Guide to CAEP Accreditation:
The Continuous Improvement (CI) Pathway

February 2014

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I. Purpose

This *Guide to CAEP Accreditation through the Continuous Improvement Pathway* is intended to support Educator Preparation Providers (EPPs) as they complete the self-study that constitutes the core of the CAEP accreditation process. In CAEP's first months of operation, it developed and adopted policies, procedures, standards, and performance expectations that define the framework of its accreditation process. This *Guide* and subsequent additional guidance documents that will be released in the coming months translate those policy commitments into practical guidance for EPPs.

Guidelines in this release include guidance related to the development of the Self-study Report in each accreditation pathway and a guide to understanding and developing a strong evidentiary base for accreditation. Information regarding site visits and the accreditation decision-making process will be made available later in 2014. Because CAEP is committed to continuous improvement as a 'learning organization,' this and subsequent guidance documents will be updated annually. Feedback is welcome via this link; responses to questions raised via the feedback forms will be shared via the electronic CAEP Update. Subscribe here.

CAEP thanks you for your interest in its work, for your commitment to excellence in educator preparation, and welcomes your feedback. As you read this document and begin to work through the self-study process, please keep track of your process, insights, and comments. CAEP welcomes your feedback as part of its own commitment to continuous improvement!

Overview of the CAEP Accreditation Process

The Council for the Accreditation of Educator Preparation (CAEP) promotes excellence in educator preparation through evidence-based accreditation of Educator Preparation Providers (EPPs). Through its accreditation process, CAEP assures quality of educator preparation and supports continuous improvement in order to strengthen P-12 student learning. EPPs participating in the CAEP accreditation process develop valid, reliable, actionable lines of evidence that they meet the CAEP standards and that they are engaged in continuously improving the preparation program in partnership with local schools and other stakeholders. The CAEP accreditation process requires scrutiny of each individual licensure or certificate program, assurance of the quality of the data relied upon in the self-study, focus on program completers' impact on P-12 student learning and development, and analysis of evidence in conjunction with EPPs' partners and stakeholders. The paragraphs that follow outline the CAEP accreditation process and serve as an introduction to a more detailed treatment of the Self-study Report development process contained in this *Guide*.

The CAEP accreditation process requires that each EPP seeking accreditation engage in a thorough, evidence-based, self-study process in which it both examines each constituent line of educator preparation (typically, the 'program' leading to recommendation for a specific license

or certificate) and presents evidence for its entire effort at educator preparation in aggregate. Recognizing the diversity of institutional and organizational entities involved in the preparation of educators, and valuing organizational choice among alternative ways of documenting quality and improvement, CAEP provides three pathways to structure the self-study process. Each pathway requires that an EPP show that it meets CAEP's standards using data that are relevant, representative, valid, reliable, cumulative, verifiable, and actionable.

The most comprehensive explanation of CAEP's expectations for EPPs is found in the CAEP Accreditation Standards, Glossary, and Evidence Guide. EPPs are encouraged to review the standards and rationale statements, and to use the standards as a basis for reflection on their current program operations and, in particular, their current capacity to use valid and reliable data to monitor and improve program elements. As an EPP begins to look forward to its next accreditation site visit and engages in the process of self-study, the following key elements of the accreditation process should be kept in mind.

1. Each CAEP standard must be met. While many aspects of the CAEP standards will be familiar to EPPs, careful study of the expectations is recommended. In framing the self-study, EPPs should bear in mind that each *standard* must be addressed; the *components* of the standards provide important perspectives on the intent of each standard as a whole. While a particular source of evidence may address a particular component, the body of evidence must provide assurance that the standard is met.

2. Impact on P-12 Student Learning is, ultimately, the measure of success in educator preparation. While a variety of types and sources of evidence are necessary to a comprehensive and functioning quality assurance system, evidence of completers' impact on P-12 student learning and development is the ultimate aim. Though gathering such evidence is extremely challenging, its value as the ultimate outcome measure is clear. Evidence of impact on P-12 learners is not the only evidence needed in accreditation; it is, however, essential. EPPs are encouraged to innovate in developing such data in partnership with schools, state agencies, program completers, and others.

3. Phase-in of new lines of evidence will be necessary. CAEP recognizes that the 2013 standards require, in some cases, evidence that has not been required or collected in the past. Accordingly, CAEP has created developmental expectations for EPPs with visits during the transition period (2014 and 2015) and for EPPs with visits in the first two years after the standards become required (those with visits in 2016 and 2017).

   - *EPPs with visits in 2014 and 2015* may present plans in the self-study for collecting the required evidence and, once approved by the CAEP Accreditation Council, will present in their annual reports their progress in implementing these plans along the approved timeline.

   - *EPPs with visits in 2016 and 2017* may also present plans in their self-study in lieu of unavailable data and in addition will be expected to provide evidence of implementation in their self-study.

EPPs which do not have access to state P-12 student learning data and EPPs that are supplementing state or district data with data on subjects or grades not covered should refer to the CAEP Evidence Guide.

In each case, site visitors will investigate the EPP's capacity to carry out and implement the plans with progress to-date.

4. <u>A program review process consistent with the state partnership agreement</u> must be completed as part of the self-study process; timing and process vary according to program review option and accreditation pathway selected. EPPs in states, territories, or countries with CAEP partnership agreements may choose among program review options specified in the agreement.[1] A description of the program review process is provided below. In the absence of a partnership agreement, the EPP can choose from among the three program review options. All EPPs must complete program reviews of each of its programs.

5. <u>CAEP's aim is to create a process that supports quality</u>. While any system of external quality assurance creates additional tasks for an EPP, CAEP's intent is that each aspect of its accreditation process supports the EPP's own goals of ensuring excellent preparation of educators and continuous improvement of program elements.

<u>Program Review as an element of the accreditation process:</u>

An important element of the overall accreditation process is the review of individual license- or certificate-level programs. State recognition of each constituent program offered by an EPP is a pre-requisite for consideration for national accreditation, so CAEP ensures that each program has been reviewed and is in good standing with the state(s) in which the program is offered. Using many of the same data elements that are used in the self-study itself, the program review process is completed prior to the accreditation site visit. As noted above, states specify which program review options from the following three are available to EPPs in the state: CAEP Program Review with National Recognition, CAEP Program Review with Feedback, and State Program Review. The following table summarizes key features of each program review option.

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[1]Because CAEP is a newly-launched accreditor, it is developing partnerships with all states simultaneously; seven agreements have been completed, the remainder are in process. Consult the CAEP website or CAEP staff for information. If the partnership agreement with an EPP's state remains to be finalized, CAEP staff will consult with the EPP and state authorities to provide guidance regarding program review options to EPPs.

CAEP Program Review Options			
	CAEP Program Review with National Recognition	**CAEP Program Review with Feedback**	**State Program Review**
Format	Program report forms are completed for each content area and level describing evidence of candidates' performance on a set of key assessments that demonstrates meeting standards.	Program report forms completed with links to information found in the Inquiry Brief or Institutional Report documents for three clusters of programs (secondary, cross-grade programs, & other school personnel programs).	State-defined process
Standards	Specialized Professional Association Standards (SPA)	State-selected standards	State-selected standards
Timing of Submission	Mid-cycle of the overall accreditation cycle (3 years in advance of the accreditation visit for most states).	At the same time as the Inquiry Brief or Institutional Report documents (roughly 8-12 months in advance of the visit).	State-defined timing.
Review Team	SPA review teams trained by both the SPAs & CAEP.	Review teams by cluster trained by CAEP and including reviewers indentified by the state, NEA/AFT, NBPTS, AACTE/ATE, and/or other sources.	State review team
Result	Recognition Report with a decision of "Nationally Recognized", "Recognized with Conditions", or "Further Development Required/Recognized with Probation/Not Nationally Recognized".	Feedback is provided to EPPs for use in program improvement and to the state for use in making its determination regarding program approval.	State decision regarding program approval.
Additional Information	This program review option is coordinated by CAEP at no cost to the institution or to the state. This is the only program review option that can lead to national recognition by CAEP/SPAs.	The CAEP Program Review with Feedback option will be piloted Spring/Fall 2014. This option will be available to programs once pilots are completed.	States may request a review to assure alignment of state standards to SPA standards.

Additional information regarding the program review aspect of the accreditation process can be found on the CAEP website or by contacting CAEP program review staff.

Accreditation Site Visit: Verifying the Evidence

CAEP's accreditation process includes a site visit to the EPP seeking accreditation. Additional guidance concerning site visits and site visitors is forthcoming in Spring of 2014. An important goal of the CAEP accreditation site visit is to verify the evidence presented in the self study. During the site visit, the CAEP site visit team examines the evidence cited in the self-study; interviews and reviews surveys of EPP administrators, faculty and/or instructors, candidates, graduates, employers, and other members of the professional community as appropriate; and conducts other investigations into the cited evidence. Site visitors will review documents; review and reanalyze data sets; interview program candidates, clinical and other faculty, administrators and additional stakeholder groups; and observe facilities. The result of the accreditation site visit is a report that details the teams' findings regarding the quality of the evidence. This report informs the recommendation of the Continuous Improvement Commission and the ultimate accreditation decision of the CAEP Accreditation Council. Site visitors do not make determinations regarding EPP success in meeting the CAEP standards and do not make recommendations in relation to standards.

