Guidance on Writing the Initial Accreditation Report

AAQEP’s initial accreditation review is based on a written self-study report that you prepare at least 6 months prior to your virtual site visit. This Initial Accreditation Report (IAR) consists of five narrative sections and two required appendices:

1. Introduction and Overview of the Provider’s Programs and the Study
2. Standard 1: Set of Projected Measures With Plan for Data and Analysis
3. Standard 2: Set of Projected Measures With Plan for Data and Analysis
4. Documentation of Mutually Beneficial P-12 Partnerships
5. Contextual Challenges, Planned Changes, and Conclusion
6. Program Capacity and Institutional Commitment (Quality Assurance Report Appendix C)
7. Evidence of Data Quality (Quality Assurance Report Appendix E)

Section 1. Introduction and Overview of the Provider’s Programs and the Study

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

- A brief history of the institution/program seeking accreditation
- An explanation of the program’s mission and/or the rationale that shapes it
- An overview of current candidate and faculty numbers and demographics

In addition to a narrative overview, the introduction includes a Program Specification Table (see Figure 1) that clearly defines the scope of programs seeking AAQEP initial accreditation. This table will be referenced and reproduced (and updated as needed) throughout the accreditation process as well as in your future Annual Reports.

Download the Program Specification Table template and instructions: PDF / Word

Figure 1. Program Specification Table for AAQEP Accreditation

<table>
<thead>
<tr>
<th>Degree or Certificate granted by the institution or organization</th>
<th>State Certificate, License, Endorsement, or Other Credential</th>
<th>Number of Candidates enrolled in current academic year (as of mm/yy)¹</th>
<th>Number of Completers in most recently completed academic year (12 months ending mm/yy)</th>
</tr>
</thead>
</table>

¹ Count all candidates enrolled in the listed programs to date for the current academic year (12-month period).
### Programs that lead to initial teaching credentials

<table>
<thead>
<tr>
<th></th>
<th>Total for programs that lead to initial credentials</th>
</tr>
</thead>
</table>

### Programs that lead to additional or advanced credentials for already-licensed educators

<table>
<thead>
<tr>
<th></th>
<th>Total for programs that lead to additional/advanced credentials</th>
</tr>
</thead>
</table>

### Programs that lead to credentials for other school professionals or to no specific credential

<table>
<thead>
<tr>
<th></th>
<th>Total for additional programs</th>
</tr>
</thead>
</table>

**TOTAL enrollment and productivity for all programs**

**Unduplicated\(^2\) 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**

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

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</table>

### Sections 2 and 3. Sets of Projected Measures With Plans for Data and Analysis for Standards 1 and 2

For brevity, this guidance document addresses Standards 1 and 2 together, but each standard will have its own section in your IAR. See the [Guide to AAQEP Accreditation](#) for detailed descriptions of AAQEP’s standards and evidence expectations.

Sections 2 and 3 of the IAR describe and briefly explain the evidence sources or measures you are using (or intend to use) to support the aspects of Standards 1 and 2. Although you will not report data or include data analysis in the IAR, the explicit identification of your measures and...

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\(^2\) 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.
programmatic expectations (criteria for success on each measure) informs reviewers about your intentions for analysis and use of data.

Overall, the evidence set for Standard 1 (but not necessarily for each aspect) must contain:

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

The evidence set for Standard 2 will likely have some overlap with that of Standard 1. The difference is that Standard 2 places greater emphasis on evidence from completers' practice in their professional roles. For both standards, each aspect must be addressed explicitly for every individual program seeking accreditation. Some of your measures will likely apply to all (or most) of your programs, while others may be specific to a single or few programs.

In addition to outlining your plans with narrative descriptions, use the templates shown in **Figure 2** below to prepare an Aspect-Evidence Table for each standard specifying your evidence sources and their alignment to each aspect.

**Figure 2. Aspect-Evidence Tables**

**Template: Standard 1 Aspect-Evidence Table**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Program(s) for which measure is used</th>
<th>1 a</th>
<th>1 b</th>
<th>1 c</th>
<th>1 d</th>
<th>1 e</th>
<th>1 f</th>
<th>Criteria for success</th>
<th>Perspective*</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Template: Standard 2 Aspect-Evidence Table**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Program(s) for which measure is used</th>
<th>2 a</th>
<th>2 b</th>
<th>2 c</th>
<th>2 d</th>
<th>2 e</th>
<th>2 f</th>
<th>Criteria for success</th>
<th>Perspective*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

*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)
Directions for Completing the Aspect-Evidence Tables

Copy and insert the appropriate table in Sections 2 and 3 of your IAR. Complete the shaded rows for each measure, using the columns as follows:

1. **Measure**: Name each measure on a separate row.
2. **Program(s) for which measure is used**: Identify the program or programs for which the measure is being used, making sure that all aspects are covered for all programs. For clarity, use program names that match those listed in your Program Specification Table.
3. **Related aspect(s)**: Mark the appropriate columns to identify the specific aspects for which the measure is being used.
4. **Criteria for success**: Briefly define your success criteria in relation to the measure. Examples of criteria include state-required cut scores on a mandated assessment, a rubric’s identification of proficiency, or ratings by stakeholders in survey responses. In some cases, such as in focus groups, “n/a” may be appropriate.
5. **Perspectives**: Document which perspective the measure captures using the key shown below the template tables. The list provided is not exhaustive but covers the most common perspectives. Again, four of these must be represented in the evidence set for Standard 1 for every program: (1) program faculty, (2) P-12 partners, (3) completers, and (4) graduates’ employers. In addition, at least one direct measure of candidates’ performance in the field or in a clinical setting, as appropriate to the program, must be included.

