

Meet the Accreditation Commission: Overview of the Decision-Making Process

February 27, 2020
AAQEP Quality Assurance Symposium

Accreditation Commissioners

- Joseph Lubig (Chair), Northern Michigan University
- Virginia Goatley, University at Albany-SUNY
- Rebecca Pelton, Montessori Accreditation Council for Teacher Education
- Gina Pepin, Escanaba Area Public Schools
- Deborah Rickey, Grand Canyon University
- Sylvia Read, Utah State University

Accreditation Commissioners

- Experience with accreditation processes and decisions
- Offering multiple perspectives (e.g., public, P-12 teachers/administrators, higher education)
- State and regional representation considered
- Representatives from the AAQEP Board

Accreditation Process

1. Provider self-study >>> Quality Assurance Report
2. Off-Site Review by Quality Review Team
3. On-Site Review by Quality Review Team
- 4. Accreditation Decision by Accreditation Commission**

Accreditation Decision

Evidence, Professional Judgment, Quality Assurance

Who Attends the Decision Meeting?

1. Accreditation Commissioners
2. Quality Review Team Lead
3. Representatives from the EPP
4. AAQEP staff members
5. State Department officials (optional observers)

Conflicts of Interest

Examples of potential conflicts:

- Prior employment at the institution (or application for such)
- Close professional collaboration with participants in program
- Other prior involvement with institution (e.g., consulting)
- Geographical proximity or recognition as competitor

Process for declaring conflicts of interest:

- Commissioners may choose to recuse themselves
- Commissioners may request guidance from their colleagues

Decision Meeting Format

1. Introductions: Commissioners, Provider Reps, Reviewer, State Rep(s), Staff
2. Pro-forma motion for accreditation
3. **Review of Case Process Sheet**
4. Confirmation of accuracy of the Quality Review Team Report
5. Presentation of the case by a commissioner
6. Questions for the review team leader and for provider representative(s)
7. Discussion among commissioners
8. Amendment of motion, if so determined by commissioners
9. Confirmation of accuracy of the Commission's discussion
10. Decision (vote)
11. Rationale stated for Accreditation Action Report
12. Debriefing of process (including 2x2 assignment of case)

Decision Meeting Key Points

- Transparency of the process to ensure accuracy of the decision
- Reassure all parties involved of the integrity of the process
- Quality Review Team only affirms the evidence; the Accreditation Commission makes the accreditation decision

Basis of the Accreditation Decision

1. Quality Assurance Report (without supporting docs)
2. Quality Review Team Report

Meeting Discussion Processes

1. Interaction between commissioners and the review team lead or with representatives from the provider is intended to clarify the evidence record, not to supplement it.
2. Clarification of a provider or program's reasoning about the evidence is, however, relevant.
3. Decisions are based on the whole record: even if a QAR is weak, evidence documented by the review team can make up for gaps.

Commissioner Perception of Cases

| | Strong Program | Weak Program |
|--|----------------|--------------|
| Strong Quality Assurance Report | | |
| Weak Quality Assurance Report | | |

Accreditation Requires Positive Answers

1. Program completers perform as professional educators with the capacity to support success for all learners.

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

2. Program completers adapt to working in a variety of contexts and grow as professionals.

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

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

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

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

Is the program engaged in strengthening the education system?

Accreditation Decisions

Standards are evaluated holistically

- Evidence from QAR and QRT Report considered
- Each aspect must be addressed
- New standards may require implementation window
- All standards must be met to gain accreditation
- Standards 1 and 3 express “foundational expectations”
- Standards 2 and 4 represent contextual challenges and aspirations of the field; aims and evidence may vary

Sources of Evidence: A Caveat

- Accreditation decisions are made based on evidence of quality with regard to completer performance & growth (Standards 1 and 2), and evidence of program practices that ensure quality and engage in system improvement (Standards 3 and 4).
- In the *best* cases, sufficient evidence is clearly presented *in the Quality Assurance Report* and verified/supplemented by the Quality Review Team.
- In *some* cases, the QAR may lack some evidence, including appendices. **To the extent that QRT finds sufficient evidence, accreditation may be granted**—though perhaps with a notation of concern or condition vis-à-vis Standard 3.

Accreditation Notations

Accreditation may include one or more notations of...

- **Commendation:** Recognition awarded when evidence shows outstanding preparation and performance on one or more aspects of a standard or the standard as a whole.
- **Comment:** Observation by the Accreditation Commission that gives useful feedback to the provider on a finding that is noteworthy but not significant enough to be cited as a commendation or concern.

All aspects of decisions and notations must be based on the standards or aspects of the standards.

Accreditation Notations

Accreditation may include one or more notations of...

- **Concern:** Relatively minor shortcoming in relation to one or more aspects of a standard.
- **Condition:** A larger problem that threatens a provider's ability to meet a standard and that thus requires immediate action.

All aspects of decisions and notations must be based on the standards or aspects of the standards.

Accreditation Notations

- If a **concern** is noted, evidence regarding progress in addressing concerns must be presented in the provider's Annual Report.
- Notation of one **condition** may allow full accreditation, but evidence of the condition's resolution must be provided within 2 years. The noting of two conditions, however, leads to the award of a probationary 2-year term of accreditation. Failure to resolve any condition in 2 years results in adverse action.

All aspects of decisions and notations must be based on the standards or aspects of the standards.

Decision Options for Cases

Accreditation for 7 years

All standards met. No *conditions*; may include statements of *concern*

Accreditation for 7 years contingent on accepted report

One *condition* that must be removed w/in 2 years; may include additional *concerns*

Accreditation for 2 years

More than one *condition* that must be removed w/in two years and which may require an additional visit

Denial of accreditation

One or more standards not met

Perspectives on the Accreditation Commission Process

1. Lead Site Visitor (Debbie)
2. EPP (Sylvia)
3. Board Member (Rebecca)
4. P-12 Partner (Gina)

Annual Report

- Annual report due December 31 (starting in 2020); see pp. 64-66 in 2020 AAQEP Guide
- Accredited members complete the whole report; all members update enrollment/completer numbers
- All are *welcome* to complete the whole report!
- Shows program quality maintained or enhanced with standards met
- Provides information on common indicators and transparency to stakeholders and public

Annual Report: Transparent Reporting

Table 4. Expectations and Performance

| Std. | Provider-Selected Measures | Explanation of Performance Expectation | Level or Extent of Success in Meeting the Expectation |
|-------------|-----------------------------------|---|--|
| 1 | | | |
| 1 | | | |
| 1 | | | |
| 2 | | | |
| 2 | | | |
| 2 | | | |

Annual Report: Tracking progress toward the next QAR

Table 5. Provider Self-Assessment and Continuous Improvement

| Std. | Strengths, Needs, Goals | Priorities to Address | Data-Based Action Plan/ Steps to Be Taken | Steps Taken/ Outcomes (Reflection) |
|------|-------------------------|-----------------------|---|------------------------------------|
| 1 | Strengths: | | | |
| | Needs: | | | |
| | Goals/Opportunities: | | | |
| 2 | Strengths: | | | |
| | Needs: | | | |
| | Goals/Opportunities: | | | |
| 3 | Strengths: | | | |
| | Needs: | | | |
| | Goals/Opportunities: | | | |
| 4 | Strengths: | | | |
| | Needs: | | | |
| | Goals/Opportunities: | | | |

Response to Evidence

Explain or elaborate on the findings noted above in the final column (optional).

Wrap-Up

Questions?

Discussion?

**Consider volunteering for the Accreditation
Commission or as a reviewer?**

Thank you!