Accreditation Decisions in CAEP

CAEP accreditation decisions are made by the Accreditation Council based on the recommendations of two groups of Accreditation Commissioners. The decision-making process begins with review of the self-study, associated off- and on-site review reports, and any relevant subsequent correspondence with the EPP. Commissioners review these materials in a meeting at which EPP representatives are welcome as observers. The initial review panel makes a recommendation for accreditation based on its assessment of which CAEP standards have adequate support in the EPP's evidence; that initial recommendation is reviewed by a second, larger panel of Commissioners, and a final accreditation decision is rendered by the CAEP Accreditation Council. The Commissions and Council meet together, twice annually. Additional description of the decision-making process can be found in the CAEP Policy Manual; additional practical guidance regarding the decision-making process will be released in a subsequent guidance document.

This overview of the CAEP accreditation process is intended to place the development of the Self-study Report in context. EPPs and other interested parties are encouraged to consult the CAEP website (link) and to contact CAEP staff with any additional questions they may have regarding the accreditation process.

The following pages provide greater detail on the development of the self-study in the CAEP *Continuous Improvement Pathway.*

II. Distinctive Characteristic of the CI Pathway

Educator Preparation Providers (EPPs) seeking accreditation through the Council for the Accreditation of Educator Preparation (CAEP) complete a Self-study Report (SSR) and host a site visit. The Self-study Report and the site visit are the means by which the accreditor determines whether or not CAEP standards are met. Believing in the importance of choice in accreditation, CAEP established three pathways for accreditation review, each providing an EPP with a unique Self-study Report format or approach. An EPP selects the pathway and corresponding Self-study Report format that best meets its needs and its context.

With the renewed vision for accountability and continuous improvement, the Continuous Improvement (CI) pathway aims to ensure quality and build capacity of educator preparation providers (EPPs), leading beyond adequacy. EPPs seeking accreditation under the CI Pathway demonstrate progress in achieving a higher level of excellence in educator preparation by developing and using a data-driven "Continuous Improvement Plan" (CIP) which is included in their self-studies.

An EPP identifies a CAEP standard(s), component(s) of one standard, or several components across more than one standard as an area of focus for continuous improvement, provides a rationale for selecting the focal area, presents its current level of performance as baseline data, and sets goals with measurable yearly objectives to show data-driven improvements over time. The emphasis of the plan is in the collection and analysis of data that demonstrate substantive improvements.

The site visit team provides feedback to an EPP on the Continuous Improvement Plan and its progress, including (a) its capacity for initiating, implementing, and completing a Continuous Improvement Plan (CIP); (b) the potential of the CIP to have a positive impact on the EPP and its candidates; (c) the proposed use of data and evidence; and (d) the potential of the EPP to demonstrate a higher level of excellence beyond what is required in the standards.

Progress on the CIP will be reported annually by the EPP and evaluated during the subsequent accreditation visit to determine if components 5.3 and 5.4 of Standard 5 are satisfied. Component 5.3 states:

> *"The provider regularly and systematically assesses performance against its goals and relevant standards, tracks results over time, tests innovations and the effects of selection criteria on subsequent progress and completion, and uses results to improve program elements and processes."*

Component 5.4 states:

> *"Measures of completer impact, including available outcome data on P-12 student growth, are summarized, externally benchmarked, analyzed, shared widely, and acted upon in decision-making related to programs, resource allocation, and future direction."*

The CIP is discussed in detail in Section V of these guidelines.

I. CI Accreditation Timeline and Process-at-a-Glance

Steps	EPP actions	CAEP actions
1. Application	<u>Only if applying for first accreditation,</u> EPP prepares and submits on-line application.	CAEP staff consults with the EPP. ↺↻
EPPs seeking accreditation for the first time should contact CAEP staff.		
2. CI Self-study Report including CI plan: Formative Feedback Report (FFR)	EPP submits CI self-study, including the CI plan.	CAEP CI site visit team reviews self-study, including a review of the CI plan, and returns its Formative Feedback Report (FFR) to the EPP.
3. CI self-study addendum	EPP submits its response to the Formative Feedback Report no less than 60 days before the scheduled onsite visit and uploads supplemental evidence, as requested and appropriate.	CAEP CI site visit team reviews addendum and supplementary evidence in advance of the site visit.
4. Call-for-comment	EPP distributes call-for-comment announcement to all specified parties	CAEP places program on website's "call-for-comment" page
5. Site visit	• EPP schedules interviews and observations as requested from pre-visit and/or FFR • EPP hosts site visit team	• Site Visitors verify submitted evidence and formulate further questions for the visit • Site visitors complete visit to the EPP site(s), including a review of progress on the CI plan. • Site visitors prepare the site visit report, including an evaluation of the CI plan. • Lead site visitor conducts exit interview with EPP. • Site visitors prepare final site visit report (submitted 4 weeks after the conclusion of the site visit) • CAEP staff sends site visit report to EPP, copying state representatives as applicable
6.Rejoinder	• Within 7 days, the EPP responds to accuracy of site visit report (factual corrections) • Within 2 weeks, the EPP submits its response to the final site visit report to CAEP (rejoinder)	• CAEP staff sends EPP response to the site visit report to site visit team • Lead site visitor submits a response to the EPP's rejoinder (within 7 days)
7. CI Commission and Review Panel	• EPP representatives and/or state representatives attend meeting (optional – and at EPP/agency expense).	• CI Review Panel meets to review documentation, affirm or revise Areas of Improvement and stipulations, if any, and make recommendation regarding standards met or unmet
8. Joint Review Team	No EPP action taken.	• Accreditation Council Joint Review Team reviews documentation, accepts or revises the Review Panel recommendation, and submits an accreditation recommendation to the Accreditation Council of the whole.
9. Accreditation Council Decision	No EPP action taken.	• Accreditation Council meets to determine the accreditation decision of the EPP • CAEP sends Accreditation Council's decision to the EPP and state representatives, as applicable.
10. Public announcement	EPP accepts or appeals CAEP's action (within 30 days) ↺↻	• CAEP announces accreditation and probation decisions on its website and informs other stakeholders • CAEP sends the EPP a certificate of accreditation or schedules the probationary visit.
11. Appeals Process	If EPP decides to appeal a decision of denial or revocation of accreditation, the	If the decision is to deny or revoke accreditation and the EPP appeals the decision, the appeal process is initiated.

	EPP submits an appeal petition.	
12. Annual report	Program faculty submits annual report and fees to CAEP↫↬	CAEP's Annual Report and Monitoring Committee reviews annual reports, including a review of progress on the CI plan, and informs the EPP if there are concerns ↫↬

Key:　　　↫↬ signifies the process continues until there is consensus among the parties

Formative Feedback Report (FFR) Schedule-at-a-glance

EPP submits Self-study Report (SSR)	8 months before the onsite visit
Site Visit Team meets electronically	2 months +/- after the SSR is submitted
Formative Feedback Report is available to the EPP in AIMS	Generally 2 +/- weeks after formative review meeting
EPP submits Self-study Addendum in response to the Formative Feedback Report	2 +/- months before the onsite visit, the self-study addendum should be submitted

Site Visit Report Schedule-at-a-glance

EPP submits Self-study Addendum in response to the Formative Feedback Report	2 +/- months before the onsite visit, the self-study addendum should be submitted
Site Visit Team reviews addendum prior to onsite visit	Up to the scheduled arrival date and first meeting of the site visit team
Site Visit Report is drafted	At team meetings throughout the onsite visit
Exit report with EPP leadership is conducted and findings are shared.	Final meeting before the site visit team departs from the EPP
Draft of the Site Visit Report is submitted	2 weeks +/- after the onsite visit
EPP makes factual corrections	7 days +/- following receipt of Site Visit Report
Site Visit Report is corrected and final report is submitted by lead site visitor	7 days +/- following receipt of the factual corrections
EPP submits rejoinder	2 weeks +/- following receipt of final version of the Site Visit Report
Lead site visitor responds to EPP rejoinder	7 days +/- following receipt of the EPP's rejoinder

See Section VI for more information on the accreditation review process.

III. Process for Preparing the CI Self-study Report

To begin the journey into preparing the Self-study Report (SSR) using the CAEP standards, here are some basic processes to consider. These are not mandates or requirements. They are suggestions for how an EPP might proceed to address the CAEP standards and its accreditation process and to initiate the self-study process.

