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 6 – 8, 2022, meeting, as indicated below.

Name of Program: University of Toledo

File #: 227

Professional Area:

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

Modality:

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

Degree Designator(s): M.A.

Current Accreditation Cycle: 3/1/2014 - 2/28/2022

Action Taken: Continue Accreditation

Effective Date: July 8, 2022

New Accreditation Cycle: 3/1/2022 - 2/28/2030

Next Review: Annual Report due August 1, 2023

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 A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all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 2.3** All faculty members (full-time, part-time, adjuncts), including all individuals providing clinical education, are qualified and competent by virtue of their education, experience, and professional credentials to provide academic and clinical education as assigned by the program leadership.

**Requirement for Review:**
The program must demonstrate that the faculty possess appropriate qualifications and expertise to provide the depth and breadth of instruction for the curriculum as specified in Standard 3.

**Evidence of Non-Compliance:**
The CAA requires programs to demonstrate that the faculty possess appropriate qualifications and expertise to provide the depth and breadth of instruction for the curriculum as specified in Standard 3. The site visit report noted that one faculty member did not demonstrate the qualifications and expertise to teach all graduate-level courses as assigned. The CV provided for the faculty member that teaches SLP 6700: Fluency shows no evidence of educational or professional experience specific to this teaching responsibility.

**Steps to Be Taken:**
At the time of the next Annual Report, provide evidence that the faculty possess appropriate qualifications and expertise to provide the breadth and depth of instruction, particularly in the area of fluency.
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.

Requirement for Review:
The program must demonstrate that the services provided by the student and clinical educator team are in accordance with recognized standards of ethical practice and relevant federal and state regulations.

Evidence of Non-Compliance:
The CAA requires programs to demonstrate that the services provided by the student and clinical educator team are in accordance with recognized standards of ethical practice and relevant federal and state regulations. In their review of Standard 6.4 Program Equipment and Materials, the site visit team listed nine clinical assessments that were out-of-date. The use of outdated clinical diagnostic materials may reflect a lack of best practices for students and a lack of assurances that the students are gaining experience in using the most current materials available.

In the program’s response to the site visit report, the program stated that the out-of-date tests have been removed from the clinic. The program provided receipts for 8 tests that have recently been purchased and stated that the remaining tests will be purchased by the end of the summer 2022. The program stated that the university changed its budget structure which decreased the amount of funds available for this purpose, stating that the clinic needed to prioritize the most essential purchases related to clinician/client safety, creating a budget deficit. The program stated that they are actively working with the Dean to reallocate funds to replace damaged materials and update tests as needed.

Steps to Be Taken:
At the time of the next Annual Report, demonstrate that the services provided by the student and clinical educator team are in accordance with recognized standards of ethical practice and relevant federal and state regulations. In particular, demonstrate that clinical assessments and protocols used by students and clinical educators are up-to-date and that students are being educated about the importance of using up-to-date assessments as a component of ethical decision-making and protection of client welfare.

Standard 3.9B Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.

Requirement for Review:
The program must have written policies and procedures that describe the processes used to determine whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical education experience for each student.

Evidence of Non-Compliance:
The CAA requires that programs have written policies and procedures that describe the processes used to determine whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical education experience for each student. The site visit team was unable to verify written policies and procedures that describe the processes used by the program to select and place students in external facilities beyond a few paragraphs in the Graduate Handbook, nor was the team able to verify
any policies and procedures that describe the processes used to confirm that the appropriate clinical population and personnel are available in each clinical facility to support clinical education experiences for each student.

In their response to the site visit report, the program provided documentation outlining policies and procedures for selecting and placing students in external facilities. However, this document does not describe the processes used to determine whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical experience for each student. Clinical populations and personnel are alluded to in the process by which students may request out-of-community placements, but it is unclear how the program makes these determinations for clinical sites in general.

**Steps to Be Taken:**
At the time of the next Annual Report, provide evidence of written policies and procedures that describe the processes used to determine whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical education experience for each student as required by this standard.

