

ACCREDITATION ACTION REPORT
Reaccreditation Review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its July 19-22, 2023 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: 04/01/2015 – 03/31/2023

Action Taken: Continue Accreditation; Place on Probation

Effective Date: July 22, 2023

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

Next Review: Annual Report due February 1, 2024
End of Probation Report due June 14, 2024

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 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 A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all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 1.9 The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.

This is the second consecutive report in which the program has been cited for this Standard.

Requirement for Review:

- The program must publish to the general public on its website the program's CAA accreditation status, in accordance with the language specified in the Public Notice of Accreditation Status in the CAA Accreditation Handbook, as required under federal regulations. This must be displayed in a clearly visible and readily accessible location. Additional references to the program's accreditation status must be accurate but need not include all components of the accreditation statement

Evidence of Non-Compliance:

The CAA requires programs to publish on its website the applicable accreditation statement in its entirety as articulated in Public Notice of Accreditation Status policy. The current accreditation statement present on the program's website omits the modalities offered by the program (residential), which is a required portion of the accreditation statement.

Steps to Be Taken:

At the time of the end of probation report, the program must document that the wording of its accreditation statement has been updated and follows the template provided in the *CAA Accreditation Handbook*.

Standard 3.1B An effective entry-level professional speech-language pathology program allows each student to acquire knowledge and skills in sufficient breadth and depth to function as an effective, well-educated, and competent clinical speech-language pathologist (i.e., one who can practice within the full scope of practice of speech-language pathology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program's mission and goals and that prepare each student for professional practice in speech-language pathology.

Requirement for Review:

- The master's program in speech-language pathology must perform the following functions:
 - The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical education experiences in different work settings, with different populations, and with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in speech-language pathology, sufficient to enter professional practice. Typically, the achievement of these outcomes requires the completion of 2 years of graduate education or the equivalent.
 - Offer opportunities for each student to acquire the knowledge and skills needed for entry into professional practice, consistent with the scope of practice for speech-language pathology, and across the range of practice settings

Evidence of Non-Compliance:

The CAA requires that programs provide sufficient breadth and depth of opportunities for students to receive a variety of clinical education experiences in different work settings with diverse populations. The site visit report indicated that a small percentage of students were provided the opportunity to obtain clinical practicum experience with adult clients and patients in different work settings. During interviews with the site visit team, students stated that only some students were provided with clinical experiences in different work settings with different populations. The clinical experiences with adult populations for all students was not verified, nor was any other mechanism for obtaining adult hours documented or described. In its response to the site visit report, the program provided evidence that 16 out of the 28 students in the 2022-2023 cohort were placed at skilled nursing facilities or in rehabilitation settings, while 10 out of the 28 students obtained experience with adults via clinical simulation, within the on-campus clinic, or in placements at high schools with students in transitional programs. The CAA was unable to determine that each student is offered the opportunity to obtain a variety of clinical education experiences with different populations in order to acquire the depth and breadth of knowledge and skills needed for entry into professional practice.

Steps to Be Taken:

At the time of the end of probation report, the program must provide evidence that all students can obtain hours across the lifespan and in different settings such that they acquire the knowledge and skills needed for entry into professional practice.

Standard 3.6B The clinical education component of an effective entry-level speech-language pathology program is planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking service, consultation, recordkeeping, and administrative duties relevant to professional service delivery in speech-language pathology.

Requirement for Review:

- The program must demonstrate that it has mechanisms to develop comprehensive plans of clinical educational experiences so that each student has an opportunity to:
 - Experience the breadth and depth of clinical practice
 - Obtain experiences with different populations
 - Obtain a variety of clinical experiences in different work settings

Evidence of Non-Compliance:

The CAA requires that programs provide evidence that there are mechanisms to develop comprehensive plans of clinical educational experiences so that each student has an opportunity to experience the breadth and depth of clinical practice, obtain experience with different populations, and obtain a variety of clinical experiences in different work settings. The site visit report indicated that student records demonstrating varied work settings could not be obtained, as records prior to 2022 were not available. During interviews with the site visit team, students stated that only some students were provided with clinical experiences in different work settings. In its response to the site visit report, the program provided an appendix showing a list of externship sites which the program organized into some knowledge and skills areas and identified whether the site was considered “adult” or “ped” [pediatric]. The program provided experience records that included a record of clinical practicum hours obtained in generic evaluation and treatment categories for adult and pediatric clients, as well as generic categories of settings, however the settings did not identify whether the experience was with pediatric or adult populations. While the program provided evidence that 16 out of the 28 students in the 2022-2023 cohort obtained clinical practicum hours relating to serving the adult population, the program reported that 10 out of the 28 students obtained clinical practicum hours with the adult population via simulation, the onsite clinic, or placements at high schools with students in transitional programs. The CAA was unable to determine that each student had the opportunity to obtain a variety of clinical education experiences in different work settings and experience the breadth and depth of clinical practice across the lifespan.

