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: Alabama A & M University

File #: 230

Professional Area:

- Audiology
- Speech-Language Pathology

Modality:

- Residential
- Distance Education
- Satellite Campus
- Contractual Arrangement

Degree Designator(s): MS

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 1.5: The program develops and implements a long-term strategic plan.**

**Evidence of non-compliance:**
The CAA expects the plan to identify long-term goals, specific measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis of the plan. The site visit report indicated that the requirements for review were not found in the written plan nor verified by program director and faculty interviews. In response to the site visit report, the program indicated it has an evaluation mechanism operated by the Office of Institutional Planning, Research and Effectiveness (OIPRE). The office evaluates formative and summative program goals, objectives and assessments and their alignment to the Institution and the CSD Program’s Strategic Plan annually. The program provided a list of program goals; however, following the site visit report and the program’s response, it was not possible to substantiate evidence that the program has established their own program-specific measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis of the plan. Specific goals and measurable objectives established by the program serve as a foundation for accreditation standards.

**Steps to be Taken:**
At the time of the annual report, provide evidence that the program’s strategic plan identifies their own long-term goals, specific measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis of the strategic plan.
Standard 2.1: The number and composition of the program faculty (academic doctoral, clinical doctoral, other) are sufficient to deliver a program of study that

2.1.1 allows students to acquire the knowledge and skills required in Standard 3,
2.1.2 allows students to acquire the scientific and research fundamentals of the discipline,
2.1.3 allows students to meet the program’s established goals and objectives,
2.1.4 meets the expectations set forth in the program’s mission and goals,
2.1.5 is offered on a regular basis so that it will allow the students to complete the program within the published time frame.

Evidence of non-compliance:
The program must document how the faculty composition is sufficient to allow students to meet the program’s established learning goals and objectives and to meet the expectations set forth in the program’s mission and goals. The site visit report indicated that faculty currently have overload teaching responsibilities, some without additional compensation. The program does indicate commitment from the Dean to ensure appropriate compensation in accordance with university policy. While Student Outcome Data remains successful and students reported high levels of satisfaction with teaching and their interactions with faculty and supervisors when it occurred, insufficient student access to clinical faculty was indicated by clinical faculty workloads, and by some student concerns about access and timely feedback regarding lesson plans, reports, and performance.

Steps to be Taken:
At the time of the annual report, the program must demonstrate that its composition of faculty is sufficient to allow its students to meet the program’s established learning goals and objectives and meets the expectations set forth in the program’s mission and goals.

Standard 2.2: The number, composition, and workload of all full-time faculty who have responsibility in the graduate program are sufficient to allow them to meet expectations with regard to teaching, research, and service of the sponsoring institution.

Evidence of non-compliance:
The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide teaching, research, and service as part of their workload are accessible to students, have sufficient time for scholarly and creative activities, to advise students, to participate in faculty governance, and to participate in other activities that are consistent with the expectations of the sponsoring institution. The site visit report indicated that faculty currently have overloads in their responsibilities to the program. The program has worked with their Dean to ensure appropriate compensation; however, the site visit team found evidence that faculty do not have sufficient time for their own scholarly and creative activities. The two research PhD faculty each hold teaching assignments at .8 FTE, with one
serving as Program Director and the other with research at .2 FTE. There is evidence of active contribution in university service and governance as well as professional volunteer activities, but limited academic advising by faculty was reported by students at the time of the site visit.

Steps to be Taken:
At the time of the annual report, the program must demonstrate how they have addressed the requirement that the faculty who are responsible in the graduate program to provide teaching, research, and service as part of their workload are accessible to students, have sufficient time for scholarly and creative activities, to advise students, to participate in faculty governance, and to participate in other activities that are consistent with the expectations of the sponsoring institution.

Standard 2.2: The number, composition, and workload of all full-time faculty who have responsibility in the graduate program are sufficient to allow them to meet expectations with regard to teaching, research, and service of the sponsoring institution.

Evidence of non-compliance:
The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide clinical education and service as part of their workload are accessible to students, have sufficient time for scholarly and creative activities, to advise students, to participate in faculty governance, and to participate in other activities that are consistent with the expectations of the sponsoring institution. The site visit report indicated that faculty currently have overloads in their responsibilities to the program. The program has worked with their Dean to ensure appropriate compensation; however, some students reported concerns about timely clinical feedback, including lesson plans and reports. The clinical workload for faculty is not allowing them to engage in their own scholarly and creative activities and service. The program response indicated that they are planning for an additional clinical faculty hire in August 2019 to support faculty sufficiency in providing clinical education.

Steps to be Taken:
At the time of the annual report, the program must demonstrate how they have addressed the requirement that the faculty who are responsible in the graduate program to provide clinical education and service as part of their workload are accessible to students, have sufficient time for scholarly and creative activities, to advise students, to participate in faculty governance, and to participate in other activities that are consistent with the expectations of the sponsoring institution. Include an update on hiring an additional clinical faculty member.
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.

Standard 6.5: The program has access to an adequate technical infrastructure to support the work of the students, faculty, and staff. The technical infrastructure includes access to the Internet, the online and physical resources of the library, and any streaming or videoconferencing facilities needed for the program to meet its mission and goals.

Evidence of Concern:
The program must demonstrate adequate access to a technical infrastructure that supports the work of the students, faculty, and staff. The program must demonstrate how access to this infrastructure helps the program meet its mission and goals. The site visit report indicated that most of the program’s classrooms are not equipped with current teaching technology and reported that faculty indicated that timely technology support is not available when existing equipment fails. In response to the site visit report, the program reports the IT infrastructure has been recently updated and is a key enabler of the program’s strategic goals. The new Director of the Office of Information Technology is committed to addressing the technology needs of the College of Education, Humanities and Behavioral Sciences.

Steps to be Taken:
At the time of the annual report, provide an update regarding the program’s adequate access to a technical infrastructure that supports the work of the students, faculty, and staff. In addition, provide an update on how access to this infrastructure helps the program meet its mission and goals.

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 Concern:
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 site visit report indicated the program does not have technical personnel on staff and that faculty and staff must make an appointment with centrally located university technical staff. When interviewed, faculty reported waiting weeks for technical support. In response to the site visit report, the program reported that “Information Technology has hired a new Director who is fully committed to providing services that are aligned with the University’s mission.”
Steps to be Taken:
At the time of the annual report, provide an update regarding the program’s adequate access to technical staff to support the work of the students, faculty, and staff. Include an update on how access to technical staff helps the program meet its mission and goals.

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:

| X | Program Completion Rates |
| X | Employment Rates |
| X | Praxis Examination Rates |

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.