



Association for **Advancing**  
**Quality** in Educator Preparation

# Guide to AAQEP Accreditation



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**2019**

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Association for **Advancing**  
**Quality** in Educator Preparation

## Guide to AAQEP Accreditation

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Contact:

AAQEP

P.O. Box 7511

Fairfax Station, VA 22039-9998

<https://aaqep.org>

### About AAQEP



The Association for Advancing Quality in Educator Preparation (AAQEP), a quality assurance association founded in 2017 by professionals in educator preparation, is dedicated to strengthening P-20 education through excellent educator preparation. In partnership with its members and state education authorities, AAQEP supports excellent, innovative programs that prepare effective educators.

### Vision

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

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

### Mission

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

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

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

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# Contents

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**Preface..... 4**

**Section 1. Introduction..... 5**

**Section 2. The AAQEP Standards..... 9**

**Section 3. Evidence Requirements & Priorities ..... 26**

**Section 4. The AAQEP Accreditation Process..... 29**

**Section 5. Writing the Quality Assurance Report..... 36**

**Section 6. The Quality Assurance Review..... 43**

**References and Resources..... 47**

**Appendix A. The Proposal..... 49**

**Appendix B. The Internal Audit..... 52**

**Appendix C. Who’s Who ..... 55**

**Appendix D. Glossary of AAQEP Terms..... 57**

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## Preface

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**T**his 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 consideration and priorities, the accreditation process, the

Quality Assurance Report (self-study), the review process, and related policies and definitions.

The Guide is an operating manual that is updated annually. Each year, AAQEP will also publish a summary of the latest changes, and no changes/policies will take effect until they are published.

Members may choose to work with any version of the Guide that has a publication year within 3 years of their scheduled visit. For example, a provider with a visit scheduled in fall 2024 may use the 2021 version or later; the version must be specified in the Quality Assurance Report to ensure reviewers have a common reference point.

While meant to provide a comprehensive overview, the following pages will 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](https://aaqep.org), contact staff directly (see box at left), or reach out to the general inquiry address, [aaqep@aaqep.org](mailto:aaqep@aaqep.org).

### AAQEP Staff

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

**Linda McKee**, Chief Operating Officer  
l.mckee@aaqep.org

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

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

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

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

**Sara Hiller**, Accreditation Coordinator  
s.hiller@aaqep.org

**Jennifer Hsu**, Event Planner  
events@aaqep.org



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## Section 1. Introduction

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**F**ounded in July 2017, AAQEP is a quality assurance agency that provides accreditation services to the field of educator preparation. Through its Accreditation Commission, AAQEP accredits providers of programs that prepare teachers and other education professionals at both the initial and advanced levels, in settings that range from colleges and universities to school districts, independent entities, and on-line providers.

### Forming a New Accreditor

The decade leading up to AAQEP's founding yielded important developments in the field of educator preparation and renewed attention to improving accreditation. The following conditions in particular set the stage for the emergence of a new accreditor:

- Advances in the performance assessment of teacher candidates provide new, credible evidence of program completers' readiness for professional practice.
- The variety of pathways into teaching has grown, both within higher education and through new organizations, often operating in partnership with school districts.
- Both proponents and critics of accreditation are calling for practices that are more supportive of innovation, provide more nuanced accounts

of quality, and differentiate processes on the basis of providers' context and available evidence.

These new developments notwithstanding, the core questions that drive quality assurance in educator preparation remain familiar ones:

- Are programs' completers well prepared for the demands of the professional settings they enter?
- Are programs' completers able to support all learners in diverse student populations?
- Do the increasingly varied programs that prepare teachers and other educators provide high-quality clinical experiences? Are practitioners and local schools engaged as partners?
- Does the accreditation system have the capacity to assure program quality, ongoing improvement, and innovation?
- Can the public be confident that its interests are served by accredited providers and that investments in them are well-placed?

Providing credible answers to these questions requires solid evidence, transparent systems, and collaborative engagement across the profession and with stakeholders.

By 2017, the new developments in preparation and new demands in accreditation offered an opportunity to frame

a fresh approach to answering the perennial questions about quality. AAQEP arose from conversations among educator preparation professionals and state education department and standards board staff who shared a passion for this fresh approach.

More than 40 educators and state staff from 14 states formed three “working groups” to design a new system. Each working group addressed one of three inherent tensions or challenges that all accreditors face:

- The *Expectations Group* established standards and evidence expectations, balancing the need for clarity

regarding current expectations with openness to improvement.

- The *Process Group* designed an accreditation process that includes practices that are well established and effective as well as a number of promising innovations.
- The *Consistency Group* took on the quintessential challenge of peer-review-based accreditation: engaging the generosity and expertise of volunteers in a variety of roles, each of which must be performed professionally and consistently across teams and across contexts.

The working groups’ efforts produced the AAQEP Expectations Framework, articulating the new system’s standards and evidence expectations. Working group members and staff broadly circulated a draft of the framework in fall 2017 via presentations and video conferences; a web-hosted survey collected further feedback. After making revisions based on the comments received, AAQEP published the official Expectations Framework online in January 2018.

## Why Accreditation Matters

The increasing diversity of not only educator preparation but U.S. higher education overall provides a growing number of avenues for individuals to access learning and enter professions. Higher education and professional preparation are available in person and on the ground in traditional public, independent, and for-profit institutions as well as in blended, hybrid, and online formats, from established academic institutions and from new nonprofit and for-profit providers.

### Special Recognitions – Early Adopters and Volunteer Leaders



AAQEP appreciates all of its members—but especially the nine providers that comprise Cohort 1, completing their quality assurance reviews during the 2019 spring term:

**Abilene Christian University (TX)**

**American InterContinental University (IL)**

**Bemidji State University (MN)**

**Clarkson University (NY)**

**College of St. Scholastica (MN)**

**Grand Canyon University (AZ)**

**Plymouth State University (NH)**

**Utah State University (UT)**

**Western Governors University (UT)**

Special thanks are also due to the dozens of participants in the advisory and working groups that crafted AAQEP’s standards and system. See Appendix C of this Guide for a list recognizing “Who’s Who” on the AAQEP Board of Directors as well as in these important volunteer groups.



Given this great diversity of providers and pathways, how can consistency in quality be assured? The answer to this important question is one of the hallmarks of U.S. higher education: accreditation of institutions and programs through a nongovernmental, nonregulatory process of self-study and peer review. While similar systems are beginning to emerge in other national and regional contexts, U.S. higher education can take pride in having created a comprehensive, flexible, self-regulating means of ensuring quality and promoting improvement and innovation in higher education and in professional preparation.

### The AAQEP Approach

Against this backdrop, AAQEP grounds its work in a view of accreditation as a profession’s 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 through innovation. This conversation is structured in a standards- and evidence-based system that builds on the long history of accreditation in U.S. higher education, while also responding to calls for improvement and innovation in the accreditation process itself.

The AAQEP approach aims to resolve four fundamental tensions of standards-based quality assurance work:

First, **standards**, which are the heart of any accreditation system, have to demand today’s established expectations while accommodating tomorrow’s possibilities. They must be consistent with current research, best practices, and expected outcomes without putting a

ceiling on progress, as innovation and improvement are essential to any dynamic professional field. The AAQEP standards framework distinguishes between confirmed and exploratory dimensions—as well as between the aspects of quality that are addressed in similar ways across context and other aspects that depend on local operationalization.

Second, the **rules of evidence** that guide accreditation decision making must be simultaneously demanding and realistic. Empirical evidence must serve as the basis of any defensible finding regarding quality, yet the limitations that are inherent in all measurements and assessments must be acknowledged. It’s no better to put more weight on evidence than it can bear than it is to ignore it. In addition, the types and qualities of evidence differ considerably across the many variables and characteristics that are of interest to discussions of quality. Professional judgment must inform the ongoing conversation about what data matter most, what particular evidence should be given most weight in decisions, and what aspects of programs or outcomes for completers ought to be included in analyses, even when the evidence or measures are more suggestive than conclusive.

Third, **accreditation’s twin aims** of accountability and continuous improvement must be accommodated in the system’s processes. Accreditation as a peer-to-peer undertaking has always sought to instantiate both of these goals. Over the decades, one aim or the other may predominate; recent policy discussions have focused relatively more on the accountability dimension. But the genius of nongovernmental, nonregulatory

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Standards must both demand **today’s** established expectations and accommodate **tomorrow’s** possibilities.

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quality assurance has been precisely in the effort to hold these two dimensions together. And in the current policy climate in this “age of acceleration,” a third aim has been articulated: support for innovation.

Finally, **consistency** in decisions must be achieved despite being carried out by a largely volunteer workforce. Every accreditor’s greatest asset and source of credibility is the professional dedication, generosity, and judgment of peer volunteers who put the quality assurance system into practice as reviewers, site visitors, or members of a decision-making body. Widespread participation from the professional field brings both the benefit and the challenge of corralling disparate experiences and expertise into consistent operations that yield reliable and accurate accreditation decisions.

AAQEP’s system is designed to resolve these tensions throughout its standards, review and decision processes, and consistent volunteer preparation, all guided by the following principles:

1. AAQEP supports and encourages **collaboration** among providers. While recent reform efforts in education

have focused on competition as a policy lever, AAQEP’s view is that the field of educator preparation moves forward through collaboration.

2. AAQEP processes and protocols focus on **improvement and innovation**; the design of the system promotes creativity rather than compliance.
3. AAQEP is committed to **three-way partnerships** involving preparation providers, state authorities, and itself as the accreditor.
4. AAQEP’s system is **comprehensive**—open to all providers, with the same quality expectations for all. Further, the system serves all types of programs, from initial to advanced, for teachers, school leaders and other personnel, and education professionals in other settings.
5. AAQEP recognizes the importance of **context** and respects institutional mission. Quality has to be exhibited locally and can be evaluated only in light of the provider’s particular context and stakeholders.
6. AAQEP values **consistent** preparation of volunteers and calibration of their work as essential to the integrity and credibility of any accreditation process.
7. AAQEP seeks to maximize **efficiency** while maintaining quality and operates as frugally as is prudent.

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

### AAQEP Design Principles



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

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## Section 2. The AAQEP Standards

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**S**tandards-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 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 innovation.

