers to the clarification questions.

The Site Visit

The on-site component of the quality assurance review serves to verify the claims made in the QAR and to gather additional information as needed. The QRT accomplishes this task by conducting interviews and meetings with a range of stakeholders, reviewing the provider's response to any clarification questions, and recording findings to inform their final report.

In a typical review, the QRT is on site for 2 to 3 days. The provider creates the site visit schedule to allow the team adequate time for interviews, meetings, transitions, and breaks. The QRT may request specific appointments in addition to the required interviews, which include people in the following roles:

- President, provost, or equivalent chief administrator
- Education dean/department chair and program administrators
- Chief financial officer (or someone with responsibility for budget)
- Full-time faculty, including arts/sciences content faculty if appropriate

- Part-time faculty teaching in the program
- Cooperating/mentor teachers
- Clinical/field placement supervisors
- Program candidates (preferably student teachers or candidates near program completion); multiple meetings may be appropriate if program options serve different candidate populations
- Program completers/alumni (if available)
- P-12 partners/administrators
- Stakeholders with whom data is shared (e.g., advisory board or groups; may be the same P-12 partners above)
- Certification or licensure specialist
- Student support services (advising, other support services)

For group meetings, the provider gives the QRT a written list of attendees ahead of time, or if participants are not known in advance, supplies sign-up sheets for use on site.

QRT members need not all be present for each interview, so some may be scheduled concurrently. In addition, some interviews and focus groups may be conducted virtually, either before or during the site visit, especially if they are easier to arrange and allow more people to participate than if held in person.

The on-site schedule includes three required meetings, one at the beginning and two at the end. The team convenes alone for two of these meetings, first at the outset of the visit to confirm its plans, and again at the end to consolidate its

In general, providers should expect the Quality Review Team to be on site for **2 to 3 days**.



Figure 11. Sample Site Visit Schedule

Time	Activity	Considerations	
Day 1			
	QRT Check-In at Hotel		
Late afternoon/ early evening	QRT Arrival Meeting (required)		
	Dinner at Hotel		
Day 2			
Morning	Pickup from Hotel		
	Meeting: QRT with QAR Writer(s)/Team	45 minutes	
	Meetings: Education Dean/Department Chair & Program Administrators	60 minutes	
	QRT Open Team Time		
	Meetings: Faculty (Full & Part Time)	60 minutes	
Noon	Lunch on Campus	Special dietary needs:	
	Meeting: CFO	30 minutes	
	QRT Open Team Time		
	Meeting: President and/or Provost	60 minutes	
	Break		
	Meetings: P-12 Partners/Administrators	60 minutes	
Evening	Return to Hotel and Dinner		
Day 3			
Morning	Pickup from Hotel	Depending on program size and the number of meetings needed, Day 3 could be a half day; the team could travel home during the second half of the day.	
	Meeting: QRT with QAR Writer(s)/Team		20-30 minutes
	Meeting: Certification or Licensure Specialist		30 minutes
	QRT Open Team Time		
	Meeting: Student Support Services		30 minutes
Noon	Lunch on Campus		
	Meetings: Program Candidates		60 minutes
	Break		
	Meetings: University Clinical Placement Supervisors		60 minutes, afternoon/evening
	Final QRT Meeting (required)		90 minutes
	Exit Meeting with Provider (required)	30 minutes	
Evening	Return to Hotel and Dinner		
Day 4			
Morning	Breakfast at Hotel, Departure		

findings and plan for the third required meeting, which is the exit meeting with the provider. At the exit meeting, the team offers general observations from the visit and clarifies the next steps in the process. Note that the team's role is to verify the evidence submitted in the QAR and to gather corroborating evidence; it does not make a recommendation to the Accreditation Commission or provide any type of judgment. At the end of the site visit, the team simply clarifies the remainder of the review process.

A sample on-site schedule is shown in **Figure 11**.

Review of Program Capacity Indicators

In addition to reviewing the QAR and gathering information through interviews with stakeholders, the Quality Review Team reviews and documents a series of indicators related to program capacity (see **Figure 12**). Where indicators are not documented in the QAR, providers may need to make related documentation available for the review team during the site visit.

