

# 2018 EPP Annual Report - Reviewer Feedback (Staff Review Report)

## Section 1 AIMS Profile & Section 2 Program Completers

**Overview:** These sections ask for a yearly update to the EPP's electronic profile information and number of completers to ensure relevant communication and actions from CAEP.

**Why are these sections important?** The assurance of accurate profile information (including confirming up to five points of contact, identifying EPP characteristics, and detailing programs offered) are crucial to CAEP being able to get in touch with you, as well as being aware of EPP characteristics for research and site team assignment purposes, and accurate scrutiny of disaggregated data from relevant programs by Program Reviewers and/or site visitors and Accreditation Councilors. Additionally, completer counts are important to accurate billing for accreditation activities.

**Why does CAEP ask for this information, and what do we do with it?**

- ✓ **CAEP asks for current listings of contact persons** due to potential turnover at the EPP that may prevent the most relevant individuals from receiving essential information. As the contact information confirmed in the EPP Annual Report is used for official accreditation-related communications, the EPP should take the opportunity to list up to two "EPP Heads" and up to three "CAEP Coordinators" to facilitate a consistent flow of information to appropriate individuals. Individual identified "EPP Head" should have authority over the EPP. This contact may receive time-sensitive communications related to the accreditation of the EPP. The individual(s) identified as the CAEP Coordinator should have a role in managing accreditation activities and may be carbon copied on communications to the EPP head.
- ✓ **CAEP asks for current EPP Characteristics** to generate official accreditation documents, provide context for site visitors and Accreditation Councilors, allow for disaggregation of information by relevant demographics for research purposes, and ensuring adequate representation in formal and informal feedback efforts.
  - **Basic Information.** This section includes information that CAEP uses to generate official accreditation documents, including mailing address and EPP name.
  - **EPP Characteristics and Affiliations.** This section provides contextual information for better understanding the EPP and its work including types of licensure/degree programs at the initial-teacher licensure and/or advanced-level, EPP type consistent with Carnegie Classification, Professional Development School levels, Religious affiliation, admissions test(s), language of instruction, teaching majors, institutional/regional accreditation, institutional memberships, and off campus/branch campus(es)/distance learning/alternative certification programs.
- ✓ **CAEP asks for current EPP Program Listings** to ensure current information for all programs offered by the EPP that fall within CAEP's scope, as well as those covered by current NCATE or TEAC accreditation. Please review, update, and/or add each Program Name, Level, Certificate Level for Degree(s), and Program Category Fields.
- ✓ **CAEP asks for current EPP Program Completers** to generate accurate billing information, as the CAEP Annual Fee structure is based on the number of completers - for both initial-licensure and advanced-level programs - and scaled to support smaller EPPs.

1. [1.1] Is at least one individual listed for each available contact identity - EPP head and CAEP Coordinator - with email addresses that appear valid?  
☒ Yes ☐ No
2. [1.1 & 2.1] Based on information from the EPP's Program Options page, EPP Information page, and completer count, are there any apparent discrepancies?  
☐ Yes ☒ No
3. [2.1] Comparing the EPP's completer numbers from last year to this year, is there a discrepancy which may indicate a mistake?  
☐ Yes ☒ No

## Section 3 Substantive Changes

**Overview:** If a substantive change occurred during the Academic Year of the present EPP Annual Report through the date of the submission of this report, the EPP should provide an explanation. The explanation should provide CAEP with information about the nature of the change, a rationale for the change, an implementation timeline, and other any other essential information. Substantive changes to be reported include changes in the published mission or objectives of the institution/organization or the EPP; in the legal status, form of control, or ownership of the EPP; addition of programs of study at a degree or credential level different from those that were offered when most recently accredited; addition of courses or programs that represent a significant departure, in terms of either content or delivery, from those that were offered when most recently accredited; a contract with other providers for direct instructional services, including any teach-out agreements; that means the EPP no longer satisfies accreditation standards or requirement; in regional accreditation status; or in state program approval.

**Why is this section important?** Advising CAEP of substantive changes is one of the actions that must be taken to maintain accreditation or eligibility. Changes are reviewed to determine effects, if any, to accreditation status.

**Why does CAEP ask for this information, and what do we do with it?**

- ✓ CAEP, in accordance with Federal regulation (34 CFR Part 602 Subpart B (§602.22)), requires an EPP to inform CAEP of any changes to the educational mission, program, or programs of the EPP which may adversely affect the capacity of the EPP to continue to meet CAEP's standards. These changes must be communicated as part of the Annual Report or in a separate communication to the CAEP President, addressed to [president@caepnet.org](mailto:president@caepnet.org) or the current mailing address for the organization. CAEP has the responsibility to determine what effect, if any, substantive changes would have on an EPP's accreditation

1. [3.3] Did the EPP indicate any change in the legal status, form of control, or ownership of the EPP?