The development of the AAQEP standards began with the recognition that a substantial body of widely shared expectations exists in the field of educator preparation, and that for most such expectations, reasonably adequate assessments exist and are generally accepted for purposes of evaluation and as gauges of improvement.

The standards development process also recognized that there are aspects of preparation that, though widely recognized as important, must be addressed locally and evaluated in light of local context. These are the dimensions for which creativity rather than compliance are necessary, and for which varied treatment and measurement should be encouraged and supported.

#### The Scope of AAQEP Standards



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.

States that mandate national accreditation or that allow national accreditation to play a role in state approval may indicate which programs must be included in an accreditation review.

At their discretion, providers may include multiple programs in their AAQEP quality assurance reviews.

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

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AAQEP's standards address both program candidate/completer outcomes and program practices, and for each of these subjects, they establish two broad categories for attention: *foundational expectations* and *contextual challenges*.

*Foundational expectations* 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 perfect, they are generally recognized and broadly implemented.

*Contextual challenges*, on the other hand, are those open challenges or “aspirations” that might be characterized as widely shared commitments that demand local solutions, often developed with stakeholders and partners. Many of these goals are held in common across the field yet defy easy definition, consensus measures, or uniform solution. They include some of the field's most pressing questions, ones that require local answers or innovative strategies (such as following up on graduates in the absence of data systems that track educators entering the workforce). They include engagement with the P-20 system to address local challenges, efforts that by nature must be context-sensitive, and therefore will vary from community to community. These also include state-specific standards and challenges, such as addressing shortages and workforce needs.

At one level, these are common challenges, but they are conditioned by the

situation and the strictures of particular jurisdictions. In short, the “contextual challenges” standards address many valued and important aims that, though difficult to address, are too important to leave out of the system.

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

**F**our standards define AAQEP's expectations for preparation providers. Two address *candidate/completer performance*; two address *program practices*. As **Table 1** illustrates, within each of these pairs, foundational expectations and contextual challenges are specified. Standards 1 and 3 address aspects of individual and programmatic performance for which established measures are available. Standards 2 and 4, in contrast, address areas of individual and programmatic quality that are of critical importance and require greater innovation in operationalization strategies as well as in measurement and inquiry methods.

The standards preserve flexibility while assuring quality, and they promote improvement by avoiding prescription that would limit innovation. Each standard includes a bulleted list of six aspects—detailed in the following pages—each of which represents a dimension of the standard that must be addressed in the overall *evidence package* for the standard.

The aspects are not independent elements to be considered apart from the



Table 1. AAQEP Standards and Expectation Dimensions

	Completer performance	Program practice
Foundational expectations	Widely shared expectations for which accepted measures are readily available	
	<p><b>STANDARD 1:</b> <b>Candidate/Completer Performance</b> Program completers perform as professional educators with the capacity to support success for all learners.</p>	<p><b>STANDARD 3:</b> <b>Quality Program Practices</b> 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><b>STANDARD 2:</b> <b>Completer Professional Competence and Growth</b> Program completers adapt to working in a variety of contexts and grow as professionals.</p>	<p><b>STANDARD 4:</b> <b>Program Engagement in System Improvement</b> Program practices strengthen the P-20 education system in light of local needs and in keeping with the program’s mission.</p>

whole body of evidence relating to the standard. Evidence in relation to each standard is considered and evaluated holistically. Nonetheless, each aspect contributes to the overall account of the standard, so each aspect must be directly addressed with evidence that is appropriate to the program and to the particular standard.

Essentially, each standard poses a particular question that must be answered in the affirmative 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.

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

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## Standard 1: Candidate and Completer Performance

Standard 1 represents core aspects of competent performance that are expected of professional educators. While the specific performances and evidence may differ depending on the particular role, license, or certificate, each aspect is part of every educator's role.

### Standard 1 Unpacked: Aspects and Evidence

As noted in **Figure 1**, evidence for the standard 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

### Standard 1 Essential Question:

At the end of the program, are completers ready to fill their target professional role effectively? What evidence supports this claim?

license program. *Evidence must be provided for each aspect*, but evaluation of the program relative to the standard will be holistic.

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

The six aspects of Standard 1 may be understood in this way:

#### *Content, pedagogical, and/or professional knowledge*

Professionals are defined, in part, as those who use their specialized knowledge in service of others—so having mastered the specialized knowledge appropriate to the license or certificate for which candidates are being prepared is a critical aspect of their readiness to perform the responsibilities of a professional. In the context of initial teacher preparation, this means command of the content knowledge that one will be responsible for teaching, along with the

**Figure 1. Expectations and Evidence for Standard 1**

### **Standard 1: Candidate and 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. Teacher 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:

- Content, pedagogical, and/or professional knowledge relevant to the credential or degree for which they are prepared
- Learners, learning theory including social, emotional, and academic dimensions, and the application of learning theory in their work
- 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
- Assessment of and for student learning, assessment and data literacy, and the use of data to inform practice
- Creation and development of positive learning and work environments
- Dispositions and behaviors required for successful professional practice

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

*Source: AAQEP Expectations Framework, © 2018*

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 teaching roles, the knowledge related to the role is referred to simply as *professional knowledge*.

Whereas initial teacher preparation must attend to mastery of content knowledge, the instructional cycle of planning, implementing appropriate models of

instruction, and assessing (more on that below), the new or extended knowledge for those preparing for other professional roles in education—whether as a principal or a specialist teacher—includes another role-specific knowledge base.

The role-specific knowledge that must be demonstrated by candidates and deployed by completers is defined and 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.

Providers must indicate, in addressing Standard 3, how they meet the expectations of the jurisdictions in which they operate. To show that they meet Standard 1, they report on evidence that their candidates, by the time of program completion, have mastered the relevant knowledge. As for each of the standards and their aspects, the evidence must be appropriate to the credential or degree for which candidates are prepared.

#### *Learners, learning theory, 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.

#### *Culturally responsive practice and the impact of language acquisition on learning*

Effectively supporting success 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, and others.

Candidates must be able to acknowledge and respond to the intersectionality of race, ethnicity, class, gender identity and expression, and sexual identity. They also need to understand the impact of language acquisition and literacy development on learning, and their practice must reflect this understanding.

#### *Assessment of and for student learning*

Assessment has always been 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 skewed and narrowed assessment practice in counterproductive ways. Regardless of their specific professional role, educators must understand the basics of balanced assessment, be assessment and data literate, and engage with the production and interpretation

### Understanding Standard 1 Evidence

Evidence for Standard 1 must address each aspect and must include multiple measures and multiple perspectives.

Keep in mind that many measures 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.





of evidence to inform instruction and/or school policies and practices.

### *Creation and development of positive learning and work environments*

Commensurate with their specific professional role, educators must be able to create positive learning and work environments, such as for learners in a variety of instructional settings or for professional colleagues. 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.

### *Dispositions and professional behaviors*

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

### **Types of Evidence for Standard 1**

Evidence for Standard 1 will include data from multiple measures representing multiple perspectives on candidate and completer performance, including those of program faculty, P-12 partners who have worked with candidates in their clinical placements, program completers themselves in the early years of their careers, and completers' employers.

The evidence set must include direct measures of candidate performance in a field/clinical setting appropriate to the

program. (Note that in some advanced programs, “field” experiences are carried out in the practicing teacher’s own classroom and school, and evidence will be gathered as appropriate to the program.)

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

While any one assessment instrument may address one or more aspects of Standard 1, it may also provide evidence relevant to Standard 2. See the text box on page 18 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.

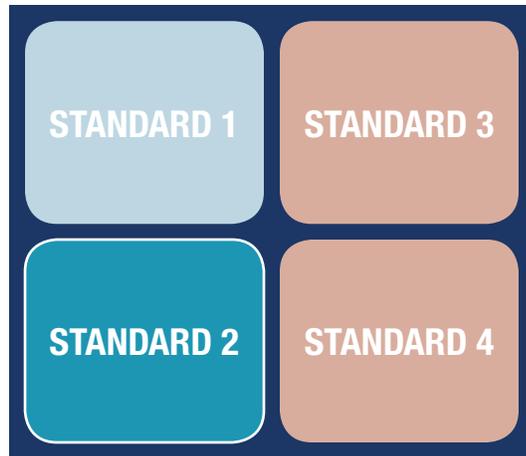
### **A Note on Initial Implementation of New Standards: Plans May Be Required!**



All providers using this edition of the Guide will be implementing the AAQEP standards for the first time as part of their quality assurance work.

Adoption of new standards often requires 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 on one or more aspects of the standards. Subsequent annual reports by accredited providers will include reporting of such data.

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



## 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 very challenging substantive task of preparing educators to continue to grow as professionals and to adapt to school and community contexts different from those encountered in the supportive context of the preparation program.

### Standard 2 Unpacked: Aspects and Evidence

As shown in **Figure 2**, several of this standard's aspects are similar to aspects of Standard 1 but with this distinction: in Standard 2 the concern is with evidence of completers' ability to address the aspect in a variety of school and community contexts.

The six aspects of Standard 2 may be understood in this way:

### Standard 2 Essential Questions:

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

*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; however following program completion, completers must navigate the establishment of positive relationships with school communities, local communities, and with families, guardians, and caregivers. Preparation should include understanding of the importance of such relationships, experience with developing them, and strategies for engaging with a variety of school and community environments.

*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.

Figure 2. Expectations and Evidence for Standard 2

**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 firsthand professional experience accompanied by reflection that prepares candidates to engage effectively in different contexts they may encounter throughout their careers. Evidence shows that program completers have the capacity to:

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

*Source: AAQEP Expectations Framework, © 2018*

***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.

***Support students' growth in international and global perspectives***

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



*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.

*Collaborate with colleagues to support professional learning*

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

Clearly, some of the aspects of Standard 2 present challenges in terms of data collection. AAQEP expects providers to seek such evidence as can be collected in partnership with completers and their employers.

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



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

These standards also differ in the essential 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 questions would ideally draw mainly on longitudinal evidence of completers’ career tracks including performance evaluations, the success of their own students (or for school leaders, their effectiveness as instructional leaders), etc. Such longitudinal data, however, are often difficult to access. Some states have begun providing evidence of completer performance in the form of teacher evaluations or student test scores (or “gains”)—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 Essential Question:**

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 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 (see **Figure 3**).

