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: North Carolina Central University

File #: 237

Professional Area:

- [ ] Audiology
- [X] Speech-Language Pathology

Modality:

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

Degree Designator(s): MS

Current Accreditation Cycle: 9/1/2011 – 8/31/2019

Action Taken: Continue Accreditation

Effective Date: July 20, 2019

New Accreditation Cycle: 9/1/2019 – 8/31/2027

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

Date of Decision: July 20, 2019
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 3.7B:** An effective speech-language pathology program ensures that clinical education is provided in a manner that supports student development so that each student is prepared to enter professional practice. The type and structure of the clinical education is commensurate with the development of knowledge and skills of each student.

**Evidence of Non-Compliance:**
The program must demonstrate that the clinical education component of the program is structured to be consistent with the knowledge and skills levels of each student. The site visit report indicated that students are not receiving the minimum required amount of supervision for both intervention and diagnostic assessment. The program response indicated that it had modified its service delivery models, so supervisors are responsible for 4 concurrent sessions. Although this is described as an improvement over former scheduling, it does not allow supervisors the flexibility to respond to students’ knowledge and skill levels by adjusting the supervision level above the minimum required for intervention services.

**Steps to be Taken:**
At the time of the annual report, the program must demonstrate how its service delivery models allow supervisors to adjust above the minimum required levels when student knowledge and skill levels necessitate doing so.

**Standard 3.8B:** Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.
**Evidence of Non-Compliance:**
The program must demonstrate that the supervision provided to each student is adjusted to ensure that the specific needs are met for each individual who is receiving services. The site visit report indicated that students are not receiving the minimum required amount of supervision for both intervention and diagnostic assessment. The program’s service delivery/supervision models allow a maximum of 25% supervision, which is not sufficient for assessment and may not be sufficient for a student with limited skills and knowledge in a particular area.

**Steps to be Taken:**
At the time of the annual report, the program must demonstrate how its service delivery/supervision models allow supervisors to adjust the supervision provided to ensure that the specific needs are met for each individual receiving services.

**Standard 4.3:** The program has policies and procedures for identifying the need to provide intervention for each student who does not meet program expectations for the acquisition of knowledge and skills in the academic and clinical components of the program.

**Evidence of Non-Compliance:**
The program has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the academic component of the curriculum. The program currently tracks acquisition of clinical skills via CALIPSO and indicates it plans to expand the use of CALIPSO to track academic components. The Curriculum Committee will identify and track ten core student learning objectives aligned with the Program Learning Outcome and will develop intervention plans for students who do not meet the expectations. These plans have not yet been implemented.

**Steps to be Taken:**
At the time of the annual report, the program must provide an update on expanding the use of CALIPSO and the Curriculum Committee to identify students who need intervention to meet program expectations for the acquisition of knowledge and skills in the academic component of the curriculum.

**Standard 4.10:** The program must adhere to its institutional policies and procedures to verify that a student who registers for a distance education course or program is the same student who participates in and completes the program and receives the academic credit.

**Evidence of Non-Compliance:**
The program must document that the institutional policies regarding verification of a student’s identity are followed and implemented and applied consistently. The site visitors reported that
the program has a policy to verify student’s identity in a distance education class, but that faculty members were not aware of the policy and it was not included in some course syllabi. In response, the program reported that beginning in Fall 2019 each instructor in a distance education course will be required to specify which one(s) of three verification methods will be used and that statement must be included in the course syllabus.

Steps to be Taken:
At the time of the annual report, the program must verify that this requirement is in place and being followed by instructors of all courses offered via distance education.

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.
- The program has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the academic component of the curriculum.
- Assessments must be administered by multiple academic and clinical faculty members.

Examples of formative and summative assessments provided in the re-accreditation application did not accurately reflect academic or clinical formative assessment measures. Site visitors reported that during the site visit, faculty members exhibited inconsistent understanding of the terms formative and summative assessment and were unable to describe how they used both types of assessments. In its response to the site visit report, the program reported that faculty would be required to attend a mandatory training on formative and summative assessments in October 2019 and that the University’s Office of Faculty Professional development would work with individual faculty to facilitate use of both types of measures in their classes. Further, the program reported that “the program allows the student to provide a passing score on the Praxis II® examination as a substitute for passing the master’s comprehensive examination.”

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). The Praxis® exam is not an appropriate measure to use as a summative examination unless the program has completed the required validation studies.

Steps to be Taken:
At the time of the annual report, the program must provide an update on its progress in
assuring that an assessment plan, including both formative and summative assessments, is used throughout the program for each student. Further, this plan should document how the program has developed and consistently applies both formative and summative assessment measures of its students’ acquisition of the required knowledge and skills.

**Standard 6.3:** The program has adequate physical facilities (classrooms, offices, clinical space, research laboratories) that are accessible, appropriate, safe, and sufficient to achieve the program’s mission and goals.

**Evidence of Non-Compliance:**
The program must demonstrate that the facility has been evaluated and that the program includes access and accommodations for the needs of individuals with disabilities, in accordance with federal regulations. Site visitors reported two issues: 1) that the elevator from the parking lot did not work consistently and 2) that there were only 2 accessible spaces reserved for clinic clients. The program reported that they have contacted Facilities Management Department and that an action plan will be developed by Spring 2020 to fix the elevator. In addition, approval was granted to purchase one additional parking space for 2019-20 and there is a plan to conduct a flow study over the next year to determine need for any additional spaces.

**Steps to be Taken:**
At the time of the annual report, the program must: 1) provide an update on the action plan for elevator maintenance and repair 2) indicate interim actions taken to assure access and accommodations for individuals with disabilities when the elevator is not working 3) verify that one additional parking space has been purchased and 4) provide an update on the proposed flow study.

**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 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 Concern:**
The program must demonstrate that faculty who are tenure eligible have the opportunity to meet the criteria for tenure of the sponsoring institution. The School of Education developed
and approved revised promotion and tenure guidelines for faculty that were intended to provide flexibility to the process. The next step in the process requires development and approval of departmental versions of these guidelines. The program reports a draft of these new guidelines has been developed, but they have not yet been submitted for approval at the Program and Departmental level and that following approval, the faculty will vote to determine the implementation for the new guidelines.

**Steps to be Taken:**
At the time of the annual report, provide an update on the status of the program version of the new promotion and tenure guidelines and discuss how these guidelines will facilitate the opportunity for tenure eligible faculty to achieve tenure.
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.

| 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.