☐ Yes ☒ No

2. [3.6] Did the EPP indicate changes in its regional/institutional accreditation status?

☐ Yes ☒ No

3. [3.7] Did the EPP indicate changes in its state approval status?

☐ Yes ☒ No

## Section 4. Display of Annual Reporting Measures.

**Overview:** CAEP re-worked its approach to the Annual Reporting Measures. Instead of requesting data via a series of questions and CAEP-created standardized tables, CAEP has aligned its approach to CAEP Standards 4 and 5. In Section 4 of the 2018 EPP Annual Report, the provider is asked to publicly display data, pertaining to each of the Annual Reporting Measures (four of these measures are impact measures matching the four components of the CAEP Standard 4 for Initial-Licensure Programs and two of these match the two components of CAEP Standard 4 for Advanced-Level Programs), on the its website. This approach respects an EPP's context by allowing context-specific data collection and hosting in a manner of the EPP's choice, as long as the presented data are appropriate measures and are accurate.

**Why is this section important?** Having accreditation standards and policies that require EPPs "to routinely provide reliable information to the public on their performance, including student achievement," is central to maintaining CAEP's CHEA recognition, CAEP's role as an accreditor, and EPP's demonstration of accountability to stakeholders and provision of transparent information to potential candidates.

**Why does CAEP ask for this information, and what do we do with it?**

- ✓ The requirement to widely disseminate and display the Annual Reporting Measures is located in Components 5.4 and A.5.4 of the CAEP Standards and a part of CAEP Policy (Policies 6.01, on Annual Reporting, and 8.01, on Consumer Information). EPPs accredited under the NCATE standards or TEAC quality principles were required to publicly display candidate performance data in previous EPP Annual Report years. The updated Section 4 includes and builds from that approach by including the Annual Reporting Measures. In alignment with Component 5.4, providers are also asked to summarize the data and trends represented in the provider's Annual Reporting Measures, which allows EPPs to prepare for writing a self-study report and to use the EPP Annual Report as a repository and source for working toward Component 5.4. Site visitors and Accreditation Councilors review EPP Annual Report submissions in evaluating your EPP's evidence toward Component 5.4. Annual Report Reviewers flag exemplars of best practices of displaying these data to enhance the tips and exemplars to be included in next year's EPP Annual Report Technical Guide.

1. [4.1] Review Section 4 links

a. Link: <http://www.shsu.edu/academics/education/center-for-assessment-and-accreditation/accreditation/caep/2018-annual-report>

i. Does the above link work?

☒ Yes ☐ No

ii. Are data publicly/prominently displayed?

☒ Yes ☐ No

iii. Are measures displayed but not tagged?

☐ Yes ☒ No

iv. Are data relative to measure number(s) indicated appropriate?

☒ Yes ☐ No

2. [4.1] Are any measures missing across link(s) provided that should be present, according to the EPP's indication of offering program(s) leading to initial-teacher licensure and/or advanced-level programs [1.1 & 2.1]?

☐ Yes ☒ No

3. Is display of data an example of best practice?

☒ Yes ☐ No

3.a. If yes, what specific aspect(s) of the display are exemplary?

**Context**

- ☒ Display contains contextualization of information that aids in public understanding.
- ☐ Display includes comparisons and/or benchmarks.
- ☐ Display includes helpful context that aids in transparency and accessibility.
- ☐ Display includes discussion of appropriate caveats and limitations that aids in accessibility.
- ☐ Display includes explanation of sampling and other relevant procedures.

**Public Friendly**

- ☒ Data are easily accessible and prominent.
- ☐ Display includes data visualization that aids in public understanding.
- ☐ Measures, assessments, and/or terms are clearly defined and public friendly.

**Disaggregation**

- ☐ Display includes results over multiple cycles.
- ☒ Display includes disaggregated data by program.
- ☐ Display includes disaggregated data by relevant demographics.

**Messaging, Integration of Culture of Evidence**

- ☒ Display emphasizes the use of data for EPP-driven accountability.
- ☐ Display emphasizes the use of data for improvement.
- ☐ Data are displayed as a point of pride.
- ☐ Other data beyond annual reporting measures are displayed to enhance utility.