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

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

The provider’s Quality Assurance Report documents evidence to support Standards 3 and 4 through designated appendices (see Section 5 for details on the Quality Assurance Report).

The six aspects of Standard 3 may be understood in this way:

*Coherent curricula aligned with state and/or national standards*

Programs accredited by AAQEP provide candidates with a coherent curriculum that is aligned with state or national standards. Curriculum alignment with standards identified by the provider can be presented in Appendix C of the Quality Assurance Report. AAQEP recognizes that state requirements regarding standards are of primary importance to providers in most cases. Providers are welcome, but not required, to provide crosswalks aligning programs to additional national standards.

*Implements quality clinical experiences in effective P-12 partnerships*

Partnering with P-12 schools to provide high-quality clinical experiences is an

Figure 3. Expectations and Evidence for Standard 3

### 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 that the program:

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

*Source: AAQEP Expectations Framework, © 2018*

important aspect of provider quality. Partnerships take different forms depending on the provider's scope, local geography, and other contextual factors. The Quality Assurance Report should include an explanation of the provider's rationale for its partnerships, a list and description of partnerships, and a description of the clinical experiences that result from and are embedded in those

partnerships. AAQEP affirms AACTE's (2018) Clinical Practice Commission report, *A Pivot Toward Clinical Practice*, as a useful framework.

***Engages multiple stakeholders in evidence-based 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. AAQEP expects providers to ensure that stakeholders meaningfully engage in consideration of evidence and 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 of the Quality Assurance Report, which presents the provider’s internal audit of its quality assurance system.

***Enacts admission and monitoring processes linked to candidate success***

A fundamental component of quality assurance in educator preparation resides in the processes providers use to recruit and select candidates, monitor their progress through the preparation program, and assess their readiness for entry into the professional role for which they have been prepared. As with all aspects of the quality assurance system, this one should be aligned to any relevant state’s requirements.

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 of the Quality Assurance Report. The account should include both a description of the measures, benchmarks, and processes used and the results of the provider’s study of its processes, and it should identify any needed improvements or process enhancements.

***Engages in continuous improvement through an effective quality assurance system***

As important as the admissions and monitoring process is to quality assurance, a full account of a provider’s quality assurance system requires a broader treatment. That treatment is realized through the requirement that the provider conduct an internal audit of its quality assurance (or quality control) system as part of its self-study process that eventuates in the writing of the

**Quality Assurance Report Appendices at a Glance**



- A:** Candidate recruitment, selection, and monitoring
- B:** Completer support and follow-up
- C:** Program capacity and institutional commitment
- D:** Internal audit
- E:** Jurisdictional obligations specified in state agreement (optional)
- F:** Missional commitments and distinct contributions (optional)
- G:** Data quality (attach blank copies of instruments used in the report)

*See Section 5 for details on all components of the QAR.*



Quality Assurance Report. (Detailed guidance on the internal audit is included in Section 5, Writing the Quality Assurance Report.)

Providers include their internal audit as Appendix D of the Quality Assurance Report.

***Maintains capacity for quality in staffing, resources, operations, and institutional commitment***

In addition to documenting the functioning of an effective internal quality control process, providers also must show evidence of operational capacity and institutional commitment.

This documentation, included in Appendix C of the Quality Assurance Report (see Section 5 of this Guide), encompasses evidence of sufficient and

well-qualified faculty and staff, availability of resources to support the program, and other critical inputs. That appendix calls for information on faculty, facilities, fiscal support, student support services, and student feedback mechanisms.

These categories are required of federally recognized accreditors; AAQEP affirms and requires them for their own merits as well as in the interest of participating in the federal recognition system.

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

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



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

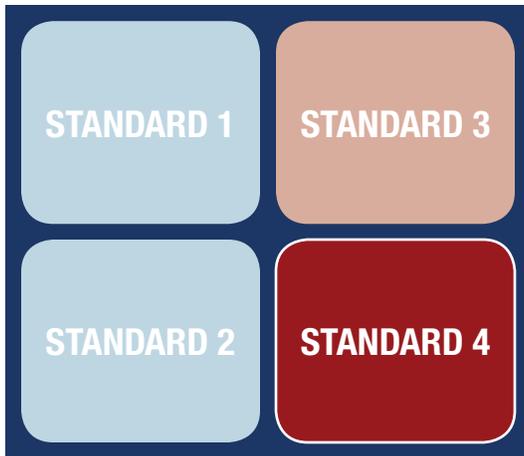
The evidence marshaled in relation to Standard 3 must answer the essential question:

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

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

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

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



**Standard 4 Essential Question:**

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?

**Standard 4: Program Engagement in System Improvement**

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

**Standard 4 Unpacked: Aspects, Evidence, and Appendices**

Standard 4 (see **Figure 4**) attends to a provider’s local context and needs as well as to jurisdictional requirements.

The six aspects of Standard 4 may be understood in this way:

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

As an integral component of the larger education system, educator preparation has a part to play in addressing the challenges facing the system as a whole.

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

*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. AAQEP expects members to work toward more equitable representation in the educator workforce through candidate recruitment and support. Providers also should work to address state and local workforce needs, particularly shortage areas and hard-to-staff schools or positions.

*Supports completers’ entry into and/or continuation in their*

Figure 4. Expectations and Evidence for Standard 4

### 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 facing the field is essential and must be contextualized. Sharing results of contextualized engagement and innovation support the field's collective effort to address education's most pressing challenges through improvement and innovation. The provider shows evidence that it:

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

Evidence for this standard addresses the identified issues in light of local and institutional context.

*Source: AAQEP Expectations Framework, © 2018*

***professional role, as appropriate to the credential or degree being earned***

Providers are increasingly engaged in follow-up support for completers of their programs as they enter their new professional roles and continue to develop. Appendix B of the Quality Assurance Report provides members with an opportunity to document their efforts to support program completers.

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

***Investigates available and trustworthy evidence regarding completer***



***placement, effectiveness, and retention in the profession and uses that information to improve programs***

Providers in some states have access to data on program completers' employment, performance evaluation, and students' test scores or growth measures; states vary widely in terms of what data are collected, what is made available, and the format and level of aggregation in which data are shared.

Such evidence is generally available for only a portion of a provider's completers (those who teach in the state's public schools), and some data elements are available for only a portion of that number (e.g., test scores or growth measures are available only for candidates teaching in tested subjects and grades). The tests and evaluation frameworks that generate the evidence are often of unknown or contested quality from an empirical standpoint.

These caveats notwithstanding, AAQEP members should consider all such available evidence for whatever contributions it can make to understanding and improving their preparation programs. Critical engagement with such publicly available data sources can lead to the improvement of such data systems, as well as to improvement of preparation.

***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 to lead to licensure or certification of their completers.

In some cases, partnerships with states may obligate AAQEP to verify that particular obligations are met. Any such requirements will be specified in a state cooperation agreement that will be available to providers. Information or documentation regarding any such specified review should be provided in Appendix E of the Quality Assurance Report.

***Investigates its own effectiveness relative to its stated institutional and/or programmatic mission and commitments***

Providers are welcome to include in their review evidence regarding institutional or programmatic mission and commitments. While AAQEP will not presume to make judgments about any such commitments that fall outside the scope of the AAQEP standards, it recognizes and respects the importance and value of institutional context and particularity, and it recognizes that the aims associated with such commitments will be furthered by engaging in evidence collection, analysis, and reporting for a range of stakeholders.

**E**vidence regarding Standard 4 will include 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.

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## Section 3. Evidence Requirements & Priorities

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**A**ccreditation is an empirical enterprise; decisions regarding what counts as evidence, the relative importance of different types of evidence, and the criteria that define quality at various levels are essential ones.

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

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

- Multiple measures representing multiple perspectives with reasonable continuity of instruments
- Direct evidence of performance in the role for which candidates are being prepared
- Completer, employer, and other “downstream” measures to supplement direct measures of candidate performance
- Evidence of the reliability, validity, fairness, and trustworthiness of all measures as appropriate to the type of data, which may include qualitative and quantitative data

### 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 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 longitudinal benchmarks.

The phrase *with reasonable continuity* means that, while it would be inadvisable to change all measures at once, ongoing revision and improvement of an assessment system is preferable to continuing 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 by the better measure. New measures for which a limited “run” of data is available may also be included in the report—AAQEP

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

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encourages innovation in measurement and inquiry strategies.

## Direct Evidence of Performance in the Role

The AAQEP system prioritizes direct measures of candidate, completer, and program 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 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, these assessments form the core of the evidence base from the perspective of AAQEP's Accreditation Commission.

Nevertheless, a body of evidence that includes multiple measures provides 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 listed perspectives. The *evidence set* for each standard as a whole, however, must meet the evidence requirements listed at the end of the standard description (see Section 2 above).

In addition to direct measures, indirect indicators and evidence that is available for only some candidates and completers still add useful information. Such evidence, including whatever data are provided through state longitudinal data systems, can be quite valuable and must be considered. Evidence from indirect, "downstream," and state-provided

sources is best used to inform program improvement efforts rather than to judge quality. The clearest and most valid account of program performance and impact is achieved by prioritizing direct and comprehensive measures.

## 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.

While the most salient component of the evidence set is the direct measure of performance of professional responsibilities, other evidence has great potential value in the continuous improvement process, such as that from program faculty, P-12 partners who have observed performance in field and clinical placements, completers themselves as they reflect on their preparation, and employers of program completers—as well as, should any be available, performance data provided by state data systems.

Two perspectives that the field has been challenged to bring into the quality assurance conversation are those of program completers and their employers. Much effort has gone into the development of surveys of each of these groups in recent years, but response rates have varied greatly. Some states have had considerable success with using common statewide surveys, but many providers have experienced very low response rates to their own surveys.

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

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AAQEP recognizes both the value of these stakeholders' perspectives and the challenges that providers face in gathering input. Because of the challenges in gathering consistent and sufficient feedback from these sources, such evidence is best regarded as useful for informing improvement efforts rather than for informing judgments about program quality.

