

**ACCREDITATION ACTION REPORT  
Reaccreditation Application Review**

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its February 7-9, 2024 meeting, as indicated below.

**Name of Program: University of Southern Mississippi**

**File #: 75**

**Professional Area:**

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

**Modality:**

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

**Degree Designator(s): MS**

**Current Accreditation Cycle: 01/01/2016 – 12/31/2023**

**Action Taken: Continue Accreditation**

**Effective Date: February 9, 2024**

**New Accreditation Cycle: 01/01/2024 – 12/31/2031**

**Next Review: Annual Report due February 1, 2025**

**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. 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 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.

### **Requirements for Review:**

- The program has policies and procedures for implementing and documenting all forms of intervention used to facilitate each student's success in meeting the program's expectations.
- The program must demonstrate that the policies and procedures are applied consistently across all students who are identified as needing intervention.

### **Evidence of Non-Compliance:**

The CAA expects that 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. In its site visit report, the site visitors reported that they were unable to verify that the program had a consistent set of policies and procedures for determining and implementing intervention used to facilitate each student's success in meeting the program's expectations. In its response to the site visit report, the program reported that they developed a Clinic Remediation Plan for students who require additional practicum experience to achieve any clinical competency, and will be developing a standard procedure for academic student intervention that aligns with the outlined Clinic Remediation Plan.

### **Steps to Be Taken:**

At the time of the next annual report, the program must provide evidence that it has a consistent set of policies and procedures for implementing and documenting all forms of intervention used to facilitate each student's success in meeting the program's expectations. The program must also provide evidence that its intervention policies and procedures are applied consistently across all students who are identified as needing intervention.

## **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 4.8 The program makes the documentation of student progress toward completing the graduate degree and meeting professional credentialing requirements available to its students to assist them in qualifying for the credential(s).**

#### **Requirements for Review:**

- The program must provide each student access to his or her own records upon request.
- The program must make records available to program graduates and those who attended the program, but did not graduate.
- The availability of records for program graduates and those who attended the program, but did not graduate, must be consistent with the institution's and the program's policies regarding retention of student records.

#### **Evidence of Concern:**

The CAA expects that programs make the documentation of student progress toward completing the graduate degree and meeting professional credentialing requirements available to its students to assist them in qualifying for credentials. The site visit team was unable to verify that the program has central records of student progress. In addition, the site visit team was not able to view a graduate student file showing the student's history in the program. In its response to the site visit report, the program reported that it is in the process of centralizing all academic records for its 2022 and 2023 cohorts. The academic records include contact sheets, graduate applications, transcripts, plan of study, progress each semester, and advising documentation. The program also stated that it is searching for an electronic software program to house all academic records and maintain consistency with its CALIPSO clinic records. In the interim of abovementioned changes, the program reported that it will maintain a physical file folder that contains each student's information.

Additionally, the program stated that it will make records available to program graduates and those who attended the program, but did not graduate, in a manner that is consistent with the institution's, the graduate school's, and program's policies regarding the retention of student records.

#### **Steps to Be Taken:**

At the time of the next annual report, the program must provide an update on the central records that should include how records are made available to program graduates and to students who attended the program, but did not graduate, in addition to the retention of student records for program graduates and students who attended the program, but did not graduate.

### **Standard 5.3 The program administers regular and ongoing assessment protocols to evaluate the quality of the program and to facilitate continuous quality improvement.**

#### **Requirements for Review:**

- The assessment protocols must be used to evaluate the academic and clinical aspects of the entire program.
- The program must collect 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.

- The program must systematically collect evaluations of the academic and clinical aspects of the program from students and use these to assess those aspects of the program.
- The program must use the results of its assessment protocols to improve and refine the program goals and objectives and ensure alignment between the programs' stated goals and objective and the measured student learning outcomes.

**Evidence of Concern:**

The CAA expects that the program administers regular and ongoing assessment protocols to evaluate the quality of the program and to facilitate continuous improvement. The site visit team was unable to verify that the program has clear documentation showing that the program is formally conducting regular and ongoing assessment protocols to evaluate and improve the program through discussions with the Program Director, program stakeholders, and students. However, the site visit team noted that discussions with the mentioned parties provided anecdotal evidence that the program assessment process is conducted to a greater degree than could be verified with existing documentation. In its response to the site visit report, the program reported that it sends out a survey to graduating cohorts and utilize the survey data to aid in program improvement and student outcomes. The program also noted that it is required to fill out an annual WEAVE report for the Southern Association of Colleges and Schools (SACS). Information from this report is used for quality improvement and to evaluate the impact of changes that are implemented. However, this report was not filled out in 2023 due to the responsible party resigning. The program reported that the Program Director will be completing the Weave report for 2024.

**Steps to Be Taken:**

At the time of the next annual report, the program must provide an update and clear documentation that demonstrates that the program is administering regular and ongoing assessment protocols to evaluate and improve the program.

**Standard 5.4 The program uses the results of its ongoing programmatic assessments for continuous quality improvement and evaluates the improvements.**

**Requirements for Review:**

- The program must describe how it uses programmatic assessment data to promote continuous quality improvement of the program.
- The program must describe the processes it uses to evaluate program improvements for congruence with its stated mission and goal

**Evidence of Concern:**

The CAA expects that the program uses the results of its ongoing programmatic assessments for continuous quality improvement and evaluates the improvements. The site visit team was unable to verify that the program uses the results of programmatic assessment data for continuous quality improvement. In its site visit report, the site visitors stated that they were unable to find consistent documentation showing the use of programmatic assessment data being used for quality improvement and evaluation of the impact of any implemented changes. In response to the site visit report, the program stated that the annual WEAVE Report includes student learning outcome objectives and program objectives that are frequently monitored.

The program stated that SLP faculty meets twice each semester to discuss curriculum issues and improvements needed based on student feedback. The program stated that student course evaluations are reviewed by faculty at the end of each semester, and that students' academic performances are monitored as each semester advances. The program stated that feedback from these sources is used to make program improvements that are consistent with the program's stated mission and goals, and that the changes are now being documented in the faculty meeting and Curriculum Committee minutes.

**Steps to Be Taken:**

At the time of the next annual report, the program must provide consistent documentation showing the use of programmatic assessment data for quality improvement and evaluation of the impact of any implemented changes.

**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 |
| 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]. 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.