**Best Practice in Data Quality**

- ☒ Data are strong example of expectations set by annual reporting measures.
- ☐ Display includes exemplary analyses.
- ☐ Descriptions of methods are appropriate, following best practices.
- ☐ Use of multiple data sources to triangulate results.

**Other**

- ☐ Specify:

4. [4.2] Does EPP narrative sufficiently address all question prompts?

☒ Yes ☐ No

## Section 5. Areas for Improvement, Weaknesses, and/or Stipulations

**Overview:** This section asks EPPs to report on progress correcting any Areas for Improvement, Weaknesses, and/or Stipulations cited during the most recent accreditation site visit.

**Why is this section important?** Any citations earned by EPPs at the most recent accreditation visit represent parts of accreditation standards or principles that were not demonstrated sufficiently according to expectations represented by such a designation. Therefore, rectifying these deficiencies is essential to the quality of the EPP and the integrity of accreditation. This section allows for the EPP's annual reflection on progress -looking toward addressing gaps sufficiently within the required time - and CAEP's monitoring of the EPP during the accreditation cycle between in-depth self-study submissions.

**Why does CAEP ask for this information, and what do we do with it?**

- ✓ Accreditation is a check on work EPPs do daily - not just every seven years. Therefore, CAEP's role as an accreditor, in general and as part of being recognized by CHEA, includes monitoring EPPs between site visits, particularly when accreditation standards were not fully met. Under CAEP, Areas for Improvement describe a weakness in evidence for a CAEP Standard and/or component that should be remediated by the end of the accreditation term, while Stipulations describe one or more systemic concerns or serious deficiencies in evidence for a CAEP Standard and/or component that must be remedied to continue accreditation. Accordingly, this section allows EPPs and CAEP to check-in on progress to prompt EPPs to hopefully have fully corrected any deficiencies by the time of the next review, if not sooner as these represent aspects of EPP's program(s) that hinder ensuring development of effective candidates to meet the needs of P-12 students. Further, EPP Annual Report Reviewers review progress and offer prompts, as appropriate to steer EPPs in productive direction.

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**NCATE:** Areas for Improvement related to **Standard 2** cited as a result of the last NCATE review:

1. **Candidate level 1 and level 2 field experience assessment data are not regularly and systematically collected, compiled, aggregated, summarized, and analyzed across initial programs at the unit level related to candidate performance, program quality, and unit operations.**

(ITP)

Electronic time logs are now being used in all early field experiences to document the diverse placements of teacher

candidates and to have candidates record their activities within those placements, as well as the date and length of time candidates spend in classrooms. This became fully operational in the 2017-2018 academic year. Additionally, all middle level methods courses and secondary education methods courses are now using a modified version of the Texas Teacher Evaluation and Support System (T-TESS) in all early field experiences. This is the state adopted assessment system for classroom teachers, and is useful for teacher candidates to assess their work in the field to determine opportunities for improvement, and to then provide support in these identified areas. Plans for implementing this instrument in the EC-6 program are underway.

All data from early field experiences are collected in an electronic database, Tk20, and data are disseminated regularly to program faculty. In addition to regular program meetings, data are made available to program faculty for review annually at a college-wide assessment event, dedicated to reviewing collected, aggregated and summarized assessment data from the previous academic year. At this time, program faculty analyze the results from their individual programs to make decisions regarding candidate performance and program quality and operations.

b. Please consider the following prompts as you continue to address deficiencies cited in relation to legacy standards.

#### **Stakeholder engagement**

- ☐ How are you engaging stakeholders (**P-12 partners, academic and clinical faculty, staff, administrators, community members, candidates, and completers**) in this work?
- ☐ How are you engaging stakeholders (**particularly P-12 partners**) in this work?
- ☐ How are you engaging stakeholders (**particularly a coalition of EPP faculty - academic and clinical -, staff, and administrators**) in this work?
- ☐ How are you engaging stakeholders (**particularly candidates and completers**) in this work?
- ☒ How are these data shared with stakeholders?

#### **Progress monitoring**

- ☐ How are you monitoring and measuring progress?
- ☐ How do you/will you know the degree to which these changes result in improved outcomes?

#### **Leveraging data**

- ☐ How are you leveraging existing data sources to inform your effort(s)?
- ☐ How can the actionability of data be improved? (Actionable: Sufficiently detailed and relevant to directly indicate or clearly suggest a course of action. Information is actionable if it supplies the who, what, when, where, and why that allows one to determine how to change current practice(s) to achieve the intended goal.)
- ☐ What benchmarks or comparisons can you use to gauge your progress and add context?