1. **Review**. Study and understand the CAEP standards, process, and responsibilities. Study the the five standards and their components and refer to the glossary for definitions. Review this *Guide* and access the website (www.caepnet.org) for the most up-to-date guidance on the evidence for the self-study. When in doubt, contact CAEP staff.
2. **Inventory available evidence**. The EPP should consider developing an inventory of the evidence that it currently uses on candidate and completer performance and on other CAEP requirements, noting what evidence the EPP relies on and uses, what it does not, and what it might begin to collect. The EPP should address the following five questions for each item of evidence that it uses: What is it, what evidence is available regarding its quality, what criteria have been established for successful performance (and why), what do the reported results mean, and how are results used in improvement?
3. **Gather information, categorize and prepare evidence to be uploaded, and draft tables to be completed**. Invest time in examining the evidence thoroughly. CAEP suggests that the EPP begin to categorize its evidence into the standards and components. Information that will eventually appear in the Self-study Report (see outline of the CI Self-study Report in Appendix A) include (1) the EPP overview, (2) evidence and summary statement for each standard, (3) evidence and summary statement of the integration of cross-cutting themes, (4) responding to previously cited areas for improvement, if any, and (5) the Continuous Improvement Plan, Information is also requested in the overview section to complete required tables including a synopsis of all EPP programs, the clinical educator qualifications, the accreditation plan, and the EPP's capacity.
4. **Take stock**. CAEP suggests that the EPP meet with its stakeholders including P-12 districts and candidates to review and seek feedback on what was learned from steps 1–3.
5. **Analyze and discuss the evidence and draft the continuous improvement plan.** Analyze and interpret the evidence and assessment results. Develop the continuous improvement plan for action.
6. **Formulate summary statements**. Draft a set of statements that makes clear what the EPP believes it accomplishes with regard to CAEP's standards and its two cross-cutting themes. These statements should be consistent with public statements of the EPP's quality and the performance of its candidates. In addition the statements should be linked to the EPP's evidence, including assessments and results.
7. **Draft and submit the Self-study Report**. Compile a complete draft of the Self-study Report, including evidence, summary statements, and CI plan. Review the draft with stakeholders, revise as needed, and upload the final version into CAEP's Accreditation Information Management System (AIMS).

Note on Self-study format

In addition to making available three 'pathways' to completing the accreditation process, each of which is based upon a particular approach to framing the self-study process and report, CAEP recognizes that, given the diverse structures and characteristics of EPPs, other study designs may commend themselves. EPPs may propose alternative self-study designs to guide their investigation, and may adopt one in consultation with CAEP staff. CAEP is happy to consider alternative self-study designs so long as all elements of the CAEP standards are addressed with adequate evidence.

IV. Guidelines for the CI Self-study Report

Section A: Educator Preparation Provider (EPP) Overview

This section of the guidelines provides specific directions for:
- composing the overview section of the self-study,
- completing each sub-section of the overview, and
- preparing to complete or revise the required capacity tables.

The CAEP glossary or CAEP staff can provide additional clarification as needed.

The EPP overview section of the Self-study Report is intended to provide a foundation of understanding for the site visitors and other readers of the self-study. This section sets out the unique characteristics of the EPP that are essential for understanding and evaluating its preparation programs. Do not think of this section as a travelogue or recruitment narrative. Think of this section as the set of parameters that guide the EPP in its decisions about the preparation of educators and meeting standards of quality.

The overview section begins with a brief description of the EPP's *context and unique characteristics*. Draft this section with the intention to distinguish the EPP from other providers. Is the EPP a rural provider, state-supported, Historically Black College/University, Hispanic Serving College/University, faith-based, exclusively or predominantly online, for profit, located outside of the United States, and/or offers only undergraduate degrees and teacher preparation programs. The context and characteristics should be described in such a way that the relationship to the EPP's preparation programs is apparent. For site visitors this section sets the stage for understanding the conditions under which the EPP operates.

The overview section continues with a *description of the EPP's organizational structure*. The organizational structure of EPPs varies considerably. Accredited EPPs range from providers housed within an institution of higher education administered by a dean of education to providers housed within a non-profit entity led by a director of teacher education reporting to a vice president of academic programs. Some EPPs serve as umbrella entities to more than one college of education or regional offices. Other EPPs exist across multiple states with a single administrative headquarters with local teacher preparation support and development teams. Draft this section with the intention to describe as concisely as possible how the EPP is organized administratively and academically to prepare educators. Consider including an organizational

chart as a visual aid to supplement the description. For site visitors this section provides a basic understanding of the oversight of the EPP's preparation programs.

The overview section also includes a statement of the *vision, mission and goals* of the EPP. The vision, mission and goals of an EPP further distinguish its purpose and long-range intention as a provider, and vary considerably from one EPP to another. For example, an EPP vision might be to establish itself as the most desired educator preparation provider in the state (or the nation). Its mission might be to prepare educators for a specific region, population, or purpose, such as a faith-based EPP or a tribal college. The goals of an EPP often change in response to its accomplishments and may be based on a strategic plan. For example, a goal may be to increase the size of its undergraduate enrollment or establish a master's degree program in child advocacy. For site visitors, this section contributes to an understanding of what the EPP is striving to accomplish overall and may explain some of the emphases and decisions about its preparation programs, clinical educators, candidates, or resources.

The final narrative in the overview section is a description of the ***EPP's shared values and beliefs*** for its educator preparation programs. Distinct from an EPP's vision, mission and goals, an EPP's shared values and beliefs are those foundational professional commitments that guide the EPP's programs in terms of content, delivery, focus, and emphases. For example, some EPP's believe that candidate learning is developmental and collaborative. Therefore, a site visitor might expect to discover pedagogical content and skills progressively developed, in collaboration with others, and assessed in a way that provides ongoing feedback. Another EPP might share a value across all its programs for problem-based learning. Draft this section with the intention to make the EPP's values and beliefs about educator preparation as transparent and meaningful as possible. As a self-check in the draft, ask yourself how each described value or belief appears in practice within the EPP's programs.

The last part of the overview section directs the EPP to ***update/revise the capacity tables*** in AIMS. The six tables are appended to this document. For EPPs seeking first accreditation, these tables were initially completed as part of the second phase of CAEP's application process. These same tables are updated annually as part of CAEP's annual report process to maintain and continue an EPP's accreditation status. At the time of the accreditation review, whether for first or continuing accreditation, the tables are updated or revised as appropriate and submitted as part of the EPP's self-study. CAEP's site visitors verify the information presented in the tables as part of the accreditation review of the EPP's capacity to provide and maintain quality educator preparation programs. (See Appendix B for further information on these tables.)

SECTION B: CAEP Standards and Evidence

This section of the guidelines provides specific directions for:
- Uploading and connecting evidence for the self-study,
- responding to the evidence questions, and
- composing the summary statement related to each standard(s).

In addition, consult the CAEP Accreditation Standards and CAEP Evidence Guide. The CAEP glossary or CAEP staff can provide additional clarification as needed. Please consult these guidelines as evidence is being inventoried and selected for the self-study.

A note on data requirements for EPPs with visits through 2017

CAEP recognizes that the 2013 standards require, in some place, evidence that has not been required or collected in the past. Accordingly, CAEP has established developmental expectations for EPPs with visits during the transition period when the new standards are being phased in (2014 and 2015) and for EPPs with visits in the first two years in which the standards are required for all visits (those with visits in 2016 and 2017).

- *EPPs with visits in 2014 and 2015* may present plans in the self-study for collecting the required evidence and, if accredited by the CAEP Accreditation Council, will present in their annual reports their progress in implementing these plans along the approved timeline.
- *EPPs with visits in 2016 and 2017* may also present plans in their self-study in lieu of unavailable data and in addition will be expected to provide evidence of implementation in their self-study.

EPPs which do not have access to state P-12 student learning data and EPPs that are supplementing state or district data with data on subjects or grades not covered should refer to the *CAEP Evidence Guide*.

In each case, site visitors will investigate the EPP's capacity to carry out and implement the plans and their progress to-date in doing so.

Uploading and connecting evidence for the self-study

The CI Self-study Report begins with evidence, not narrative. For this reason the Process for Preparing the Continuous Improvement Pathway Self-study Report and the *Checklist for Preparing the Continuous Improvement Self-study Report* (See Appendix C) both suggest that an EPP begin to prepare for the self-study by conducting an inventory of available evidence. It is the evidence that will make the case that standards are met. The CAEP Evidence Guide states that "Evidence is not something that an EPP 'does for the accreditor.' It is not a 'compliance' mechanism. The data are not an end in themselves or 'the answer' for accreditation. Instead, data are the basis to begin a conversation."

For this reason, the CI self-study begins by uploading relevant evidence into the Accreditation Information Management System (AIMS) and connecting each item of evidence that is uploaded as relevant to specific components and standards. The EPP also connects evidence relevant to cross-cutting themes, its continuous improvement plan, or for removing a previously cited area for improvement as well.

Instructions on how to upload evidence, enter narrative, and indicate connections between pieces of evidence and standards in AIMS will be provided with the SSR template.

Responding to the evidence questions

After each item of evidence is uploaded, the EPP is prompted to respond to five questions about the evidence item. The five questions are:
1) What is this item of evidence?
2) How was the quality of the evidence determined or assured?
3) What criteria of success have been established on the measure, and how?
4) What does the reported evidence mean?
5) How is the evidence used to support improvement?

In response to question 1, the EPP provides a description of the evidence, its features, and other relevant characteristics or contextual information. Remember to keep the response to question 1 focused on the most critical information necessary for a site visitor to understand what the evidence contains or illustrates.

In response to question 2, the EPP provides a statement of how the quality of the evidence is monitored. Remember to provide accurate information, as detailed as possible, about any of the criteria for evidence quality that are applicable. Consult the CAEP Evidence Guide for more information on CAEP's criteria for evidence quality and its use.

In response to question 3, the EPP explains for each measure it uses what level of performance counts as 'success'—as meeting its own expectations. The response to question three should make clear what level of performance the EPP regards as sufficient and why that standard or criterion of success makes sense. Empirical evidence used in establishing the criterion should be shared as part of the explanation.

