

**ACCREDITATION ACTION REPORT
Annual Report and End of Probation Report Review**

The Council on Academic Accreditation in Audiology and Speech-Language Pathology has reviewed the program’s accreditation annual report, submitted August 1, 2024; and end of probation report submitted June 14, 2024, and took the following accreditation action at its February 19-21, 2025 meeting, as indicated below.

Name of Program: Southern University and A&M College

File #: 239

Professional Area:

- | | |
|-------------------------------------|---------------------------|
| <input type="checkbox"/> | Audiology |
| <input checked="" type="checkbox"/> | Speech-Language Pathology |

Modality:

- | | |
|-------------------------------------|-------------------------|
| <input checked="" type="checkbox"/> | Residential |
| <input type="checkbox"/> | Distance Education |
| <input type="checkbox"/> | Satellite Campus |
| <input type="checkbox"/> | Contractual Arrangement |

Degree Designator(s): MS

Current Accreditation Cycle: 04/01/2023 – 03/31/2031

Action Taken: Place on Probation

Effective Date: February 21, 2025

**Next Review: Annual Report due February 1, 2026
End of Probation Report due January 16, 2026**

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 (Cause for Probation)

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. A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all standards (effective January 1, 2021- see [CAA Accreditation Handbook, Chapter XVII](#)).**

Standard 5.6 The percentage of test-takers who pass the Praxis® Subject Assessments in audiology or speech-language pathology meets or exceeds the CAA's established threshold.

Requirement for Review:

- The CAA's established threshold requires that at least 80% of test-takers from the program pass the Praxis® Subject Assessment examination, as averaged over the 3 most recently completed academic years; results should be reported only once for test-takers who took the exam multiple times in the same examination reporting period.
- When averaged over 3 academic years, the program's Praxis® Subject Assessment exam pass rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results

Evidence of Non-Compliance:

The program's Praxis pass rate as averaged over the past three completed academic years is 77.7%, which does not meet the required 80% threshold. The program had a focused site visit in October 2024, during which the site visit team was unable to verify compliance with Standard 5.6 due to the praxis pass rate. In response to the focused site visit report, the program acknowledged the deficiency, identified factors contributing to the lower scores, and outlined plans to improve results. The program's pass rates for the most recent three years were 91% (2023-2024), 92% (2022-2023), and 31% (2021-2022), respectively. Due to Standard 5.6 being cited for non-compliance for the second consecutive reporting period, the program has been placed on probation.

Steps to Be Taken:

In its end of probation report, due no later than January 16, 2026, the program must demonstrate that at least 80% of test-takers from the program have passed the Praxis® Subject Assessment examination, as averaged over the three most recently completed academic years. The program must provide an update on any plans that have been implemented to improve results.

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

Requirement for Review:

- The plan must include a mechanism for regular evaluation of the plan itself and of progress in meeting the plan's objectives.
- An executive summary of the strategic plan or the strategic plan must be shared with faculty, students, staff, alumni, and other interested parties.

Evidence of Concern:

The program did not provide a link to the most current strategic plan executive summary in the 2024 annual report. Upon reviewing the program's website, the CAA was unable to locate the most recent strategic plan executive summary. However, the CAA did find summaries dated from 2017 to 2021, and dated 2018-2023 via search engine. Despite this, the CAA was unable to find the strategic plan's executive summary on the program's website.

Steps to Be Taken:

At the time of the next annual report, the program must provide the most current strategic plan executive summary or a link to it. The plan must be shared with faculty, students, staff, alumni, and other interested parties. Additionally, the program must provide evidence that the strategic plan is regularly evaluated and demonstrates progress in meeting the program's objectives.

Standard 4.5 Students are informed about the processes that are available to them for filing a complaint against the program.

Requirement for Review:

- The program must maintain a record of student complaints filed against the program with the sponsoring institution.

Evidence of Concern:

The CAA was unable to locate evidence of the program's records of complaints in the program's 2024 annual report. Additionally, the program did not provide a description of the process or procedures for storing files, which was the source of the original concern. In response to Standard 4.5 in the 2024 annual report, the program stated that "the department has created a student complaint form that is an anonymous form on the departmental website and can be submitted via email directly to the department chairperson." However, the form in the student handbook is not anonymous, nor does it allow for submission via email. Furthermore, the form does not address anonymity. Although the CAA does not require anonymity for the complaint form or for the method of submission, it is expected that programs ensure students are informed of the complaint process and mechanisms, with clear communication regarding anonymity or confidentiality.

Steps to Be Taken:

At the time of the next annual report, the program must clarify whether students have been informed of the process and mechanisms for filing a complaint, including whether the complaint process is anonymous or confidential. The program must also provide an update on how it maintains a record of student complaints filed against it.

Standard 5.1 The program regularly assesses student learning.

Requirement for Review:

- The program must demonstrate that it assesses the achievement of student learning outcomes to determine student success in the acquisition of expected knowledge and skills.

Evidence of Concern:

The program did not provide evidence of assessing the achievement of student learning outcomes within its 2024 annual report. In response to Standard 5.1 within the 2024 annual report, the program listed various types of assessments used to evaluate student learning outcomes in the classroom. Examples included clinical simulation (debriefing), clinical competencies in Calipso, and classroom quizzes and exams. However, the program did not provide evidence that these assessments are used to evaluate student success in acquiring the expected knowledge and skills.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence that it demonstrates that it assesses the achievement of student learning outcomes to determine student success in the acquisition of expected knowledge and skills.

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

Requirement for Review:

- The program must demonstrate how it uses its assessments to evaluate and enhance student progress and acquisition of knowledge and skills.
- The program must demonstrate that a student assessment is applied consistently and systematically.

Evidence of Concern:

The program did not describe how it uses assessments to evaluate and enhance student progress or the acquisition of knowledge and skills, nor did it demonstrate that student assessments are applied consistently and systematically within its 2024 annual report. In response to Standard 5.2 in the 2024 annual report, the program stated that an assessment plan, which includes alumni surveys, student exit interviews, and advising sessions, was developed in 2023 by academic and clinical faculty. However, the program did not provide evidence of how these assessments are used to evaluate and enhance student progress and the acquisition of knowledge and skills. Additionally, the program did not demonstrate that student assessments are applied consistently and systematically.

Steps to Be Taken:

At the time of the next annual report, the program must provide a narrative clarifying how it uses assessments to evaluate and enhance student progress and the acquisition of knowledge and skills. The program must also clarify how student assessments are applied consistently and systematically.

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\(f\)](#)].

Comments/Observations:

<i>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 <u>not</u> in compliance are described earlier in this report in the context of the relevant standard.</i>	
X	Program Completion Rates
	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](#)]. 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 provide a written timeline to the program to come into compliance that is reasonable, as determined by the CAA, based on the nature of the finding, the stated mission, and educational objectives of the program. The timeline may include intermediate checkpoints on the way to full compliance and must not exceed three years for programs, regardless of professional area. If the review of a second consecutive report reveals that issues continue for the same standard(s), regardless of which requirements for review were identified, and the program remains not in full compliance with all standards, 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.

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.