State Connections With Site Visits

One of the principles undergirding the design of AAQEP's system and process is that collaboration and partnerships are important. AAQEP not only encourages partnerships involving providers, state education authorities, and the accreditor but also actively facilitates and establishes relationships with states that will add value to the quality assurance and improvement process and decrease burden as well as duplication of work.

AAQEP welcomes participation of state observers in site visits and even conducts

joint visits with state reviewers in states whose cooperation agreements include such a specification. AAQEP staff works with host providers to coordinate any state involvement in their reviews.

Site Visit Observers

Aside from the QRT members and possible state participants or observers, some site visits may include other outside observers such as these:

- Other AAQEP members looking to familiarize themselves with site visits before they have their own
- AAQEP reviewers-in-training preparing to serve as a team lead in a future site visit
- AAQEP staff members assessing the association's policies, process, and procedures
- Provider-invited individuals, such as colleagues from other institutions or state agency representatives; it is the provider's responsibility to contact AAQEP to secure approval and training for these visitors
- Any other individuals who contact AAQEP directly to seek observation opportunities

Site visit observers are responsible for covering their own costs (such as travel, accommodations, food) associated with their visit.

Before the site visit begins, all observers must be approved by the host provider, take AAQEP online training (Module 1) to familiarize themselves with the expectations framework and review process, and sign a confidentiality agreement.

During the visit, observers' access to documents, interviews, and QRT meetings

AAQEP welcomes participation of state observers in site visits and even conducts joint visits with state reviewers in states whose cooperation agreements include such a specification.

Figure 12. Program Capacity Indicators Reviewed by Quality Review Teams

Review teams will check for the following program capacity indicators as part of the AAQEP review:

Evidence of other programmatic accreditors' decisions. In the case that a state requires the accreditation of education-related programs that have already received programmatic accreditation, providers may be able to include evidence of decision letters in Aspect 4e (meets obligations and mandates established by the state, states, or jurisdiction within which it operates) rather than reporting evidence for the affected program(s) in the QAR. State partnership agreements and state regulations provide specific requirements. AAQEP recognizes the decisions of other CHEA- or USED-recognized accreditors, but such programs will not receive automatic AAQEP accreditation.

Evidence of institutional accreditation. For programs housed at institutions of higher education, a letter demonstrating the institution is currently in good standing can be provided in support of 3f.

Fiscal capacity and stability. An auditor's statement or institutional accreditor's finding that the provider or its host institution or entity is financially sound can be provided in support of 3f.

Full-time and part-time faculty CVs and syllabi will be probed as an aspect of program capacity. Reviewers will typically ask for the CVs and teaching loads of two or more full-time and two or more part-time faculty members who are listed in Appendix C as an audit of faculty qualifications for their teaching assignments.

Facilities. Reviewers will typically tour facilities and ask to stop in briefly at two or more classes during their meetings to assure the Commission that instructional facilities are adequate for program and candidate needs.

Student feedback. Accreditors act in part to ensure that students (*candidates*, in AAQEP's terms) have an opportunity to provide feedback to the program and that those voices are heard and heeded. The review team may ask candidates about this opportunity in group interviews and may request to see records of student evaluations.

Student support services. As part of ensuring that candidates are supported adequately and equitably, reviewers will ask for evidence (sometimes in the form of interview questions, sometimes conversations with providers of services) that all candidate groups are served well by student support services.

Policies and practices. In the interest of ensuring that candidates have the information they need to successfully complete the program, reviewers will ask to see student handbooks, the academic catalog, and other relevant policies including student complaint processes, examples of any recent student complaints and their resolution, and transfer-of-credit policies. Where policies are available online rather than on paper, providing links to the appropriate policies can facilitate reviewers' work.

Distance education. The QAR should clearly indicate if any program offerings are available only online. Support for online learners and courses may be investigated by the review team.

is at the discretion of the provider and the team lead. Observers are expected to use professional courtesy to direct the sharing of what they learn at a site visit and seek permission from the host (and use appropriate acknowledgment) before sharing any information.

