

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: University of Wisconsin, River Falls

File #: 182

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: 09/01/2022 – 08/31/2030

Action Taken: Continue Accreditation – With Monitoring

Effective Date: December 11, 2025

Next Review: Annual Report 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 timeline 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 A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all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.
- 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 2025 annual report, the program did not address the issues identified in the 2024 Accreditation Action Report regarding Standard 1.5, which required an update on the development of a new or revised strategic plan. The report also did not explain how the plan is shared with faculty, students, staff, alumni, or other stakeholders, as required by the Standard.

The report included the 2017–2022 strategic plan, that has not been updated or reviewed, and no schedule for revision exists. The Program Assessment Plan on the website was last revised in 2014, leaving its alignment with the program's current mission, goals, and the institution's strategic direction unclear.

The program cited staffing vacancies and pending international faculty arrivals as reasons for delays and noted a meeting scheduled for August 28, 2025, to begin the planning process. Without an updated or implemented plan, and prior concerns remain unaddressed, the CAA cannot verify compliance with Standard 1.5.

Steps to Be Taken:

At the time of the next annual report, the program must provide a clear update on the strategic planning process, including the development of a new or revised strategic plan. The program must also demonstrate how the plan or an executive summary of the plan is shared with faculty, students, staff, alumni, and other relevant stakeholders.

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.

Requirement for Review:

- 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
 - Have sufficient time to advise students
 - Have sufficient time to participate in faculty governance
 - Have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution
- The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide clinical education and services as part of their workload:
 - Are accessible to students
 - Have sufficient time for scholarly and creative activities
 - Have sufficient time to advise students
 - Have sufficient time to participate in faculty governance
 - Have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution

Evidence of Concern:

Following concerns raised in the Follow-up Site Visit report on November 14, 2024, regarding faculty workload and student access amid staffing fluctuations, the program maintained that current full-time faculty continue to meet teaching, research, and service obligations, demonstrating compliance with Standard 2.2.

In its 2025 annual report, the program indicated that it had hired a new international faculty member, effective July 24, 2025, who was finalizing immigration requirements and had not yet arrived.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on this faculty member and demonstrate that faculty workload distribution supports student accessibility, scholarly productivity, advising, and participation in institutional governance consistent with Standard 2.2.

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

Requirement for Review:

- 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 clinical component of the curriculum.

Evidence of Concern:

The program's current Speech and Hearing Handbook states that an improvement plan will be developed when a student performs below expected skill levels during clinical practicum. However, the program has not defined the specific criteria for determining when a student is performing below expectations.

In its annual report, the program noted that remediation has often involved reassigning students to a different practicum site rather than addressing the underlying skill or behavioral deficiencies. The program has begun revising the policy to clarify procedures for students who do not meet expected clinical skill levels and to ensure faculty oversight. The updated policy has not yet been finalized or implemented.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on the revised policy and describe its procedures for identifying students who require intervention to meet the program's expectations for the acquisition of knowledge and skills in the clinical component of the curriculum.

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.