AAQEP recognizes that many assessment measures are used for many purposes within programs, but the self-study process draws on a selection of those measures. Take care to list **only** measures that will actually be included in your self-study.

Some measures offer evidence that can be applied to multiple aspects of a standard. In such cases, document which portion (e.g., the specific question, item, or rubric) of the measure aligns to each aspect. To help reviewers understand the multiple uses of measures, consider including a separate figure that maps the particular elements or items of those measures to each aspect, such as the table shown in **Figure 3**. This sample format is meant to serve as an example, not a model; feel free to create tables that clarify the scope of your data.

**Figure 3. Sample Reporting Format: Instruments Mapped to Multiple Aspects**

<table>
<thead>
<tr>
<th>Measure: [e.g., a performance assessment or survey]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubric or survey item #(s)</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
If the identified measures are already in use, describe how the data are currently analyzed and reported for your internal use for quality assurance and program improvement purposes. Explain how external partners and stakeholders are involved in collecting, analyzing, and/or using reported data for making decisions about program operation and improvement.

If any of the measures listed are not currently in use, or if their use to date has been limited, describe how data will be used for program monitoring and improvement purposes in the future.

Finally, append a copy of each listed locally developed measure at the end of your IAR. AAQEP will not evaluate these measures, but they are useful as reference material to help reviewers better understand the evidence sources being used.

Section 4. Documentation of Mutually Beneficial P-12 Partnerships

Section 4 of the report describes and documents how you are creating, expanding, and/or maintaining P-12 partnerships that are mutually beneficial for both your candidates and your partners. Specifically, this section addresses **Aspect 3b**, which asks how you develop and implement quality clinical experiences in the context of documented and effective partnerships with P-12 schools and districts, and **Aspect 4a**, which asks how these partnerships benefit local school partners, particularly high-need schools, as they seek equitable outcomes for all learners.

Section 5. Contextual Challenges, Planned Changes, and Conclusion

Section 5 concludes the main narrative of the IAR—only appendices follow—and is your opportunity to briefly summarize the case for initial accreditation, identify new or emerging features of your programs or context, and outline an action plan for future work.

AAQEP assumes that providers continuously engage in program improvement via innovations and evidence-based revision, and such work should not come to a halt in anticipation of an accreditation review. Accordingly, an important purpose of this section is to recognize contextual changes and innovations that are underway but not otherwise discussed in the IAR.

You can describe any recent innovations, changes that are in process, program elements that will rely on novel evidence, or measures that differ from those described in the previous sections of the IAR (e.g., new assessments that are being introduced). In some cases, these changes may be in response to specific contextual challenges, which are also useful to articulate for reviewers.

Situating your action plan in this context can help set up the next stages of your quality assurance and improvement work. Articulating and prioritizing your goals, a timeline for steps to accomplish them, and plans for implementing and monitoring the changes described in this section will also be helpful when you write your future AAQEP Annual Reports and QAR.
Section 6. Program Capacity and Institutional Commitment (QAR Appendix C)

This appendix contains documentation of programmatic capacity for quality and institutional commitment to ensuring program quality. This documentation takes the form of a required appendix that appears both in the IAR and (updated appropriately) in the subsequent Quality Assurance Report (QAR). Note that though it may seem out of order in the IAR, using “Appendix C” as the title helps clarify the connection between scaffolded reviews.

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

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

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

The second part of Appendix C documents institutional commitment to your 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.
Section 7. Evidence of Data Quality (QAR Appendix E)

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 is an emphasis of Standard 3 that is addressed in self-study reports as Appendix E.

This appendix supports Aspect 3e, which seeks evidence of engagement in continuous improvement of programs and program components through an effective quality assurance system, by detailing how you attend to the validity, reliability, trustworthiness, and fairness of the measures used in making the case that Standards 1 and 2 are met. (See Section 8 of the Guide to AAQEP Accreditation for additional detail and considerations regarding data quality.)

This appendix should answer the following questions:

- What processes were followed to investigate the validity, reliability, and fairness of quantitative measures?
- What processes were followed to investigate the trustworthiness and fairness of qualitative measures?
- 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?

If your program is at an early stage in its investigations of data quality, this appendix may articulate plans for future investigations as well as a description and rationale for existing ones along with any results to date. Progress on your plans can be addressed in future Annual Reports.

A possible format for reporting on the quality of each measure appears in Figure 4 below.

Figure 4. Sample Reporting Format: Organizer for Examination of Measures’ Quality

<table>
<thead>
<tr>
<th>Quantitative Measure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence (or plans) regarding <strong>validity</strong></td>
</tr>
<tr>
<td>Evidence (or plans) regarding <strong>reliability</strong></td>
</tr>
<tr>
<td>Evidence (or plans) regarding <strong>fairness</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qualitative Measure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence (or plans) regarding <strong>trustworthiness</strong></td>
</tr>
<tr>
<td>Evidence (or plans) regarding <strong>fairness</strong></td>
</tr>
</tbody>
</table>