In response to question 4, the EPP provides an interpretation of the evidence. Analysis of trends over time, comparisons within and across programs or at transition points, or benchmarking with peer institutions or other clinical preparation programs is encouraged. Remember that this is a self-study and it is an opportunity to collect and reflect upon the evidence of candidates' performance comparatively and over time. Let the evidence speak, but let it speak through your interpretation and the meaning that you are making of it.

In response to question 5, the EPP provides a statement about how the evidence is used or what actions have been taken as a result. Remember that the point of collecting and interpreting the evidence is to learn from it. Take this as an opportunity to identify challenges, acknowledge successes, and open up more opportunities to improve the EPP's programs and candidates' performance.

As you can imagine, responding to these five questions for each item of evidence that you upload can be daunting. Parsimony was a word used by the Commission on Standards in relation to evidence and is defined in the CAEP glossary. Select your evidence judiciously, such that the collection you create for each standard is not "everything but the kitchen sink."

In addition, use the five questions as a litmus test for what constitutes powerful evidence to include and what may be less critical to make your case for meeting the standard. If you find that

you cannot answer the questions about evidence quality or use, perhaps the item of evidence you have chosen is not the most powerful item to include.

Composing the summary statement related to each standard

When all the evidence has been uploaded and connected to each standard, the EPP will be prompted to provide a holistic summary statement of how uploaded the evidence *collection* demonstrates that the standard is met.

The summary statement should provide a consolidated overview of the evidence collection in relation to the standard, not the components. There will be no requirement to provide a statement of how each component is met. The focus is on the wording of the standard itself, and the EPP's summary statement should emphasize the standard's holistic and overarching expectation. However, the summary statement should not be a rewording of the standard itself and an assertion by the EPP of its candidates' stellar demonstration and performance of those expectations.

The summary statement should be an analysis and interpretation of the evidence collection itself. What do you now know about your candidates after compiling the collection? Compared to what? Do you have clear indicators, how do you know? Are there gaps, how do you know? What does the collection tell you, tell site visitors, tell the Accreditation Council about how the standard is being met? The holistic summary statement would provide an analysis of the collection itself.

CAEP will continue to collect feedback, to gather examples from EPPs piloting the self-study process with these guidelines, and to monitor developments in the field in order to refine and revise these guidelines. Check the CAEP website for updates during the year and look forward to version 2.0 of the guide.

SECTION C: Cross-cutting Themes of Diversity and Technology

This section of the guidelines provides specific directions for:
- uploading and connecting evidence for integration of the cross-cutting themes,
- responding to the evidence questions, and
- composing the descriptive account related to each theme.

In addition, consult the CAEP Accreditation Standards for a complete description of CAEP's cross-cutting themes. The CAEP glossary or CAEP staff can provide additional clarification as needed.

The current version (fall 2013) of the CAEP self-study outline contains a section in which all EPP's provide:
1) A summary of evidence of diversity and technology integration by providing a table of standards and components where evidence of diversity and technology has been uploaded, and
2) A descriptive account of the analysis and use of the evidence of diversity and technology.

Uploading and connecting evidence for integration of the cross-cutting themes of diversity and technology

As described previously in relation to the uploading of evidence related to the standards, each item of evidence is uploaded into the Accreditation Information Management System (AIMS) and connected as relevant to specific components and standards. The upload will also allow an EPP to connect evidence as related to one or both of the cross-cutting themes of diversity or technology.

Integration of the cross-cutting themes of diversity and technology

Specific examples of how diversity might be incorporated into evidence for meeting CAEP Standard 1 are as follows:
- Results of a case study of the effectiveness of **diverse field experiences** on candidates' instructional practices.
- Evidence of candidates' ability to act on **reflections on personal biases**, access appropriate resources, **build stronger relationships**, and **adapt their practices** to meet the needs of each learner. (InTASC Standard 9)
- An assessment of the effectiveness of: (1) differentiated instruction based on **group and subgroup results** on teacher created or standardized assessments

Specific examples of how diversity might be incorporated into evidence for meeting CAEP Standard 2 are as follows:
- Description of partnerships with **diverse** P-12 and/or community partners
- Evidence of the selection of high quality, **diverse** clinical educators and their support and retention
- Performance data on candidate development of effective instructional practices/strategies in **diverse** clinical settings
- Evidence of how proficiencies are demonstrated with/in a **diversity** of partners, settings, and in partnership with school-based faculty, families and communities

Specific examples of how diversity might be incorporated into evidence for meeting CAEP Standard 3 are as follows:
- Evidence of selective recruitment of quality candidates who demonstrate the diversity of P-12 students, employment opportunities (including STEM and ELL) for all completers, and need to serve increasingly diverse populations.

A specific example of how technology might be incorporated into evidence for meeting CAEP Standard 1 is as follows:
- Case study of the development of technology skills in candidates' instructional practices.

Specific examples of how technology might be incorporated into evidence for meeting CAEP Standard 2 are as follows:
- Evidence that candidates integrate technology into their planning and teaching and use it to differentiate instruction.
- An assessment including technology proficiencies, applications, and trends over time.

These are examples of evidence that can support demonstration of how an EPP is meeting a particular standard. However, it is important to remember that providers must *ensure* that candidates develop diversity and technology proficiencies and embed diversity and technology issues *throughout* programs' courses and experiences. Thus, relevant evidence uploaded for meeting standards can also be tagged as evidence of diversity integration. Let the evidence speak for itself, but be prepared to highlight the evidence that speaks directly to diversity and technology.

Responding to the evidence questions

As a reminder, the five questions are:
1) What is this item of evidence?
2) How was the quality of the evidence determined or assured?
3) What criteria of success have been established on the measure, and how?
4) What does the reported evidence mean?
5) How is the evidence used to support improvement?

Composing the descriptive account related to each theme

As with the standards, the descriptive account should be a holistic summary statement (through comparison, benchmarking, trend interpretation, etc.) that provides a narrative explication for how the evidence collection, taken as a whole, demonstrates that diversity and technology are integrated throughout the EPP's preparation programs.

SECTION D: Response to Area(s) for Improvement

This section of the guidelines provides specific directions for:
- composing the summary rationale for removing a previously cited area for improvement, and
- uploading and connecting evidence for removing an area for improvement.

If there were no Areas for Improvement, also known as AFIs, assigned at the previous accreditation review or this is the EPPs first accreditation review, then the EPP enters "Not Applicable" and continues to the next section of the Self-study Report. If an EPP was assigned one or more areas for improvement (AFIs) from its previous accreditation visit, then this section is completed.

Composing the summary rationale for removing a previously cited area for improvement

In the first part of this section the previous AFI(s) will be viewable, imported directly from the Accreditation Information Management System (AIMS). After each AFI, two prompts appear. The first prompt asks for a statement of progress in support of removing the AFI. To respond to this prompt, summarize all activities conducted or initiatives undertaken to address the area for improvement. For example, if the area for improvement stated that "not all candidates have opportunities to interact with diverse P-12 students," then the EPP would provide an account of

how this area for improvement has been addressed and should be removed. The EPP could provide a list of initiatives, for example,

- Development of a field and clinical placement selection process with priority given to diverse field/clinical settings in partnership with P-12 schools and districts.
- Development of a policy that all candidates are required to complete two of their four field/clinical placements in a diverse setting: one must be an inclusive setting and the other must be a setting with programs for English Language Learners.
- Assigning and monitoring candidate field/clinical placements to ensure that the diverse placements are completed prior to graduation or recommendation for licensure.

A summary would then state that the policy, the assessment system, and the selection process now ensure that there are sufficient diverse settings and a process to ensure that all candidates to interact with diverse P-12 students.

The second prompt asks for an overview of the evidence in support of removing the AFI(s) and an EPP can upload additional evidence in support of removing the AFI. Following along with the example from the previous paragraph, the EPP might state that the criteria for selection of field/clinical settings is provided in a comparison table of diverse settings at the time the EPP was assigned the AFI compared with the diverse settings now available. The policy statement might be included in the overview and then a final data table might be uploaded in which the number of candidates completing a field experience in a diverse setting at the time of the assignment of the AFI is compared with the current candidates' placements in diverse settings at each of the four placement opportunities prior to program completion.

Uploading and connecting evidence for removing an area for improvement

As described previously in relation to the uploading of evidence related to the standards, each item of evidence is uploaded into the Accreditation Information Management System (AIMS) and connected as relevant to specific components and standards. The upload will also allow an EPP to connect evidence as related to its previously cited AFIs.

As with the standards, whenever an item of evidence is uploaded there are five questions to be addressed. As a reminder, the four questions are:

1) What is this item of evidence?
2) How was the quality of the evidence determined or assured?
3) What criteria of success have been established on the measure, and how?
4) What does the evidence mean?
5) How is the evidence used?

V.   Continuous Improvement Plan (CIP), or Progress Report

This section of the guidelines provides:
- An overview of the Continuous Improvement Plan (CIP), or progress report
- The outline for the CIP
- Shared understandings
- Uploading and connecting evidence used as the baseline data for the EPP's Continuous Improvement plan (or its progress if previously designed),
- Responding to the evidence questions,
- Composing the sections of the CIP,
- An example of baseline data, and
- An example of progress data.