### **Data Quality – Reliability, Validity, Fairness, and Trustworthiness**

Error is an inevitable component of measurement, and so responsible inquiry always extends to the qualities of the measures used in the investigation. Questions of validity and reliability must be addressed for all measures used as evidence in the Quality Assurance Report. Providers must examine the quality of a body of evidence in the interest of accuracy and with the aim of improvement.

The Quality Assurance Report explains the formal processes the provider has used to establish validity, reliability, fairness (bias mitigation), and trustworthiness, including processes followed to engage program faculty as well as internal and external stakeholders in evaluating instruments. (The option to submit a proposal offers providers an opportunity to get feedback on such efforts as they relate to the gathering of evidence for quality assurance and improvement.)

The report should show how the provider has established the validity of the measures used and explain why the measures are appropriate for their uses and in their context. Providers also explain in the report how they have investigated the measures' reliability and how they ensure that measures such as observation protocols or internship ratings are administered reliably by the multiple raters who use them.

In addition, the report should address potential sources of bias in measurement and explain how they 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). Appendix G of the report is designated for addressing data quality.

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

#### **Strategies for Collecting Completer Feedback**



Some providers fulfill the need to collect insights about their programs and new developments in the field by convening focus groups of both completers and their employers. Another engagement model that can be effective is “panel studies” in which selected subsets of completers agree to remain in touch with the program for 3 to 5 years after completion.

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## Section 4: The AAQEP Accreditation Process

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**T**he 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 innovations designed to increase accreditation's utility and credibility. It emphasizes collaborative professional engagement and incorporates innovations drawn from recent proposals to strengthen accreditation.

The accreditation system is informed by AAQEP's process values—that accreditation must be:

- **Formative:** Providing timely formative feedback throughout the accreditation process to support growth and development.
- **Flexible:** Consistency need not be gained at the price of rigidity; flexibility in processes and approaches against the background of clear expectations maximizes improvement and supports innovation.
- **Collegial:** Collaboration as the basis of quality assurance in higher education is a value that AAQEP affirms and seeks to reflect in its processes; it enhances the quality of programs

locally and the effectiveness of the field generally.

- **Accurate:** Accreditation processes must accurately determine areas of strength and areas of weakness and report transparently on findings.
- **Contextual:** Accreditation processes must be sensitive to local contexts and respectful of institutional mission and relevant state policies.
- **Supportive:** Quality assurance, improvement, and innovation can be mutually supportive.

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. See **Figure 5** for a summary of the AAQEP timeline.

The core of the AAQEP accreditation process consists of a self-study conducted by the provider, off-site and on-site review by trained and calibrated peer reviewers, and a final review rendering an accreditation decision by an independent body of peer reviewers.

AAQEP's process is designed to meet the recognition standards of the Council for Higher Education Accreditation (CHEA)

Figure 5. Timeline – Preparing for an AAQEP Quality Assurance Review

WHAT	WHO	WHEN	
Apply for/maintain AAQEP membership	Provider	Join anytime, maintain annually	
Attend AAQEP workshops and symposia (optional)	Provider	Ongoing	
Complete scheduling form requesting year/semester of site visit	Provider	Upon joining or 3 years before site visit (SV)	
Assign provider to cohort, AAQEP liaison	AAQEP	Upon selection of SV semester	
<b>OPTIONAL</b>	Send proposal to AAQEP	Provider	24-36 months before SV
	Share proposal with 2 trained reviewers	AAQEP	24-36 months before SV
	Send provider Proposal Review Form, complete feedback exchange	Reviewers	21-33 months before SV
	Review proposal for completeness	AAQEP	18-30 months before SV
Submit Quality Assurance Report	Provider	At least 6 months before SV	
Select/approve composition of Quality Review Team, hold logistics call	AAQEP & Provider	4-6 months before SV	
Share site visit documents with Quality Review Team	AAQEP	4-6 months before SV	
Hold virtual meeting to review documents, plan visit	Reviewers	2-3 months before SV	
Send provider Off-Site Review Report	Reviewers	2 months before SV	
Confirm final schedule for on-site visit	Provider & Reviewers	2 weeks before SV	
Conduct on-site visit	Reviewers	SV	
Send provider Quality Review Team Report	Reviewers	2 weeks after SV	
Respond to Quality Review Team Report	Provider	2 weeks after receipt of report	
Send AAQEP final Quality Review Team Report	Reviewers	4 weeks after SV	
Present case to Accreditation Commission	AAQEP	2-4 months after SV	
Notify provider of Accreditation Commission decision	AAQEP	Within 30 days of decision	



and the recognition requirements of the U.S. Secretary of Education.

### AAQEP Volunteers

Every accreditor’s greatest asset and source of credibility is the professional dedication, generosity, and judgment of its volunteers.

AAQEP volunteers who put the quality assurance system into practice do so as proposal reviewers, quality assurance reviewers (to serve on or lead Quality Review Teams), and Accreditation Commission members.

Widespread participation from the professional field brings the benefit of disparate experiences and expertises, all of which must be engaged in the consistent operation of a system that yields reliable and accurate accreditation decisions.

#### Selection and Assignment

All AAQEP volunteers must complete an online application. The application assists staff in matching and assigning reviewers using providers’ requested criteria, such as volunteers’ experiences or areas of expertise. Upon selection, volunteers are required to complete training prior to serving in an official capacity.

#### Expectations

AAQEP volunteers are expected to:

- **Embrace the AAQEP philosophy.** A volunteer remains open-minded to the types of evidence brought forward and respects program innovation and corresponding evidence.
- **Act professionally.** A volunteer serves as a representative of AAQEP, is respectful of the provider’s and

fellow peer reviewers’ time, and maintains confidentiality.

- **Be contextually aware.** A volunteer is sensitive to context and maintains awareness for potential bias.
- **As a proposal reviewer, respond thoughtfully.** A volunteer provides feedback that fosters and promotes reflection, is nonjudgmental in nature, and seeks to clarify.
- **As a QRT member, work collaboratively.** A volunteer works as an active team member in all aspects of the quality assurance review process.

#### Training

All volunteers are required to complete online training relevant to their role. The professional learning series provided to volunteers facilitates consistency in reviewers’ understanding of AAQEP’s standards and evidence requirements and in the execution of the AAQEP process.

#### Confidentiality

Prior to beginning their work, volunteers must sign an agreement that they will not discuss any personally identifying and/or sensitive information related to the program of review with parties external to the proposal and/or quality assurance review process.

#### Feedback

At the conclusion of the site visit, all parties involved in the quality assurance review process (volunteers, providers, and any observers) are encouraged to respond to a survey to provide feedback on the AAQEP process and volunteer training. AAQEP will use this feedback

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Every accreditor’s greatest asset and source of credibility is the professional dedication, generosity, and judgment of its **volunteers.**

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AAQEP's accreditation system incorporates a number of **innovations** designed to increase the utility and credibility of the process and to reduce uncertainty and inconsistency in operations.

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to improve its system, including volunteer training, to ensure competent and calibrated peer reviewers.

### Site Visit Observers

In addition to the official Quality Review Team, some site visits may include observers. Some site visit observers are AAQEP members who desire to familiarize themselves with the AAQEP process in preparation for a future visit on their own campus. Other observers may be state representatives interested in observing the process. AAQEP volunteers seeking to be better informed proposal or quality assurance reviewers may also observe a site visit. Finally, AAQEP staff members may attend as site visit observers to assess AAQEP's internal policies, process, and procedures.

Providers may extend direct invitations to individuals (such as state department of education representatives) to serve as a site visit observer during their on-site review. It is the provider's responsibility to contact AAQEP's Accreditation Coordinator to coordinate training for site visitors so that they are familiar with the AAQEP process.

Additionally, individuals interested in the AAQEP process may also contact AAQEP directly to seek observation opportunities. In these cases, AAQEP, on behalf of the potential site visitor, will seek the provider's consent for such attendance. All observers will need to take AAQEP's training Module 1, which consists of 8 sessions, to familiarize themselves with the AAQEP's expectations framework and quality assurance review process.

### Expenses

Site visit observers are responsible for covering all costs (travel, accommodations, food) of their visit and will need to coordinate costs internal to the visit with the host provider. No expenses are covered by AAQEP or the host provider.

### Expectations of Site Visit Observers

All observers are asked to use professional courtesy to direct the sharing of what he/she has learned at a site visit. If a site visitor wishes to share information, it is expected that he/she will seek permission from the institution and use appropriate acknowledgment.

### Extent of Observation

An observer's access to documents, interviews, and QRT meetings relies solely upon the provider and the team lead. Again, transparency remains at the bedrock of the accreditation process, but there may be times when a site visit observer will be asked to not participate.

### Confidentiality

Prior to participating in a site visit, observers will sign the same confidentiality agreement that volunteer reviewers sign.

### AAQEP Innovations

AAQEP's accreditation system incorporates a number of distinctive features designed to increase the utility and credibility of the process and to reduce uncertainty and inconsistency in operations. These features include cohort grouping with a dedicated AAQEP liaison for providers seeking accreditation, proposal review during the planning stage of the process, the option of staggering submissions across the accreditation term,



and evidence-based (“strengths-based”) customization of reviews (off- and on-site). The features currently in place are described briefly below; others will be introduced as the system matures.

### Cohort

All preparation providers seeking accreditation through AAQEP are placed in a cohort of institutions that anticipate completing the accreditation process at approximately the same time. The aims of establishing cohorts are to coordinate efficient communication between AAQEP and providers and to foster collaboration among providers. Each cohort has an assigned AAQEP staff liaison who facilitates communication and provides technical assistance.

Collaboration among providers is optional, as many providers already engage in regional or state-based collaboration around improvement and quality assurance efforts, and cohort groupings can be customized to support existing collaborative efforts.

Monthly cohort calls offer the opportunity for providers to share innovative strategies with peers and to solicit feedback on areas such as assessments and types of evidence used to support the standards, approaches to writing the Quality Assurance Report, and brainstorming to address contextual challenges. Cohort calls also provide members with opportunities to share struggles and successes throughout the accreditation process; working in the context of a supportive learning community is both encouraging and productive.

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.

Finally, cohort members serve as a valuable resource to other providers going through a later quality review cycle. Their knowledge of AAQEP, the standards and aspects, and approaches to writing the Quality Assurance Report can greatly aid members down the road.

