



Association for **Advancing**
Quality in Educator Preparation

Guide to AAQEP Accreditation



2023



Association for **Advancing
Quality** in Educator Preparation

Guide to AAQEP Accreditation

© 2023 by the Association for Advancing Quality in Educator Preparation

<https://aaqep.org>

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. AAQEP is nationally recognized as a programmatic accreditor by the Council for Higher Education Accreditation.

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.

Contents

Preface..... 4

What’s New for 2023 5

Section 1. Introduction to AAQEP Accreditation 6

Section 2. The AAQEP Standards..... 10

Section 3. Evidence Requirements and Priorities 31

Section 4. Overview of the AAQEP Process..... 38

Section 5. Getting Started: Scope and Design 43

Section 6. The Accreditation Proposal..... 50

Section 7. The Quality Assurance Report 56

Section 8. Appendices to the QAR 72

Section 9. Professional Engagement in Peer Review 79

Section 10. The Quality Assurance Review..... 83

Section 11. The Accreditation Decision 93

Section 12. Maintaining Accreditation 97

References and Resources..... 102

Glossary of AAQEP Terms 105

Figures

Figure 1. AAQEP Expectations Framework.....11

Figure 2. AAQEP Standards and Expectation Dimensions13

Figure 3. Timeline: AAQEP Quality Assurance Review Process39

Figure 4. Template: Program Specification Table for AAQEP Accreditation.....45

Figure 5. Evidence Hierarchy for the AAQEP Self-Study.....47

Figure 6. Potential Evidence Sources and Uses Related to Standards 1 and 2.....48

Figure 7. Template: Standard 1 Aspect-Evidence Table49

Figure 8. Sample Reporting Format: Instruments Mapped to Multiple Aspects53

Figure 9. Sample Reporting Format: Organizer for Examination of Measures’ Quality53

Figure 10. Contents of the AAQEP Quality Assurance Report.....56

Figure 11. Sample Organizer: Key Steps in the QAR Writing Process.....57

Figure 12. Potential QAR Audiences and Interests59

Figure 13. Sample Flow of QAR Section 1.....63

Figure 14. Sample Aspect-Level QAR Architecture.....64

Figure 15. Sample Presentations of Data With Annotations.....65

Figure 16. Key Provider Actions in the Quality Assurance Review.....83

Figure 17. Site Visit Schedule Template.....90

Figure 18. Program Capacity Indicators Reviewed by Quality Review Teams.....91

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, expectations for the Accreditation Proposal and Quality Assurance Report, review and decision details, and annual reporting.

The *Guide* is an operating manual that is updated periodically. With each edition,

AAQEP publishes a summary of the latest changes, and no changes or policies take effect until they are published. See “What’s New for 2023” on the next page for this edition’s change list.

Members may use this *Guide* for developing Quality Assurance Reports for site visits **through fall 2026**.

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.

What's New for 2023

This edition of the *Guide* improves on the prior one through several additions and clarifications—but contains no substantive changes to accreditation standards or processes. The highlights:

- An expanded discussion of the standards and evidence expectations in **Section 2** addresses the differentiated treatment of content knowledge (Aspect 1a) by program/credential type as well as applications of particular aspects of Standards 1 and 2 to research-focused and doctoral programs.
- A new section, *Getting Started* (**Section 5**), helps providers organize their accreditation work. Key artifacts that were previously introduced in other sections of the *Guide* are now housed in this section, including revised templates for two required elements in the system (the Program Specification Table and the Aspect-Evidence Tables).
- For those writing Quality Assurance Reports (QARs), **Sections 7 and 8** have been significantly expanded with additions of planning and writing strategies, sample reporting formats, clarification of distinctions among appendices, and a description of the new QAR completeness check offered by staff.
- **Section 11** introduces the Accreditation Commission's new notation of *observation* (and adjusted definition of *comment*) and offers a clearer description of the decision rules, incorporating language from the Accreditation Status Policy to more fully capture the possible outcomes of decision meetings.

One process that this *Guide* does not address is that of the new initial accreditation pathway that was being developed concurrently with this volume. Details about this process are available at <https://aaqep.org/iap>.

Section 1. Introduction to AAQEP Accreditation

AAQEP's accreditation system is designed to ensure **comparable quality** across today's many and **multiplying preparation pathways**.

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 include colleges and universities, school districts, independent entities, non-profit and for-profit organizations, and online providers in the United States and beyond.

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, which is nationally recognized by the Council for Higher Education Accreditation, shares the basic structure of other 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 provider 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 providers and individuals who 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 inform program improvement and professional learning broadly.

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 that 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 sharing findings regarding effective practices and productive innovations. It benefits the P-20 education system by assuring 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:

- **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:

Consistency need not be gained at the price of rigidity;
flexible processes grounded in clear expectations maximize **improvement** and support **innovation.**

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 quality assurance and continuous improvement

The twin aims of quality assurance 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 work carried out by volunteer reviewers

Consistency in decisions is achieved in a volunteer-based system through thorough preparation and ongoing support of peer reviewers. As with every accreditor, AAQEP's greatest asset and source of credibility is the dedication, generosity, and expertise of the professional educators who serve as reviewers, site visitors, or members of a decision-making body. Their 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 reform efforts in education sometimes focus 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 just 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 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.
8. **Sharing of findings and innovations** to benefit the field as a whole.

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 process
3. **Partnership** among providers, state authorities, 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
8. **Sharing** of findings and innovations with the field

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 Program completers perform as professional educators with the capacity to support success for all learners.</p>	<p>STANDARD 3: Quality Program Practices 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 Program completers adapt to working in a variety of contexts and grow as professionals.</p>	<p>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.</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**.

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:

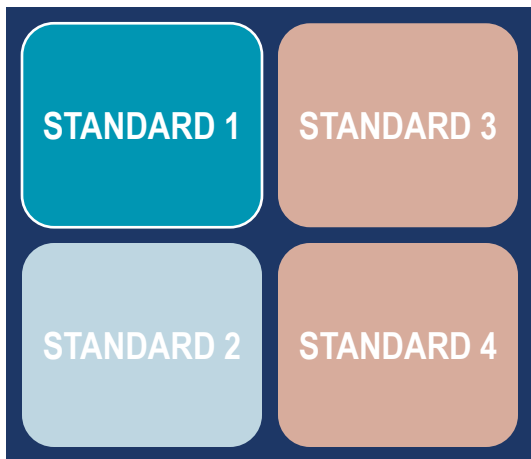
Does the program have the capacity (internally and with partners) to ensure that completers are prepared and succeed professionally? *What evidence supports this claim?*

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.

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



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; disposition ratings; 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

Evidence for Standard 1 must include **multiple measures** that provide **multiple perspectives** on candidate and completer knowledge and ability.

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 qualify for the new professional role (e.g., the learning related to educational leadership standards for leadership candidates, or related to literacy standards

for literacy specialist candidates) 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

Aspect 1a Focus Differs by Category of Program

The specific knowledge base that is assessed as evidence for Aspect 1a varies by program category,* defined by the type of credentials or roles for which candidates are being prepared:



- **For programs that lead to initial teaching credentials**, the focus is on mastery of the content knowledge that the candidate will teach and on relevant pedagogical knowledge as identified in state standards or by the relevant disciplinary associations (e.g., National Council of Teachers of Mathematics or Council for Exceptional Children initial standards).
- **For programs that lead to additional or advanced credentials for already-licensed educators**, the focus is on the new knowledge gained, aligned with relevant professional standards for those areas (e.g., International Literacy Association standards for reading or literacy specialists, or Council for Exceptional Children standards for educators preparing for special education roles).
- **For programs that lead to credentials for other school professionals or to no specific credential**, the focus is on the knowledge specifically related to the anticipated role— whether credentialed, as in the case of school counseling, school nursing, or school psychology, or noncredentialed, as in the case of topical master's or doctoral degree programs—as identified in state standards or by the relevant professional organization (e.g., the National Association of School Psychologists or the National Policy Board for Educational Administration's standards for educational leaders). The provider is free to specify the intended knowledge outcomes related to each specific degree program that is not connected to a credential.

* These same categories are used for defining the scope of a provider's AAQEP review in the Program Specification Table (see Section 5 of this *Guide*).

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.

In summary:

- *Content knowledge* refers to the subject matter to be taught by a program completer
- *Pedagogical knowledge* refers to general and content-specific pedagogy that is taught in methods courses and exhibited in clinical placements
- *Professional knowledge* in this context refers to the specialized domain for a particular professional role or degree program

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 (e.g., the International Literacy Association or the American School Counselor Association). 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 as appropriate to their role in guiding student learning, supporting teachers or other education professionals in their own learning, or conducting research on learning and development.

**New to the AAQEP Standards?
Plans and/or 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.

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.

Candidates' educational practices must affirm all learners and support their success in ways that are appropriate to their role in directly guiding student learning, supporting teachers or other education professionals in their engagement with students and families, or in conducting research on cultural and linguistic influences on educational practices and outcomes.

In research-focused advanced and doctoral programs, candidates must attend to issues of culture and identity in their research context.

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

Understanding Standard 1 Evidence



For each program being reviewed, evidence for Standard 1 must address each aspect, include multiple measures, and include direct measures of candidate or completer performance in the culminating clinical experience (as appropriate to the program).

Evidence must include ratings or evaluation by:

- 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.



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.

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

For each program being reviewed, evidence for Standard 1 must include data from multiple measures and must represent the perspectives of program faculty, P-12 partners who have worked

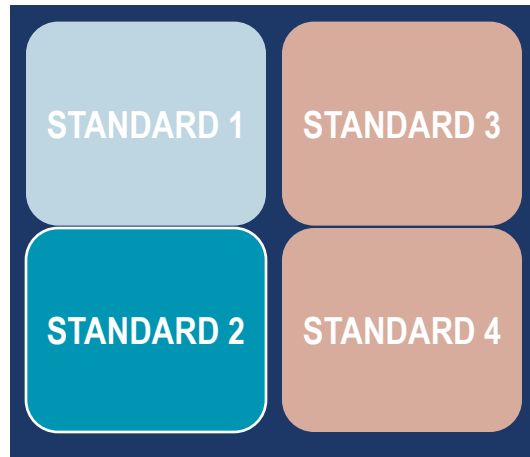
with candidates in clinical placements (if appropriate to the program), program completers themselves in the first year or two of their careers, and completers' employers. (Note that in some cases, such as preparation of superintendents, evidence of the employer's perspective may prove elusive.)

The evidence set also must include one or more 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 always, 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, certificate, or degree program; by location; and by mode of delivery. Disaggregation allows readers to understand the relative strengths of the various programs offered by a provider and to note any differences across them.

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 23 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.)

Data reported in the AAQEP Quality Assurance Report must be **disaggregated** by license, certificate, or degree program; by location; and by mode of delivery.



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.

In the ideal case, comprehensive evidence would be available from all or nearly all completers over a number of years. In reality, however, direct evidence of completer performance is difficult to gather, and what is available is often incomplete. In light of this, the AAQEP system expects that evidence presented in support of Standard 2 might come from both preparation and practice. Evidence can include showing that completers have engaged successfully in relevant professional practice while in the program,

Standard 2 Key Questions:

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

have been provided with the capacity (strategies and reflective habits) to serve effectively in a variety of settings, and continue to grow professionally through evidence gathered from completers and their employers or supervisors.

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, independently and with colleagues. 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.

Here and in each subsequent aspect, evidence gathered in the self-study might connect the foundation laid in the program with completers' subsequent professional practice as understood through surveys, interviews, focus groups, or information provided by state longitudinal data systems (where such information is available).

For research-focused advanced and doctoral programs, evidence for this aspect might focus on candidate and completer understanding of the contexts of stakeholders involved in the research and on appropriate communication of research procedures and findings to stakeholders.

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.

Evidence from completers serving as professional educators in a variety of roles and in a variety of community and cultural contexts can be helpful in understanding completer experiences and the role of preparation in supporting their practice.

For research-focused advanced and doctoral programs, evidence for this aspect might focus on candidates' and completers' critical understanding of the role of culture and diversity in educational contexts and in relation to the role of community stakeholders in research and scholarship.

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.

For research-focused advanced and doctoral programs, evidence for this aspect might focus on candidates' and completers' creation of productive relationships among colleagues and stakeholders in the research or study context.

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

In order to understand the global and interconnected society in which they live, 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 or, as leaders, to support teachers and other educators in this work.

Providers whose data sets were not previously attuned to measuring performance in this area sometimes find that while they lack explicit attention to the aspect in their data collection, they do have good curricular coverage. For example, many language arts, literacy, and English programs incorporate international or global literature, and social studies preparation at any level includes explicit attention to international and global content and themes. However, data from completers' success in helping P-12 students develop broader perspectives, or supporting educators in this work as leaders, has often not been gathered.

Programs addressing this aspect for the first time might include plans and preliminary evidence with regard to candidate performance.

For research-focused advanced and doctoral programs, evidence for this aspect might focus on how candidates and completers contextualize and disseminate research in international and global contexts.

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. Evidence regarding completers' ongoing engagement in their own professional learning must be included in the self-study report.

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. For school leaders, this includes facilitating and fostering professional learning in their contexts.

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. The evidence set for Standard 1 should provide comprehensive evidence to allow the provider and the Commission to holistically assess quality; the evidence set for Standard 2 should provide compelling evidence to guide and inform program growth and development.

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:

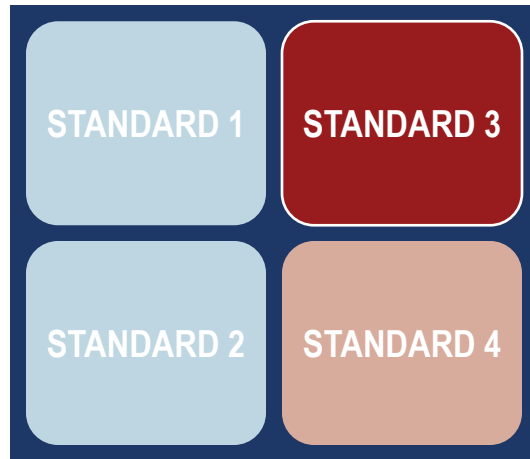
Were completers prepared to work in diverse contexts, have they done so successfully, and are they growing as professionals?