Postvisit Activities

The QRT Report

Within 4 weeks of the site visit, team members author the QRT Report to capture their findings. This report includes the provider-approved Program Specification Table and case summary, briefly describes the evidence examined on site, and presents aspect-by-aspect documentation of the evidence related to each AAQEP standard.

This record identifies the evidence found for each aspect, describes any programmatic innovations or improvements and any negative evidence or lack of evidence, and includes any comments the QRT wants to share with the provider or the Accreditation Commission.

In addition to tracking evidence aspect by aspect, the report separately documents findings for common indicators related to Standard 3 for program capacity and commitment (see **Figure 12**). It also records the results of the third-party comments received, any provider response to

the comments, and concluding observations from the QRT. The report may append or link to separate materials such as the provider's responses to clarification questions and the site visit schedule or interview list.

Accuracy Check

Once the QRT Report is complete, the team lead sends it to the provider for an accuracy check. The provider then has 2 weeks to insert comments in the file requesting any needed corrections and return the report to the team lead. These corrections are reviewed and resolved by the team lead, and the final report is sent to AAQEP.

Accreditation Decision

The final QRT Report and the provider's QAR are shared with the Accreditation Commission for the culminating activity of the quality assurance review: the accreditation decision meeting, which occurs 2 to 4 months after the site visit. Staff invite the provider and team lead to attend this virtual meeting. In addition to answering questions from the Commission, these parties observe the full meeting, including the case discussion and decision. Other observers at the decision meeting may include state agency representatives and AAQEP staff.

See Section 10 of this *Guide* for more information about accreditation decisions.

Section 10. The Accreditation Decision

For those engaged in the continuous cycle of quality assurance and improvement efforts, the accreditation decision is an opportunity to celebrate the culmination of a distinct phase of their work. From an external perspective, it is the decision that fulfills the public quality-assurance function of accreditation. AAQEP's process and decision rules bring transparency and collegiality to this formal milestone for the provider.

The Accreditation Commission

The Accreditation Commission, established by the AAQEP bylaws, is the decision-making body for all quality assurance reviews. Commissioners include active or recently retired faculty members, administrators, P-12 practitioners, and members of the public. All members of the Commission are well-versed in the AAQEP accreditation standards and process; many of them have successfully gained accreditation for a provider, and some have served as review team members.

For a list and brief bios of commissioners, as well as a running record of Commission actions, see <https://aaqep.org/accreditation-commission>.

Decision Meeting Overview and Roles

The Accreditation Commission meets via video conference as often as is necessary to make decisions in a timely manner, generally within 2-4 months of a site visit. At the meeting, one commissioner presents an oral summary of the case, and a minimum of two others join them to discuss and vote on the case.

At least one representative from the provider and one from the Quality Review Team (QRT) are present for the duration of this virtual meeting—generally one hour—to answer any questions and witness the discussion and decision in real time. No new evidence can be introduced at the decision meeting, and the provider and team representatives do not need to prepare any presentation or statement, but they should be ready to answer commissioners' questions and have the Quality Assurance Report (QAR) and QRT Report available for reference.

A representative from the provider's state authorizer (department of education or standards board) is invited to each session as an observer, although they are not obligated to attend. Other observers at the meeting may include prospective commissioners, commissioners who are not voting on the case, and AAQEP staff.

The provider leaves the meeting knowing the outcome, and the decision takes

effect immediately. Within 30 days of the meeting, AAQEP staff send an official decision package to the provider including a notification letter, Accreditation Action Report, certificate, and media kit with public-reporting information. The Action Report is also posted publicly on the AAQEP website.

Decision Rules

For each case, the assigned commissioners examine the QAR and the QRT Report to inform an accreditation action. Note that although well-written reports facilitate the Commission's work, decisions are based on the evidence regarding the quality of the programs being reviewed as represented in the two reports.