Overview

A data-driven "Continuous Improvement Plan" (CIP) is a key section of the Self-study Report for educator preparation providers (EPPs) seeking accreditation under the Continuous Improvement (CI) Pathway. The intention of the CI pathway in accreditation is for EPPs to demonstrate progress in achieving a higher level of excellence in educator preparation by identifying a CAEP standard(s), component(s) of one standard, or several components across more than one standard as an area focus for continuous improvement. As part of its plan the EPP provides a rationale for selecting the focal area, presents its current level of performance as a baseline, and sets goals with measurable yearly objectives to show data-driven improvements over time. The emphasis of the plan is in the collection and analysis of data that demonstrate substantive improvements. The plan must be substantive enough to increase the effectiveness of the EPP and its program completers.

Progress on the CIP will be reported annually by the EPP and evaluated during the subsequent accreditation visit to determine if components 5.3 and 5.4 of Standard 5 are satisfied. Component 5.3 states:

> *"The provider regularly and systematically assesses performance against its goals and relevant standards, tracks results over time, tests innovations and the effects of selection criteria on subsequent progress and completion, and uses results to improve program elements and processes."*

Component 5.4 states:

> *"Measures of completer impact, including available outcome data on P-12 student growth, are summarized, externally benchmarked, analyzed, shared widely, and acted upon in decision-making related to programs, resource allocation, and future direction."*

As noted in the CAEP Standards, an EPP's performance under component 5.3 must be satisfied in order to receive full accreditation. Therefore, when developing the CIP, carefully review

standard 5, component 5.3, and examples of evidence measures in Appendix A of the CAEP Standards. The CAEP Standards also state throughout that candidates and completers must demonstrate a positive impact on student learning. In this way, any CIP should provide a direct link to improving program impact as described in standard 4 as well.

The Continuous Improvement Plan Outline

1. A description of the focal area for continuous improvement and its relationship to:
    a. A CAEP standard(s), such as Standard 3,
    b. A component of a CAEP standard, such as selectivity at admissions, or
    c. Several components across more than one standard, such as the cross-cutting theme of diversity.
2. Rationale for selecting the focal area:
    a. Why was/were the standard(s)/component(s) selected?
    b. What is the current status of the EPP with regard to the goals, including analysis of baseline data?
3. Plan for Continuous Improvement:
    a. What are the goals for improvement of the EPP relative to the focal area?
    b. How do these goals support the work of the EPP?
    c. What are the objectives and how will they demonstrate that the EPP is making progress toward achieving a higher level of excellence in educator preparation?
    d. What activities/initiatives will the EPP undertake to achieve the yearly objectives and final goals?
    e. Who are the personnel reporting on and leading the activities/initiatives of the CIP?
    f. What human and capital resources are committed to reach the yearly objectives and final goals?
    g. What is the timeline for achieving the goals and objectives?
4. Evidence of success:
    a. Proposed measures that will demonstrate the goal(s) have been achieved
    b. Means for ensuring quality, including reliability and validity

Shared Understandings

- The CIP must be of sufficient scope to have a positive impact on the EPP and the performance of its candidates.
- The goals, objectives and timeline must be appropriate to the focal area and attainment of higher levels of excellence.
- The EPP must show progress on the CIP in the Annual Reports.
- The EPP should make changes to the CIP when data indicates.
- The EPP can begin a CIP and related activities/initiatives at any time during the accreditation cycle.

The EPP includes the CIP as described above and presents baseline data to measure progress toward yearly objectives and final goals. Progress data are not required in the SSR if work has not started on the CIP at the time of the accreditation review. If the EPP has begun work on the CIP, then trend or progress data should be reported and the narrative should include analysis of baseline data with a rationale for changes made to the plan, if any.

Uploading and connecting evidence for the Continuous Improvement Plan

As described previously in relation to the uploading of evidence related to the standards, each item of evidence is uploaded into the Accreditation Information Management System (AIMS) and connected as relevant to specific components and standards. The upload will also allow an EPP to connect evidence as related to its Continuous Improvement Plan.

Composing the sections of the CIP

The first section of the Continuous Improvement Plan provides a description of the focal area for continuous improvement and its relationship to the CAEP standards. As an example, the focal area for an EPP's plan might be selectivity at admissions. The EPP would provide a brief statement about how the overall plan is designed to increase selectivity at admission, how the plan is related to CAEP Standard 3, and refer to any baseline or progress evidence that was previously uploaded into component 3.1 and 3.2.

The second section of the CIP requests the EPP's rationale for selecting the focal area. Continuing with the example of selectivity at admissions, an EPP might provide an analysis of its current admissions process, selection criteria, and the data related to its selection process. The rationale might include a description of how many candidates are admitted, the percentage of candidates meeting the current selection criteria, the percentage of candidates below the current selection criteria, and the relationship of the EPP's selection criteria and recruitment process to the CAEP minimums and expectations described in Standard 3. The EPP may, for example, have selection criteria that are seldom followed, and data demonstrate that conditional admissions are standard practice for accepting applicants who are below selection criteria in order to meet enrollment targets. The EPP's rationale might also include a statement about why increasing selectivity is an important goal for the EPP. Perhaps graduates are not sought after (public perception of graduate effectiveness issue); perhaps other programs are attracting applicants (recruitment issue). If this were part of the rationale, then other items of evidence might also be appropriate, such as hiring or job placement rates, employer satisfaction, or impact of P-12 student learning data. Remember, that the CIP rationale should be derived from the EPP's existing evidence collection for meeting the standards. The CIP rationale need not stand outside the entire evidence collection for the accreditation review; rather it should be a natural extension of it.

The third section of the CIP calls for an elaboration of the plan itself. It is one thing to identify a focal area and provide the rationale and baseline evidence to support an initiative; it is another to be able to clearly map out the EPP's proposed approach to improvement.

a. What are the goals for improvement of the EPP relative to the focal area?

Continuing, as before, with the example of selectivity at admissions, the goal of the plan might be as simple as increasing selectivity at the point of admissions.

b. How do these goals support the work of the EPP?

Here the EPP might propose that its goal to increase selectivity at admissions is in order to increase the number of program completers who are hired upon program completion and who show a positive impact on P-12 student learning. If this were the case, then the objectives and activities, requested in sections c. and d, would also be impacted.

c. What are the objectives and how will they demonstrate that the EPP is making progress toward achieving a higher level of excellence in educator preparation?

A list of related objectives would be provided in this section, and followed by the more specific activities to be undertaken in section d. below. Following on the admissions selectivity example, some objectives might be:

- Develop and implement an aggressive recruitment plan in order to attract better qualified candidates into teacher preparation programs
- Revise selection criteria for admission to all programs in order to raise the quality of the criteria and allow for multiple measures of candidate quality to be demonstrated
- Track candidate performance on admitted cohorts during and after program completion in order to identify the relationships of selectivity criteria to candidate performance
- Conduct follow-up study of employer satisfaction before and after revisions of admissions selectivity criteria in order to establish stakeholder perceptions of program quality and effectiveness.

d. What activities/initiatives will the EPP undertake to achieve the yearly objectives and final goals?

The activities and initiatives to be undertaken to achieve the objectives are then briefly outlined. This part of the plan might be completed with a matrix or table with the objectives listed out in one column, the activities and initiatives related to each objective in the next column. The matrix or table could include additional columns for items e, f, and g below.

e. Who are the personnel reporting on and leading the activities/initiatives of the CIP?

f. What human and capital resources are committed to reach the yearly objectives and final goals?

g. What is the timeline for achieving the goals and objectives?

For each activity, table columns would include who is responsible; what resources are needed, requested, or allocated; and when is the activity or initiative to begin and end.

The final section of the CIP requests that the EPP describe the parameters for evidence of the success of the CIP. The EPP then identifies and describes the proposed measures that will demonstrate the goal(s) have been achieved. Following the admission selectivity example, yet again, there might be at least four measures proposed; corresponding to each of the four proposed objectives:

- A recruitment plan and its results for each year up to the next accreditation review.
- Selectivity criteria, measures, and results for each year up to the next accreditation review.

- Candidate performance measure(s), such as an observation protocol, to be used at key points during and after program completion and its results for each year up to the next accreditation review.
- An employer satisfaction survey and its results for each year up to the next accreditation review.

Lastly, the EPP would describe the means it would use for ensuring quality, including reliability and validity. This might include inter-rater reliability training at admissions and for observation protocols. The means for ensuring quality would vary depending upon the type of success measure being proposed.

Example of Baseline Data when the objectives related to a CIP goal are to increase selectivity at the point of admissions.

Objectives	Baseline	Year 1	Year 2	Year 3/Goal
Objective 1: increase average GPA	2.5 UG GPA (n = 75; 2.75 Graduate (n = 25)	2.75 UG GPA (n = 75; 3.0 Graduate (n = 25)	2.9 UG GPA (n = 75; 3.1 Graduate (n = 25)	3.0 UG GPA (n = 75; 3.25 Graduate (n = 25)
Objective 2: Study predictive value of video analysis as an admissions tool	Finalize study protocols and rubrics, train reviewers.	First year data on video analysis as an admissions tool.	Second year data on video analysis as an admissions tool.	Preliminary data on beginning teacher effectiveness of completers compared with video analysis data at admissions.

Example of Progress Data when the EPP's CIP goal was to increase selectivity at admissions.