**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 goals.

**Evidence of Non-Compliance:**
The CAA requires that programs describe how it uses programmatic assessment data to promote continuous quality improvement of the program and describe the processes it uses to evaluate program improvements for congruence with its stated mission and goals. The site visit team was unable to verify how the program uses assessment data to promote continuous quality improvement of the program, nor could it verify the processes the program uses to evaluate program improvements. The program’s response to the site visit report stated:

> “All evaluations are reviewed by the entire faculty and areas for change are identified and discussed based on the short-term and long-term feasibility of suggested changes. These discussions are recorded in faculty meetings. The effect of the change is evaluated based on subsequent assessments that address the overall value of the program and training.”

The program provided an example of the newly implemented research project. However, no evidence (e.g., faculty meeting minutes, assessment results) was provided to support this response.

**Steps to Be Taken:**
At the time of the next Annual Report, provide evidence of how the program uses assessment data to promote continuous quality improvement and how any improvements are evaluated.
Standard 6.1  The institution provides adequate financial support to the program so that it can achieve its stated mission and goals.

Requirements for Review:
The program must demonstrate:
- That its budgetary allocation is regular, appropriate, and sufficient to deliver a high quality program that is consistent with its mission and goals
- That there is sufficient support, consistent with the program mission and goals, for personnel, equipment, educational and clinical materials, and research activities

Evidence of Non-Compliance:
The CAA requires programs to demonstrate that its budgetary allocation is regular, appropriate, and sufficient to deliver a high-quality program that is consistent with its mission and goals, and that there is sufficient support, consistent with the program mission and goals, for personnel, equipment, educational and clinical materials, and research activities.

The CAA noted in its initial observations of the application that there were budget variances greater than 10% from the previous year that were not explained in the application and asked the program to explain them. The program's response described the overall funding structure for the program but did not explain the budget variances. The site visit team reported that they were shown budget documentation for the clinic, but not for the academic graduate program. While the dean told site visitors that he is committed to providing whatever support is necessary, this support is not formally documented within the budget. Similarly, the program's response to the site visit report states that the budgetary resources meet all requirements but does not provide documentation to support this. Finally, the program’s response to the site visit report states that the university is changing to a new incentive-based budgetary model for FY23 and that this new model gives more budgetary autonomy to individual colleges.

Steps to Be Taken:
At the time of the next Annual Report, provide documentation that the program’s budgetary allocation is regular, appropriate, and sufficient to deliver a high-quality program that is consistent with its mission and goals and that there is sufficient support for personnel, equipment, educational and clinical materials, and research activities consistent with the program mission and goals. The documentation must explain any variances from previous years’ budgets (especially those greater than 10%) and include how the university’s new incentive-based budgetary model affects compliance with the requirements for this standard and supports the program’s mission and goals.

Standard 6.4  The program’s equipment and educational and clinical materials are appropriate and sufficient to achieve the program’s mission and goals.

Requirements for Review:
- The program must demonstrate that the quantity, quality, currency, and accessibility of materials and equipment are sufficient to meet the mission and goals of the program.
- The program must demonstrate that it has a process for reviewing and updating materials and equipment to determine whether the quantity, quality, and currency are sufficient to meet the mission and goals of the program.
**Evidence of Non-Compliance:**
The CAA requires programs to demonstrate that the quantity, quality, currency, and accessibility of materials and equipment are sufficient to meet the mission and goals of the program and demonstrate that it has a process for reviewing and updating materials and equipment to determine whether the quantity, quality, and currency are sufficient to meet the mission and goals of the program.

The site visit team was unable to verify compliance with this standard, reporting that numerous assessments were significantly out of date. The program’s response to the site visit report, the program reported that they intended to have all standardized assessments purchased by the end of Summer 2022. The program provided a receipt for 8 of the 9 outdated tests. However, the program did not address adherence to or the presence of a defined process for reviewing and updating materials and equipment to ensure the quantity, quality, and currency are sufficient to meet the mission and goals of the program.

**Steps to Be Taken:**
At the time of the next Annual Report, the program must provide evidence that it has a process for reviewing and updating materials and equipment, including any affiliated timelines, such that the quantity, quality, currency, and accessibility of these resources are sufficient to meet the mission and goals of the program.

**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.

- There were no areas for follow-up with the standards of accreditation.
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:

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.

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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.