

**ACCREDITATION ACTION REPORT  
Annual Report Review**

The Council on Academic Accreditation in Audiology and Speech-Language Pathology has reviewed the program's accreditation annual report and took the accreditation action indicated below.

**Name of Program: Portland State University**

**File #: 82**

**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): MA, MS**

**Current Accreditation Cycle: 10/01/2019 – 09/30/2027**

**Action Taken: Continue Accreditation – With Monitoring**

**Effective Date: December 11, 2025**

**Next Review: Accreditation Application due August 1, 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**

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 A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all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 1.5 The program develops and implements a long-term strategic plan.**

#### **Requirement for Review:**

- The plan must be congruent with the mission and goals of the program and the sponsoring institution, have the support of the administration, and reflect the role of the program within its community.
- The plan identifies long-term goals, specific measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis of the plan.
- 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 Non-Compliance:**

In its annual report, the program reported that due to significant transitions within the department and institution over the last two years, it has had some delays in implementing a new strategic planning process with the most recent strategic plan ending in 2023. While the program noted that it has proceeded with the residual goals from the 2023 strategic plan, there is not sufficient evidence to confirm that the program is periodically reviewing and revising its mission and goals, or that the strategic plan is congruent with the mission and goals of the program. The program noted that it has commenced the strategic planning process, however, it has not yet been completed. The program is working on finalizing the strategic planning process in the Fall of 2025.

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

At the time of the accreditation application, the program must provide its current long term strategic plan. The plan must demonstrate congruence with the mission and goals of the program and sponsoring institution, have the support of the administration, and reflect the program's role in the community. It must identify long term goals, measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis, with mechanisms for regular evaluation of both the plan and progress in meeting the plan's objectives. The program must demonstrate how the strategic plan or an executive summary of the plan is shared with faculty, students, staff, alumni, and other interested parties.

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

**Requirement for Review:**

- The program must describe the processes it uses to evaluate program improvements for congruence with its stated mission and goals.

**Evidence of Non-Compliance:**

In its annual report, the program reported how it uses its programmatic assessment data to promote continuous quality improvement. However, as it is currently in a strategic planning process, it is not able to provide evidence of the processes it uses to evaluate program improvements for congruence with its stated mission and goals.

**Steps to Be Taken:**

At the time of the accreditation application, the program must provide evidence of the processes it uses to evaluate its program improvements for congruence of its stated mission and goals.

**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 1.4 The program faculty must regularly evaluate the congruence of program and institutional missions and the extent to which the goals are achieved.**

**Requirement for Review:**

- The program monitors its mission and goals to ensure that they remain congruent with those of the institution.
- The program periodically reviews and revises its mission and goals.
- The program systematically evaluates its progress toward fulfillment of its mission and goals.

**Evidence of Concern:**

In its annual report, the program reported that due to the significant transitions within the department and institution over the last two years, it has had delays in implementing a new strategic planning process. With the most recent strategic plan ending in 2023, the program has not provided evidence that it periodically reviews and evaluates its stated mission and goals.

**Steps to Be Taken:**

At the time of the accreditation application, the program must demonstrate that its current mission and goals are regularly reviewed and evaluated. The program must also demonstrate that it has systematically evaluated its progress toward fulfillment of its mission and goals.

- 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.**

**Requirement for Review:**

- The program must document:
  - the number of individuals in and composition of the group that delivers the program of study
  - the distribution of faculty in terms of the number of full-time and part-time individuals who hold academic doctoral degrees, clinical doctoral degrees, and master degrees
  - how the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3
  - how the faculty composition is sufficient to allow students to acquire the scientific and research fundamentals of the profession
  - how the faculty composition is sufficient to allow students to meet the program’s established learning goals and objectives
  - how the faculty composition is sufficient to allow students to meet the expectations set forth in the program’s mission and goals
  - how the faculty composition ensures that the elements (classes and clinical practica) of the program are offered on a regular basis so that students can complete the program within the published time frame

**Evidence of Concern:**

In its annual report, the program reported that in the 2024-2025 academic year, the department encountered three faculty departures and it has strategically reallocated responsibilities to meet student obligations and meeting the programs’stated mission and goals. The program also reported that the institution is in the midst of a hiring freeze. However, the program was approved to hire a clinic director, with the approval of a search to start no later than October 2025.

**Steps to Be Taken:**

At the time of the accreditation application, the program must provide an update on the open faculty lines and demonstrate how its faculty composition will remain sufficient despite existing vacancies. The program must also provide an update on the progress of its search for a clinic director.

**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.**

**Requirement for Review:**

- The program must document that the institutional policies regarding verification of a student’s identity are followed and implemented and applied consistently.
- The program must make clear that the identities of students enrolled in a distance education course or program are protected.
- If there are fees associated with learning within a distance modality, the program must document how that information is provided to students.
- If the institution does not have specific policies, the program must develop and implement its own policies for this purpose.

**Evidence of Concern:**

In its annual report, the program reported that all second year courses are taught remotely. However, the program has stated that it does not offer any distance education courses and therefore did not provide policies as it relates to distance education.

**Steps to Be Taken:**

At the time of the accreditation application, the program must provide evidence that its distance education component comprises less than 50% of the total offerings. The program must also provide clarification regarding this component and submit the required policies for verification of student identity in distance education.

## 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.