Objectives	Baseline: Fall 2013	Year 1	Year 2	Year 3/Goal
Objective 1	2.5 UG GPA; 2.75 Graduate	2.6 UG GPA (n = 62); 2.8 Graduate (n = 24)	2.7 UG GPA (n = 70); 2.9 Graduate (n = 19)	2.8 UG GPA (n = 74); 3.2 Graduate (n = 30)
Objective 2	Evidence of final protocols, etc.	Data/scores/ratings on first cohort of candidates evaluated on video analysis at admissions	Data/scores/ratings on second cohort of candidates evaluated on video analysis at admissions	Data/scores/ratings on first cohort of beginning teachers compared with data/scores/ratings on video analysis at admissions

Evaluation of the Continuous Improvement Plan (CIP)

This rubric is intended to be used as a tool by the site visit team to provide feedback to an EPP on the Continuous Improvement plan and its progress, including (a) its capacity for initiating, implementing, and completing a Continuous Improvement Plan (CIP); (b) the potential of the CIP to have a positive impact on the EPP and its candidates; (c) the proposed use of data and evidence; (d) the potential of the EPP to demonstrate a higher level of excellence beyond what is required in the standards. An overall evaluation of the CIP is also provided.

Rubric for Evaluating Capacity and Potential in a Continuous Improvement Plan*

Indicator	Undefined	Emerging	Progressing	Well-defined
Capacity to initiate the plan	No attention given to personnel, resources and other support needed for the CIP. The capacity of the EPP to initiate the CIP is not apparent.	While some basic information on personnel and resources are presented, **some or all of that support is limited and demonstrates only a moderate level of commitment by the EPP**. The capacity of the EPP to initiate the CIP appears to be limited.	Yearly **overall key personnel and resources needs** to carry out the CIP are described. The capacity of the EPP to initiate the CIP appears to be good.	**Very detailed information on EPP commitment** of key personnel and resources are clearly indicated. The capacity of the EPP to initiate the CIP appears to be strong.
Capacity to implement and complete the plan	**No timetable** provided for year by year activities and there is little evidence of specific yearly indicators, actions, evaluation and monitoring. The EPP's capacity to implement and complete the CIP is not apparent.	**Generalized timetable is provided** for year by year activities. There is inconsistent specificity of yearly indicators, actions, evaluation and monitoring. The EPP's capacity to implement and complete the CIP is inconsistently defined.	**Detailed timetable is provided** for year by year activities and includes yearly indicators, specific actions, evaluation and monitoring activities. The EPP's capacity to implement and complete the CIP appears to be good.	**Very detailed timetable is provided** for year by year activities including specific yearly indicators, specific actions, a detailed evaluation mechanism and on-going monitoring. The EPP's capacity to implement and complete the CIP appears to be strong.

The potential of goals to have a **positive impact on the EPP and its candidates**	**Goals for improvement are ill-defined** or narrow in scope and are not related to the rationale for the focal area. Potential to have a positive impact on the EPP or its candidates is negligible.	**Goals for improvement are limited** to a few programs and are only somewhat or indirectly related to the rationale for the focal area. Potential to have a positive impact on the EPP or its candidates is limited.	Goals for improvement involve **multiple programs and are related to the rationale for the focal area.** Potential to have a positive impact on the EPP or its candidates appears to be good.	Goals for improvement are **broad in scope and are directly related to the rationale for the focal area.** Potential to have a positive impact on the EPP or its candidates appears to be strong.
Identified **baseline and yearly objectives** that will lead to a successful CIP	Baseline data and yearly objectives **have not been presented or are processes** rather than data. **Objectives are not relevant to goals or limited in number and scope.**	Baseline data and yearly objectives include a **mix of process and data. Objectives do not support or are not directly related to goals.**	Baseline data and yearly objectives are presented. **Objectives are measurable and generally of sufficient number and scope to support most goals.**	Baseline and yearly objectives are clearly stated. **Objectives are specific, measurable and of sufficient number and scope to support all goals.**
Identified **final data-based evidence** that results in a successful CIP	Final evidence is unclear of undefined. **Evidence of goals are unclear or unrelated to objectives.**	Final evidence is based on processes with limited data. **Evidence of goal achievement is not only somewhat or indirectly related to objectives.**	Final evidence is based on processes and outcomes with clear data. **Evidence of goal achievement is appropriate to objectives.**	Final evidence is based on specific outcomes with detailed data. **Evidence of goal achievement is with direct measures of objectives.**
Potential to **demonstrate a higher level of excellence beyond what is required in the standards**	**No indication** of how the CIP will lead to a higher level of excellence beyond what is required in the standards.	**Limited indication** of how the CIP will lead to a higher level of excellence beyond what is required on some of the EPP's focal areas.	**A statement and evidence is provided** of how the CIP will lead to a higher level of excellence beyond what is required for most of the CIP's focal areas.	**A detailed statement and evidence is provided** of how the CIP will lead to a higher level of excellence beyond what is required on all of the EPP's focus areas.
Overall	When looked at as	While the CIP	While there may be	**All components**

Evaluation of the CIP	a whole the CIP is ill-defined. While one or more areas may be progressing, most indicators are undefined or emerging and, thus, the CIP **overall is unlikely to be achieved**.	shows some promise, there are **more than two indicators that are emerging and, thus, need to be clarified or enhanced**.	one or two indicators that are emerging and need further clarification, **the overall CIP is acceptable** due to the strengths in the other indicators.	**of the CIP are progressing or well-defined**. There are no indicators that are undefined or emerging.

* This rubric is adapted from CS 3.3.2 the Quality Enhancement Plan rubric for the Southern Association of Colleges and Schools. http://www.sacscoc.org/pdf/Quality%20Enhancement%20Plan%20Guidelines.pdf

VI. Evaluation of the Continuous Improvement Self-study Report

This section of the guidelines provides an overview of the evaluative process that occurs after submission of the Self-study Report, including

      a. The Formative Feedback Report (FFR)
      b. EPP's addendum
      c. The Site Visit Report (SVR)
      d. EPP's rejoinder
      e. EPP's Participation in the Deliberations of the CI Commission Review Panel

The Formative Feedback Report

One of the key features of the Continuous Improvement (CI) Pathway is the combination of formative and summative processes. The Formative Feedback Report (FFR) is completed by the site visiting team after team members have reviewed the EPP's Self-study Report. This formative review is conducted in an online meeting of all site visitors approximately two months after submission of the Self-study Report. The FFR is received by the EPP approximately five months in advance of the onsite visit.

The FFR contains five sections that parallel the sections required in the Self-study Report. In each section the site visit team will have provided feedback. The first section of the FFR is the overview section that summarizes the key characteristics of the EPP as interpreted by the team.

The second section on CAEP standards provides the EPP with preliminary responses to the completeness of the evidence in relation to each the standard. In this section the FFR also provides a list of tasks to be completed onsite which includes evidence in need of verification or corroboration; excerpts from the Self-study Report that need to be clarified or confirmed; and any requests for additional evidence, data or interviews with stakeholders. Interviews are to be

conducted onsite at the time of the visit. However, other data requests can be addressed by the EPP in its self-study addendum described in a later section of these guidelines.

The third section of the FFR provides the EPP with preliminary responses related to the adequacy of data related to the integration of the two cross-cutting themes of diversity and technology. The content will parallel that of the previous section by providing a summary and any requests for additional evidence or clarification.

The fourth section of the FFR responds to any Areas for Improvement (AFIs) that may have been cited at a previous visit. The FFR provide statements of evidence addressing the AFIs, makes any requests for additional evidence, and elaborates on any onsite tasks to be completed.

The final section of the FFR provides a preliminary response to the Continuous Improvement Plan (CIP). A rubric for the evaluation of the CIP was provided in an earlier section of this guide.

The EPP can respond to the FFR with an addendum to its self-study. Guidelines for the EPP addendum appear below.

<u>The EPP's addendum</u>

Following receipt of the Formative Feedback Report (FFR) from CAEP, the Educator Preparation Provider (EPP) is encouraged to submit an addendum to its Self-study Report. The addendum is the EPP's opportunity to respond to the summary of the evidence to date, to the preliminary concerns raised, if any, and to the tasks to be conducted and evidence that may have been requested in the FFR.

Because each Formative Feedback Report is different, there is no standard outline or template for the EPP's response through its self-study addendum. However, most EPPs choose to respond to the FFR by following the organization, sequence, and numbering within the FFR itself. Some general guidelines to keep in mind are:
1. The addendum should supplement the original Self-study Report, rather than replace it.
2. New evidence should be limited to what is requested by the site visitors in the FFR. This is not a time to upload new evidence that the EPP thinks *might* be useful to the site visit team.
3. Evidence accompanying the addendum can include revisions to previously uploaded evidence based on statements and requests in the FFR. But these revisions should be clearly labeled, dated and summarized when responding to the five evidence questions.
4. Limit the addendum to uploading new or revised evidence, responding to the four evidence questions, and to a concise, well-organized narrative response to any requests in the FFR for additional information or clarification.
5. Submit the addendum and the evidence through the Accreditation Information Management System (AIMS)

When in doubt about what to include in the addendum, consult:
- ✓ The lead site visitor for specific content or evidence questions,
- ✓ CAEP CI Pathway staff for general guidelines, or
- ✓ CAEP IT staff for technical support.

The Site Visit Report

The Site Visit Report is drafted during the onsite visit and completed by the site visiting team after the onsite visit. This report is developed in team meetings throughout the onsite visit and is finalized electronically after the visit using the Accreditation Information Management System (AIMS). The lead site visitor provides the head of the EPP with an oral summary of the team's findings prior to leaving campus during an exit interview. However, the report is formally received by the EPP, through AIMS, no more than one month after the onsite visit.