#### **Integration/Triangulation**

- ☐ How does this effort complement existing initiatives?
- ☐ How do these data work with other information and assessment results in your quality assurance system?
- ☐ Do you see any opportunities for data triangulation/convergence in your quality assurance system?
- ☐ How are you using these data for program improvement?

#### **Assessment Quality**

- ☐ How does your assessment align with the sufficient-level criteria on the CAEP Evaluation Framework for EPP-Created Assessments?
- ☐ If you made modifications to a proprietary assessment, how have you re-evaluated validity?
- ☐ If you made a change to an EPP-created assessment, how does your assessment align with the sufficient-level criteria on the CAEP Evaluation Framework for EPP-Created Assessments?

#### **Other**

- ☐ Specify:

## **Section 6. Continuous Improvement**

**Overview:** In this section of the EPP Annual Report, EPPs no longer respond by accreditation pathway. Instead of responding to pathway requirements, all providers have an opportunity to share continuous improvement efforts and processes relating to the CAEP Standards.

**Why is this section important?** The prompts in Section 6 are aligned with Standard 5 and Component 5.3, allowing providers to use the EPP Annual Report to catalog data and narrative over time in a way that prepares the provider to

respond to Component 5.3 in the self-study report. Component 5.3 provides a chance for EPPs to put data related to the rest of CAEP's Standards to work to systematically change programs to improve outcomes for candidates and ultimately the P-12 students they will serve. Not only is the application of appropriate data to make and monitor informed changes a requirement of CAEP's Standards, but it is also a regular behavior and value of high-performing organizations; noticeably, the Baldrige Criteria and improvement science research inspired Standard 5.

#### Why does CAEP ask for this information, and what do we do with it?

- ✓ Quality assurance systems and data-informed continuous improvement are essential, foundational requirements for CAEP accreditation. This section instantiates an ongoing culture of evidence, while allowing CAEP to see some of the work done between accreditation cycles. Further EPP Annual Report Reviewers identify models of data-informed improvement so that CAEP may further collaborate with the field to spread continuous improvement initiatives.

#### General organizational reflections prompts to guide your quality assurance and continuous improvement efforts (Created by the Carnegie Foundation for the Advancement of Teaching explicitly for EPP use in CAEP's Standard 5):

In the spirit of CAEP Standard 5, iteratively reflect on what are you trying, how are you inquiring about your change efforts, what have you learned, and what are you trying next?

- As you examine the outcomes you currently achieve (i.e., data on the first four standards), and identify gaps between current results and established standards, why is it that these results continue to occur?
- How do you understand the problem(s) you need to solve? And what inquiries have you engaged in to help clarify this problem analysis (e.g., data analyses that might inform sources of variation in performance; in-depth interviews with current participants and recent graduates a.k.a. user-centered empathy inquiries)?
- Based on your systematic problem analysis, what is your working theory of improvement? (e.g., what are the three to five places in your instructional system that are your high leverage improvement targets/drivers and what drivers (or areas for intervention) are thought to lead to improvements within them?
- How has this working theory been tested? What changes have you tried and why did you focus here (looking for connection to relevant research evidence and working theory of improvement)? How do you (will you?) know if these changes are an improvement?
- More generally, as you cycle through your processes of continuous improvement (iteratively refining your theories based on the results of the changes made) what are you learning about your instructional system, and how has this helped you to refine your working theory of improvement?

Remember we often learn most from our failures. So, if relevant, what perhaps might you have tried, found evidence that it did not work as you intended, and what did you learn from this about what to try next?

#### 1. [6.1] Please consider the following prompts

##### Stakeholder engagement

- ☐ How are you engaging stakeholders (**P-12 partners, academic and clinical faculty, staff, administrators, community members, candidates, and completers**) in this work?
- ☐ How are you engaging stakeholders (**particularly P-12 partners**) in this work?
- ☐ How are you engaging stakeholders (**particularly a coalition of EPP faculty - academic and clinical -, staff, and administrators**) in this work?
- ☐ How are you engaging stakeholders (**particularly candidates and completers**) in this work?
- ☐ How are these data shared with stakeholders?

##### Progress monitoring

- ☐ How are you monitoring and measuring progress?
- ☐ How do you/will you know the degree to which these changes result in improved outcomes?

##### Leveraging data

- ☐ How are you leveraging existing data sources to inform your effort(s)?
- ☐ How can the actionability of data be improved? (Actionable: Sufficiently detailed and relevant to directly indicate or clearly suggest a course of action. Information is actionable if it supplies the who, what, when, where, and why that allows one to determine how to change current practice(s) to achieve the intended goal.)
- ☐ What benchmarks or comparisons can you use to gauge your progress and add context?