### AAQEP Liaison

The role of the AAQEP liaison is to maintain consistent and regular communication between the association and members in a cohort. The liaison assists cohort members by providing information and resources from the time of cohort placement until the quality assurance review process is complete. This ongoing relationship allows the liaison to become well-acquainted with members and their unique contexts to effectively support them throughout their process.

### Proposal – Optional but Encouraged

As providers plan their Quality Assurance Reports, they have the opportunity to request feedback on their plan by submitting a proposal 2 to 3 years before their site visit. Two trained and calibrated peer reviewers give formative feedback on each proposal, and providers may respond and revise the proposal to ensure their plan is on track. AAQEP staff then review the proposal for completeness and file it with the provider’s case record, where it becomes, in effect, an agreement regarding how the Quality Assurance Report will address AAQEP’s standards.

The proposal is intended to provide clarity for all parties as the review proceeds,

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

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particularly related to the “contextual” dimensions of each self-study. The completed contextual portions of Quality Assurance Reports will amount to small-scale studies on issues common to the field.

Each proposal includes:

- A brief overview of the provider and its context
- Identification of assessments linked to aspects of Standards 1 and 2
- Explanation of how validity, reliability, and fairness will be established
- Description of contextual challenges and planned or implemented innovations

Proposal review includes:

- Peer reviewers provide feedback in one or two rounds
- AAQEP reviews final proposal for completeness
- Proposal and summary of feedback becomes part of case record

For further detail about the AAQEP proposal, see Appendix A in this Guide.

## Quality Assurance Review

Providers submit their Quality Assurance Report 6 months before their site visit. This step inaugurates the formal quality assurance review, which consists

of an off-site and an on-site component in which reviewers consider the Quality Assurance Report and seek to affirm its evidence.

### Off-Site Component

Once AAQEP receives the Quality Assurance Report, the Quality Review Team (QRT) begins its off-site review. During this review, the QRT discusses the provider’s report, delegates internal team tasks associated with the review, and identifies individuals they wish to interview as they work to affirm the evidence put forth in the report.

The QRT also completes an Off-Site Review Report and sends it to the provider. This report serves to identify the evidence the QRT will review at the on-site visit and documents four components: case specification, a draft summary of the case, clarification questions, and notes regarding site visit logistics. The team lead and provider also communicate regarding logistics in advance of the visit, and the provider may respond to the clarification questions shortly before or at the beginning of the site visit.

### On-Site Component

During the site visit, which usually lasts 2 to 3 days, the QRT affirms evidence and conducts interviews. Following the visit, the team prepares the Quality Review Team Report and sends it to the provider within 2 weeks of the visit. The provider will have an additional 2 weeks to check the report for factual accuracy. The final report will then be forwarded to the AAQEP Accreditation Commission to inform its decision regarding the provider’s accreditation status.

### Site Visits: Minimizing the Footprint

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





Section 6 of this Guide provides more detail on the quality assurance review.

## Accreditation Decision

The Accreditation Commission meets virtually at least once every quarter to review cases. For each case, the Commission examines the provider's Quality Assurance Report along with the QRT Report to inform a decision on the provider's accreditation status.

The Accreditation Commission may issue one of the following decisions after examining the available information, evidence, and reports:

### *Full Accreditation*

- 7-year full accreditation may be granted to providers without any shortcomings that cause concerns for the Accreditation Commission.

### *Accreditation With Note*

- 5-year accreditation may be granted to providers previously awarded 2-year accreditation that have since resolved the concerns that placed them in the 2-year category.
- 2-year accreditation may be granted in cases where the Accreditation Commission finds evidence of major shortcomings in relation to one or more standards but finds sufficient evidence of capacity that the provider, with support, will resolve the specified concerns.
- 2-year recognition also may be granted to providers that are not yet fully operational. Programs with recognition status will provide additional information and data during the

follow-up visit to receive a full accreditation designation.

### *Not Accredited*

- Denial or revocation of accreditation takes place when the Accreditation Commission finds insufficient evidence of capacity to provide quality preparation.

Once the Accreditation Commission issues a decision, AAQEP's Accreditation Coordinator will formally notify the provider and initiate associated next steps.

## Annual Report

Once accredited, providers maintain their status by completing an annual report for AAQEP. The purpose of the annual report is to assure the accreditor that the quality that was affirmed in the most recent accreditation decision is being maintained or enhanced; that the provider is taking steps to address continuous improvement opportunities identified in their Quality Assurance Report; and that other public reporting requirements are met.

This last category of reporting ensures transparency with regard to the public. For example, in accordance with requirements of the Council for Higher Education Accreditation (CHEA), AAQEP members must publicly state their expectations for achievement of academic quality and indicators of student success and make public, in aggregate form, evidence of student success (CHEA Recognition Policy, 2019).

Members' annual reports also inform the work of the QRT during future reviews.

An AAQEP working group is currently designing the annual report.

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## Section 5. Writing the Quality Assurance Report

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**A**t least 6 months before an accreditation site visit, the provider produces one or more Quality Assurance Reports (QARs) as the culmination of its self-study process. This report presents an evidence-based argument that particular programs meet AAQEP's four standards and are therefore eligible for accreditation.

A sample outline for the QAR is provided in **Figure 6**. Although AAQEP maintains flexibility regarding the format and length of the QAR, *the listed appendices are required*, except Appendices E and F, which are optional depending on state context and programmatic commitment. The required elements help ensure consistency in reports, reviews, and decisions.

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

- Be cognizant of what a reviewer who is unfamiliar with your program needs to know to understand how your program's context plays a unique role.
- Sections of the QAR regarding each standard should make a case for each standard's being met.
- Although standards will be evaluated holistically, the evidence put forth must clearly address each aspect.
- Attention to limitations in the evidence (e.g., small sample size, not fully validated measures) is not a weakness but a prerequisite for developing stronger lines of evidence. Providers are encouraged to acknowledge and address such issues as an aspect of continuous improvement.
- Standards 1 and 3 focus on evidence that is generally available using agreed-upon measures, while Standards 2 and 4 are more challenging and aspirational in nature. Therefore, at the time of writing the QAR, especially a provider's first QAR after adopting the AAQEP standards, evidence may not yet be available for some aspects. In such cases the provider may report on new measures or implementation plans to address these aspects.

### When Is One QAR Not Enough?

Providers structure their self-studies in the way that best supports their own quality control and continuous improvement work. Multiple certificate, licensure, or degree programs can be included in a single Quality Assurance Report. However, providers may also choose to present their evidence in separate QARs. Providers should consult with AAQEP staff as they decide how to structure their reports.

For example, a provider might submit one QAR covering all of its initial teacher preparation programs and a second QAR for its counselor preparation program.



- Evidence that program practice standards (3 and 4) are met is presented both in their respective sections of the QAR and in key appendices.

## Introduction and Overview of the Program and the Study

The introduction serves to provide reviewers with the context necessary to understand the provider that is seeking accreditation. Key topics to address are (but are not limited to) the institution/program origin, context, and commitments; the program’s rationale, standards alignment, and curricular coherence; a summary of the program’s strands/options, enrollment, and staffing; and an overview of the self-study, including a summary of the method and who participated.

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

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

In this section, the provider makes the case that its completers perform as professional educators with the capacity to support success for all learners. As noted in Section 2 of this Guide, the evidence must include multiple measures representing multiple perspectives, and it must include direct evidence of candidate performance in a setting that is appropriate to the requirements of the particular license. For many programs, this evidence will come from a culminating clinical experience or internship. Others may have different contexts for

**Figure 6. Sample Outline for Quality Assurance Report**

**Introduction and Overview** of the Program and the Study

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

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

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

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

**Conclusion.** Findings and Recommendations

**Appendix A.** Candidate recruitment, selection, and monitoring

**Appendix B.** Completer support and follow-up

**Appendix C.** Program capacity and institutional commitment

**Appendix D.** Internal audit

**Appendix E.** Jurisdictional obligations specified in state agreement (optional)

**Appendix F.** Missional commitments and distinct contributions (optional)

**Appendix G.** Data quality (attach instruments used in the report)

gathering such direct performance evidence as is appropriate to the program.

Evidence must be presented in support of each aspect of the standard, although any particular aspect might not be supported by evidence from each of the perspectives. As a whole, evidence for the standard must address each aspect and must include all perspectives noted in the section on Standard 1, and must include direct performance evidence.

Single instruments may include evidence relevant to more than one aspect or even more than one standard. In such cases, provide a description of the instrument

when it is first mentioned, and present tables displaying the evidence as efficiently as possible, referring back to the relevant table at appropriate points in the narrative (rather than reproducing the full data table every time it is referenced).

Where such detail can be provided, reviewers and Accreditation Commissioners would like to see the number in the sample and basic descriptive statistics (range, mean, standard deviation). The QAR should also clearly explain what level of performance on any given measure is regarded as representing successful performance or evidence of quality.

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

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.

*Note that in the following sections, many of the points made in this section also apply, although they may not be explicitly repeated.*

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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 essential questions** posed by each standard.

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

*Essential question: 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 essential questions posed by each standard.

To demonstrate that it meets Standard 2, the provider must include evidence that strategies and/or reflective habits were mastered by candidates while in the program, evidence that relevant professional experiences have been successfully enacted, and evidence of continued growth and development in relation to the aspects.

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.

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

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



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

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

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

Standard 4 deals with various contextual opportunities and challenges that providers address. The narrative for this section of the QAR should address each aspect of Standard 4. It may also refer to the one 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 describes and reports on innovations that are in process but have not been established long enough to produce many cycles of data. For such innovations, the provider

should indicate what data it is collecting throughout the implementation process to gauge whether the innovation is on track and trending toward success (or should note the indicators that have led the provider to alter course).

Finally, this section of the QAR offers the provider an opportunity to note and document any jurisdictional (state, provincial, territorial, local) challenges or efforts relevant to the programs under accreditation review.

## Conclusion. Findings and Recommendations

The conclusion serves to summarize the implications of the overall findings of the evidence brought forth in the QAR. It also offers recommendations for future attention 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, and strategies to explore; and (c) documenting new initiatives or innovations.

This section of the QAR will also be useful for providers in writing their future annual reports, as it sets out a plan for maintaining, strengthening, and/or innovating their operations over the next accreditation period.