After reviewing this evidence in light of AAQEP's standards and evidence expectations, the Commission takes action to award/renew or deny/revoke accreditation status. The following actions may be taken:

1. **Affirmative action (accreditation)**, with one of two awards:
 - a. **Full accreditation** (7 years). This decision affirms that all standards are found, based on evidence, to have been met. An affirmative decision may be modified through a notation of one or more commendations, comments, or concerns, or one condition (see below).
 - b. **Probationary accreditation** (2 years). This decision indicates that all standards are met, but that there are identified problems that constitute a potential threat to the provider's ability to meet one or more standards.

This status is awarded when two conditions (see below) have been identified based on the evidence. A follow-up report and a visit within 2 years are required in cases of probationary status.

2. **Adverse action**, taken when evidence shows that one or more standards is not met; accreditation is denied or revoked.

A third possible, but rare, action is that the Commission finds insufficient evidence in the current record to support any decision.

The following four criteria must be satisfied in order for standards to be regarded as met:

1. The evidence available to the Commission must be complete and sufficient to support a decision.
2. The several sources of evidence available to the Commission in the QAR and QRT Report must concur in supporting the argument that the standards are met.
3. The preponderance of the provider's own criteria of success must be satisfied.
4. The preponderance of shared professional expectations relative to particular sources of evidence must be substantially met (e.g., at least 80% of candidates must pass state certification examinations, be rated as "meeting" or "exceeding" expectations on widely used rating forms such as the Danielson observation rating scale, and in general, meet or exceed acceptable ratings for professional educators new to their role).

Accreditation Notations

In awarding accreditation, commissioners may also communicate qualities and caveats through the use of notations—statements that qualify a decision. One or more of the following notations may be attached to a decision, each with reference to its relevant standard(s) and aspect(s), to provide information to the public and feedback to the provider:

- **Commendation:** Recognition awarded when evidence shows outstanding preparation and performance on one or more aspects of a standard or the standard as a whole.
- **Comment:** Observation by the Accreditation Commission that gives useful feedback to the provider on a finding that is noteworthy but not significant enough to be cited as either a commendation or a concern.
- **Concern:** Relatively minor shortcoming in relation to one or more aspects of a standard. Evidence regarding progress in addressing concerns must be presented in the provider's Annual Report.
- **Condition:** A larger problem that threatens a provider's ability to meet a standard and that thus requires immediate action. Notation of one condition may allow full accreditation, but evidence of the condition's resolution must be provided within 2 years. The noting of two conditions, however, leads to the award of a probationary 2-year term of accreditation. Failure to resolve any condition in 2 years results in adverse action.

No action by the provider is required in cases where a commendation or comment is noted in the decision. Concerns

are addressed in Annual Reports and are resolved through staff review. Conditions are resolved as indicated through timely presentation of sufficient evidence to the Commission; staff guide and manage the process for review of conditions.

Adverse Action

The Accreditation Commission takes adverse action when evidence fails to show that the provider meets one or more of the AAQEP standards. In the case of an initial application for accreditation, adverse action results in denial of accreditation. Providers whose application for accreditation is denied will be encouraged to work with AAQEP staff and with other providers to address the issues leading to the denial. Depending on the nature of the evidence leading to denial of accreditation, the Commission may specify a timeframe within which a new application from a provider will be accepted for consideration.

In the case of adverse action with regard to an accredited provider, the previously held accreditation status is revoked; the provider will be encouraged to work with AAQEP staff to develop a remediation and improvement plan, and to prepare a new QAR. Depending on the nature of the evidence leading to revocation of accreditation, the Commission may specify a timeframe within which a new application from the provider will be accepted for consideration. In the interim, however, the provider/program remains unaccredited.

Note that adverse actions, and only adverse actions, may be appealed. See <https://aaqep.org/policy> for policies related to accreditation decisions, status, adverse action, and appeals.

Section 11. Maintaining Accreditation

The greatest benefit of quality assurance work comes from the ongoing review of and reflection on evidence with stakeholders. The rhythm of engagement in collaborative, evidence-based innovation and improvement does not end with the accreditation decision, and AAQEP supports providers throughout this continuous cycle. Along the way, milestones are opportunities to pause and celebrate, such as an affirmative accreditation decision, and for periodic check-in, such as Annual Reports.