##### Integration/Triangulation

- ☐ How does this effort complement existing initiatives?
- ☐ How do these data work with other information and assessment results in your quality assurance system?
- ☐ Do you see any opportunities for data triangulation/convergence in your quality assurance

system?

☐ How are you using these data for program improvement?

**Assessment Quality**

☐ How does your assessment align with the sufficient-level criteria on the CAEP Evaluation Framework for EPP-Created Assessments?

☐ If you made modifications to a proprietary assessment, how have you re-evaluated validity?

☐ If you made a change to an EPP-created assessment, how does your assessment align with the sufficient-level criteria on the CAEP Evaluation Framework for EPP-Created Assessments?

**Other**

☒ Specify:

Found that DPPs were not sufficiently measuring candidate dispositions. dispositions assessment working group developed an improved method for assessing dispositions

a. Further clarification (optional)

2. Did the EPP indicate the willingness to share highlights, new initiative, assessments, research, scholarship, or service activities during a CAEP Conference or in other CAEP communications?

☒ Yes ☐ No

Thank you for your willingness to share your EPP's continuous improvement efforts. EPP Annual Report Reviewers and CAEP Staff are reviewing these and will reach out and share as appropriate.

2.1 Is the continuous improvement initiative(s) described a particularly compelling example that would benefit other EPPs?

☒ Yes ☐ No

If yes, what specific aspect(s) of the initiative exemplary to flag for possible sharing through CAEP Conference or other communications vehicles?

COE Dispositions Assessment A.1.1

2.2 Display Tagging from EPP AR.

- 5.1 Effective quality assurance system that monitors progress using multiple measures
- 5.2 Quality assurance system relies on measures yielding reliable, valid, and actionable data.
- 5.3 Results for continuous program improvement are used
- 5.5 Relevant stakeholders are involved in program evaluation
- A.1.1 Candidate Knowledge, Skills, and Professional Dispositions

## Section 7: Transition

**Overview:** As a new part of the report, Section 7 aims to be responsible to those EPPs moving from the legacy NCATE standards and TEAC quality principles by asking providers about self-assessed gaps in evidence relating to the CAEP Standards, as well as to certify whether or not legacy standards or principles are currently met. Accordingly, this section does not appear for CAEP Accredited EPPs or EPPs with visits in fall 2017 or spring 2018. CAEP hopes EPPs use the opportunity as part of effectively monitoring your EPP's transition to the CAEP Standards.

**Why is this section important?** The addition offers an opportunity for thoughtful, yearly reflection about the progress toward successfully transitioning to CAEP; it also suggests to CAEP areas of priority guidance to transitioning providers. This section also asks about EPP's performance on the legacy standards/quality principles so that CAEP can better align monitoring procedures to CHEA's expectations.

**Why does CAEP ask for this information, and what do we do with it?**

- ✓ This section is not intended to track a specific EPP's deficiencies moving forward to CAEP, but to allow for provider reflection and to increase CAEP's ability to support providers moving toward the CAEP Standards. Additionally, this information aids in fulfilling CAEP's monitoring obligations as an accreditor.

1. [7.1] Did the EPP identify any gaps?

☒ Yes ☐ No

If yes, please link to available CAEP resources.

Standard 4.1 EPP developed Novice Teacher Project to measure completer impact in the first year of teaching after completing EPP

2. [7.2 & 7.3] Did the EPP certify currently meeting the legacy NCATE Standards or TEAC Quality Principles, as applicable?

☒ Yes ☐ No

## Section 8: Preparer's Authorization

**Overview:** : The report preparer checks the box to affirm that they are authorized to complete the report by the and enters their name, position, phone number, and email address. The report preparer checks the box to acknowledge their understanding of the CAEP Policies pertaining to the EPP Annual Report.

**Why is this section important?** The final section of the report requests information on the report preparer and asks the preparer to affirm that he or she is authorized to complete the EPP Annual Report and demonstrate that he or she understands and agrees to CAEP's policy on data ownership, annual reporting, and misleading or incorrect statements.

**Why does CAEP ask for this information, and what do we do with it?**

✓ As submission of the EPP Annual Report is a condition of maintaining current accreditation or eligibility status, collecting the authorization of the preparer is needed to officially represent the EPP, as well as protect the EPP and CAEP. This section must be completed before the EPP Annual Report is officially submitted. CAEP visits this information if any questions of authenticity arise or to aid in contacting the EPP, if needed.

Comment:

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