## Appendices

The seven appendices of the QAR describe and document key program practices. Appendices A, B, C, D, and G are necessary in all self-studies. Appendices E and F are optional, depending on the provider's state context and programmatic commitment.

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

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

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### **Appendix A. Candidate Recruitment, Selection, and Monitoring**

Appendix A describes the cycle of recruitment, selection (admissions), monitoring, and candidate support throughout the program and evaluates the effectiveness of that system with particular attention to the appropriateness of the admissions criteria and candidate supports. The report must be based on empirical evidence, of the provider's own choosing, with regard to measures and criteria.

The recruitment, selection, and monitoring processes and criteria can be continually assessed and updated in light of success in candidate retention and completion. The provider must connect the process to its completer data in order to determine the effectiveness of the system.

Appendix A is essentially a case study of institutional processes; AAQEP invites members to share this and other appendices with other providers in order to inform the field and promote effective practices across the system.

### **Appendix B. Completer Support and Follow-Up**

This appendix relates to a key challenge presented in an aspect of Standard 4. Here, the provider describes services provided to completers to ease their transition into the professional workplace as well as follow-up methods the program engages to monitor completer readiness and performance.

Some providers have well-developed practices and collaborate with partners

in the P-12 system to support and monitor their completers. In some cases, only certain programs offered by the provider have developed such systems, while others have not. Still other providers are in the initial stages of determining how to address this aspect of the standard. Depending on the situation, Appendix B may include concrete data from existing practices or plans for new efforts to follow up with completers. In the latter case, the appendix must also specify how the effort will be monitored and evaluated and what data will be collected in the process.

Appendix B may be unique, contextual, and varied. Practices may differ among a provider's programs and may depend on various schools' and districts' willingness to engage. Potential innovations to mention in this section could include online seminars for graduates, support promises, and engagement with schools' or districts' induction programs.

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

### **Appendix C. Program Capacity and Institutional Commitment**

In Appendix C, providers show both clear evidence of capacity for maintaining program quality and evidence of institutional commitment. Appendix C documents a number of dimensions of capacity related to aspects of Standard 3, including:

- Alignment of the program's curricula with state and national standards



- Sufficient and appropriately qualified faculty (both full- and part-time) to teach courses and provide supervision
- Adequacy of facilities in relation to the needs of the program(s) and candidates
- Fiscal support that is sufficient to maintain program quality
- Provision of support services to all candidates on an equitable basis
- 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

In addition, this appendix documents institutional commitment in part by showing that the resources and capacities devoted to the provider/program (chiefly those listed above) are at parity with comparable other programs within the institution, or with institutional norms, or with relationship to a comparable program in another institutional setting. (The first two listed are the most accessible and common.)

### Appendix D. Internal Audit

Appendix D assures the Accreditation Commission that the provider has the capacity to maintain quality, to identify problems should they arise, and to monitor its own operations effectively. Providers must describe the quality control processes by which they evaluate and improve program quality and then audit that system to ensure it is working as intended.

For detailed notes about the internal audit, see Appendix B of this Guide.

### Appendix E. Jurisdictional Obligations Specified in a State Agreement

Appendix E serves to house any additional state requirements in addition to what AAQEP already expects. For some states, there are no such requirements. Providers in these states can omit Appendix E.

### Appendix F. Missional Commitments and Distinct Contributions

Appendix F is designated for programs that want to record and affirm parts of their mission that are not specifically covered by the AAQEP standards. As such, including Appendix F in the QAR is optional.

### Appendix G. Data Quality

In Appendix G, the provider outlines how it has addressed the quality of the elements that are part of the evidence base for Standards 1 and 2. This section should present evidence for each measure used to make the case for accreditation on the following qualities:

- **Validity** — Does an instrument actually measure what it says it measures? For example, does it appear to measure the construct (face validity), cover the construct (content validity), and produce results that correlate to other presumably related variables (criterion validity)? Validity evidence should make a convincing case that evidence produced by the measure

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

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can be trusted as an indicator. Not all types of validity must be considered.

- **Reliability** (and reliable collection) — Are results reasonably consistent across time (“test–retest” reliability), across items (internal consistency), and across different scorers (interrater reliability)?
- **Fairness** — Is a measure equitable in how it represents and protects stakeholders? How might an assessment have introduced bias, restricted access to some users, or failed to meet the needs of a diverse population?
- **Trustworthiness** — Qualitative data and research for which validity and reliability are not applicable constructs can still be judged for trustworthiness: Are they credible, transferable, dependable, and confirmable?

Appendix G should answer the following questions:

1. What processes were followed to establish validity, reliability, fairness, and trustworthiness?
2. What processes were followed to engage program faculty as well as internal and external stakeholders in evaluating instruments and in ensuring reliable administration?
3. What were the results of these investigations?

Appendix G should also include blank copies of the instruments used in the report.

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

## Section 6. The Quality Assurance Review

Upon receiving a provider’s Quality Assurance Report (QAR), AAQEP’s Accreditation Coordinator arranges a variety of logistics to initiate the quality assurance review, such as confirming QRT members, tracking document completion, and coordinating site visit details.

The provider also initiates a number of actions leading up to the site visit, as shown in the timeline in **Figure 7** (see also **Figure 5**, p. 30).

### Provider Primary Contact

Each provider will identify a primary contact to work with AAQEP’s Accreditation

Coordinator to ensure that the site visit is well organized and productive. Although a provider will likely have multiple individuals assisting with the site visit, having one point of contact for all inquiries will foster clear communications among the provider, the Accreditation Coordinator, and the QRT members.

### State Connections With Site Visits

One of the principles undergirding the design of AAQEP’s system and process is that partnerships are important. AAQEP not only encourages partnerships involving providers, state education

**Figure 7. Timeline of Provider Actions Related to the Site Visit**

6 months before site visit	Provider sends QAR to AAQEP
	Provider nominates local practitioner and sends name to Accreditation Coordinator
4-6 months before visit	Provider confirms QRT members
	Provider posts third-party comment request and notifies AAQEP
	Provider receives invitation to virtually meet QRT in off-site review meeting
	Initial logistics call with the Accreditation Coordinator
2-3 months before visit	Provider receives Off-Site Review Report
1 month before visit	Provider finalizes logistical arrangements and agenda with Accreditation Coordinator
	Provider receives third-party comments
	Provider responds to third-party comments (optional)
Site visit	Provider hosts site visit team (2-3 days)
	Provider responds to Off-Site Review Report clarification questions
Post-visit	Provider receives QRT Report within 2 weeks of site visit to check for factual accuracy
	Provider has 2 weeks to complete QRT Report factual accuracy check

authorities, and the accreditor but also actively facilitates and establishes relationships 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, in some states, conducts joint visits with state reviewers. AAQEP staff will work with the provider to coordinate state involvement.

### Pre-Visit Activities

These activities take place prior to the site visit.

#### Submission of Quality Assurance Report

Approximately 6 months before the date of the site visit, the provider sends the final and complete version of its Quality Assurance Report to the Accreditation Coordinator. Please ensure that all links in the report are functioning and remain so until the Accreditation Commission has convened and made a decision regarding accreditation status.

#### Local Practitioner Nomination

Well before the site visit—6 months prior is a good target—the provider nominates a local practitioner to serve on the QRT.

The local practitioner is an active or recently retired teacher, administrator, counselor, or other educator in a role appropriate to the programs seeking accreditation, who is nominated by the provider to serve as a member of the QRT. The local practitioner brings valuable knowledge of the state and local context to the team and should have

some familiarity with the program being reviewed.

Once a local practitioner is nominated, he or she must complete AAQEP training sessions before serving on the QRT. *Early identification allows the local practitioner time to take the recommended AAQEP training modules as well as participate in all QRT activities.*

#### Third-Party Comment Solicitation

At least 4 months prior to a site visit, providers must solicit feedback on the quality of their programs from stakeholders such as faculty, staff, students, alumni, employers, and others. AAQEP collects all such comments via its website, which providers link to in their solicitation from their own website, emails, newsletters, and other media to help notify relevant stakeholders of the call for public comment. Providers are responsible for sharing links to such posts with AAQEP's Accreditation Coordinator.

Comments may not be submitted anonymously, and all feedback is shared with the relevant provider once comments close, which is 4 weeks prior to the site visit. Providers then have 2 weeks to respond to the comments, should they choose to do so. Their response will be forwarded to the QRT along with the original comments and become part of the provider's case record.

#### QRT Confirmation

Approximately 4 to 6 months prior to a site visit, the Accreditation Coordinator assigns AAQEP-trained reviewers to the QRT based on the provider's requested criteria. The number of QRT members is based on the size and complexity of the program(s) under review; a typical

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

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team consists of 3 to 5 individuals, including the team lead, local practitioner, and at least one other quality assurance reviewer. The Accreditation Coordinator sends the provider a CV for each selected QRT member to ensure that there are no conflicts of interest. If none is found, the provider confirms the members of the QRT. Once confirmed, reviewers will sign a confidentiality agreement before proceeding with their work.

### Off-Site Review Invitation

Providers should expect an invitation to attend a brief (no longer than 30 minutes) portion of the QRT’s virtual off-site review meeting to meet team members and address any initial broad-based questions the team may have. The provider may also choose to guide the QRT through the evidence repository at this time.

### Logistical Activities

Approximately 4 to 6 months prior to a site visit, AAQEP’s Accreditation Coordinator contacts the provider to schedule an initial site visit logistics call. Participants in this call will discuss travel arrangements and lodging for site visitors, a sample visit schedule, and other details that require prior planning.

The provider should consider the following in preparation for the site visit:

- Securing lodging for visitors
- Reserving meeting rooms
- Scheduling appointments with campus leaders (president, provost, dean, etc.)
- Securing dining reservations (if appropriate)

- Arranging AV needs including Wi-Fi internet access
- Obtaining campus parking passes for visitors (if needed)

Providers lock in their site visit dates by remitting the site visit fee. This fee does not include QRT members’ travel, incidentals, lodging, and meals, which are paid separately by the provider. Specific needs and payment options will be discussed during the logistics call.