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 and that in some cases, states specify standards of professional associations as their program standards. Providers should include one or more crosswalks in Appendix C aligning their programs to relevant state or national standards.



In addition to state standards, these might include both program-specific and cross-disciplinary standards of specialized professional associations such as the National Council of Teachers of English, International Literacy Association, International Society for Technology in Education, and others.

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 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

Looking Ahead to the Writing Process: A Sneak Preview



Some aspects of Standards 3 and 4 are supported in designated appendices in the Quality Assurance Report, giving providers a consistent location for particular evidence related to these aspects to be investigated and reported (see Section 8 of this *Guide*).

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**)

What goes in the narrative, and what goes in the appendices?

For aspects that are associated with an appendix, the narrative within the report can be fairly brief.

Each appendix chronicles a specific data collection and analysis routine associated with the particular aspect. The main narrative of the report summarizes the evidence, notes highlights, and explains how the various aspects of the standard, and the standard as a whole, is addressed through the more detailed investigations documented in the appendices.

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

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 admit candidates, monitor their progress through the preparation program, and assess their readiness for entry into the professional role for which they have been prepared. Monitoring and support processes should foster and promote the success of all candidates. 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 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*) and study their effectiveness. The appendix should incorporate both a description of the measures, benchmarks, and processes used and the empirical results of the provider's study of its processes. Any identified needs for improvement or process enhancement should be noted, such as measures taken to ensure equitable success of all candidates, including candidates from underrepresented or minoritized communities.

3e. Engages in continuous improvement of programs and program components, and investigates opportunities for

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



innovation, through an effective quality assurance system

Providers must show evidence that they can manage program quality through an effective quality assurance system that is functioning as intended. This functionality is documented in a broad-based or focused audit of internal quality controls in 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. For each measure or assessment used in the report, evidence of data quality must be investigated and reported. 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 curriculum, 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. Whereas Standard 3 addresses the “foundational expectations” for program operation and for quality assurance processes, 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.

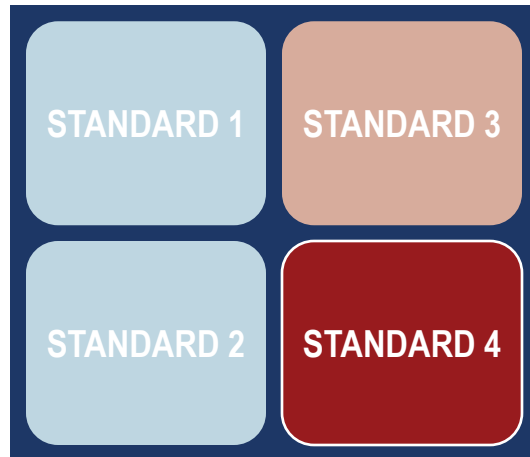
The evidence marshaled in relation to Standard 3 must answer the question:

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 is generally 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, that target specific local needs.



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 (Standard 3), a provider must demonstrate that it is engaged with partners and stakeholders in efforts to strengthen the P-20 education system. The program practices documented in relation to Standard 4 are deeply embedded in the particular context of the provider and may include new initiatives and innovations developed in collaboration with P-12 partners and other stakeholders.

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

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?

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.

While such efforts take many forms, some recent examples have involved providing targeted tutoring in a variety of formats, working in after school programs, and addressing pandemic-related technology access. In some cases, external community partners have been the point of access for such efforts.

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.

Working with local (or regional) partners, providers address state and local workforce needs, particularly shortage areas and hard-to-staff schools or positions. Programs to assist teaching support staff in gaining teacher certification and recruiting diverse students into the pipeline beginning in middle or high school are examples of such work. As with all aspects of Standard 4, context frames what is needed and what is possible in this regard.

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. These efforts are important in their own right for completers' and students' benefit, but they have also been found to strengthen partnerships with P-12 schools and to prompt feedback from completers that is valuable for informing program improvement and innovation.

AAQEP recognizes that completer support may only be practically possible for a subset of the entire population of completers, with technology expanding the potential subset. Appendix B to the QAR gives providers the opportunity to document their efforts to support program completers (see Section 8 of this *Guide*).

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.

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

As with all aspects of Standard 4, **context** frames what is needed and what is possible.

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 in a particular way. Any such requirements will be specified in a state 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 agreement, providers can simply 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

At their option,* providers may include in their review evidence regarding institutional or programmatic mission or commitment or distinctive programmatic features. 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.

AAQEP generally verifies **state authorization** as part of each review.

* *Note:* Aspect 4f invites providers to identify and document evidence of dimensions of their work that fall outside of or go beyond AAQEP's standards. Providers may choose to include information regarding this aspect at their sole discretion.

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 6-12 of this *Guide* for details on these stages of the process).

First, the optional **Accreditation Proposal** identifies the evidence sources the provider will rely on in making the case that its programs meet AAQEP Standards 1 and 2, shows that the evidence reflects all required perspectives for each standard, and indicates the provider's 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 for success are met. Analysis of this evidence, from multiple sources, multiple perspectives, and multiple points in candidate and completer development, is disaggregated at the program/license level (and by location/mode, if separate program strands are offered). This disaggregation leads to a provider's confidence that disparate outcomes (by program or candidate demographic) are not present, or if identified, can be investigated. It also documents the results of the investigations of data quality. In addition, Appendix A describes processes of candidate recruitment, monitoring, and support and presents data and analysis on the process' success and shortcomings, with suggestions for changes as warranted by the analysis.

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. Conducting an accreditation self-study requires identifying a curated data set, drawn from the provider's larger, extensive assessment system, with which to assess program quality and leverage improvement and innovation.

In the AAQEP review, providers must identify and define their **criteria for success**—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 (typically in a culminating clinical experience, as appropriate to the program)
- Clear indication of the provider's criteria for success (expected level of performance) 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 an evidence set, the measures should include all groups and subgroups of candidates and completers, 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, and it must be current (generally from the most recently completed academic year).

Data reported in the AAQEP Quality Assurance Report (QAR) must be disaggregated by license, certificate, or degree program; by location; and by mode of delivery if the different modes also deliver different experiences for candidates. Disaggregation allows readers to understand the relative strengths of the

Conducting an accreditation self-study requires **identifying a curated data set** with which to assess program quality and leverage improvement and innovation.

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.

various programs offered by a provider and to note any differences across them. 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 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. (See

Revision of an assessment system is preferable to continuing use of inadequate measures simply for the sake of continuity.

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.

Indirect measures involve gathering information through means other than actual observation of candidates engaged in practice appropriate to the credential they are seeking. Examples of indirect measures include reflective journals, surveys, exit interviews, focus groups, and course assignments.



Section 7 of this *Guide* for more detailed data considerations.)

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

In addition to one or more direct measures of candidate performance, 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 all measures, including direct performance measures, providers should specify their own criteria for successful performance. In some cases, such as state licensure examinations, the provider may use externally set criteria. In the case of locally developed instruments, the provider defines 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.

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



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.

State-Mandated Measures Such as Licensure Tests

States play a determinative role in licensing educators as well as approving the programs that prepare them. That role usually involves requiring tests for licensure of individual candidates that are also used in making evaluative judgments about their preparation programs. Although these measures are nearly ubiquitous, they play a somewhat ambiguous role in national accreditation.

AAQEP encourages members to report, analyze, and comment on state licensure examination results where they are available, but providers are not required to include this evidence in their self-studies. AAQEP recognizes that depending on a provider's location and recruitment patterns, and in the case of advanced programs, depending on candidates' career intentions, some candidates decline to participate in state licensure examinations.

Nonetheless, AAQEP members almost always include licensure test results in their QARs. These assessments can be a useful source of information for quality assurance and ongoing improvement efforts, and of course, they are of interest to state observers, who closely follow accreditation reviews in many states.

Evidence of test performance is also relevant to program quality in that program completers' ability to successfully enter the teaching profession (or to gain access to other positions for which they are prepared) depends on passing required examinations.

AAQEP does require accredited providers to include licensure test results in their Annual Reports because of federal reporting requirements for providers and expectations for accreditors (see Section 12 of this *Guide*).

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.

Completer and employer perspectives must be represented in the evidence set for Standard 1; evidence from completers and employers is also necessary in relation to Standard 2. In some cases, the same data elements may be used in relation to both standards, but to answer different questions. Likewise, different items from the same instruments may address different aspects of the two standards.

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 these limitations by using interviews, focus groups, panel studies, and digital strategies including social media to remain in contact with and support program 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 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 all measurement. 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 investigate the validity, reliability, trustworthiness, and fairness (bias mitigation) appropriate to each measure and reports the results of those investigations in Appendix E. The description of data quality investigations should include the processes used to engage program faculty and 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 the program ensures 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, Appendix E addresses potential sources of bias in measurement

Fairness and bias risks/mitigation

must also be investigated for all measures used as evidence in the QAR.



and explains 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).

By attending to measures' data quality, providers build confidence that the evidence informing program improvements is credible. While all programs need to determine the credibility of their data as a basis for program improvement, the strategies used to investigate data quality may vary by programs' size, type, and resources. Note that AAQEP recognizes the value of both qualitative and quantitative evidence for understanding and improving educator preparation programs.

Investigating data quality offers an opportunity for providers to report on:

- The processes employed to investigate measures' validity, reliability, trustworthiness, and fairness
- The ways in which program faculty as well as internal and external stakeholders are engaged in evaluating instruments, in order to ensure reliable (consistent) administration
- How the program shares the results of the investigations with internal and external stakeholders and how these results are being used to inform program improvement and innovation

Finally, AAQEP encourages the ongoing development of innovative measures and refinement of existing measures, particularly but not exclusively related to contextual challenges. A plan and timeline may be included in the QAR for any measures for which investigation of data quality characteristics has not yet been completed.

Section 4. Overview of the AAQEP Process

The remainder of this *Guide* details the provider’s journey through the AAQEP accreditation process. 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 39 for a timeline of the major activities in the full AAQEP cycle; see also **Figure 16** on page 83 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 12 of this *Guide*) and supported by frequent touch points, on-demand resources, and deliberate structures in the AAQEP system.

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

Guide Sections 4-12: 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 5 through 12 then revisit the main segments of this process in greater detail:

- **Section 5: Getting Started: Scope and Design**
- **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: Professional Engagement in Peer Review**
- **Section 10: The Quality Assurance Review**
- **Section 11: The Accreditation Decision**
- **Section 12: Maintaining Accreditation** (continuous engagement with evidence, including Annual Reports)

Figure 3. Timeline: AAQEP Quality Assurance Review Process

WHAT	WHO	WHEN	
Apply for/maintain AAQEP “regular” membership	Provider	Join anytime, maintain annually	
Complete intake form with program characteristics, preferred site visit semester/year	Provider	Upon joining	
Assign provider to cohort and AAQEP liaison	AAQEP	Upon receipt of scheduling form & dues	
Optional: Participate in professional learning (cohort calls, webinars, live events, consulting, etc.)	Provider	Ongoing	
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 (~3 months following submission)
	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 proposal match date
Secure final visit dates by paying at least 50% of site visit fee	Provider	1 year before site visit	
Optional: Send draft Quality Assurance Report (QAR) to AAQEP for staff completeness check	Provider	At least 9 months before site visit	
Send final QAR 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 review materials 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	1-2 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	

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 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 an intake form to supply important information such as the anticipated site visit year and semester and preferences for cohort placement.

Cohort

All preparation providers holding regular AAQEP membership are offered a placement 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 intake form). AAQEP periodically

adjusts cohort offerings, assignments, and topical focus areas in response to member input.

Participation in the monthly cohort calls is always optional. 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. This interaction allows liaisons to become well-acquainted with members and their unique contexts, and it gives providers a point person to support their work throughout the process.

Accreditation Proposal – Optional but Encouraged

As the provider plans its self-study process, it has the opportunity to get feedback 2 to 3 years before the site visit by writing an Accreditation Proposal. Two peer reviewers give formative feedback on each proposal, which identifies the provider's proposed measures related to Standards 1 and 2, the results of (or its plans for) investigations of data quality, and any changes or innovations likely

to be implemented before the site visit. AAQEP staff check the final Accreditation Proposal for completeness and file it with the provider's member record.

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

QAR Completeness Check – Optional but Encouraged

As the provider finalizes its self-study, AAQEP staff offer an optional completeness check service for drafts of the QAR that are received *at least 9 months prior to the site visit*. This check is intended to ensure that the self-study is complete and ready for review by the site visit team and the Accreditation Commission, thus providing report writers peace of mind and a smoother review process.

For further detail about the QAR completeness check, see Section 7 of this *Guide*.

Quality Assurance Review

The peer review process for the self-study report formally begins 6 months prior to the site visit. The quality assurance review consists of an off-site as well as an on-site component in which reviewers consider the QAR and seek to affirm its evidence.

Off-Site Component

Once AAQEP receives the provider's final QAR, the Quality Review Team (QRT) is assembled (see Section 9 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's representative(s).

At the first meeting, the team discusses the provider's QAR, 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 QAR, and begins drafting the Off-Site Review Report.

The completed Off-Site Review Report is shared with the provider before the second meeting, during which the provider representative(s) and team have an opportunity to meet one another, discuss the team's report and clarification questions, and go over logistics for the site visit.

On-Site Component

During the site visit, 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 10 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 attend the meeting to answer any questions and see the Commission's discussion and decision in real time.

Details on the decision process are described in Section 11 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 12 of this *Guide*.

Site Visits: Maximize Efficiency, Minimize Footprint



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

For details, see Section 10 of this *Guide*.

Section 5. Getting Started: Scope and Design

This section addresses the first decisions the provider must make as it begins its work toward AAQEP accreditation: what to include in the scope of its accreditation case and which sources of evidence to use.

