ACCREDITATION ACTION REPORT

Re-Accreditation Review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its July 17-20, 2019 meeting, as indicated below.

Name of Program: Southeast Missouri State University

File #: 149

Professional Area:

- [x] Audiology
- [ ] Speech-Language Pathology

Modality:

- [x] Residential
- [ ] Distance Education
- [ ] Satellite Campus
- [ ] Contractual Arrangement

Degree Designator(s): M.A.

Current Accreditation Cycle: 10/1/2011 – 9/30/2019

Action Taken: Continue Accreditation

Effective Date: July 20, 2019

New Accreditation Cycle: 10/1/2019 – 9/30/2027

Next Review: Annual Report due August 1, 2020

Notices: The program is advised to adhere to the following notices that are appended to this report.

- PROGRAM COMPLIANCE EXPECTATIONS
- PUBLIC DISCLOSURE OF DECISION AND ACCREDITATION STATUS
In the context of the institutional and program mission statements and in consideration of the credentials for which the program is preparing students, the CAA conducted its comprehensive review and found the program to be in compliance with the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology, except as noted below.

**AREAS OF NON-COMPLIANCE**

The CAA found the program to be not in compliance with the following Standards for Accreditation. Non-compliance means that the program does not have in place the essential elements necessary to meet the standard. The program must demonstrate its compliance with these standards when responding to prior concerns in the next annual report or reaccreditation application or by the time line specified below. The CAA will indicate in its review of that report whether the program has addressed these areas sufficiently to achieve compliance. **Failure to demonstrate compliance with the standards may jeopardize the program’s accreditation status or require the CAA to place the program on probation.**

**Standard 5.2: The program conducts ongoing and systematic formative and summative assessments of the performance of its students.**

Evidence of non-compliance:

- The program must develop an assessment plan that is used throughout the program for each student. The plan must include the purpose of the assessments and use a variety of assessment techniques, including both formative and summative methods;
- Assessments must be administered by multiple academic and clinical faculty members;
- The program must demonstrate that student assessment is applied consistently and systematically.

The program reported that the summative exam takes place in the spring semester when the student has completed most of the coursework. The program allows the student to register for and take the *Praxis*® exam in lieu of the comprehensive exam. A passing score on the *Praxis*® exam must be submitted by end of February during the spring semester of the second year in order to be exempted from the comprehensive exam. The program must not use the *Praxis*® as a summative examination unless an appropriate validation has been conducted. Educational Testing Service (ETS) reports that *Praxis*® “Test scores should only be used to inform decisions if there is [validity] evidence to support the intended score use. Please note that *Praxis*® Series™ test scores have not been validated for use in granting or denying graduation status, and, therefore, may not be considered legally defensible when used in this manner” ([https://www.ets.org/s/Praxis/pdf/proper_use.pdf](https://www.ets.org/s/Praxis/pdf/proper_use.pdf)). The *Praxis*® Test, in addition, has been developed by an outside entity (e.g., ETS). The standard requires that the summative exam needs to be developed and administered by the faculty.
Steps to be Taken:
At the time of the annual report, provide evidence of the development and use of additional summative assessment(s) to evaluate knowledge and skills of all students.

Standard 6.6: The program has access to clerical and technical staff that is appropriate and sufficient to support the work of the students, faculty, and staff. The access is appropriate and sufficient for the program to meet its mission and goals.

Evidence of non-compliance:
- The program must demonstrate adequate access to clerical and technical staff to support the work of the students, faculty, and staff;
- The program must demonstrate how access to the clerical and technical staff helps the program meet its mission and goals.