Continuous Engagement With Evidence

Continuous growth and improvement are foundational goals of accreditation, and AAQEP's system provides numerous opportunities for supportive engagement with peers and with staff throughout the accreditation cycle.

A common pitfall to avoid is slipping into a “minimal maintenance” mode following an affirmative accreditation decision. Continuing the high level of engagement with stakeholders around evidence that characterizes a site visit requires planning and structure, beginning with a discussion of priorities.

One clear starting point for a provider's ongoing improvement agenda is its own set of findings and recommendations in the Quality Assurance Report (QAR). Rather than representing the end of

the quality assurance process, each QAR serves as the starting point for a new cycle of growth, improvement, and creativity.

Against the backdrop of ongoing data collection and structured reflection in program and department meetings, the key findings of the self-study can be used to sketch out a set of improvement or innovation targets for the next 2 to 4 years. Any findings that concerned shortcomings or gaps in program operation should top the priority list, as are areas that can tap the greatest energy of program faculty and of key stakeholders, whether internal or external.

Programs of different scope and size may organize their ongoing quality assurance work in different ways. The question of how different providers structure the work is frequently raised in AAQEP cohort meetings; cohorts are a good venue to explore different options and strategies.

AAQEP workshops are also available to support providers' ongoing work in identifying, implementing, and learning from new interventions or innovations. Drawing on models from improvement science and implementation science, these workshops focus on using data to sustain improvement and on quality implementation. See <https://aaqep.org/workshops> for details.

Addressing Identified Concerns or Conditions

Identification of program aspects that fall short of meeting expectations and/or that do not meet internal or partner requirements is a benefit of the quality assurance process. AAQEP is committed to facilitating program improvement for providers whose accreditation decisions include notation of specific shortcomings in the form of concerns or conditions. In either case, but particularly where a condition has been specified, it is important to engage immediately in planning and implementing changes that address the identified issue or issues. A provider's AAQEP liaison can provide ongoing guidance and support.

Identified concerns are generally addressed in Annual Reports and in conversation with AAQEP staff, beginning with the provider's liaison. Identified conditions are addressed through a report to the Accreditation Commission within the timeframe identified in the Action Report that is sent to the provider following the decision. The format and content of the report will be determined by the Commission's specification of the condition and in consultation with AAQEP staff, beginning with the provider's liaison.

Annual Reports

Annual reporting in AAQEP serves four purposes:

1. It provides a structure for accredited members to connect their ongoing work to the shared professional standards

2. Through the public posting of key components of each year's report, it provides the public with access to up-to-date information on program quality and performance
3. It ensures that AAQEP meets its obligation as an accreditor to assure that all standards continue to be met throughout the duration of the accreditation term
4. It allows AAQEP to maintain up-to-date records of the scope of members' work and to report and comment on trends in the field as represented by the membership.

See also the Annual Report Policy and Public Posting and Transparency Policy posted at <https://aaqep.org/policy>.

Who, When, How, and How Many?

To maintain accreditation status, all accredited providers complete and submit the AAQEP Annual Report between October 1 and December 31 of each year, beginning the calendar year following a provider's initial AAQEP accreditation. Annual Reports are completed by the provider's designated primary contact. Although only accredited members are required to provide reports annually, all members are welcome and encouraged to do so.

The Member Resources page at aaqep.org hosts a copy of the Annual Report template and a companion guidance document. The report format, designed by a working group of peers, captures the updates and performance data typically needed for public reporting as well as tables intended to support ongoing planning and reporting on progress. The report was designed with the intent of

supporting the development of the provider's next QAR.

The Annual Report template consists of two parts. Part I requires data on program performance and student achievement; this information is posted publicly by the accredited program no later than January 15 of the year following submission. A link to that information is posted on the AAQEP website as well. Part II consists of strategic planning information and other programmatic updates communicated to AAQEP annually. In addition, Part II includes space to report on progress in addressing any concerns or conditions noted in the most recent accreditation decision.