Determining the Scope of Accreditation

The first step in seeking AAQEP accreditation is determining the scope of the review—the specific program or set of programs for which the provider seeks accreditation status. The degree to which the scope may be determined by the provider depends on the requirements of the state(s) or other jurisdiction(s) within which it operates.

If the provider’s state authority mandates accreditation, the AAQEP review must include at least the programs for which accreditation is required. The provider may also, at its discretion, include additional programs. For example, some states mandate accreditation only for programs preparing classroom teachers for initial licensure. Providers in such states may choose to include additional programs, such as advanced or leadership programs, in their AAQEP scope as well.

If the provider is not in a mandating state or jurisdiction, it has complete flexibility in deciding which programs to include in its AAQEP review. To make this determination, the provider considers

questions such as which of its programs can be strengthened through AAQEP’s structured self-study and review process or have their stature enhanced by external, evidence-based validation.

Note that throughout the review process and any subsequent term of accreditation, the provider must clearly identify in public statements what is, and what is not, included in its AAQEP scope.

Further Defining Program Sets for Self-Study

In addition to determining the overall scope for AAQEP review, the provider must decide whether to structure its accreditation bid as a single case or divide the work across more than one self-study.

The provider structures its self-study in the way that best supports its own quality assurance 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-studies.

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 comprehensive for all included programs and 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 programs' operations, it may make more sense to present single or sets of programs as separate accreditation cases. 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 QARs may take more effort than writing just one, but combining disparate sets of evidence from dissimilar programs into a single study makes the work more difficult for both report writers and reviewers. The chief benefit of conducting separate self-studies lies 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 from reviewers.

Each QAR is reviewed by 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. In such cases, the only added monetary cost for having separate cases is in the travel expenses

for the additional review team(s). (Providers may also choose to have different QARs reviewed on separate schedules, in which case each review carries its own site visit fee.)

What If the Scope Is in Flux?

AAQEP recognizes that a provider's portfolio of educator preparation programs may change at times, whether by the addition, removal, or adjustment of offerings in response to regulation, demand, enrollment, or desire for innovation.

The quality assurance review aims to capture an accurate snapshot of the provider's portfolio at the time of the site visit, including any program changes that are in process. The QAR can identify and explain such changes, and the review team can be updated on any further developments during the site visit.

New programs for which limited data are available during the writing of the self-study report can still, in most circumstances, be included in the accreditation case. So long as the faculty or staff responsible for the new programs are also involved in currently operating programs, and so long as the same internal quality control systems support the new programs, the new lines of work can be incorporated in the QAR, with plans for assessment and data analysis noted as appropriate.

Providers can seek guidance from AAQEP staff with any questions regarding programmatic changes that are under way during the accreditation review. (Note: Once accredited, providers report changes in program offerings through the substantive change process; see Section 12 of this *Guide*.)



Program Specification Table

When the provider completes its first AAQEP report (such as an Accreditation Proposal or Quality Assurance Report), it officially defines the scope of its review in a Program Specification Table (see

Figure 4). This table is used, and updated as needed, throughout the review and decision-making processes to ensure that there is clarity about what programs are covered by the review and by any subsequently earned accreditation status.

Figure 4. Template: 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 enrolled in current academic year (12 months ending <u>mm/yy</u>) ¹	Number of Completers in most recently completed academic year (12 months ending <u>mm/yy</u>)
<i>Programs that lead to initial teaching credentials</i>			
Total for programs that lead to initial credentials			
<i>Programs that lead to additional or advanced credentials for already-licensed educators</i>			
Total for programs that lead to additional/advanced credentials			
<i>Programs that lead to credentials for other school professionals or to no specific credential²</i>			
Total for additional programs			
TOTAL enrollment and productivity for all programs			
Unduplicated ³ total of all program candidates and completers			

Program Location and Modality

If any of the above programs are offered at more than one location or via different or multiple modalities, please describe below, and link to any relevant descriptions on your website.

Physical Locations

Modalities (face-to-face, online, hybrid)

1. Count all candidates enrolled in the listed programs to date for the current academic year (identify 12-month period).
2. These programs include noncertificate masters of education, doctoral programs, etc., OR those that lead to a license for noninstructional education staff with no teaching license as a prerequisite (e.g., school nurse, school social worker, school counselor, school business manager).
3. Unduplicated refers to a total number of unique candidates or completers. Individuals who are working toward or earned more than one credential may appear in multiple rows above but should be counted only once here.

Purpose and Components

The Program Specification Table facilitates clear and accurate communication with the readers of whatever report contains it, from AAQEP reviewers and commissioners to program stakeholders, state authorities, and other audiences. As a nationally recognized programmatic accreditor, AAQEP also must meet specific reporting requirements for its accredited programs.

The Program Specification Table is designed to address these various purposes and audiences by including the following components:

- A. **Main table** – The Program Specification Table itself identifies the degrees and programs accredited (or to be accredited) by AAQEP, along with any associated state credentials and enrollment/completer numbers, organized into three sections:
 - Programs that lead to **initial teaching credentials**
 - Programs that lead to **additional or advanced credentials** for already-licensed educators
 - Programs that **do not lead to** a state credential, OR that lead to a noninstructional professional credential for which a teaching credential is not a prerequisite
- B. **Program location and modality** – Following the Program Specification Table is space to identify and provide additional information about any programs that are offered at more than one site and/or via different modalities (face-to-face, online, or hybrid instruction).

Evidence Set Selection: Intentional Design

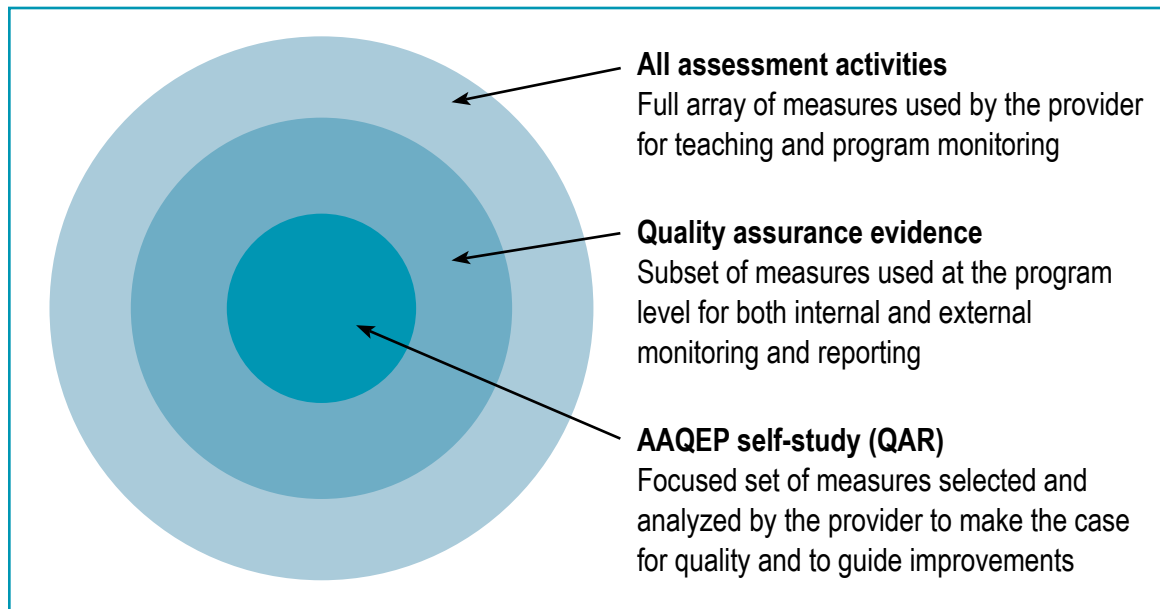
Once the provider has established the scope of its one or more self-studies, it can begin to determine which data elements to use in making the case for the AAQEP standards. Being intentional in selecting the evidence set and consistent in documenting it facilitates an efficient and accurate quality assurance review.

As noted previously, the AAQEP system requires multiple measures from multiple perspectives or sources to make the case that standards are met. While AAQEP provides a framework to guide the selection of evidence to use in the self-study (see Section 3 of this *Guide*), no specific measures are required. This means that as a provider prepares for its first AAQEP QAR, it must consider what evidence is available and what evidence will be most useful both in addressing the standards and for supporting ongoing programmatic improvement. Providers that have already achieved accreditation status have the ongoing opportunity to strengthen individual measures and to alter the evidence set on which they report annually and on which they will base subsequent QARs.

Judicious Selection

Operation of an educator preparation program generates a great deal of evidence, from admissions data to candidate coursework, clinical observations, performance assessments, completer and employer surveys, and so on. Each piece of data is potentially valuable in supporting the work of different personnel within a program.

Figure 5. Evidence Hierarchy for the AAQEP Self-Study



For the purposes of quality assurance and improvement, however, the great collection of evidence generated by the larger assessment system must be winnowed down to a practically usable set of data. Self-study authors must face and resist the temptation to include every possible piece of evidence that might bear on the standards, instead making judicious selections to best make their case. The evidence set selected for the QAR should be a subset of programs' quality assurance data system, which itself is a subset of the provider's overall assessment activities (see **Figure 5**).

As a whole, the evidence set should be limited enough that program and department faculty can make use of it, and it should be informed by stakeholder engagement and potentially useful to multiple stakeholders.

Special Considerations

A self-study based on the AAQEP standards has three broad categories of evidence to collect and analyze:

- Data from a variety of assessment instruments to provide evidence that the outcomes defined by Standards 1 and 2 have been achieved
- Candidate progress data related to the monitoring and support functions required to satisfy Aspect 3d (documented in Appendix A)
- Documentary evidence of program processes, and evidence generated from the auditing of those processes, related to additional aspects of Standards 3 and 4

The first two of these categories relate to candidate performance in the program, including in courses and clinical experiences, and to completer performance and professional growth. In general, outcome evidence is more useful for making the case that Standards 1 and 2 are met, while course-embedded and milestone markers (such as grade point averages at various points in a program) are more useful for documenting monitoring and support in Appendix A.

Figure 6. Potential Evidence Sources and Uses Related to Standards 1 and 2

PERSPECTIVE	EVIDENCE SOURCE	USE FOR STANDARDS 1 AND 2	USE FOR MONITORING AND SUPPORT (APP A)
Program faculty	Individual course assignments	X	X
	Course grades and GPAs (cumulative, content, pedagogy, particular sets of courses)	X	X
	Course-embedded assessments	X	X
	Faculty rating of field experiences	X	X
	Advanced graduate program culminating artifacts (theses, dissertations)	X	X
P-12 partners (often from clinical practice)	Early field clinical performance ratings	X	X
	Final internship or clinical placement performance ratings	X	X
	Performance assessments	X	X
	Portfolios or teacher work samples	X	X
State	State licensure or certification examinations	X	
Completers	End-of-program focus group interviews	X	
	Exit surveys (at program completion)	X	
	First-year teacher surveys	X	
	Additional follow-up surveys	X	
	Completer interviews or focus groups	X	
Employers	Employer surveys	X	
	State-sponsored surveys	X	
	Institutional surveys	X	
	Employer interviews or focus groups	X	

Examples include typical data sources but are neither exhaustive nor prescriptive.

Figure 7. Template: Standard 1 Aspect-Evidence Table

Measure	Program(s) for which measure is used	1a	1b	1c	1d	1e	1f	Data scope	Criteria for success	Perspectives*

*Use the key below to identify the perspective(s) or type of evidence each measure represents.

- 1 = **program faculty** assessment of candidates (e.g., dispositions rubric, course assessment)
- 2 = rating by **P-12 partner** in clinical setting (early fieldwork, student teaching, or internship)
- 3 = information provided by **completers** (as in a survey, focus group, other)
- 4 = information provided by **graduates' employers** (as in a survey, focus group, other)
- 5 = **direct performance assessment** in the culminating clinical internship (required for initial licensure programs)
- 6 = **state licensure test results** (for programs leading to certification or licensure)

Figure 6 lists some common types of evidence used in relation to Standards 1 and 2, showing that some sources may be usefully referenced in either the main body of the QAR or in Appendix A. Evidence may be used in one or both of those contexts.

As detailed in Section 3 of this *Guide*, evidence must be presented to address each aspect of each standard in the AAQEP framework, for each program being reviewed. For Standard 1 only, the evidence sources must also represent the perspectives of program faculty, P-12 partners, program completers, and their employers, though not all perspectives need to be provided for each aspect. In addition, the evidence must include some form of direct performance evidence from candidates' culminating clinical experience, as appropriate to the specific program.

For Standard 2, no particular perspectives are required, but it can be useful to include evidence of candidates' preparation as well as of completers' performance.

Aspect-Evidence Table

In both the Accreditation Proposal and the QAR, the provider records its evidence selection for Standards 1 and 2 using templated Aspect-Evidence Tables (see **Figure 7**). These tables serve as a useful organizer for the provider to ensure its chosen measures for each program cover all aspects and evidence requirements. They also concisely communicate to reviewers how the provider is aligning its measures with various factors. A copy of the Aspect-Evidence Table template along with guidance for completing it can be found on the QAR resource page at aaqep.org/qar-resources.

Moving Forward

When the provider reaches its preliminary decisions regarding the scope of accreditation and the selection of evidence sources, it is ready to advance to the next stage of the accreditation process. In the AAQEP system, that could mean one of two paths: completion of an Accreditation Proposal or moving directly to the self-study. Section 6 of this *Guide* describes the proposal process, and Sections 7 and 8 address the development of the QAR and its appendices.

Section 6. The Accreditation Proposal

The Accreditation Proposal lends structure and formative support to the early stages of an accreditation cycle in preparation for the provider's self-study. This optional process is open to regular members only, including providers that are new to AAQEP as well as those that are working toward reaccreditation.

Proposals are typically written 2 to 3 years prior to a site visit, though new providers on a tighter schedule also have found great value in this 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 that

includes direct measures and required perspectives for Standard 1

- Articulating the criteria for success for each measure included in the evidence set
- Detailing plans for investigating data quality for each of the measures
- Recording contextual challenges and planned innovations that are pertinent to the scope of accreditation
- Receiving formative feedback in a timeframe 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. 33). 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

Although AAQEP retains the final Accreditation Proposal in the provider's record, programs are **free to adjust their plans** as the self-study progresses.