Steps to Be Taken:

At the time of the end of probation report, the program must provide updates as to the implementation of its clinical placement policy and how it is an effective mechanism to develop comprehensive plans that address clinical educational experiences in different settings and with different populations providing students the opportunity to experience the depth and breadth of practice.

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 1.8 The institution and program must comply with all applicable laws, regulations, and executive orders prohibiting discrimination towards students, faculty, staff, and persons served in the program’s clinics. This includes prohibitions on discrimination based on any category

prohibited by applicable law but not limited to age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status.

Requirement for Review:

- The program must maintain, as relevant, a record of internal and external complaints, charges, and litigation alleging violations of such policies and procedures and ensure that appropriate action has been taken.

Evidence of Non-Compliance:

The CAA requires that programs maintain a record of internal and external complaints, charges, and litigation alleging violations of such policies and procedures described within Standard 1.8 and ensure that appropriate action has been taken. At the time of the site visit, site visitors were unable to verify that the program maintains records of internal and external complaints and could not verify that the program ensures that appropriate action is taken when a complaint is made. In the site visit report, the site visitors noted that the current Dean and interim director had maintained complaint records as of fall 2022. However, site visitors were unable to collect evidence of records of complaints made prior to the hiring of the interim director as they were not able to be located. In addition, multiple students reported the program's failure to document, retain, and act upon said complaints prior to fall 2022. In its response to the site visit report, the program noted that students participate in a student orientation where the student handbook is reviewed and explains the departmental complaint and grievance process, as well as during a clinic orientation which explains the process from a clinical perspective. Supporting documentation provided in the program's response to the site visit report fails to address the specific concerns in terms of program policies and procedures, and does not state that appropriate action has been taken.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence that it maintains records of internal and external complaints, charges, and litigation alleging violation of program policies and procedures, including documentation that shows appropriate action has been taken.

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.
- The program must have processes to ensure that the clinical education in external facilities is monitored by the program to verify that educational objectives are met.

Evidence of Non-Compliance:

The CAA requires that programs have written policies and procedures to determine whether a clinical site has the appropriate population and personnel to provide an adequate clinical education experience for students, in addition to having processes that ensures external clinical sites are meeting educational objectives as required by the program. The site visit report indicated that compliance with this standard could not be verified based on interviews with students and a review of the policies regarding clinical placement. The site visit report noted that a system for clinical placement had been initiated, but it had not been fully implemented. In response to the site visit report, the program provided examples of some of the external agency agreements signed in various years

between 2014-2023 (note: no termination date was identified on the agreements). Only one of these examples from 2014 included information about how many students the site could accommodate and the expected population of clients/patients. The program reported that while there was not clear documentation of a system in place for clinical placement, the current procedure was implemented in the spring of 2023, and all students were “successfully placed based on preferences documented on the Clinical Practicum Request Form. (Clinical Handbook pp 11-13).”

The revised Student Clinical Handbook (spring 2023) provided in the program’s response describes the policies regarding student requests as to externship sites and indicates that placement is ultimately at the discretion of program faculty. However, the program’s response did not address policies and procedures used in determining whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical experience, or the process used by the program to monitor external facilities to ensure that educational objectives are met.

Steps to Be Taken:

At the time of the next annual report, the program must 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 the clinical experience for students, as well as processes used to ensure clinical education in externship sites is monitored by the program to maintain compliance with Standard 3.9B.