AAQEP staff review Annual Reports to make note of progress and development and to screen for any indication of program weakness. In the latter case, if warranted, evidence of underperformance is brought to the attention of senior staff and the Accreditation Commission. Underperformance is investigated when the program's aggregate results no longer meet the program's criteria in more than a fifth of measures, or when annually reported program performance indicators decline. Staff may request updated evidence from any measures reported in the self-study report and report to the Accreditation Commission.

While most members will prepare just one Annual Report per year, those that organize their programs into separate self-studies for AAQEP review will file one Annual Report per QAR. Some sections may be duplicated across these multiple reports, as appropriate.

Part I: Publicly Available Program Performance and Candidate Achievement Data

Part I of the Annual Report is organized into five sections to capture content that must be made publicly available. Clarity and accessibility for a general public audience is important in these sections.

1. Overview and Context

This section presents a brief narrative overview describing the provider and its institutional setting. It also includes information about programs' context and mission and a high-level summary of the evidence that follows in the report.

2. Enrollment and Completion Data

This section contains a Program Specification Table (see **Figure 4**, p. 43) to be updated to keep AAQEP current on the particular programs covered by or seeking accreditation, including additions or deletions as well as other programmatic changes and the latest enrollment and completer numbers for each program.

3. Program Performance Indicators

This section collects information on a small number of indicators that are common across all providers. The particular indicators may change from year to year and aim to capture snapshots of the field in high-interest areas for reporting on national trends, such as:

- A. Overall educator preparation enrollment and completer numbers, and the number of completers recommended for certification or licensure in the most recently completed year
- B. Cohort completion rates for candidates who began their program

in the expected duration and in 1.5x expected duration

- C. Results of state licensing exams, including teacher performance assessments
- D. Explanation of evidence available from program completers and from their employers
- E. Program outcomes in terms of employment, retention, ongoing completer professional advancement, to the degree these can be known.

4. Candidate Academic Performance Indicators

This section presents the provider's own expectations for candidate/completer performance and indicators of their success in meeting those expectations. In a table organized by AAQEP standard, the provider lists selected measures of performance, indicates performance expectations for each measure, and summarizes candidate/completer success in meeting those expectations.

5. Self-Assessment and Continuous Growth and Improvement

This section charts ongoing growth and improvement processes. The provider records its strengths, needs, and/or goals related to the four AAQEP standards, articulates priorities to be addressed, and describes both action plans and the outcomes of any steps already taken toward each priority.

Part II: Self-Assessment and Continuous Growth

Part II helps document program improvement over time and is useful for strategic planning as the provider works toward its next quality assurance review. It may be shared publicly, at the provider's discretion. Part II has the following sections:

6. Self-Assessment and Continuous Growth and Improvement

This section invites the provider to record its strengths, needs, and goals or opportunities related to each of the four AAQEP standards. In articulating its own priorities and action steps, the provider may use this section to build on the findings and recommendations section of its QAR.

7. Evidence Related to AAQEP-Identified Concerns or Conditions

In this section, the provider summarizes how any concerns or conditions that were noted in the most recent accreditation decision are being addressed. More detailed documentation of relevant evidence is communicated to the Accreditation Commission via the provider's AAQEP liaison.

8. Anticipated Growth and Development

This section briefly describes the provider's projected improvements, innovations, or new program developments. It may also identify anticipated challenges or barriers that will need to be addressed in future reports or reviews.

9. Regulatory Changes

If new regulatory requirements have caused (or are anticipated to cause) changes to the provider's programs, this section offers a place to put them in the accreditation record.

10. Sign Off

The Annual Report concludes with a section for the dean and the AAQEP primary contact to sign off.

Review

AAQEP staff review Annual Reports for completeness, to support summary reporting on the membership in aggregate, to note trends in the particular provider's data, and to follow up on any issues identified by the Accreditation Commission. AAQEP liaisons are the point of contact

for any questions or other follow-up regarding Annual Reports. Each accredited provider must post Part I of its Annual Reports on its own website by January 15 of each year and provide AAQEP with the link for posting on AAQEP's own website.