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 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 includes a completed Program Specification Table (see **Figure 4**, p. 45) to clearly define the scope of programs in the anticipated AAQEP review (see Section 5 of this *Guide*).

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

Section 2 of the proposal presents and describes the evidence sources the provider intends to use to show that it meets Standards 1 and 2.

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 of the required perspectives must be represented *for the standard as a whole*, they need not be present for every aspect of the standard.

The evidence set for Standard 2 will likely have some overlap with that of Standard 1, but with greater emphasis on measures of completers' practice in their professional roles, including evidence collected from completers themselves, from their employers, and from any state data available to the provider. See Sections 2 and 3 of this *Guide* for more detailed descriptions of the standards and evidence expectations.

This section of the proposal uses Aspect-Evidence Tables (see **Figure 7**, p. 49) to provide a succinct overview of the

measures, their alignment to aspects of Standards 1 and 2, and the specific programs to which they apply.

Although no actual data are presented in the proposal, the explicit connection of measures with programmatic expectations (i.e., the provider's criteria for success) in the Aspect-Evidence Tables supports the provider's future self-study work.

In addition to the tables, this section of the proposal includes a brief explanation or contextual information about each of the measures along with a rationale for their selection as evidence.

Complex measures such as performance assessments or surveys may warrant additional illustrations to articulate how

particular components of the instrument align to specific aspects. For example, the proposal might map individual questions, items, or other elements of the measure to each relevant aspect, such as in the table shown in **Figure 8**.

Finally, each cited measure for both Standards 1 and 2 is appended to the proposal (with the exception of state license exams or other proprietary assessments, 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.

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

In this section, the provider explains its work to examine the quality of each measure documented in the Aspect-Evidence Tables. Although such examination might not have been completed at the time of proposal writing, the provider describes what work has been done so far and what work is planned for the future.

Evidence of data quality is a critical foundation for confident accreditation decisions. Documentation of efforts to ensure an assessment supports valid inferences regarding the performance of novice teachers, for example, should increase reviewers' confidence that the reported results are accurate and meaningful. AAQEP reviewers look for evidence of data quality in Accreditation Proposals as well as in self-study reports

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 Section 5 of this *Guide* as well as Sections 7 and 8 for QAR specifics.

Figure 8. 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 9. 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	

(where data quality evidence is reported in its own appendix).

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 biases in the instruments.

Figure 9 shows a possible format for reporting on the quality of each

measure. Examples from several providers’ proposals are also available for member viewing at aaqep.org/accreditation-proposals.

Discussion of each individual measure both informs and illuminates the provider’s plans and priorities guiding data-quality investigations in the short and long term. For example, measures that supply data for multiple AAQEP aspects or measures that serve as benchmarks for candidate progression may become high-priority considerations. By prompting the provider to articulate a broader system for exploring data-quality characteristics, particularly of locally developed measures, this section of the proposal helps set the stage for the work of the self-study and beyond.

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

The final section of the Accreditation Proposal invites the provider to identify new or emerging features of its programs so they can be recognized in the review process. In some cases, these changes may be in response to specific contextual challenges, or they may represent the evidence-based revision and innovations that AAQEP expects all providers to engage in as part of continuous program improvement.

This section of the proposal describes any changes that will be in process by the time of the AAQEP site visit and any program elements that will rely on novel evidence, or on different measures from those described elsewhere in the proposal (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.

Peer-Review Timeline and Process

Accreditation Proposals are reviewed on a regular cycle throughout the year. Providers may send proposals to AAQEP at any time, and staff assign them to peer reviewers at the start of the next review window. See aaqep.org/accreditation-proposals for the specific dates, formatting instructions, and other resources.

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 gives reviewers a more complete understanding of the provider as they respond 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 if the provider has questions about the reviewers’ feedback.

Check for Completeness

AAQEP staff close out the review by conducting a completeness check of the 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 that there are plans to address them). Based on this check, staff prepare 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 a completeness check does not guarantee an affirmative accreditation decision. As an optional and formative step in the accreditation process, the proposal is saved in the provider’s

member record but is not shared with the Quality Review Team or the Accreditation Commission.

In some cases, the provider may wish to revise the proposal in response to reviewer feedback or to address one or more gaps noted in the staff completeness check. 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 the provider does choose to revise a proposal, AAQEP will file the revised version in its member record.

Online Proposal Resources



The login-protected Accreditation Proposals page at

<https://aaqep.org/accreditation-proposals> offers

templates and guidance for proposal authors, submission information, webinar recordings, and samples excerpted from several providers' proposals.

Members can log in to their AAQEP web account to access this page and other online resources.

Section 7. The Quality Assurance Report

As the culmination of the self-study process, the provider prepares a Quality Assurance Report (QAR) that becomes the basis of its AAQEP review. The QAR makes an evidence-based case that all preparation programs included in the review meet AAQEP's four standards and that the provider therefore qualifies for accreditation.

The report presents this case in two parts: a narrative and a set of appendices. The narrative portion outlines the case, provides relevant contextual details, and

identifies and analyzes 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.

The report's table of contents is shown in **Figure 10** and detailed later in this section of the *Guide*.

Planning the Writing

Successful QAR writing begins with a plan that sets expectations for writing assignments, deliverables, and deadlines.

Figure 10. Contents of the AAQEP Quality Assurance Report

Introduction and Overview of the Provider's Programs and the Study <ul style="list-style-type: none">• Program Specification Table
Section 1. The Case for Standard 1: Candidate/Completer Performance <ul style="list-style-type: none">• Aspect-Evidence Table for Standard 1
Section 2. The Case for Standard 2: Completer Competence and Growth <ul style="list-style-type: none">• Aspect-Evidence Table for Standard 2
Section 3. The Case for Standard 3: Quality Program Practices
Section 4. The Case for Standard 4: Program Engagement in System 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

Figure 11. Sample Organizer: Key Steps in the QAR Writing Process

Step	Timeframe
Prepare optional Accreditation Proposal	[2-3 years prior to site visit]
Design self-study	
Collect data	
Analyze data	
Designate writing assignments	
Draft Quality Assurance Report	
Send draft to AAQEP for optional completeness check	[9 months prior to visit]
Edit report / circulate for institutional review	
Send final QAR to AAQEP	[6 months prior to visit]

A Shared Roadmap

The “who/what/when” essentials to identify from the outset include:

- An outline of key steps in the self-study process and a timeline for completing them
- The specific programs to be included in the report (see Section 5 of this *Guide*)
- Internal team members and other stakeholders (e.g., central or system administrators)
- External partners and other stakeholders (e.g., advisory board members)
- Measures to be used as evidence for Standards 1 and 2
- Data and practices documented as evidence for Standards 3 and 4

The QAR is due to AAQEP at least 6 months before the provider’s site visit, or 9 months ahead if the provider chooses to take advantage of the optional completeness check process. The time needed to complete a QAR varies. Providers writing their first QAR for AAQEP generally need 1-2 years, depending on

the availability of relevant data, the maturity of the provider’s internal quality assurance systems, and other factors. **Figure 11** shows a sample timeline the provider might customize to organize the main steps in its self-study writing process, including optional formative supports from AAQEP. (See also **Figure 3**, p. 39, for the full AAQEP process timeline.)

Keeping Audiences in Mind

Another important expectation to clarify up front with authors is who the QAR’s audiences are and what their interest is in the report. Accreditation combines internal reflection and peer review to provide public assurance of quality, but the QAR has multiple consumers beyond that “public.” To write an effective report, authors need to keep the variety of readers in mind and steer clear of internal jargon, acronyms, and framing that might not be commonly understood.

The first audience for the self-study report is the provider itself along with its internal and external stakeholders, including P-12 partners. With its detailed account of program quality and impact,

The QAR represents a **celebration of the provider's ongoing work and commitment** to its candidates, completers, local communities, and the field at large.

the QAR represents a celebration of the provider's ongoing work and commitment to its candidates, completers, local communities, and the field at large. AAQEP encourages authors to organize their reports in ways that make information accessible and actionable.

The second immediate audience for the report is the AAQEP peer reviewers assigned to the case. This Quality Review Team uses the QAR both to document evidence related to the standards and as a springboard to additional data collection and verification during the site visit. The QAR needs to organize the evidence to support an efficient review while giving these readers a clear understanding of the program and its context.

The third audience to read the QAR is the Accreditation Commission, which also reads the corresponding Quality Review Team Report. Like reviewers, commissioners value clarity in the presentation of evidence and in the narrative. Because they study reports from programs across many jurisdictions and settings, they also appreciate explanations of contextual features that may be unfamiliar.

The public might be a fourth audience for the self-study, though AAQEP publishes only the Commission's Accreditation Action Report and not the provider's QAR (see Section 11 of this *Guide* for details about accreditation decision meetings and documents). Because a fundamental purpose of accreditation is public quality assurance, AAQEP encourages providers to make portions of their self-study reports available broadly as evidence of the quality of their work and the effectiveness of their completers.

Additional readers of the QAR, depending on the state regulatory framework, may include state education department and standards board members and staff. And finally, to the extent that AAQEP succeeds in expanding the circle of learning from empirical accreditation work, the wider professional community is an additional audience.

Figure 12 outlines sample audiences and their potential interests in the QAR.

Strategies to Support Clarity

The following formatting features enhance report navigability and understanding for readers, particularly for AAQEP reviewers and commissioners:

- A detailed table of contents to help readers quickly locate information related to the aspects of each standard, including the required appendices
- Descriptive section headers that provide a roadmap for readers
- Consistent use of headings (and sub-headings), fonts, and colors throughout the document
- A glossary of any terms that may be unique to the program or context

Reporting on Complex Programs

To ensure all needed information is included in the self-study across a complex set of programs, some providers set up templates to be used in collecting and reporting data from a variety of sources. This approach helps ensure not only completeness but also readability in the final QAR if it is able to address each standard and aspect consistently across programs.



Figure 12. Potential QAR Audiences and Interests

Audience	Interests/questions addressed by the QAR
Program faculty	<ul style="list-style-type: none"> • How do we know that what we are doing is preparing our candidates to be ready for their professional roles? • What evidence can guide us toward improvement?
Institutional leadership (president, provost, dean)	<ul style="list-style-type: none"> • What is the overall quality of the program, and what are particular strengths and needs? • How well does the program understand and use data to inform improvement? • What might the institution do to ensure capacity and to support innovation?
P-12 partners and employers of completers	<ul style="list-style-type: none"> • Can I be confident in hiring graduates of this preparation program? • How can we work together better to solve local and state workforce needs and to increase educator diversity?
AAQEP Quality Review Team	<ul style="list-style-type: none"> • What evidence can we affirm in relation to the AAQEP standards? • What additional information should we gather on site to confirm or test the report findings?
AAQEP Accreditation Commission	<ul style="list-style-type: none"> • Does evidence show that this program meets the four AAQEP standards? • Does this program have the capacity to sustain quality for a full accreditation term?
Prospective students	<ul style="list-style-type: none"> • Should I choose this program to prepare me to become an educator? • What types of preparation experiences would I have in this program?
Policy makers	<ul style="list-style-type: none"> • How does this work inform policy related to educator preparation? • What is the overall quality of the program, and what are particular strengths and needs? • How might we better understand how individual providers are approaching common problems of practice across unique settings?
State education authority	<ul style="list-style-type: none"> • How well do graduates from this program meet the needs of children and communities in our state? • How can we better understand the contexts of each of our state’s preparation providers? • How is this provider meeting its state obligations and requirements?
Colleagues / the field at large	<ul style="list-style-type: none"> • What can we learn from one another? • What elements of this program’s design or assessment system might inform our own practices?

- Limited use of acronyms and abbreviations, clearly defined where used, and a list or index of those used throughout the report
 - Generic rather than brand-name references to measures cited in the narrative (e.g., “candidate disposition ratings” rather than “ratings on the Maxwell School of Education Disposition Appreciation Form” or “M-DAF ratings”)
 - Consistent patterns for addressing components of complex programs throughout the document
 - (e.g., a common order in presenting information about multiple program strands, or a set color or shading to represent a particular program strand, if using such visual markers), and explanation in the introduction of any such conventions
 - Use of visual displays and tables to efficiently and clearly summarize or present information
- Some writers or writing teams also arrange for external readers to review the draft report for general understanding and for consistency across the

entire QAR in formatting (headers, tables, presentation of data and analysis, etc.), tone and voice, and navigability. External readers often identify gaps in important contextual information that was inadvertently omitted by authors with an insider's perspective.

Considerations for Data Analysis and Presentation

As an accreditation decision rests on the evidence brought forth, providers should attend carefully to the ways in which data are presented, analyzed, and utilized in the QAR. All data presented in the report, whether in the narrative or in the appendices, must be appropriately de-identified, disaggregated by program, judiciously selected, and accompanied by analysis. (See Sections 3 and 5 of this *Guide* for AAQEP's evidence requirements and general selection guidelines.)

How Many Years of Data Should be Presented?

The evidence set on which the QAR is based should include data from multiple cohorts of program completers. Using evidence from 3 years, 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, AAQEP assumes that programs routinely consider and make changes in assessment measures or data sources. Because AAQEP's rules of evidence encourage addition of new and better measures at whatever point they become available, the number of 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. (Note that regardless of how many cycles of data are included, the QAR should include the most recently available evidence at the time of writing from each measure that is included.)

In deciding how many cycles of data 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, though with regard to evaluating program quality, data from the most recent 3 to 5 years is probably most relevant (and 3 is sufficient).

System Requirement: Disaggregation of Data

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 one or more entire programs are offered in separate modalities such that candidates in the different modes do not cross-enroll with each other but experience the program separately.

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.

All data presented in the QAR must be appropriately **de-identified, disaggregated** by program, **judiciously selected**, and accompanied by **analysis**.

Disaggregation Challenges

Some data sets are problematic to disaggregate, whether because of small program size or for other reasons. Providers facing these challenges have several options to consider.