The Site Visit Report contains the same five sections that parallel the sections required in the Self-study Report and the FFR. In each section the site visit team will have provided a summary of its analysis of the evidence. The first section of the Report is the overview section that summarizes the key characteristics of the EPP as interpreted by the team and focuses on any differences between what was stated in the FFR and what was validated onsite.

The second section on CAEP standards provides the EPP with the findings related to each of the onsite tasks listed in the FFR and includes the evidence that was verified or not verified during the onsite visit. In this section the Report also provides a holistic summary of findings regarding the completeness and accuracy of evidence related to the standards.

The third section of the Report provides the EPP with its findings related to the adequacy and accuracy of evidence regarding to integration of the two cross-cutting themes of diversity and technology. The content will parallel that of the previous section by providing description of onsite tasks and a holistic summary of the evidence of integration of each theme.

The fourth section of the Report comments on the evidence provided in relation to any Areas for Improvement (AFIs) that may have been cited at a previous visit.

The final section of the Report provides a summary of findings and an overall evaluation related to the Continuous Improvement Plan (CIP). A rubric for the evaluation of the CIP was provided in an earlier section of this guide.

The EPP can respond to the Report with a rejoinder to the Report. Guidelines for the EPP rejoinder appear below.

The EPP's rejoinder

Following receipt of the first draft of the Site Visit Report from CAEP, the Educator Preparation Provider (EPP) is encouraged to submit a list of factual corrections of any errors of fact contained in the Report. Following receipt of the corrected version of the Report, the EPP is encouraged to submit a rejoinder. The rejoinder is the EPP's opportunity to respond to the Report; to address areas for concern or stipulations cited, if any; and to provide any further clarifications that the EPP thinks are necessary. This is not the time for the EPP to attach additional evidence. If the EPP is satisfied with the accuracy and findings of the Report, the rejoinder can simply be an acknowledgement of the contents of the final report.

Because each Site Visit Report is different, there is no standard outline or template for the EPP's response through its rejoinder. However, most EPPs choose to respond to the Report by following the organization, sequence, and numbering within the Report itself. Some general guidelines to keep in mind are:

1. The rejoinder should respond only to the findings and recommendations in the Report.
2. No new or revised evidence can be submitted that was not available to the site visit team at the time of its visit.
3. Limit the rejoinder to a concise, well-organized narrative response to the Report. Pay particular attention to providing additional information or clarification to any Areas for Improvement or Stipulations cited in the Report.
4. Submit the rejoinder through the Accreditation Information Management System (AIMS)

When in doubt about what to include in the rejoinder, consult:
   ✓ CAEP CI Pathway staff for general guidelines, or
   ✓ CAEP IT staff for technical support.

The EPP's Participation in the Deliberations of the Continuous Improvement Commission Review Panel

Representatives of the educator preparation provider [EPP], the site visit chair, and a state representative are entitled to attend the meeting of the Commission's Review Panel at which the EPP is being considered for accreditation. Representatives may observe, without comment, the panel's deliberations so that they may be fully aware of the issues and reasoning that played roles in the panel's recommendation on whether standards are met. Their attendance is for the sole purpose of responding to any questions the Review Panel members may have about the Self-study Report and/or the findings of the site visit team. If EPP representatives are unable to attend in person but would like to be engaged in the deliberations, CAEP staff can arrange for participation via conference call. When the CI Commission Review Panel meeting time and date are scheduled, the EPP will receive a formal letter of invitation to join the panel's deliberations.

Appendix A - Outline of the CI Self-study Report

I.   EPP Overview
   a. Context and Unique Characteristics
   b. Description of Organizational Structure
   c. Vision, Mission, Goals
   d. EPP's Shared Values and Beliefs for Educator Preparation
   e. Updates/Revisions of Capacity Tables in AIMS
II. CAEP Standards and Evidence
   a. Standard 1: Content and Pedagogical Knowledge
       i.   Evidence/data/tables (Upload each item of evidence under the appropriate components of the standard and answer the following questions for each item.)
            1. What is this item of evidence?
            2. How was the quality of the evidence determined or assured?
            3. What criteria of success have been established on the measure, and how?
            4. What does the evidence mean?
            5. How is the evidence used?
       ii. Holistic summary statement (through comparison, benchmarking, trend interpretation, etc.) that provides a narrative explication for how the evidence collection, taken as a whole, demonstrates that the standard is met

   b. Standard 2: Clinical Partnerships and Practice
       i.   Evidence/data/tables (Upload each item of evidence under the appropriate components of the standard and answer the following questions for each item.)
            1. What is this item of evidence?
            2. How was the quality of the evidence determined or assured?
            3. What criteria of success have been established on the measure, and how?
            4. What does the evidence mean?
            5. How is the evidence used?
       ii. Holistic summary statement (through comparison, benchmarking, trend interpretation, etc.) that provides a narrative explication for how the evidence collection, taken as a whole, demonstrates that the standard is met

   c. Standard 3: Candidate Quality, Recruitment and Selectivity
       i.   Evidence/data/tables (Upload each item of evidence under the appropriate components of the standard and answer the following questions for each item.)
            1. What is this item of evidence?
            2. How was the quality of the evidence determined or assured?
            3. What criteria of success have been established on the measure, and how?
            4. What does the evidence mean?
            5. How is the evidence used?
       ii. Holistic summary statement (through comparison, benchmarking, trend interpretation, etc.) that provides a narrative explication for how the evidence collection, taken as a whole, demonstrates that the standard is met

   d. Standard 4: Program Impact

   i. Evidence/data/tables (Upload each item of evidence under the appropriate components of the standard and answer the following questions for each item.)
     1. What is this item of evidence?
     2. How was the quality of the evidence determined or assured?
     3. What criteria of success have been established on the measure, and how?
     4. What does the evidence mean?
     5. How is the evidence used?
   ii. Holistic summary statement (through comparison, benchmarking, trend interpretation, etc.) that provides a narrative explication for how the evidence collection, taken as a whole, demonstrates that the standard is met

 e. Standard 5: Provider Quality, Continuous Improvement and Capacity
   i. Evidence/data/tables (Upload each item of evidence under the appropriate components of the standard and answer the following questions for each item.)
     1. What is this item of evidence?
     2. How was the quality of the evidence determined or assured?
     3. What criteria of success have been established on the measure, and how?
     4. What does the evidence mean?
     5. How is the evidence used?
   ii. Holistic summary statement (through comparison, benchmarking, trend interpretation, etc.) that provides a narrative explication for how the evidence collection, taken as a whole, demonstrates that the standard is met

III. Cross-cutting themes
 a. Statement of integration of diversity
   i. Summary of evidence of diversity integration
   ii. Descriptive account of the analysis and use of this evidence of diversity
 b. Statement of integration of technology
   i. Summary of evidence of technology integration
   ii. Descriptive account of the analysis and use of this evidence of technology

IV. Areas for Improvement (AFIs) from previous accreditation decisions, if any
 a. Statement of progress in support of removing the AFI(s)
 b. Overview of evidence in support of removing the AFI(s)
   i. Evidence/data/tables

V. Continuous Improvement Plan (CIP), or presentation of progress on an existing continuous improvement effort
 a. A description of the focal area for continuous improvement and its relationship to:
   i. A CAEP standard, such as Standard 3,
   ii. A component of a CAEP standards, such as selectivity at admissions, or
   iii. Several components across more than one standard, such as the cross-cutting theme of diversity.
 b. Rationale for selecting the focal area:
   i. Why was/were the standard(s)/component(s) selected?

      ii.   What is the current status of the EPP with regard to the goals, including analysis of baseline data?

c. Plan for Continuous Improvement:
      i.   What are the goals for improvement of the EPP?
      ii.   How do these goals support the work of the EPP?
      iii.   What are the objectives and how will they demonstrate that the EPP is making progress toward achieving a higher level of excellence in educator preparation?
      iv.   What activities/initiatives will the EPP undertake to achieve the yearly objectives and final goals?
      v.   Who are the personnel reporting on and leading the activities/initiatives of the CIP?
      vi.   What human and capital resources are committed to reach the yearly objectives and final goals?
      vii.   What is the timeline for achieving the goals and objectives?

d. Evidence of success:
      i.   Proposed measures that will demonstrate the goal(s) have been achieved
      ii.   Rationale for selecting each measure
      iii.   Means for ensuring quality, including reliability and validity

Appendix B - Capacity Tables

TABLE 1: The various items that provide *Evidence of Capacity* are uploaded into AIMS only if the EPP *is ineligible* for regional/institutional accreditation *or* such *accreditation is not available*. If the EPP is regionally or institutionally accredited, this table is not completed and a PDF copy of the award of regional accreditation is uploaded instead.