Other Updates to AAQEP

While the Annual Report is the chief means by which providers apprise AAQEP of changes and developments, some changes are significant enough that they require separate notification and, in some cases, discussion with AAQEP staff and documentation for the files. For more information, see the Substantive Change Policy and related policies at **<https://aaqep.org/policy>**.

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Glossary of AAQEP Terms

AAQEP liaison	An individual designated by AAQEP to facilitate a member cohort and assist providers through the quality assurance review process; each provider is assigned an AAQEP liaison shortly after joining the association.
Accreditation Action Report	An official record of actions taken by the AAQEP Accreditation Commission on a provider's case. This report is posted publicly on the AAQEP website.
Accreditation Commission	The decision-making authority for AAQEP. Determines accreditation status for a provider based on its Quality Assurance Report and Quality Review Team Report.
accreditation decision	Ruling by the Accreditation Commission, based on the Quality Assurance Report and Quality Review Team Report, marking the conclusion of a quality assurance review.
Accreditation Proposal	An optional step in the AAQEP process whereby providers can submit a plan 2-3 years prior to their site visit outlining proposed evidence for meeting Standards 1 and 2, plans for ensuring data quality, and contextual challenges and innovations; trained peer reviewers provide constructive feedback.
advanced preparation program	A program leading to a degree, license, endorsement, or certification in an education field for candidates who have already completed initial preparation.
adverse action	Denial or revocation of accreditation by the Accreditation Commission; indicates that a program does not meet one or more of AAQEP's standards.
ambassador	A volunteer who has a deep familiarity with AAQEP's process and philosophy and supports the organization and its members in a variety of ways. Ambassadors assist with presentations, facilitate conversations among providers, and serve as spokespeople for AAQEP based on their own experience with the process.
Annual Report	A provider's yearly update to AAQEP on the context and work of relevant programs. For accredited providers, the Annual Report addresses how the quality affirmed in the most recent accreditation decision is being maintained or enhanced and what steps providers are taking toward continuous improvement to address improvement opportunities identified in their Quality Assurance Report.
aspect	One of six constituent dimensions of each AAQEP standard. Evidence related to each aspect of a standard must be part of the evidence set for the standard. Aspects are integral to the standard, not separable components or elements to be judged independently.
Aspect-Evidence Index	A required table in the introduction to a provider's Quality Assurance Report, giving readers a road map for locating evidence in the report. A template for the index is available on AAQEP's website.

candidate	A person enrolled in a program with the intent of becoming a credentialed professional educator or of adding one or more additional credentials in order to take on a new role as an education professional.
clarification questions	Based on the Quality Review Team's read of the provider's Quality Assurance Report, the Off-Site Review Report identifies these areas to be addressed by the provider before or at the beginning of the on-site review.
clinical experience	Educator candidates' engagement in authentic educational settings appropriate to the degree or credential being sought, supported by coursework and supervision that gradually releases them to independent practice.
cohort	A group of provider representatives who share an AAQEP liaison and may participate in a joint monthly check-in call to receive updates, ask questions, and, to the extent desired, provide mutual support and feedback.
commendation	Notation that the Accreditation Commission may attach to an accreditation action (decision); a commendation is awarded when evidence shows outstanding performance on one or more aspects of a standard or a standard as a whole.
comment	Notation that the Accreditation Commission may attach to an accreditation action (decision); a comment is an observation that gives useful feedback to the provider on a finding that is noteworthy but not significant enough to be cited as a commendation or concern.
completer	A candidate who has successfully finished a preparation program.
concern	Notation that the Accreditation Commission may attach to an accreditation action (decision); a concern is a shortcoming in relation to one or more aspects of a standard. Evidence regarding progress in addressing concerns must be presented in the provider's Annual Report.
condition	Notation that the Accreditation Commission may attach to an accreditation action (decision); a condition is a significant problem that threatens a provider's ability to meet a standard and that thus requires immediate action. Notation of one condition may allow full accreditation, but evidence of the condition's resolution must be provided within 2 years. The noting of two conditions, however, leads to the award of a probationary 2-year term of accreditation. Failure to resolve any condition in 2 years results in adverse action.
expectations framework	A document defining AAQEP's four standards, their associated aspects, and evidence requirements.
full accreditation	Seven-year award granted by the Accreditation Commission affirming a program meets AAQEP's standards.
initial preparation program	A program leading to a candidate's first degree, license, endorsement, or certification in an education field; may include graduate programs.
internal audit	A process in which a provider identifies its system's quality controls and evaluates them to ensure they are working as intended. A report on internal quality controls is included as Appendix D to the Quality Assurance Report.