Small Data Sets

Some providers have programs or program strands that prepare very small numbers of candidates, and reporting on these “small n ” data sets can create challenges for both providers and reviewers. These challenges center on two main concerns: (a) that the privacy of individual candidates and completers could be compromised and (b) that data from only a handful of individuals has limited value for making judgments about quality. Reviewers do sign a confidentiality agreement, and federal guidance permits student data to be shared for accreditation purposes,* but sometimes privacy concerns remain for small- n data sets; although data are de-identified in the QAR, the connection of test scores or other sensitive data to specific individuals could be made readily if the numbers are low. Additionally, some providers with small programs or small program strands may be reluctant to present disaggregated data because inferences made on the basis of very few individuals may be inaccurate.

Other Reasons Why Data May Not Be Disaggregated

In addition to the concerns listed above, there are other common situations in

Why Must Data Be Disaggregated?



Attending to equity of outcomes for all candidates begins with attending to any disparate outcomes across specific certificate or licensure programs, delivery modes, and/or locations. Disaggregation of these data provides the opportunity to investigate each program's quality of instruction and candidate/completer outcomes. These outcomes are further addressed in Appendix A (see Section 8 of this *Guide*), where providers can investigate candidate success throughout the program by conducting a discrepancy analysis.

which data may not be disaggregated in the QAR. First, the state may not provide data in a disaggregated fashion or may not do so for sample sizes smaller than 10. Second, sometimes the way in which the provider collects feedback (e.g., anonymous surveys) doesn't permit sorting by program.

If the state provides only aggregate data, it still may be of value in supporting the overarching narrative about the provider's programs. Likewise, if the provider collects data via anonymous surveys or other measures that can't be disaggregated, they may still be useful as additional quality indicators alongside other, disaggregated sources. If the evidence set overall lacks disaggregation, the QAR should explain why evidence is presented in this manner, understanding that a key goal of the self-study is to investigate whether there are any disparate outcomes in candidate/completer quality at the program level.

* Per the U.S. Department of Education, providers are permitted to share student data for accreditation purposes without infringing upon the rights granted to program candidates/completers under FERPA. See <https://studentprivacy.ed.gov/> for more information.

Handling Small Data Sets

Authors have several options for presenting and analyzing data for which standard disaggregation is not suitable:

- Analyze combined data from multiple years of completers to arrive at a large enough group for appropriate inferences to be made.
- Analyze combined data from multiple similar programs (e.g., all secondary education science candidates seeking licensure in biology, chemistry, or physics, because they share the same types of assessments).
- Review aggregate data for the degree of variance (e.g., a small standard deviation reflects similar performance across the aggregated candidates). If an aggregate data summary shows strong performance and little variance such that no subgroup included in the aggregate could be performing below the established cut score, for example, there is no need to see further disaggregation, as the root question is already answered.
- Review evidence from other measures to help triangulate the data. If multiple measures of a given group of candidates reflect low levels of performance, that may signal a problem that warrants investigation. If most measures reflect strong performance but one shows weaker performance, there is less cause for concern (though a question about the measure with weaker performance may still be warranted).

Making the Case

When writing the QAR, authors must constantly evaluate both how much

detail to include and how to present it so their readers can understand the case without becoming overwhelmed or lost. This exercise ultimately results in a combination of tables, charts, and prose, with all essential elements included directly in the QAR narrative and supporting resources or data sets provided in appendices or in hyperlinked external sites.

Report authors can assist their readers in forming an accurate understanding of the evidence and the program's interaction with it by:

- **Limiting the focus.** The evidence set presented for each aspect should prioritize quality and utility over volume. The body of the QAR need include only enough data and years of data to meet evidence requirements for each aspect and identify trends (see **Figure 5**, p. 47).
- **Keeping it relevant.** When writing about a particular aspect, authors should present only the data that align to that one aspect rather than all data from a measure. For example, rather than leaving readers to wade through the full results of a completer survey with dozens of questions, the QAR can excerpt the results that address the aspect at hand.
- **Enabling readers to dig deeper.** In cases where more information might be useful to reviewers, the QAR can provide external links to full (but de-identified) data sets. For example, if multiple certificates disaggregated all have the same results, the provider might choose to describe general findings in the narrative and include links to the detailed data to demonstrate

Figure 13. Sample Flow of QAR Section 1**Section 1. The Case for Standard 1: Candidate/Completer Performance**

- Brief introductory comments
- Aspect-Evidence Table for Standard 1
- Aspect 1a evidence display and analysis
- Aspect 1b evidence display and analysis
- Aspect 1c evidence display and analysis
- Aspect 1d evidence display and analysis
- Aspect 1e evidence display and analysis
- Aspect 1f evidence display and analysis
- Summary of Standard 1 findings, analysis, and next steps

that indeed, no significant differences are present in candidate scores or outcomes.

- **Offering context.** Where appropriate, reviewers and commissioners appreciate seeing basic descriptive statistics (range, mean, standard deviation) along with sample size and the year/cycle represented by the data. If possible, authors should also append a copy of (or link to) measures that are being used as evidence sources.
- **Defining what success looks like.** In addition to specifying the program's criteria for success on measures used as evidence, the QAR narrative should analyze the data presented vis-a-vis the named criteria and discuss actions the program may wish to take based on the data.
- **Using data displays wisely.** Presenting quantitative data in tables or charts along with supporting analysis can make the evidence more digestible than a narrative description alone. Visual displays often can also capture multiple perspectives at once.

QAR Section Architecture

In the narrative of the QAR, Sections 1-4 must address each aspect of the relevant standard, starting with the Aspect-Evidence Table (for Standards 1 and 2 only), followed by each aspect in sequence, and concluding with a summary of the findings and analysis. **Figure 13** illustrates the flow for Section 1 as an example.

The specific format of each aspect's evidence display and analysis is at the provider's discretion, as long as reviewers and commissioners can readily see what evidence is brought forward in relation to each aspect, the provider's own criteria of success for each measure, and the provider's understanding of the meaning of the reported results (i.e., analysis). Presenting these elements in a common pattern throughout Sections 1 and 2 and across the various programs or clusters of programs will facilitate reading and review of the self-study. **Figure 14** details a possible architecture for presenting Aspect 1a, and **Figure 15** shows three annotated examples of QAR data displays.

Figure 14. Sample Aspect-Level QAR Architecture

Aspect 1a. Content, pedagogical, and/or professional knowledge

- Aspect definition
- Brief listing of sources selected as evidence for the aspect
- Measure 1
 - » Data table or description/display of qualitative evidence
 - » Definition of criteria for success and data's comparison to the criteria
 - » Analysis of findings (as applicable) situated within the program's context
- Measure 2
 - » Data table or description/display of qualitative evidence
 - » Definition of criteria of success and data's comparison to the criteria
 - » Analysis of findings (as applicable) situated within the program's context
- Continue with any additional measures as applicable
- Summary of findings from evidence presented for Aspect 1a

Introduction and Overview of the Provider's Programs and the Study

The introduction to the QAR prepares 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:

- A brief discussion of the history of the institution/organization and its current context
- An explanation of the program's mission, key commitments, and/or rationale
- An overview of candidate and faculty demographics for the programs included in the self-study
- Highlights of contextual opportunities and challenges
- An overview of the design of the self-study and those who participated

The introduction should be brief and provide context for the rest of the report; depending on the number of programs included in the report, the introduction may be 5 to 10 pages in length.

This section of the QAR also identifies which edition of this *Guide* was used for the self-study and presents the required Program Specification Table (see **Figure 4**, p. 45) to clearly summarize the scope of the AAQEP review. A template and guidance for completing this table are available for download at aaqep.org/qar-resources.

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

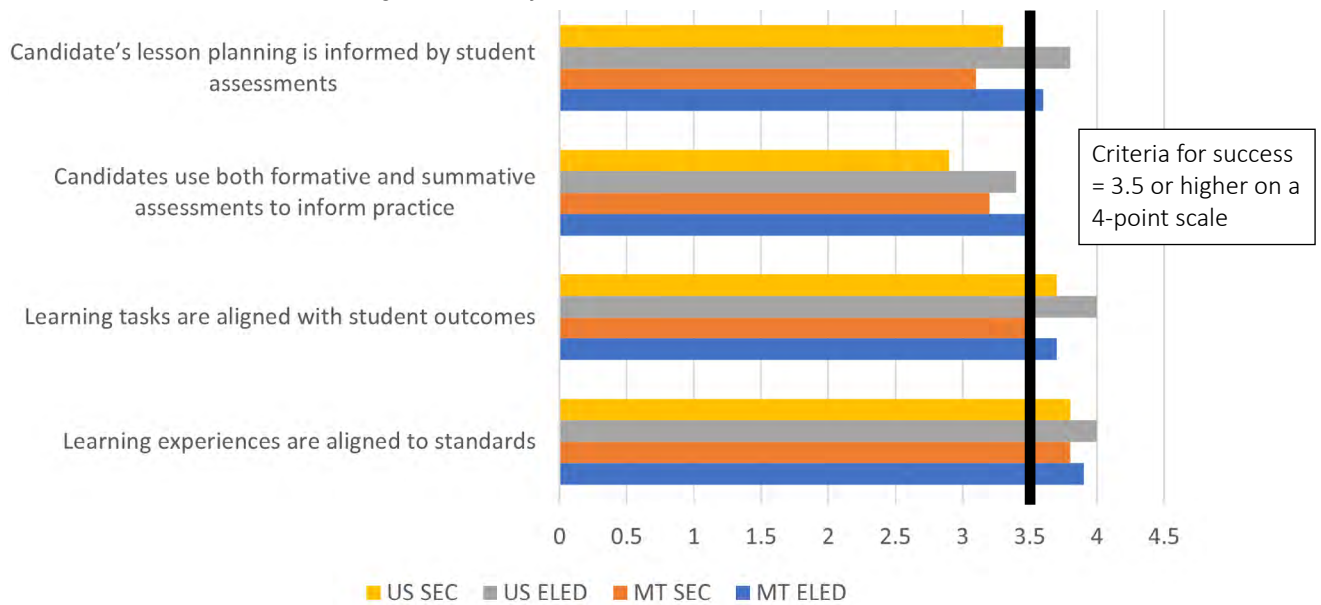
Key question: At the end of the program, are completers ready to fill their target professional role effectively?

In this section of the report, the provider makes the case that its program completers are ready to perform as

Figure 15. Sample Presentations of Data With Annotations

Example 1. Student Teaching Observation Data - Aspect 1d

The Student Teaching Observation Rubric is used twice during the final clinical placement for all candidates and is one of the key readiness indicators for recommendation for licensure. We use the first instance to help indicate candidates' areas of strengths and growth for formative purposes only. Below we display one year of data for our newly revised measure for both our elementary and secondary programs, which include the perspectives of our university supervisors for secondary education candidates (US SEC) and for elementary education candidates (US ELED) and our mentor teachers for both secondary education (MT SEC) and elementary education (MT ELED) candidates. Our criteria for success at the second implementation is an average of 3.5 or higher across all rubric items as indicated in the figure below by the black vertical line.



Notice in this sample:

- Clear identification of items aligned to measure in the display
- Criteria for success clearly noted
- Abbreviated terms in display spelled out in the narrative section

What might be useful to add:

- A link to the measure
- Identification of sample sizes
- Discussion of the data presented
- Analysis of the data incorporating relevant contextual information

professional educators with the capacity to support success for all learners.

This section begins with the Aspect-Evidence Table for Standard 1, specifying the measures used in support of particular aspects and for particular programs

(see **Figure 7**, p. 49). QAR authors might also follow the table with an introduction of each of the measures; articulating the context and rationale for their selection gives important background information to readers who may not be familiar

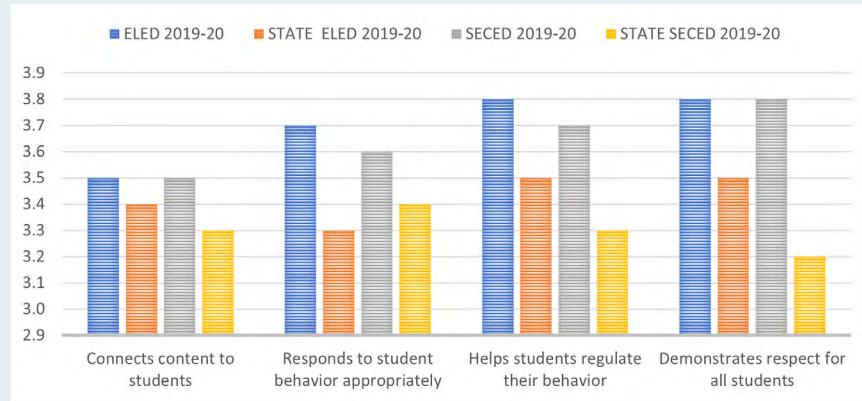


Figure 15. Sample Presentations of Data With Annotations (continued)

Example 2. Statewide Completer Data for Aspect 2c

Notice in this sample:

- Specific items from the measure listed across the x-axis
- Years of data identified in the legend



What might be useful to add:

- A link to the measure
- Explanation of abbreviations
- Identification of sample sizes
- Criteria for success
- Discussion of the data presented
- Analysis of the data incorporating relevant contextual information

Example 3. State Licensure Average Scores and Pass Rates

Program	2018-2019			2019-2020			2020-2021		
	N	Avg Score	% Passed	N	Avg Score	% Passed	N	Avg Score	% Passed
Secondary	47	244.9	91%	40	243.8	88%	39	240.4	90%
English	18	252	100%	11	250	100%	13	236.7	92%
Math	10	240	86%	7	242.1	86%	9	241.6	89%
Science*	9	244	78%	11	243	82%	7	243.9	86%
Social Studies	10	238.2	90%	11	239.5	82%	10	241.8	90%
Elementary	43	245	93%	41	243.3	90%	49	244.6	90%
Early Childhood	32	244.5	94%	22	243	95%	25	244.4	88%
Special Educ	8	253.4	100%	13	249.7	92%	18	246.8	94%
TESOL	3	228	66%	6	230.3	67%	6	239	83%
TOTAL for ALL	90	244.9	92%	81	243.5	89%	88	242.7	90%

*Science includes certificates in biology, chemistry, earth science, and physics.