### The Site Visit

AAQEP is committed to minimizing the overall time spent on site to help mitigate costs. When the provider feels it would be easier to arrange and allow more people to participate, virtual interview and focus groups may be conducted prior to the beginning of the visit. This will help reduce the amount of time the QRT needs to spend on site as well as minimize the coordination and resources required to facilitate on-site interviews.

Virtual interviews will also help QRTs to be more prepared for site visits. If interviews are conducted prior to the visit, the site visit can focus on asking more informed follow-up questions and be better positioned to probe data upon arrival.

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

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#### 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.

QRTs also plan their visit by determining what tasks need to be completed (and by whom) during the off-site review. In general, providers should expect the QRT to be on site for 2 to 3 days.

### **Post-Visit Activities**

Following the site visit, team members author the QRT Report, which includes the following components:

- Case Specification
- Summary of the Case
- Summary of Evidence Examined
- Analysis of Evidence by Standard
- Observations on Process
- Supporting Materials

### **Accuracy Check**

Within 2 weeks of the site visit, the team sends the QRT Report to the provider for

factual corrections. The provider then has 2 weeks to send any corrections to the team lead. Afterward, the final QRT Report is sent to the Accreditation Commission to make a decision.

### **Accreditation Decision**

Once the Accreditation Commission has convened, generally 2 to 4 months after the visit, the Accreditation Coordinator will notify the provider of the accreditation decision within 30 days. See Section 4 of this Guide for details about accreditation decisions.

### **Annual Reports**

Following their accreditation, providers submit annual reports to AAQEP to maintain their status. See Section 4 of this Guide for details about annual reports.

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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.

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## Appendix A. The Proposal

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In the AAQEP system, providers have an option to submit a proposal for feedback before they complete their self-study (Quality Assurance Report, or QAR). Submitted 2 to 3 years before the site visit, the proposal presents a brief outline of the planned QAR, acquaints AAQEP reviewers with the provider's context, and records particular challenges and innovations pertinent to the review. The proposal is circulated for formative review to two trained proposal reviewers, then checked for completeness by AAQEP staff and included in the case record.

### Purposes of the Proposal

The proposal is designed to accomplish the following goals:

- Provide a place in the accreditation process for **contextual challenges** and **innovations** to be recorded and recognized
- Provide **formative feedback** to providers that desire it, and do so when it can be most useful—at least 2 years in advance of the site visit
- Ensure consistency of expectations between the provider and the on-site Quality Review Team **so the visit can focus on the evidence** rather than on the design of the self-study
- **Prevent unwelcome surprises** at the time of the visit by confirming that the evidence to be presented in

the Quality Assurance Report will cover all aspects of the AAQEP standards

In addition, development and review of a proposal will benefit the provider by ensuring timely decisions regarding evidence sources and evidence quality considerations and by providing a written record that can contribute to the development of the final QAR. (Note, however, that the proposal should not be a full draft of the QAR.)

### Content of the Proposal

The proposal is intended to be a relatively brief document with four sections:

- 1. Overview of the provider's programs and context.** This section describes the provider, its context, and the scope of the programs for which it seeks accreditation.
- 2. Assessment measures to be used in documenting Standards 1 and 2.** This section presents the set of evidence the provider intends to use to investigate the degree to which its completers meet Standards 1 and 2 and to learn how it might better prepare them to do so. The purpose of presenting this information is to facilitate peer review for formative purposes and to facilitate a "completeness" check by AAQEP. *See Figure 7 for one option for presenting this section.*

### Figure 7. Sample Format for Reporting Anticipated Measures for Standards 1 and 2 in AAQEP Proposal

Standard 1 requires evidence that program completers perform as professional educators with the capacity to support success for all learners. It specifies that evidence must show that, by the time of program completion, candidates exhibit knowledge, skills, and abilities of professional educators appropriate to their target credential or degree.

Six aspects of the standard must be addressed, and the evidence set for the standard (not necessarily for each aspect) must include multiple measures, multiple perspectives (including those of 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.

The following table is one example of how a provider might indicate the measures it intends to use for *one aspect of Standard 1*. Such a table could be repeated for each aspect of Standards 1 and 2.

#### Anticipated measures of content, pedagogical, and/or professional knowledge relevant to the credential or degree sought

Admissions	
Program	
Clinical experience	
Post-completion	
Other	

*Measures listed may be already in use or planned; please indicate the status as appropriate.*

### Figure 8. Sample Format for Reporting Anticipated Measures for Data Quality Plans in AAQEP Proposal

#### Anticipated measure: Survey of program completers

Evidence regarding validity	
Evidence regarding reliability	
Fairness/bias reduction work	

*Evidence/research listed may be already in use or planned; please indicate the status as appropriate.*

### 3. **Explanation of how validity, reliability, and fairness of measures will be established.**

This section explains how the provider will examine the quality of the measures it proposes to use. Although this aspect of the research might not have been completed yet, the provider can benefit from peer feedback on its plans. The proposal should explain how the provider will establish validity (through whatever means is appropriate to the measures and the contexts of their use), ensure reliability in implementation of the measures, and explore and mitigate any challenges to fairness (including consideration of potential bias). See **Figure 8** for one option for presenting this section.

### 4. **Description of contextual challenges and planned or implemented innovations.**

This section describes how the provider is engaged in its local context to address, in particular, Standards 2 and 4. In addition, if the program has implemented or intends to implement innovations that will be in process and/or that will rely on novel or different sets of evidence, they can be described here. The description should include an account of how the provider will monitor the innovation—what markers it will use to guide and evaluate the innovation. The purpose of this section is to put context and innovations on the record for peer review and to ensure they are recognized and acknowledged in the review process.

## Proposal Review Process

Proposals that are sent to AAQEP are shared with two proposal reviewers for formative feedback. Although all AAQEP peer reviewers are trained and calibrated for their roles, as in reviews of manuscripts submitted to a journal, their responses will not necessarily align with each other.

Each reviewer provides a written response to the proposal. A second round of interaction is then arranged, should the provider wish either to respond with changes to their proposal or to converse with the reviewers. The second round might be conducted in writing or via video conference. Interaction is anticipated to be limited to two rounds.

In addition to receiving this formative interaction with peer reviewers, the proposal will be examined by AAQEP staff *only* for completeness of the proposed evidence set. The purpose of that review is to alert the provider to any gaps in the evidence record and ultimately to assure the Quality Review Team that the proposed evidence set is complete, allowing them to focus on the evidence itself during the on-site visit.

## Anticipated Outcomes

The overall aims and anticipated outcomes of the proposal phase of the AAQEP process are to provide timely formative feedback, to add a cycle of professional collaboration to the pathway, and to ensure clarity of expectations throughout the accreditation process.

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The proposal phase of the AAQEP process aims to give providers **timely formative feedback**, add a cycle of professional **collaboration** to the pathway, and ensure **clarity of expectations** throughout the accreditation process.

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## Appendix B. The Internal Audit

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**A**uditing of quality control systems is a strategy employed in a number of national quality assurance systems in Asia and in Europe. It is adapted here as one component of AAQEP's mixed-method system of programmatic accreditation. The purpose of the internal audit component of the AAQEP self-study process is to verify that the program has the capacity to monitor quality and to engage in evidence-based improvement.

While all aspects of a given program's quality assurance system are documented in the Quality Assurance Report and verified through the quality assurance review, the internal audit provides direct evidence of a program's capacity to monitor its own quality control system. In doing so, the internal audit contributes valuable evidence related to AAQEP Standard 3.

Programs may verify their capacity to monitor quality in a variety of ways. One approach is to audit the major aspects of the quality control system (as described in Appendices A, B, and C of the QAR) by beginning with a sample of recent completers and probing specific quality control aspects. Beginning with a sample of recent completers allows the program to look back at those individuals' experiences across the program, including their recruitment and selection into the program, 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 host/mentor/cooperating teachers or supervisors/observers. So the first approach is a broad one.

A second approach might be to dig deeply into one aspect of the quality assurance system that is known to be in need of work, such as the admissions system in the case of a program that experiences unacceptably high (by local definition) attrition rates.

To illustrate the first approach, a program might select a sample of 20-30 (depending on size) program completers from the most recent graduating class or completing group and from across certificate or licensure options and/or program locations (i.e., a stratified random sample). For this sample, the internal audit team might check to see whether or not, in each case (and recording the results for each individual), the admissions process was followed as published, specified criteria were met (such as required GPA, inclusion required materials such as letters or recommendation), progress monitoring "check points" were documented, and continuation requirements were checked and met. And using that same sample of completers as the connecting thread, the team might check on the sequence of course

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Programs may verify their **capacity to monitor quality** in a variety of ways.

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taking, the appropriateness of clinical placements, and the qualifications of those who taught selected classes (the first program course on each individual's transcript each semester in the program might be a subsampling strategy).

Key aspects to include in a broad-based internal audit would include those impacting students directly: admissions and monitoring, clinical dimensions, coherence of curriculum, appropriateness of staffing. Specific decisions regarding what to include and how to examine it are for the program itself to make. A sample summary reporting framework for this approach is shown in **Figure 9**. It is modeled on an internal audit report framework used at the State University of New York at Binghamton.

To illustrate the second approach, a provider experiencing increased attrition from a program might decide to dig deeply into the data around the experiences of those who left or were counseled out of the program prior to completion, and to undertake and monitor interventions to address the problem. This more active approach requires engagement early in the accreditation cycle.

Whereas the broad-based audit approach described above focuses on verifying processes and, potentially, identifying areas in need of intervention, the focused approach requires that at least one cycle of intervention (i.e., an evidence-based improvement effort that is monitored) be completed. In the case on which this example is based, the program refined its admission process and differentiated the pathway through the program, after which it was able to show increased retention (n.b. this process took over 2 years).

These examples of two approaches were drawn from the work of early adopters of the AAQEP standards; AAQEP anticipates that early adopters may develop additional strategies that will enrich future versions of this Guide.

## A Word on Process

Whether the broad-based or focused approach is taken, the report on the internal audit should identify the team that conducted the audit and a brief explanation of the process that was followed, including:

- An explanation of the sample that was drawn and the reasoning behind its composition
- Specification and explanation of the “probes” and how they were audited (the specific items that were verified; for example, a program might check whether the required entrance GPA was met, and specify how it was checked)
- A description of the process that was followed in gathering and summarizing the evidence
- An account of how the evidence was reviewed for use in program improvement efforts
- An explanation of the findings and any implications they had for program changes or improvement

## A Word on Benefits

Each approach to verifying a program's capacity for monitoring quality and improving aspects of program performance has potential benefits to the program beyond simply assuring the public of its capacity for quality monitoring. Programs engaging 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.