Capacity Requirement	Suggested Evidence
Institutional (EPP) ability to meet its financial obligations	The EPP uploads one of three items: 1) legal entity's 990 form (for non-profit EPPs) or 2) corporate income tax returns for the past year (for for-profit EPPs), or 3) equivalent evidence of financial health (for international EPPs).
Prepared budget for current year	The EPP uploads: 1) the most current approved budget for the current academic or calendar year whichever is most relevant for the EPP's context, or 2) Equivalent evidence of revenues and expenditures. Budget figures must be converted to $/US dollars if another currency is used.
Financial projections for long-term financial sustainability	The EPP uploads: 1) Revenues and expense projections for the next two years (either calendar or fiscal), including funding streams, or 2) Equivalent evidence of financial sustainability. If funding is exclusively tuition-based, the EPP must upload: 1) Its tuition refund policy, and 2) Its teach-out plan in the case that the EPP's programs are discontinued.
External audit process	The EPP uploads: 1) Clean independent audits of a full set of financial statements for the EPP, or 2) equivalent evidence of administrative budgetary oversight (for international EPPs).
Administrative structure	The EPP uploads: 1) A one to two page narrative describing the EPPs relationship with the legal entity in which it is housed (if any), and 2) An organizational chart.

TABLE 2: Complete this table of program characteristics by entering the information requested for every program or program option offered by the EPP. Cross check the list with the programs listed in the EPP's academic catalog, if any, as well as the list of state-approved registered programs, if applicable. Site visitors will reference this list in AIMS during the accreditation review process. Definitions of terms are included as footnotes. The AIMS version of this table, in which the data are actually entered, has drop-down menus by which certain characteristics can be selected. Sample entries are provided to illustrate how the table is completed.

Name of program/specialty area[2]	Enrollment in current and 2 prior fall cycles[3]			Degree, certificate or licensure level[4]	Method of Delivery[5]	State(s) in which program is approved[6]	Date of state approval(s)[7]	Program Review Option[8]
	AY 12	AY 13	AY 14					
Elementary Education (grades 1-6)	65	47	32	Post-bac (NY, NJ), initial cert (NY, NJ, AZ)	On-line	NY, NJ, AZ	4/30/08 (NY) 12/1/10 (NJ) 5/6/11 (AZ)	NAEYC
School Counselor (all grades)	8	10	23	MA (NY only)	Blended	NY	3/10/11	CACREP accredited

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[2] Name of program/specialty area refers to the official name of the program into which candidates are enrolled. The name should match the state registry of approved programs and the academic catalog, if any.

[3] Current year and two prior years of data to include the total number of fully enrolled candidates intending to take a complete course of study to result in a license, degree, or certificate. Do not to include candidates enrolled conditionally or provisionally who may not intend to complete the program.

[4] State the degree to be awarded, if any, and include the level of licensure/certification for each state in which the program is approved and provided.

[5] The drop-down menu will allow responses of online, blended, face-to-face, and other. If "other" is selected, an explanation must be entered.

[6] It is now common for educator preparation programs to be offered across state lines and internationally. In this field enter the state(s) or country(ies) where the program has candidates enrolled.

[7] Enter the date on which each state or country where the program is offered was fully approved to result in a degree or recommend candidates for licensure/certificate in the program/specialty area.

[8] The program review option contains a drop-down menu that includes the name of each Specialty Professional Associations or organization that awards national recognition or accreditation, State program review, national authorization for international EPPs, program review with feedback, and "other." If "other" is selected, an explanation must be entered.

TABLE 3: Complete a table of EPP characteristics in AIMS to provide an expanded profile by which the accreditation process is managed by CAEP staff. EPP characteristics are also used by CAEP staff in compiling CAEP's Annual Report to the Public and used as a series of filters for dashboard comparison by the EPP itself. The AIMS version of this table, in which the data are actually entered, has drop-down menus by which characteristics are selected and the table is completed.

EPP Characteristics	Categories of response
There are a number of items, including EPP type; Carnegie classification, etc.	Online, for profit, nonprofit; Research Intensive, etc.

TABLE 4: The clinical educator qualifications table is completed by providing information for each of the EPP's clinical educators. An example is provided below.

Clinical Educator Qualifications						
Name	**Highest degree earned**	**Field or specialty area of highest degree**	**Program assignment(s)**	**Teaching assignment or role within the program(s),**	**P-12 certificates or licensures held**	**P-12 experiences including teaching or administration dates of engagement in these roles**
Doris Read	Ed. D.	Literacy	Reading Specialist Licensure Program, Elementary Education	Literacy Methods, Assessment of Literacy Learning, Reading Methods I and II.	K-8, all subjects	Classroom teacher in grades K, 2, 3, and 4 from 1994 to 2003, Literacy Coach from 2003 to 2010.

TABLE 5: The parity table of curricular, fiscal, facility, and administrative and support capacity for quality is used to satisfy requirements of the US Department of Education and is completed by providing data relevant for the EPP and making a comparison to an EPP-determined comparative entity. The comparative entity might be another clinical EPP within a university structure, a national organization, the college or university as a whole or another entity identified as a benchmark by the EPP. Again, this chart offers an example of how the chart might be completed.

Capacity Dimension	EPP description of metric(s)	EPP data **School of Education with an enrollment of 750 supported by 25 faculty**	Comparative entity data: School of Nursing with an enrollment of 250 supported by 14 faculty	Title and description of supplemental evidence/documentation of quality for each dimension
Facilities	# of classrooms and dedicated facilities	5 SMART classrooms, 4 labs, 25 faculty offices, administrative offices, and a curriculum resource center	2 SMART classrooms, 6 labs, 14 faculty offices, administrative offices	Campus map and building maps for Education and Nursing.
Fiscal Support	Annual budget	$1,500,000 for education, not including research or sponsored program support	$1,350,000 not including research or sponsored program support	Budgets for education and nursing with cross-tab comparison of tuition and fees for graduate and undergraduate education.
Administrative support	Organizational chart	Dean, Assoc. Dean, Asst. Dean, Field Coordinator, Director of Licensure, Assessment Coordinator, 3 Department Chairs, 10 Program Directors, 4	Dean, Asst. Dean, Internship Coordinator, Director of Licensure, Program Directors, 2 office assistants, 4 graduate assistants.	Organizational charts for education and nursing with cross-comparison of departments and assistantships.

		office assistants, 8 graduate assistants.		
Candidate support services	List of services, # of candidates seeking services, Annual report on candidate evaluation of support services	Services provided by the School of Education for use of its candidates: Field placement office, Licensure office, ombuds-person, and advisement.	Services provided by the School of nursing for use of its students: Internship placement office, Licensure office, ombuds-person, and advisement.	• Table of comparative services in education and nursing • # of candidates seeking each service disaggregated by program (education only) • Summary of candidate evaluations of support services (education only)
Candidate feedback, formal and informal	Surveys and complaint policy	Faculty evaluations, exit surveys, completer surveys	Faculty evaluations	Aggregated summary of responses rating faculty teaching quality, summary of results from exit and completer surveys, summary of formal complaints.

TABLE 6: The Accreditation Plan is an educator preparation provider's (EPP's) identification of the sites outside of the main campus or administrative headquarters and the programs offered at each site that will be included in the EPP's accreditation review. This information, in combination with the table of program characteristics, is used by CAEP staff and site visit team leads to plan the site visit, including the sites that will be visited by site team members. The table below includes an example of the type of information that might be included. The AIMS version of this table, in which the data are actually entered, has drop-down menus by which certain characteristics can be selected.

Geographic Site(s) administered by the EPP	Programs offered at each site	Is the program to be included in Accreditation review? Y or N	Is the program approved by state in which program is offered? Y or N or approval not required	Notes/Comments
Main Campus in ABC City, NY	Elementary Education	Y	Y	
	Special Education	Y	Y	
	TESOL	Y	Y	
Branch Campus in XYZ City, NY	Elementary Education	Y	Y	
	Social Studies	N	N	Program is new and in process of state review
Satellite Campus in DEF City, AZ	Educational Leadership	Y	Y	Online program, candidates seek reciprocity for AZ license.
	Curriculum and Teaching	N	N	Online enrichment program not leading to licensure

Appendix C - Checklist for preparing the CI Self-study Report

First draft: 12-24 months before desired onsite visit date
Final report submitted: 8 months before scheduled onsite visit date

1. Review	When	Who
Study CAEP's standards, process and requirements		
Review state standards and partnership agreement, as appropriate		
Review Guidelines for Continuous Improvement Pathway		
Review website and evidence guidelines		

2. Inventory available evidence	When	Who
Compile an inventory of the EPP's existing evidence pertaining to the candidate and completer performance,		
Assess each item of evidence: Is it relied upon? Used? What more is needed?		
Draft responses for each item of evidence: What is it? What does it mean? How do you know it is good quality? How is it used?		
Use responses to determine the most powerful evidence to use in the self-study		

3. Gather information	When	Who
Begin to categorize evidence into standards and the components		
Collect information to be used in the EPP overview		
Collect information for clinical faculty qualifications and candidate demographics		
Collect information about program capacity		

4. Take stock	When	Who
Invite various stakeholder groups to review evidence and findings		
Seek feedback and continue to revise and collect evidence as needed.		

5. Analyze and discuss the evidence	When	Who
Study the evidence and assessment results. Formulate the EPP's analysis of the collection of evidence for each standard and cross-cutting theme.		
Draft a continuous improvement plan based on the EPP's analysis of where it can make further improvements.		

6. Formulate summary statements	When	Who
Based on the evidence collected, draft preliminary statements about how the EPP is meeting each standard and integrating each cross-cutting theme.		
Check consistency of the statements with the EPP's published public claims		

7. Draft and submit the Self-study Report	When	Who
Compile a complete draft of the entire self-study, including evidence and responses		
Seek further feedback from key stakeholders and revise as needed		
Submit the final version into AIMS		