Notice in this sample:

- Table title clearly identifies the measure and types of data presented
- Data disaggregated at the the certificate level
- Data aggregated at the program level and degree level
- Sample size provided
- Three years of data help identify trends
- Font formatting and color coding ease readability
- Cells that merit specific comment are highlighted (in this case, pass rates below 80%)

What might be useful to add:

- Discussion of the data presented
- Indication of the criteria of success on the measure
- Context to understand low passing scores

with specific instruments. Providing links to examples of these measures as they are described is another way to support report readers.

As noted in Section 3 of this *Guide*, the evidence for Standard 1 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 credential. 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.

As with all AAQEP standards, evidence must be presented in support of each aspect. For Standard 1 as a whole, evidence must be provided from all required perspectives, although any particular aspect does not need to be supported by all four required perspectives.

Where single instruments supply evidence relevant to more than one aspect or even more than one standard, 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

Presenting Claims and Evidence in QAR Sections 1-4



Each of the four standards is addressed in its own section of the QAR, which means a substantial portion of the report is devoted to providing evidence in support of the standards and associated aspects.

In addition to the overarching key question for each standard, two general questions are also useful to consider as authors provide evidence in support of each standard:

1. Have we clearly aligned measures (or portions of measures) to individual aspects and stated our criteria for success for each measure?
2. Have we presented the evidence, discussed the findings, and provided next steps for action (when applicable)?

While it is helpful to explain to reviewers and commissioners how a program operates, the decision regarding accreditation turns on the evidence and the analysis of that evidence presented in the report. And while an artifact of candidate practice might help readers understand a particular measure, it is essential that the program’s *analysis of the data* also be presented.

This analysis helps establish QAR authors’ “*author-ity*”^{*} on the programs being considered for accreditation. AAQEP readers both expect and respect the provider’s ownership of the evidence and depend on QAR authors to explain the meaning of their data within their context.

^{*}AAQEP is grateful to Christine Dawson of Siena College for introducing this term in recent QAR-writing cohorts.

the full data table every time it is referenced). Clear references or hyperlinks at each subsequent mention are imperative to facilitate reviewers' navigation back to specific portions of the QAR.

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 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.

Like Section 1, this section begins with the Aspect-Evidence Table for Standard 2, specifying the measures used

in support of particular aspects and for particular programs (see **Figure 7**, p. 49). Authors again might follow the table with an introduction of each of the measures and provide links to examples.

To demonstrate that it meets Standard 2, the provider must include evidence that strategies and 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

Online QAR Resources

The login-protected Quality Assurance Reports resource page at <https://aaqep.org/qar-resources> offers templates and guidance for authors, submission information, webinar recordings, and section-by-section samples excerpted from actual QARs.

Members can log in to their AAQEP web account to access this page and other online resources.



performance in evaluating results and in planning for responses.

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?

The types of evidence provided with relation to Standards 3 and 4 differ from that provided with relation to Standards 1 and 2. Whereas evidence for Standards 1 and 2, which address candidate and completer performance, is typically data collected through various types of measurement instruments (quantitative and qualitative), evidence regarding Standards 3 and 4, which relate to program practices, most often takes the form of documenting processes. While numerical and qualitative data may sometimes be part of the evidence set (admission or retention rates, for example), much of the evidence will verify practices and processes through documentation.

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 should provide a summary of the findings from these investigations 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 System 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 should 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 related to Aspect 4a 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, territorial, local) challenges or efforts relevant to the programs under accreditation

The **types of evidence** provided with relation to Standards 3 and 4 differ from that provided with relation to Standards 1 and 2.

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.

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 programmatic initiatives or innovations.

Providers have found this action plan useful in writing their future Annual Reports if it compiles and prioritizes findings related to their self-identified improvement aspirations, articulates specific goals, and outlines key steps and a timeline for completion.

QAR Completeness Check Features

What: Staff review of QAR draft

Why: To ensure the QAR is ready for a smooth review

When: At least 9 months prior to the site visit



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.

Transmission of the Report to AAQEP

Turning in the final QAR is a major milestone in the accreditation cycle, setting the quality assurance review in motion. In order for the Quality Review Team to conduct a thorough review, AAQEP must receive the final version of the QAR at least *6 months prior to the visit*.

Optional QAR Completeness Check

To support QAR authors in making sure the report is complete before the final version is due, staff offer a formal completeness check of drafts received at least *9 months prior to the visit*. The provider can take advantage of this optional service simply by sending AAQEP a PDF version of its draft report before the 9-month deadline.

The staff check helps ensure that the final QAR will be ready for review by the Quality Review Team and the Accreditation Commission. QARs are composed of a significant amount of evidence and information, and an external read with fresh eyes may capture overlooked components. While assurance of report completeness does not guarantee a successful review, it provides QAR writers



peace of mind and supports a more efficient process.

In their completeness check, staff review the draft report for key components and return a form with any questions and comments to the provider within 4 weeks. The provider then has until the regular QAR due date (6 months prior to the site visit) to make any desired adjustments and submit the final QAR.

The completeness check document used by staff is also available to providers for use as an internal tool. The document can be downloaded by AAQEP members at aaqep.org/qar-resources.

Final QAR

The final version of the QAR may be presented in a format of the provider's choosing, as long as it constitutes a cohesive digital package that can be shared with reviewers before and during the site visit. (The Accreditation Commission will need a single, continuously paginated PDF version of the report.) This document may include links to supporting

materials to facilitate reviewer access, but the main arguments, evidence displays, and analyses should be contained within the QAR itself.

Once the final report is received, staff perform a brief check to be sure all necessary elements are present for the review team to begin its work. If this check identifies substantial gaps or missing elements, the site visit may be rescheduled for a later date.

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, on the website, in webinars and workshops, on cohort calls, and through their AAQEP liaison or other staff.

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 interests and needs. See Section 10 of this *Guide* for additional insight into what QRT members look for during their review.

Section 8. Appendices to the QAR

Following the narrative portion of the 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)

While the appendices supply detailed evidence for particular aspects of Standards 3 and 4, their contents should also be *summarized within the narrative of the QAR* with a note for readers to review the related appendix for additional details and data.

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 support—from recruitment to selection and monitoring throughout the program—and evaluating the effectiveness of that system in ensuring candidate success, with particular attention to the appropriateness of the admissions criteria.

Appendix A is essentially a case study in which the provider first describes program recruitment, admission, monitoring, support, and retention processes and then documents its own investigation of the effectiveness of those processes. Both elements—the description of processes and investigation of their impact—are required.

Providers have approached this task in one of three ways:

- Some providers create a case study following 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). The evidence often includes various milestones or “gates” whose successful completion by candidates is a prerequisite for their continued progress through the program.

- A variation of the first approach is to investigate potential discrepancies between the experiences and success rates for groups. This approach can help alert programs to barriers to success that have differential impacts on specific groups of candidates.
- A third strategy is to focus on candidates who encounter difficulty progressing through the program or who do not complete it, working back through their experiences to find where things went wrong, where additional support could have been effective, or common points or performance indicators that could become warning indicators.

Whatever approach is taken, this study must be based on empirical evidence of specific measures and criteria selected by the provider. The evidence examined in Appendix A may include measures used to make the case for Standard 1 elsewhere in the QAR, but it also may include other evidence or indicators that are not mentioned in that section.

The narrative of this appendix should include conclusions that explain how the evidence presented supports current practice and/or what improvements to current practices will be implemented and studied in the future.

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 the program completers they employ. 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 documentation from existing practices or descriptions of informal efforts with plans for more systematic support of program completers. AAQEP recognizes that not all completers can be served directly, though technology often allows access to completers who are willing to engage at ever greater distances.

AAQEP also recognizes that the practices reported in Appendix B will vary by each provider's context and may differ even among a single provider's programs. Examples of activities reported in Appendix B have included online seminars for graduates, support guarantees (e.g., a promise of assistance to graduates in their first year or two of practice), online platforms to build professional learning communities and networks, and engagement with schools' or districts' induction programs.

AAQEP recognizes that the practices reported in Appendix B will **vary by each provider's context** and may differ even among a single provider's programs.

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 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 and describes the following dimensions 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, teaching assignments, and other criteria relevant to the provider such as research productivity; faculty CVs need not be included in the QAR but should be available for the review team, preferably via hyperlinks)
- 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, lodge complaints, or file formal grievances)

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. The Accreditation Commission's interest

Parity of resources and capacities across comparable programs does not imply absolute equality.

* If the provider or its parent institution uses a particular faculty qualifications display format for institutional (formerly regional) accreditation, it is free to use that format in documenting faculty qualifications for AAQEP as well.

in this appendix is to ascertain whether the program under review is provided with adequate resources and is treated equitably in relation to other comparable programs within the institution.

At a minimum, in cases where no other programs are available for comparison, this section may simply document the program's resources and listed capacity indicators.

Appendix D. Internal Quality Controls

Having detailed their candidate recruitment, selection, and monitoring/support 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 by describing 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, identifying problems or anomalies should they arise, and addressing them effectively.

In constructing Appendix D, the provider verifies its capacity to monitor quality either by auditing the major aspects of its internal quality control system or by engaging in a cycle of targeted improvement similar to the *plan-do-study-act* cycles recommended in the improvement science framework of Bryk et al. (2015).

In a broad-based internal audit, the provider probes 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 elements 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

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.**

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.

For the internal audit approach, Appendix D should identify the team that conducted the audit and briefly explain the process that was followed, including:

- A description of the sample that was drawn and the reasoning behind its composition
- A description of the processes and policies that were investigated (e.g., admissions criteria and processes, advising expectations, qualifications of faculty for teaching assignments)
- Specification of the data elements selected for investigation and how they were audited

- A description of the process that was followed in gathering and summarizing the evidence
- An explanation of the findings and any implications they have for program changes or improvement

For a focused investigation, the appendix should include:

- Clear identification of the focal problem or challenge
- Baseline data on which the need for intervention or improvement was decided
- Detailed explanation of how the improvement was determined and implemented
- A presentation and explanation of the evidence regarding the effort's success
- Any plans for additional monitoring or improvements

Each approach to verifying the provider'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 components of the program function and fit together, often highlighting areas where

Appendix A and Appendix D: What's the Difference?



Appendix A considers the experience of a group of candidates to answer the question *Are we admitting and supporting candidates so that they are able to succeed, and should we change our practices to promote greater success?*

In Appendix D, the lens is different; the provider examines a wider range of quality assurance processes to answer the question *Are our processes being implemented consistently and in keeping with our policies?*

Many providers choose to complete Appendix A based on analysis of a cohort of candidates who have now completed the program, disaggregated by demographic categories of interest to investigate the equality of outcomes. The sample for Appendix D is often smaller and chosen at random (or purposively stratified) to facilitate examination of the consistency of implementation of policies.



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?* For AAQEP’s context-aware approach to accreditation, it is also helpful to understand the role of contextual validity—which prioritizes local sense-making of the evidence. The interpretation of data through the lens of a specific context provides a more accurate understanding of that evidence (Yarbrough et al., 2013).

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 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 because of the

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

essential nature of nurturing shared professional judgment among raters through ongoing attention to program practices.

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.

Attention to preparation (planning and protocols), implementation, and coding and analysis strengthens the findings of qualitative evidence.

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 the validity, reliability, trustworthiness, and fairness of measures used for Standards 1 and 2?
- 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?
- What is the plan or schedule for maintaining attention to data quality over the course of the term of accreditation?

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

A possible format for reporting on the quality of each measure appears in **Figure 9** (see p. 53).

Appendix E should also include blank copies of locally developed instruments cited in the report to aid reviewers' understanding of their use.

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

Section 9. Professional Engagement in Peer Review

The AAQEP system as a whole is grounded in the experiences, expertise, and commitments of professionals in the field of educator preparation. This section of the *Guide* introduces the peer reviewers and others who put the accreditation system into action.

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 selected 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 team leads (see box, p. 80). Staff connect applicants with the appropriate professional development experiences for their preferred roles on a rolling basis.

Once they complete their required training, reviewers are eligible to be matched to cases 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 selected 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:

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 10 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. Teams carry out their responsibilities by taking an asset-based view of the provider's work and by approaching the visit as curious colleagues who appreciate each provider's unique context.

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 Section 11 of this *Guide*.



- **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.
- **Monitor personal bias.** Reviewers keep their personal biases in check and resist the natural inclination to compare cases to their own programs or experiences.
- **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 (or as needed), and are supplemented by a companion guide for each role. Staff alert reviewers to any available updates, and reviewers are encouraged to revisit their training regularly to refresh their understanding and ensure they are up to date on any changes.
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 Pages.** A login-protected set of resource pages provides quick access to key reviewer documents, webinar recordings, and registration for upcoming webinars.

QRT members also have the support of an assigned 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.

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, AAQEP surveys all parties involved for their feedback on the 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 10. 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 virtual off-site meetings, a site visit, and a virtual accreditation decision meeting.