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 academic component of the curriculum.
- 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 requires that programs have policies and procedures to identify the need to provide intervention for students that fail to meet program’s expectations for the acquisition of knowledge and skills in the academic and clinical components of the program. The site visit report found that the program had no records related to individual student advisement to address academic and clinical challenges, and could not verify that the program had policies or procedures for identifying the need for student intervention. In its response to the site visit report, the program provided a copy of the revised Student Clinical Handbook (spring 2023) which states the policy and procedure for identifying students who need intervention to meet expectations in the clinical component of the curriculum as well as student remediation plans. The program response did not address how student success was determined, the timeline for addressing the intervention, and how the revised clinical policy was consistently implemented across all students needing intervention.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence that it has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and

skills in the academic component of the curriculum. In addition, the program must provide evidence that it has policies and procedures for the implementation and documentation of all forms of intervention, and that these policies and procedures are consistently applied to all students needing intervention.

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 regarding any of the program's policies and procedures or regarding unlawful conduct and make these available to the CAA upon request.

Evidence of Non-Compliance:

The CAA requires that programs maintain a record of student complaints regarding program policies and procedures or regarding unlawful conduct. The site visit report indicated that the program had no record of student complaints, despite reports from the Dean and students during interviews with the site visitors, indicating that complaints had been made. In its response to the site visit report, the program provided an example of student complaints comprised of a series of emails regarding advising and course requirements between students and the department chair. The documentation provided in the program's response to the site visit report did not address the concern that a record of complaints is maintained.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence to the CAA that it maintains a record of student complaints regarding any of the program's policies and procedures or regarding unlawful conduct.

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.

Evidence of Non-Compliance:

The site visitors were unable to verify records of student assessments being used to evaluate and enhance student progress and acquisition of knowledge and skills. The site visit team was also unable to verify records of follow-up with students that did not perform adequately on assessments. In its response to the site visit report, the program provided documentation of assessments administered by academic and clinical faculty, but did not demonstrate how the assessments are being used to evaluate and enhance student progress and the acquisition of knowledge and skills.

Steps to Be Taken:

At the time of the next annual report, the program must demonstrate how it uses its assessments to evaluate and enhance student progress and the acquisition of knowledge and skills.

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.

Evidence of Non-Compliance:

The CAA 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. The program’s published 3-year average for examination pass rates is 72% (<https://www.subr.edu/page/950>), below the CAA’s 80% threshold. In the site visit report, it was noted that the review of available “*Praxis* reports for individual students verified that most students did not pass the *Praxis* for the reports that were available.”. . In its response to the site visit report, the program submitted documentation that verifies that the average for students passing the *Praxis* Subject Assessment exam was below the CAA’s required 80% threshold, but reported that students that graduated in spring 2022 that did not pass had the opportunity to enroll in the *Praxis* prep course, which “led to several students passing the exam.”

Steps to Be Taken:

At the time of the next annual report, 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 3 most recently completed academic years. The program must also provide an update on its plan for improving the 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 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:
 - 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 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:

The CAA requires that programs document 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 meet the program's established learning goals and objectives; and how the faculty composition, and how the faculty composition ensures that the elements of the program are offered on a regular basis to ensure students can complete the program within the published time frame. At the time of the program's site visit, the site visit team was unable to verify that the composition of faculty was sufficient to be in compliance with this standard. The site visit report noted that the program only has one academic, tenure-track faculty member, and two clinical faculty members as it pertains to the current permanent faculty. The site visit report also stated that the program could not provide sufficient and diverse off-campus practicums and attend to individualized education plans for students. In its response to the site visit report, the program reported that the department is in the process of hiring one full-time, tenured faculty member slated to begin in August 2023. The program reported that it is also in the process of hiring an additional, tenured faculty members.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on the new faculty hire, and an update on the process of hiring additional tenured faculty member. The program must also document how the faculty composition remains sufficient in allowing students to meet the program's established learning goals and objectives, and how the faculty composition ensures that the elements necessary for students to complete the program are offered on a regular basis so that students can complete the program within the published time frame.

Standard 5.1 The program regularly assesses student learning.

Requirement for Review:

- The program must demonstrate that it provides a learning environment that provides each student with consistent feedback.

Evidence of Concern:

The site visit report did not verify that the program provides a learning environment that provides students with consistent feedback. The site visitors were unable to verify records of students being provided with feedback, based upon interviews with students and faculty and through reviews of student files. In its response to the site visit report, the program provided evidence of feedback that is given to students regarding clinical practicum. The CAA determined that the program's response to the site visit report did not address the consistency of feedback regarding academic coursework.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence demonstrating that it is providing a learning environment that provides each student with consistent feedback.

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.