local practitioner	A provider-selected representative from the field who completes AAQEP training and serves as a member of the Quality Review Team. The practitioner has relevant experience (in a role such as a practicing or recently retired teacher, administrator, counselor, or other as appropriate to the programs seeking accreditation) and familiarity with the program and its completers.
Off-Site Review Report	A document produced by the Quality Review Team during the off-site review based on team members' reading of the provider's Quality Assurance Report. The Off-Site Review Report includes a draft summary and specification of the case along with clarification questions for the provider to address prior to or at the beginning of the site visit.
peer reviewer	An AAQEP-trained volunteer who takes part in the quality assurance process as either a proposal reviewer or a quality assurance reviewer.
probationary accreditation	Two-year accreditation term granted by the Accreditation Commission affirming a program mostly meets AAQEP's standards but has noted conditions that must be resolved within 2 years.
program	A set of academic courses and experiences required by an educator preparation provider that leads to (a) recommendation for state licensure, certification, or endorsement or (b) additional expertise in the area(s) indicated by the academic degree(s).
Program Specification Table	A standard format for reporting a provider's specific programs reviewed by AAQEP, including each program's name, level, and corresponding state license or certificate (if any) along with enrollment and productivity data. Included in the Accreditation Proposal, Quality Assurance Report, Quality Review Team reports, Annual Report, and Accreditation Action Report. A template for the table is available on AAQEP's website along with sample entries.
proposal reviewer	An AAQEP-trained volunteer who reads a provider's Accreditation Proposal and engages in one to two rounds of feedback and other communication with the provider and the proposal's second reviewer.
provider	An institution or organization that provides one or more educator preparation programs. In the AAQEP model, membership is generally held by providers.
Quality Assurance Report	Self-study document presenting evidence that a provider meets the AAQEP standards. The report includes an overview of programs' scope and context, evidence to support the claim that they meet each of the four standards, and designated appendices.
quality assurance review	The peer-review segment of the AAQEP accreditation cycle; includes off-site and on-site review and culminates in an accreditation decision.
quality assurance reviewer	An AAQEP-trained volunteer who serves as a peer reviewer on a Quality Review Team in off-site and on-site components of the quality assurance review process.
Quality Review Team	A group consisting of AAQEP-trained quality assurance reviewers who conduct a quality assurance review. Teams include reviewers who fill the role of a team lead and a local practitioner nominated by the provider. The size of the QRT is based on the size and complexity of the program(s) under review. A typical team consists of three to five individuals.
Quality Review Team Report	Report authored by reviewers summarizing the team's findings after the site visit. A draft of the report is shared with the provider for factual correction; the final report is shared with both the provider and the AAQEP Accreditation Commission.



reviewer-in-training	A prospective Quality Review Team lead who observes another team's work throughout a quality assurance review. Like any site visit observer, this individual participates only with the permission of the host provider.
site visit liaison	An AAQEP staff member assigned to a particular quality assurance review to support the Quality Review Team and provider throughout the process. The site visit liaison observes the virtual off-site review meetings and the exit meeting (conducted at the end of the site visit) for consistency.
site visit observer	An individual granted permission by a provider to attend the on-site review.
third-party comment	Feedback collected from the public and various stakeholders about a provider 4-6 months prior to the site visit that becomes part of the provider's case record.
training modules	Online professional learning provided by AAQEP to prepare volunteers consistently for their peer-review roles.
working groups	Ad hoc bodies of interested stakeholders in educator preparation convened by AAQEP to develop recommendations for the organization's standards, processes, and practices.

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Association for **Advancing**
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Guide to AAQEP Accreditation

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