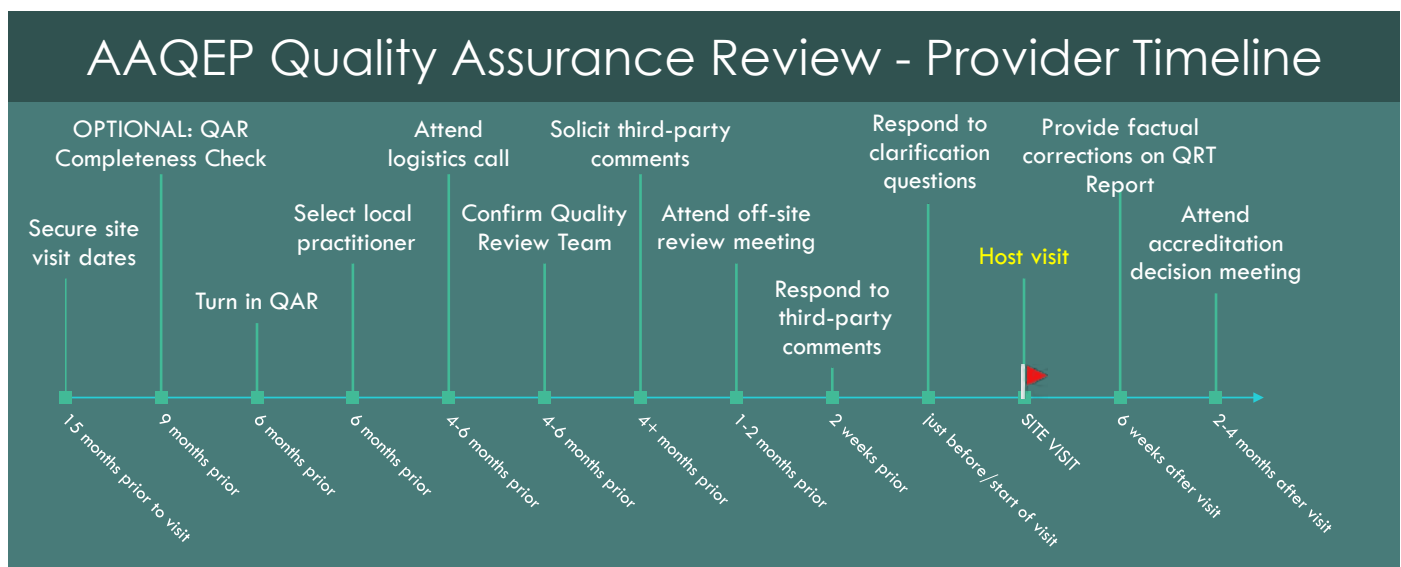
The quality assurance review is officially set in motion when the provider sends one or more Quality Assurance Reports (QARs) to AAQEP staff, who initiate the work of the review team and engage the provider in preliminary logistics

discussions. 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 16** (see also **Figure 3**, p. 39, 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 QAR is submitted; otherwise AAQEP will

Figure 16. Key Provider Actions in the Quality Assurance Review



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).

Securing Site Visit Dates

Shortly after joining AAQEP, each provider completes an intake form with preferences for site visit timing and other details. Based on this information, staff contact the provider about 15 months before the requested site visit semester to identify specific dates.

The reserved block typically covers 3 to 4 days: a travel day that may include late-afternoon meetings; a full day of meetings with stakeholders, program staff, and institutional leadership; and a third half or full day of similar meetings; depending on the number of meetings to be conducted on the third day and the distance to be traveled, a fourth day

What Happens When Site Visit Plans Have to Change?



Occasionally, it becomes necessary to change a scheduled site visit. Accommodations are made commensurate with the circumstances, which generally fall into one of the following categories (see also AAQEP's policy web pages at <https://aaqep.org/policy>):

Provider-Requested Change in Schedule

AAQEP does not charge a fee for provider requests to change its site visit dates, but the provider is responsible for any expenses incurred from rescheduling already-booked reviewer travel.

Severe Weather or Force Majeure Disruptions

If *force majeure* circumstances (severe weather, natural disaster, public health emergency, etc.) prevent a site visit from being held, the visit will be either moved to a virtual or hybrid format or rescheduled, preferably within 6 months of the originally scheduled dates. AAQEP will consult with the primary contact of the hosting provider to determine the best course of action, which will depend on the impact of the emergency and whether reviewers are already en route to or on site for the visit. Again, AAQEP does not charge a fee in this situation, but the provider is responsible for any expenses incurred from canceling or rescheduling already-booked reviewer travel.

Cancelation of Visit / Withdrawal From Review

Should a provider choose to withdraw entirely from its accreditation review, any site visit fees already paid will be forfeited, and any reviewer travel costs already incurred will be charged to the provider.



may also be needed for reviewers' return travel. The visit must take place 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.

The Quality Assurance Report and Logistics Call

Once AAQEP receives the provider's final QAR (see Sections 7 and 8 of this *Guide*), staff invite the provider's primary contact to attend a logistics meeting 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:

- Securing lodging and local transportation for reviewers
- Reserving meeting rooms for all stakeholder meetings and a separate work room for the team
- Arranging audiovisual needs including Wi-Fi internet access for the team
- Securing catering and/or dining reservations (if appropriate)

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. Each team will also require its own work room throughout the site visit.

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, including an outline of the general time commitment (15-20 hours in training and team preparation and reporting, plus 2-3 days to carry out the site visit) and characteristics of successful local practitioners. Providers are also encouraged to consider the ability to secure release days for local practitioners to attend QRT activities (both virtual and on-site).

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

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

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 the provider sends AAQEP the local practitioner's contact information, AAQEP staff contact the individual with links to reviewer training modules. The local practitioner must complete the required modules and sign a confidentiality agreement before beginning service on the QRT.

Other Review Team Members

Approximately 4 to 6 months before the provider's site visit, AAQEP staff assign the rest of the QRT to serve with the local practitioner. Assignments are made by selecting AAQEP-trained reviewers based on their availability and expertise.

The number of reviewers on each team is determined by the size and complexity of the programs 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 9 of this *Guide* for additional information about AAQEP volunteers.

Site Visit Liaison

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

Third-Party Comment

At least 4 months prior to the 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.

A site visit

liaison is

available to support both the team and the provider throughout the process.

* Encouraging collaboration among the provider, AAQEP, and state authorities is one of the AAQEP system'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. 89). 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 and reviewers have all the details that pertain to the review's context.



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.

Off-Site Review 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.

Off-Site Review Provider Meeting

The second virtual meeting of the off-site review takes place 1-2 months prior to the site visit. In addition to introducing

team members to the provider, 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 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; an additional travel day for reviewers may be needed before and/or

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

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.

after the visit, which will impact lodging and meal requirements.

The provider creates a site visit schedule that allows 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 or adjunct faculty teaching in the program
- Cooperating/mentor practitioners
- Field placement coordinator or director of clinical experiences (for large programs with more than one responsible staff member, the meeting should include all staff with direct contact with P-12 school personnel and/or responsible for preparing cooperating teachers and clinical supervisors)
- Clinical/field placement supervisors
- Individuals responsible for advising or student support (unless they are already included in a group above)
- Program candidates (preferably student teachers or candidates near program completion); multiple meetings may be appropriate if program options serve different candidate populations

Program leaders should not participate in QRT meetings with faculty, candidates, supervisors, or cooperating teachers to help participants feel comfortable **speaking freely.**

- Program completers/alumni
- P-12 partners/administrators of schools that host clinical placements
- Employers of program completers
- Advisory board/stakeholders with whom data are or will be shared
- Assessment coordinator
- Certification or licensure specialist
- State observer (if present)

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. Program leaders should not participate in QRT meetings with faculty, candidates, supervisors, or cooperating teachers to help participants feel comfortable speaking freely.

The entire review team 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 or may include some virtual participants, 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.

Providers hosting more than one review team at the same time may be able to streamline their schedules by arranging some joint interviews, such as those with central administrative and financial leaders from whom the teams would likely be seeking identical information. To make efficient use of both reviewer and stakeholder time, providers and team leads work together to identify interviews whose content overlaps.



In addition to the stakeholder interviews, the on-site schedule must include these three meetings:

- An arrival QRT meeting for team members (without provider colleagues) to review responses to the clarification questions and confirm plans for the visit
- A final QRT meeting in which the team meets alone to consolidate its findings, to prepare for the exit meeting with the provider, and to plan next steps for completing the draft QRT Report
- An exit meeting with the provider where the team offers general observations from the visit and clarifies the next steps in the process (as always, the team does not make evaluative statements or recommendations)

A suggested template for the on-site schedule is shown in **Figure 17** but may vary from the schedule for any actual visit, which is drafted by the provider and negotiated with the QRT to organize their work as they see fit. Variations may include combining some interviews; holding separate, perhaps concurrent, interviews with some groups (for example, separate meetings for candidates and/or alumni from initial and advanced programs); and using virtual or hybrid meeting formats before or during the visit to facilitate attendance by greater numbers of participants.*

Review of Program Capacity Indicators

In addition to reviewing the QAR and gathering information through interviews with stakeholders, the QRT reviews and documents a series of indicators related to program capacity (see **Figure 18**). 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.

Because states vary in their level of involvement in site visits, providers are advised to be in contact with their state authorizer. In states with which AAQEP has a partnership agreement,

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

* On rare occasions, a virtual interview with stakeholders may need to take place after the conclusion of the site visit, but such delayed meetings should be avoided if possible, as they could result in delays in the review team’s report completion and the Commission’s accreditation decision.

Figure 17. Site Visit Schedule Template

Time	Activity	Location
Day 1 (travel day)		
	QRT check-in at hotel	
Afternoon/evening	QRT arrival meeting (required)	
30 minutes	Meeting: QRT with QAR writer(s)/team	
	Dinner at hotel	
Day 2		
	Pickup from hotel	
30 minutes	Meeting: QRT with QAR writer(s)/team	
30-60 minutes	Meeting: Education dean/department chair/program administrators	
	Break	
45-60 minutes	Concurrent meetings: Full-time faculty & part-time faculty	
30 minutes	Meeting: Field placement coordinator or director of clinical experiences	
	Lunch on campus (consider special dietary needs)	
30 minutes	Concurrent meetings: President/provost & CFO	
45-60 minutes	Meeting: Program completers/alumni	
45-60 minutes	Open team time	
30 minutes	Meeting: Assessment coordinator	
45-60 minutes	Concurrent meetings: P-12 partners/administrators & employers of completers	
	Return to hotel, dinner	
Day 3		
<i>Depending on program size and the number of meetings needed, Day 3 could be a half day with the team traveling home in the afternoon.</i>		
	Pickup from hotel	
15-30 minutes	Meeting: QRT with QAR writer(s)/team	
30 minutes	Concurrent meetings: Certification/licensure specialist & state observer (if present)	
45-60 minutes	Meeting: Advisory board/stakeholders (with whom data is shared)	
	Break	
45-60 minutes	Meeting: Cooperating/mentor practitioners	
30 minutes	Meeting: Individuals responsible for candidate advising	
	Lunch on campus (consider special dietary needs)	
45-60 minutes	Meeting: Program candidates	
	Break	
45-60 minutes	Meeting: Clinical/field placement supervisors	
90 minutes	Final QRT meeting (required)	
30 minutes	Exit meeting with provider (required)	
	Return to hotel, dinner	
Day 4 (travel day)		
	Breakfast at hotel, departure	

Figure 18. Program Capacity Indicators Reviewed by Quality Review Teams

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

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 in session 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 their views 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.

providers should consult the agreement (see aaqep.org/state-collaboration) to ensure that all requirements related to the site visit are met. Typically, the provider is responsible for sharing its self-study report and the final site visit schedule with the appropriate state representative prior to the visit.

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 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, and meals) 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. In keeping with this agreement, observers are expected to use professional discretion regarding what they learn at a site visit and seek permission from the host (and use appropriate acknowledgment) before sharing any information.

A few weeks prior to the visit, observers receive their schedule and access to the provider's QAR; observers do not have access to QRT documents and reports. Likewise, during the site visit, observers do not attend meetings of the review team, but they may attend stakeholder interviews at the discretion of the provider.

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, describes the evidence examined on site, and presents aspect-by-aspect documentation of the evidence related to each AAQEP standard.

For each aspect, the team summarizes the evidence presented in the QAR and gathered during the review, describes related programmatic innovations, and includes any comments or observations 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 18**). It also records the results of the third-party comments received and any provider response to the comments.

Ensuring Accuracy

Once the QRT Report is complete, the team lead sends it to the provider to ensure that the report is accurate in fact and in interpretation. 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 either resolved or preserved by the team lead, and the final agreed-upon report is sent to both AAQEP and the provider.

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 11 of this *Guide* for more information about accreditation decisions.

The accreditation decision meeting occurs **2 to 4 months** after the site visit.

Section 11. 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 aaqep.org/accreditation-commission.

Decision Meeting Overview and Roles

The Accreditation Commission meets virtually as often as is necessary to make decisions in a timely manner, generally within 2-4 months of a site visit. At the decision meeting for any accreditation case, one commissioner presents a brief 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 invited to be 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 determine whether the program has met AAQEP's standards. Note that although well-written *reports* facilitate the Commission's work, decisions are based on the evidence regarding the quality of the *program* being reviewed as represented in the two reports.

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

appropriately 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).

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

1. **Affirmative action**, awarding one of two types of accreditation status:
 - a. **Accreditation** (7 years). A decision for 7-year accreditation indicates that all standards are met with no more than one condition to be resolved.
 - b. **Probationary accreditation** (2 years). A decision for probationary accreditation indicates that all standards are met, but that two conditions have been identified that constitute a potential threat to the provider's ability to meet one or more standards.
2. **Adverse action**, taken when evidence shows that one or more standards are not met; accreditation is denied or revoked.
3. **Disclaimer of decision**, taken when the evidence in the case record is not sufficient to support a decision for either affirmative or adverse action.

Affirmative Action

The Accreditation Commission takes affirmative action to award or renew a provider's accreditation status when all four standards are met.

The provider leaves the Commission meeting **knowing the outcome**, and the decision takes effect immediately.

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 notations may be attached to a decision, referencing relevant standard(s) and aspect(s), to provide information to the public and feedback to the provider.

Not all decisions include a notation; the main significance of an affirmative decision is that all standards have been met.

Of the five notation types, two affirm different degrees of program strengths or successes, two identify areas where growth or improvement is needed, and one is a vehicle for neutral feedback:

- **Commendation:** A commendation is awarded when evidence shows outstanding performance on one or more aspects of a standard or the standard as a whole.
- **Comment*:** A comment calls attention to a finding that is noteworthy but not so significant or pervasive as to warrant a commendation.
- **Observation:** An observation offers relatively neutral, nonevaluative feedback to the provider.
- **Concern:** A concern notes a relatively minor or restricted shortcoming in relation to one or more aspects of a standard, including cases where the preponderance of evidence is positive, but one subgroup of candidates' performance fails to meet expectations.