The process of completing such an audit

also provides audit team members with a clearer sense of how various aspects of the program function and fit together, often highlighting areas where efficiency, effectiveness, or both can be enhanced or improved.

Figure 9. Sample Reporting Framework for Results of an Internal Audit

Yes	No	NA	Internal Audit Probe	Summary Comments
			<b>Selection, Admission, Monitoring for Success</b>	
			1. [GPA and other requirements met?]	
			2. [Specified processes followed?]	
			3. [Monitoring activities conducted?]	
			4. [Progress criteria met?]	
			5. [Other criteria specified...e.g., advising...]	
			<b>Placement in Quality Clinical Experiences</b>	
			1. [Types of placements]	
			2. [Varieties of placements]	
			3. [Qualifications of host/mentor teachers]	
			4. [Qualifications of supervisors]	
			5. [Various process requirements, # obs., etc.]	
			<b>Coherent Standards-Linked Curriculum</b>	
			1. [Appropriate courses taken?]	
			2. [Audited courses met requirements?]	
			3. [etc.]	
			<b>Other Processes Including Student Support</b>	
			1.	
			2.	
			3.	
			<b>Other Quality Control Aims of the Program</b>	
			1.	
			2.	
			3.	
			[add/delete rows as needed for each aspect]	

*Notes: The broad categories indicated above correspond to aspects of AAQEP Standard 3. The Yes/No columns might indicate # or %. Probes are program-specific. Comments explain findings or “NA” tally.*

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## Appendix C. Who's Who

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AAQEP is grateful to the generous volunteers who helped to create or provided feedback on the AAQEP system by serving on working groups or in other capacities (2017-19):

**Thomn Bell**, University of Michigan Flint

**Brandie Benton**, National Council for the Social Studies

**Bruce Billig**, City College of New York

**Melissa Boileau**, Solvay Central School

**Anita Bright**, TESOL International Association

**Lisa Brown**, Utah State Board of Education (former)

**Nancy Brown**, SUNY College at Old Westbury

**Jennifer Bullock**, Council for Exceptional Children

**David Cantaffa**, SUNY System

**Hazel Carter**, City College of New York

**Cheryl Chuckluck**, Haskell University

**Jasmin Cowin**, Touro College

**Theresa Cullen**, International Society for Technology in Education

**Nancy Damron**, MidAmerica Nazarene University

**Tina Dimmitt-Salinas**, Illinois State Board of Education

**Jacob Easley II**, Touro College

**Jason Fitzgerald**, Wagner College

**Ray Francis**, Central Michigan University

**Dana Fusco**, York College

**Josh Fyman**, SUNY College at Old Westbury

**Criselda Garcia**, University of Texas Rio Grande Valley

**Gina Garner**, Michigan Department of Education

**Virginia Goatley**, University at Albany

**Christine Carrino Gorowara**, University of Delaware

**Carolyn Gyuran**, Hawaii Teacher Standards Board

**Kristin Hadley**, Weber State University

**Lynn Hammonds**, Hawaii Teacher Standards Board

**Jennifer Hein**, Clemson University

**Diane Kern**, International Literacy Association

**Sarah-Kate LaVan**, Michigan Department of Education

**Joe Lubig**, Northern Michigan University

**Joanna Masingila**, Syracuse University

**Mike McBride**, Northwest Missouri State University

**Hanfu Mi**, University of Illinois Springfield

**Jessica Miranda**, University of Hawaii at Manoa

**Louise Moulding**, Weber State University

**Camille Odell**, Utah State University

**Susan Nesbitt Perez**, Commission on Independent Colleges & Universities System



**Jamar Pickreign**, SUNY Plattsburgh  
**Aaron Popham**, Brigham Young University  
**Gaoyin Qian**, Lehman College  
**Travis Rawlings**, Utah State Board of Education  
**Sylvia Read**, Utah State University  
**Debbie Rickey**, Grand Canyon University  
**Virginia Roach**, Fordham University  
**Michael Rosenberg**, SUNY New Paltz  
**Rose Rudnitski**, Mercy College  
**Mai An Rumney**, Ithaca College  
**Stephanie Schneider**, SUNY College at Old Westbury  
**Jill Shedd**, Indiana University  
**Shawn Sriver**, Ball State University  
**Maria Stallions**, Roanoke College  
**Sam Stewart**, Abilene Christian University  
**Carolyn Sykora**, International Society for Technology in Education  
**Barri Tinkler**, University of Vermont  
**Kimberly Tobey**, National Association of Community College Teacher Education Programs  
**Tim Wall**, Northwest Missouri State University  
**Tracey Wheeler**, Western Governors University  
**Andrea Whittaker**, Stanford Center for Assessment, Learning, & Equity  
**Catherine Wigent**, Oakland University  
**Louise Wilson**, Bethel University  
**Steve Wojcikiewicz**, University of Portland

### AAQEP Board of Directors (2018-19)

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**Fritz Erickson**, President, Northern Michigan University  
**Jay Fiene**, Principal Investigator, Reentry Initiative, California State University, San Bernardino  
**Chris Kalmus**, Cofounder, LiveText  
**Rebecca Pelton**, President, Montessori Accreditation Council for Teacher Education  
**Anthony Rivera**, Director, Inter American University of Puerto Rico  
**Phillip S. Rogers**, Executive Director, NASDTEC  
**John Watzke**, Dean, University of Portland  
 Ex Officio: **Mark LaCelle-Peterson**, President/CEO, AAQEP

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## Appendix D. Glossary of AAQEP Terms

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<b>Accreditation Commission</b>	The decision-making authority for AAQEP. Determines accreditation status for providers based on Quality Review Team Reports.
<b>Accreditation Decision</b>	Ruling by the Accreditation Commission, based on the QRT Report, marking the conclusion of an accreditation cycle. Three decisions types are possible: full accreditation, accredit with note, and do not accredit.
<b>Advanced Program</b>	A program leading to a degree, license, endorsement, or certification in an education field for candidates who have already completed initial preparation.
<b>Annual Report</b>	A yearly update prepared by AAQEP-accredited providers indicating progress on improvement opportunities identified in their last review, how quality is being maintained or enhanced, and other reporting requirements as directed.
<b>Aspect</b>	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.
<b>Candidate</b>	A person enrolled in a program with the intent of becoming a credentialed professional educator.
<b>Case Specification</b>	A component of the Off-Site Review Report in which the Quality Review Team describes the accreditation status being sought, the scope of the program(s) for which that status is being sought, and other factors relevant to the case.
<b>Clarification Questions</b>	A component of the Off-Site Review Report in which the Quality Review Team lists questions for the provider to address shortly before or at the beginning of the on-site review.
<b>Cohort</b>	A group of provider representatives with a common AAQEP liaison who may participate in a joint monthly check-in call to receive updates, ask questions, share perspectives, and, to the extent desired, provide mutual support and feedback.
<b>Completer</b>	A candidate who has successfully finished his or her program.
<b>Expectations Framework</b>	The founding document that defines AAQEP's standards, evidence requirements, and accreditation process.
<b>Initial Program</b>	A program leading to a candidate's first degree, license, endorsement, or certification in an education field.



<b>Internal Audit</b>	The quality control process by which a provider evaluates a program's system to ensure that it is working as intended; the internal audit is included as an appendix to the Quality Assurance Report.
<b>Liaison</b>	An individual designated by AAQEP to assist members of a cohort through the quality assurance review process.
<b>Local Practitioner</b>	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.
<b>Off-Site Review Report</b>	A document produced by the Quality Review Team at the off-site review based on their reading of the Quality Assurance Report. The Off-Site Review Report includes specification of the scope of the accreditation review, a draft summary of the case, and clarification questions for the provider to address in writing or with provision of documentation prior to or at the beginning of the site visit.
<b>Pedagogical Knowledge</b>	Understanding of and ability to implement instructional strategies that are grounded in research about human development and learning.
<b>Peer Reviewer</b>	An AAQEP-trained volunteer who takes part in the quality assurance review process as either as a proposal reviewer or a quality assurance reviewer.
<b>Professional Knowledge</b>	Understanding of and ability to perform as a specialist in an education profession, such as administrative and legal knowledge required of those preparing to serve as school leaders.
<b>Program</b>	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).
<b>Proposal</b>	An optional step in the AAQEP process whereby providers can choose to submit a plan 2-3 years prior to their site visit outlining proposed evidence for meeting the standards and explaining contextual challenges and innovations; trained peer reviewers provide constructive feedback.
<b>Proposal Reviewer</b>	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.
<b>Provider</b>	An institution or agency that prepares educators.



<b>Quality Assurance Report</b>	Self-study documenting the provider's evidence that it 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.
<b>Quality Assurance Reviewer</b>	An AAQEP-trained volunteer who serves as a peer reviewer in off-site and on-site components of the quality assurance review process.
<b>Quality Review Team</b>	A group consisting of AAQEP-trained quality assurance reviewers who conduct the 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 3-5 individuals.
<b>Quality Review Team Report</b>	Report authored by the QRT summarizing the team's findings after the on-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.
<b>Site Visit Observer</b>	An individual granted permission by a provider to attend the on-site visit.
<b>Summary of the Case</b>	A component of the Off-Site Review Report in which the Quality Review Team summarizes the case made in the Quality Assurance Report for how the provider meets AAQEP standards; this summary serves to represent the team's understanding of the case.
<b>Third-Party Comment</b>	Public comments collected about a provider 4-6 months prior to the site visit that become part of the provider's case record.
<b>Training Modules</b>	Professional learning provided by AAQEP to prepare volunteers consistently for their peer-review roles.
<b>Working Groups</b>	Ad hoc bodies of interested stakeholders in educator preparation convened by AAQEP to develop recommendations for the organization's standards, processes, and practices.



Association for **Advancing**  
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## **Guide to AAQEP Accreditation**

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Contact:

AAQEP

P.O. Box 7511

Fairfax Station, VA 22039-9998

<https://aaqep.org>