The program currently utilizes two graduate assistants to perform clerical activities in the clinic. Often there is a need for the use of more, if not all, program graduate assistants because of course and clinic assignments of the clinic coordinator. This heavy reliance on graduate assistants limits their ability to assist other faculty in research and teaching responsibilities. The clinic coordinator often must complete clerical duties taking that individual away from her ability to contribute to her professional development and developing clinical and programmatic enhancements. The heavy reliance on students to perform clerical activities also limits the program from seeking third party reimbursement for clinical services, thereby limiting the possibility for seeking additional revenues to support programmatic activities. A request for a clinical administrative assistant has been submitted and the department has not received approval to move forward with a search for this position.

Steps to be Taken:
At the time of the annual report, provide evidence that the program has adequate clerical support to adequately address the needs of the program to meet this standard.

AREAS FOR FOLLOW-UP (clarification/verification)
The CAA did not find the program to be out of compliance with the following Standards for Accreditation at this time. However, the program must provide additional information or an update in the program’s next annual report or reaccreditation application for clarification or verification of these issues, in order to monitor the program’s continued compliance in the stated areas.

- There were no areas for follow-up with accreditation standards.
PERFORMANCE WITH RESPECT TO STUDENT ACHIEVEMENT

The CAA has evaluated this program regarding its performance with respect to student achievement and provides the following report, required as an accrediting agency recognized by the US Secretary of Education [34 CFR 602.17(f)(2)].

Comments/Observations:

The CAA assessed the program’s performance with respect to student achievement and found the program to meet or exceed the established CAA expectations (as described in accreditation standard 5.0-Assessment) in the following checked areas. Details regarding any of these areas found to be not in compliance are described earlier in this report in the context of the relevant standard.

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PROGRAM COMPLIANCE EXPECTATIONS

As an accrediting agency recognized by the U.S. Secretary of Education, the CAA must comply with Criterion §602.20 [34 CFR 602.20(a)(2)(iii)]. This criterion requires that if an accrediting agency’s review of a program indicates that the program is not in compliance with any standard, the CAA must establish timelines for programs that are not in full compliance “to take appropriate action to bring itself into compliance with the agency’s standards”. As the programs that the CAA accredits are at least two years in length, the maximum time allowed under this criterion is two years. If, after review of a required report, the program remains out of full compliance with any standard and sufficient progress toward compliance has not been demonstrated, the CAA may act to place the program on probation or withdraw its accreditation status in accordance with the policy and procedures outlined in the Accreditation Handbook. The CAA may place a program on probation or withdraw accreditation from a program prior to this time when there is clear evidence of circumstances that jeopardize the capability of the program to provide acceptable educational experiences for the students, as noted above. However, a program will be placed on probation or accreditation withdrawn after the review of a third consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all standards.

PUBLIC DISCLOSURE OF THIS DECISION AND ACCREDITATION STATUS

The CAA publishes a notice of final accreditation actions on its website after comprehensive reviews are completed in accordance with its published policies. In the event an adverse action is taken and becomes final (i.e., withdrawal or withholding of an accreditation status), the CAA is required to publish a brief statement summarizing the reasons for withholding or withdrawing
the accreditation status of a program, together with the comments, if any, that the affected program may wish to make.

The Criteria for Recognition by the U.S. Secretary of Education requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an accredited or preaccredited program releases about accreditation or preaccreditation status, contents of site visit reports, and accrediting or preaccrediting actions with respect to the program. [34 CFR 602.23(d) and 602.23(e)] The program must make accurate public disclosure of the accreditation or preaccreditation status awarded to the program, using the language provided in the Accreditation Handbook (see Chapter XII Informing the Public) on the academic accreditation website. If the program chooses to disclose any additional information within the scope of the ED rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the CAA’s name, address, and telephone number as described in the Accreditation Handbook. If an institution or program misrepresents or distorts any action by the CAA with respect to any aspect of the accreditation process, its accreditation status, the contents of the site visit report, or final CAA accreditation actions or decisions, the CAA will inform the chief executive officer of the institution and the program director that corrective action must be taken. If corrective action is not taken, the CAA will release a public statement that provides correct information and may invoke other sanctions as may be appropriate.