Evidence regarding progress in addressing concerns is reported in the provider's Annual Report to AAQEP and reviewed by staff.

- **Condition:** A condition indicates 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. Noting of more than two conditions results in adverse action. Failure to resolve any conditions to the Accreditation Commission's satisfaction likewise results in adverse action.

No action by the provider is required in cases where a commendation, comment, or observation 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; AAQEP senior staff guide and manage the process for review of conditions.

Probationary Accreditation

When all standards are found to be met but two conditions are noted in the accreditation decision, the Commission awards probationary (2-year) accreditation status. As an affirmative accreditation action, probationary status may not be appealed.

* Prior to September 2022, *observation* was not yet in use, and *comment* had the definition "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."

A provider with probationary status must address the conditions identified in its Accreditation Action Report to the Commission's satisfaction within 2 years of the decision. When noting conditions, the Commission specifies a timeline for the provider to address them by presenting evidence in a written report; it also may require a focused site visit to affirm the evidence in cases of probationary accreditation. As with all conditions, AAQEP senior staff work with the provider to manage the review process.

The provider's report addressing the conditions along with reviewers' report from the focused site visit, if one was required, must be supplied to the Commission in time for a new decision to be completed within 2 years of the original probationary decision.

Review of the report(s) may result in affirmative or adverse action. If the Commission determines the conditions have been resolved, it awards the provider the remainder of a full term of accreditation. Determination that one or more conditions are not resolved leads to adverse action.

Adverse Action

The Accreditation Commission takes adverse action when evidence shows that the provider does not meet one or more of the AAQEP standards, or when a provider with probationary accreditation fails to resolve both conditions prior to the second anniversary of the citation.

Adverse action may also be taken for failure to pay dues and fees or to otherwise comply with the obligations of membership in AAQEP.

In the case of a first-time application for AAQEP accreditation, adverse action results in denial of accreditation; for an AAQEP-accredited provider, adverse action revokes the previously held accreditation status. 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 denial or 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.

Disclaimer of Decision

Although it is unlikely that a case would reach the Accreditation Commission without sufficient evidence to support any decision, the disclaimer is available to commissioners for such an eventuality. A disclaimer may not be appealed.

With a disclaimer of decision, the meeting has no impact on the provider's accreditation status; a first-time applicant remains unaccredited, and an AAQEP-accredited provider retains its accreditation status only through the end of its existing term. The provider could choose to initiate another quality assurance review by writing a new QAR as the basis for a new site visit (for which a full site visit fee would apply).

Full Policies Online

See <https://aaqep.org/policy> for complete policies related to accreditation decisions, appeals, and more.



Section 12. Maintaining Accreditation

A provider's accreditation status with AAQEP remains in force through its expiration date as long as the provider maintains current membership through annual payment of fees, files an acceptable Annual Report by December 31 of each year, and makes available to the public such program and candidate/completer performance data as specified by AAQEP.

Accredited members seeking renewal of accreditation must complete a Quality Assurance Report (QAR) and host a site visit prior to the expiration of their current accreditation term. Accredited status is maintained through the subsequent accreditation action.

Continuous Engagement With Evidence

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 such as affirmative accreditation decisions and Annual Reports provide opportunities to pause and celebrate accomplishments as well as to set new goals.

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.

Sustaining the high level of engagement with stakeholders around evidence that characterizes a site visit requires planning and structure, beginning with a discussion of priorities. This engagement is the best antidote to falling into a "minimal maintenance" mode following an affirmative accreditation decision.

A natural starting point for a provider's ongoing improvement agenda is the set of findings and recommendations in its 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, along with 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 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 to address the identified issue or issues.

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, followed by a focused site visit if required, within

the timeframe identified in the provider's Accreditation Action Report. The format and content of the report and potential focused visit will be determined by the Commission's specification of the condition and in consultation with an assigned member of AAQEP's senior staff.

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, including addition or discontinuance of programs, 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 aaqep.org/policy.

Who, When, How, and How Many?

To maintain accreditation status, all accredited providers complete the AAQEP Annual Report between October 1 and December 31 of each year, beginning the calendar year following the provider's first AAQEP accreditation.

Providers complete the AAQEP Annual Report **between October 1 and December 31 of each year**, beginning the calendar year following the provider's first AAQEP accreditation.



Annual Reports are completed and sent to AAQEP 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/annual-reports 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 collects data on program performance and student achievement; 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.

Part I of the Annual Report must be posted publicly by the provider no later than the following January 15, and a link to the provider’s posting is shared on the AAQEP website. The provider may also post Part II publicly at its discretion.

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. 45) 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 completion numbers for each program.

Part I of the Annual Report must be **posted publicly** by the provider no later than the following January 15.

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 describes program accomplishments, efforts, and innovations (strengths and outcomes) to address challenges and priorities over the past year, particularly those that the provider wishes to be posted publicly.

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 has the following sections:

6. Self-Assessment and Continuous Growth and Improvement

This section charts ongoing improvement processes in relation to each AAQEP standard. It functions as a worksheet to record and track strategic plans to sustain the improvement of programs. 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 or assigned senior staff member.

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.

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.

Accredited providers must notify AAQEP no later than 30 days following the public posting or announcement of any substantive change. Substantive changes include adding or removing programs, name changes, mergers, and other significant alterations of the accredited program or its context.

For more information, see the Substantive Change Policy at aaqep.org/substantive-change-policy.

References and Resources

The following sources either are cited in this *Guide* or have otherwise informed the working groups and staff engaged in developing AAQEP's standards and processes.

American Association of Colleges for Teacher Education. (2016). *Principles for national accreditation in educator preparation*. Washington, DC: Author. Retrieved from <https://aacte.org/resources/high-quality-educator-preparation/>

American Association of Colleges for Teacher Education, Clinical Practice Commission. (2018). *A pivot toward clinical practice, its lexicon, and the renewal of educator preparation*. Washington, DC: Author. Retrieved from https://secure.aacte.org/apps/rl/res_get.php?fid=3750&ref=rl

American Educational Research Association. (2015, June). *AERA statement on use of value-added models (VAM) for the evaluation of educators and educator preparation programs*. Washington, DC: Author.

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (2014). *Standards for educational and psychological testing*. Washington, DC: American Educational Research Association.

American Statistical Association. (2014, April). *ASA statement on using value-added models for educational assessment*. Alexandria, VA: Author. Retrieved from https://www.amstat.org/policy/pdfs/ASA_VAM_Statement.pdf

Association of Specialized and Professional Accreditors. (2013). *The authoritative voice of specialized and professional accreditation*. Chicago, IL: Author. Retrieved from https://www.aspa-usa.org/wp-content/uploads/2015/02/ASPA_WhoWeAre_June11-edited.pdf

Brown, J., Kurzweil, M., & Pritchett, W. (2017). *Quality assurance in U.S. higher education: The current landscape and principles for reform*. New York, NY: Ithaca S+R. Retrieved from <https://sr.ithaka.org/publications/quality-assurance-in-u-s-higher-education/>

Bryk, A., Gomez, L., Grunow, A., & LeMahieu, P. (2015). *Learning to improve: How America's schools can get better at getting better*. Cambridge, MA: Harvard Education Press.

Cochran-Smith, M., et al. (2018). *Reclaiming accountability in teacher education*. New York, NY: Teachers College Press.



- Cochran-Smith, M., & Reagan, E. M. (2021). *“Best practices” for evaluating teacher preparation programs*. National Academy of Education Committee on Evaluating and Improving Teacher Preparation Programs. National Academy of Education. Retrieved from <https://naeducation.wpenginepowered.com/wp-content/uploads/2021/09/NAEd-EITPP-Paper-Cochran-Smith-and-Reagan.pdf>
- Council for Higher Education Accreditation. (2010). *Recognition of accrediting organizations: Policy and procedures*. Washington, DC: Author. Retrieved from <https://www.chea.org/2010-chea-recognition-policy-and-procedures>
- EducationCounsel. (2016, May). *A framework for focusing the federal role in improving quality and accountability for institutions of higher education through accreditation*. Washington, DC: Author. Retrieved from <http://educationcounsel.com/?publication=framework-risk-informed-differentiated-accreditation>
- Ewell, P. (2008). *U.S. accreditation and the future of quality assurance*. Washington, DC: Council for Higher Education Accreditation.
- Gaston, P. (2013). *Higher education accreditation: How it's changing, why it must*. Sterling, VA: Stylus.
- Hattie, J. (2008). *Visible learning: A synthesis of over 800 meta-analyses relating to achievement*. New York, NY: Routledge.
- Hood, S. L., Dilworth, M. E., & Lindsay, C. A. (2022). *Landscape of teacher preparation program evaluation policies and progress*. National Academy of Education Committee on Evaluating and Improving Teacher Preparation Programs. National Academy of Education. Retrieved from <https://naeducation.wpenginepowered.com/wp-content/uploads/2022/03/NAEd-EITPP-Paper-Hood-Dilworth-Lindsay.pdf>
- Ladson-Billings, G. (1994). *The dreamkeepers*. San Francisco, CA: Jossey-Bass.
- Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed.). Thousand Oaks, CA: Sage.
- Miller, B., Bergeron, D., & Martin, C. (2016). *A quality alternative: A new vision for higher education accreditation*. Washington, DC: Center for American Progress.
- National Institute of Standards and Technology. (2007). *Education criteria for performance excellence*. Washington, DC: National Institute of Standards and Technology, Baldrige National Quality Program.
- Phillips, S. D., & Kinser, K. (Eds.). (2018). *Accreditation on the edge: Challenging quality assurance in higher education*. Baltimore, MD: Johns Hopkins University Press.
- Suskie, L. (2015). *Five dimensions of quality: A common sense guide to accreditation and accountability*. San Francisco, CA: Jossey-Bass.
- Taylor, T., Saddler, A., Little, B., & Coleman, A. (2016, October). *A framework for outcome-focused, differentiated accreditation*. [Policy Brief #8]. Washington, DC:



- CHEA International Quality Group. Retrieved from <https://www.chea.org/framework-outcomes-focused-differentiated-accreditation>
- U.S. Chamber of Commerce Foundation. (2015). *Changing the debate on quality assurance in higher education*. Washington, DC: Author.
- U.S. Department of Education. (2012). *Guidelines for preparing/reviewing petitions and compliance reports in accordance with 34CFR part 602 the Secretary's recognition of accrediting agencies*. Washington, DC: Author. Retrieved from <https://www2.ed.gov/admins/finaid/accred/agency-guidelines.doc>
- U.S. Department of Education. (2016, August 16). *FACT SHEET: ED launches initiative for low-income students to access new generation of higher education providers*. Retrieved from <https://www.ed.gov/news/press-releases/fact-sheet-ed-launches-initiative-low-income-students-access-new-generation-higher-education-providers>
- U.S. Department of Education. (2018). *Accreditation in the United States*. Retrieved from <https://www2.ed.gov/admins/finaid/accred/accreditation.html#Overview>
- U.S. Senate Committee on Health, Education, Labor, & Pensions. (2015). *Higher education accreditation concepts and proposals*. Washington, DC: Author. Retrieved from https://www.insidehighered.com/sites/default/server_files/files/Accreditation.pdf
- Yarbrough, D. B., Shulha, L. M., Hopson, R. K., & Caruthers, F. A. (2010). *The program evaluation standards: A guide for evaluators and evaluation users* (3rd ed.). Thousand Oaks, CA: Sage.

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.
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.
accreditation status	Renewable award granted by the Accreditation Commission affirming a program meets AAQEP's standards; carries a term of 7 years.
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 opportunities identified in their Quality Assurance Report and/or Accreditation Action 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 Tables	Templated tables in a provider's Quality Assurance Report, giving readers a road map for understanding the use of evidence in the report. A template and instructions are 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 calls attention to a finding of program strength that is noteworthy but not so significant or pervasive as to warrant a commendation. <i>Note:</i> Prior to September 2022, the notation of <i>observation</i> was not yet in use, and <i>comment</i> had the definition "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 leads to the award of a probationary 2-year term of accreditation. Failure to resolve any condition in 2 years results in adverse action.
criteria for success	The provider's stated expectations for candidate or completer performance, either defined by the provider itself or specified by an external authority, such as for state licensure examinations.
expectations framework	A document defining AAQEP's four standards, their associated aspects, and evidence requirements.
initial accreditation status	Nonrenewable award granted by the Accreditation Commission affirming a program meets AAQEP's standards; carries a term of 5 years.
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.
observation	Notation that the Accreditation Commission may attach to an accreditation action (decision); an observation offers relatively neutral, nonevaluative feedback to the provider. <i>Note:</i> Prior to September 2022, the notation of <i>observation</i> was not yet in use, and <i>comment</i> had the definition "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."
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 status	Award granted by the Accreditation Commission affirming a program meets AAQEP's standards but has two 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 all official reports. A template for the table is available on AAQEP's website along with sample entries.
Proposal Review Form	The document used by proposal reviewers to jointly record feedback on a provider's Accreditation Proposal.
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.
site visit liaison	An AAQEP staff member or consultant 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.

AAQEP Staff



Mark LaCelle-Peterson, President and CEO
m.lacelle.peterson@aaqep.org

Linda McKee, Chief Operations Officer
l.mckee@aaqep.org

Sungti Hsu, Chief Relationship Officer
s.hsu@aaqep.org

Jerry Wirth, Chief Financial Officer
j.wirth@aaqep.org

Kristin McCabe, Senior Director of Communications and Marketing
k.mccabe@aaqep.org

Christine DeGregory, Director of Professional Learning
c.degregory@aaqep.org

Sara Hiller, Director of Accreditation Services
s.hiller@aaqep.org

Karen Lowenstein, Director of Member Services
k.lowenstein@aaqep.org

Jennifer Hsu, Event Planner
events@aaqep.org



Association for **Advancing**
Quality in Educator Preparation

Guide to AAQEP Accreditation

© 2023 by the Association for Advancing
Quality in Educator Preparation

<https://aaqep.org>