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 18 - 21, 2018 meeting, as indicated below.

Name of Program: Eastern Kentucky University

File #: 171

Professional Area:

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

Modality:

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

Degree Designator(s): M.A.

Current Accreditation Cycle: 06/01/2010 – 05/31/2018

Action Taken: Re-Accredit

Effective Date: July 21, 2018

New Accreditation Cycle: 06/01/2018 – 05/31/2026

Next Review: Annual Report due August 1, 2019

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.**

- There are no areas of non-compliance with accreditation standards.

**AREAS OF PARTIAL COMPLIANCE**

The CAA found the program to be in partial compliance with the following Standards for Accreditation. Partial compliance means that the program has in place some, but not all, of the essential elements necessary to meet all aspects of 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 3.3B Sequence of Learning**

*Requirement of the standard to be met:*

- The program demonstrates how the courses and clinical experiences are organized and sequenced and allow for integration across all elements of the program.

**Evidence of partial compliance:** At the time of the site visit, it was found that the courses and clinical experiences are not organized and sequenced and allow for integration across all elements of the program. Interviews with students and program faculty provided examples of students not having coursework prior to or concurrently with being assigned to work with certain clinical populations. Also, the Clinic Handbook referenced that students are responsible for securing the knowledge of such clinical populations when this occurs. In response to the site visit...
report, the program noted, “The Clinic Handbook will be modified to clearly state how clinical assignments are made and how the Program handles instances where students have limited background knowledge needed to effectively assess or treat a client. The sequence of courses and clinical experiences will be reviewed to determine any changes needed in scheduling of courses or clinical experiences. The Clinic Handbook will revise the policy for preparing students for clinical experiences when background knowledge is lacking, such as supervisor co-treating or demonstrating needed techniques.” At the time of this decision, the CAA was not able to verify that these planned changes have been made.

**Steps to be taken:** At the time of the next annual report, provide evidence of changes made to the Clinic Handbook, the status of the sequencing review and any resulting modifications, and how the program is in compliance with this standard.

### Standard 3.9B External Placements

**Requirement of the standard to be met:**

- The program has written policies and procedures that describe the processes used to determine whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical education experience for each student.

**Evidence of partial compliance:** At the time of the site visit, it was reported that the program’s written policies and procedures do not describe the processes used to determine whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical education experience for each student. Demographic information for each external practicum site is collected with respect to activity and age range, but not specific population information. In response to the site visit report, the program indicated that, “…demographic data from off-campus sites will be collected and posted in Calipso. When placing students, the demographic information in Calipso will be reviewed to determine the best placement for a student to insure a variety of experiences.”

**Steps to be taken:** At the time of the next annual report, provide evidence that demographic data from off-campus sites has been collected and tracked in Calipso and provide the status of how the results are used to ensure best placements for students to gain a variety of clinical experiences.

### Standard 4.7 Student Progress Documentation

**Requirements of the standard to be met:**

- The program must maintain complete and accurate records of all students’ progress during the entire time of their matriculation in the program. The records for each student must include documentation that can demonstrate that the student has met
all the academic, clinical, and other requirements for the degree and the credential(s) that are identified by the program in its mission and goals.

**Evidence of partial compliance:** At the time of the site visit, student records were incomplete and did not consistently include documentation that demonstrated each student had met all the academic, clinical and other requirements for the degree and the credentials that are identified by the program in its mission and goals. While the documentation summary of clinical hours for 2013-2014 and 2014-2015 was evident, such documentation was not evident for subsequent years. In response the program described how academic progress is monitored through Degreeworks, meetings are held with program advisors and notes documented to verify the meetings. Furthermore, the program noted that with the introduction of Calipso, clinical requirements for certification and licensure will be monitored and verified for each student and a file audit form will be developed for a yearly evaluation of students’ academic and clinic folders.

**Steps to be taken:** At the time of the next annual report, provide evidence that student records are accurate and that data demonstrate that students completing the program meet all of the requirements for the degree.

**Standard: 5.3 Ongoing Program Improvement**

*Requirements of the standard to be met:*

- The program collects data from multiple sources (e.g., alumni, faculty, employers, off-site clinical educators, community members, individuals receiving services) and allow evaluation of the program’s success in achieving its goals, objectives, and the extent to which student learning outcomes have been met.

**Evidence of partial compliance:** The program has not been regularly collecting data from multiple sources to evaluate program success and there is no evidence that the program is using data for program improvement.

**Steps to be taken:** At the time of the next annual report describe multiple sources used to evaluate program success and how data from these sources has been used for ongoing program improvement.
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 are 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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<td>Praxis Examination Rates</td>
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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.