

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 21-24, 2021 meeting, as indicated below.

Name of Program: Texas A&M University, Kingsville

File #: 259

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): M.S.

Current Accreditation Cycle: 05/01/2013 - 04/30/2021

Action Taken: Continue Accreditation

Effective Date: July 24, 2021

New Accreditation Cycle: 05/01/2021 - 04/30/2029

Next Review: Annual Report due August 1, 2022

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 A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all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 5.2 The program conducts ongoing and systematic formative and summative assessments of the performance of its students.

Requirements for Review:

- The program must develop an assessment plan that is used throughout the program for each student. The plan must include the purpose of the assessments and use a variety of assessment techniques, including both formative and summative methods.

Evidence of Non-Compliance: The CAA defines “summative assessment” as the “comprehensive evaluation of learning outcomes, including acquisition of knowledge and skills, at the culmination of course work and at the culmination of the program. The assessment takes place after the learning has been completed and provides information and feedback about both teaching and learning effectiveness.” The program reports using formative assessments, such as exams consisting of short answer, essay, multiple-choice, or a combination administered by most instructors 2-4 times during the semester in each course as well as a final exam. However, The program reports that it uses the Praxis exam as its method of summative assessment, which has not been validated by the Educational Testing Service (ETS) for use as a program summative assessment.

The CAA noted concerns about program summative assessment in its initial observations. In the program's response to the initial observations, it references a plan to implement a program portfolio for each student. The site visitors reported that several course syllabi include the development of projects, reflections, or other artifacts connected to learner outcomes, including

reference to a class-specific portfolio, and that the program plans to move these student projects into a commonly held student file or portfolio. However, specific details of this plan and documentation of implementation were not verified at the time of the site visit and are not yet in place.

Steps to Be Taken: At the time of the next annual report, the program must provide evidence of the summative assessments being used at the culmination of the program. The program must describe its efforts to implement the program portfolio, which includes collecting student projects throughout the program to be held in a common student file/portfolio and how this will be used as a summative assessment for students.

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

Requirement for Review:

- The assessment protocols must be used to evaluate the academic and clinical aspects of the entire 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 program's stated goals and objectives and the measured student learning outcomes.

Evidence of Non-Compliance: The program reports data are collected for program completion rates, clinical clock hours completion rate, Praxis pass rates, and completion of required research projects or thesis rates; however, these benchmarks are set to correspond with graduation requirements and as such do not provide the program with data that can be used to assess the program's quality or planning for continuous improvement. The program has incorporated quality assessment of the program into the strategic plan and will begin an annual evaluation of data collection in a pre-term workshop beginning August 2021; however, no documentation to show that the plan has been implemented was provided at the time of the CAA's review. Additionally, the program noted collecting exit and alumni survey data in 2018, but there was not evidence to support that the results data was used to assess or to make program improvements. In its response to the site visit report, the program indicated that a Standard Operating Procedures (SOP) manual would be created by December 2021 to support quality assessment initiatives for the program and ensure a cycle of continuous program improvement.

Steps to Be Taken: At the time of the next annual report, the program must provide evidence that regular and ongoing assessment protocols have been implemented to support regular acquisition of data across sources (e.g. exit and/or alumni surveys). The program must provide evidence the collected data are being used by the faculty to improve and refine the program goals and objectives and ensure alignment between the program's stated goals and objectives and the measured student learning outcomes. Further, the program should discuss how the newly created SOP manual supports the program's quality assessment initiatives.

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: There was no evidence that the program has evaluated sufficient data to support planning, implementation, and evaluation of program improvements. Although the program has reported in its response to the site visit report that it has developed a new strategic plan that includes several initiatives to strengthen the program's data collection and analysis efforts, documentation that the plan has been implemented was not provided at the time of the CAA's review.

The program reported that student learning outcomes are assessed in each course and clinical placement by the instructor. Program-level pass rates are summarized in annual reports to the university with set benchmarks connected to graduation requirements. Program outcomes are set to demonstrate achievement of core benchmarks in alignment with CAA and public reporting metrics; however these metrics have not yielded data that can drive specific program improvements which can be evaluated or inform a cycle of continuous quality improvement of the program.

Steps to Be Taken: At the time of the next annual report, the program must provide evidence demonstrating 1) how it uses appropriate programmatic assessment data to promote continuous quality improvement of the program; 2) how the program evaluations, discussions and decisions about program changes are determined and documented; and 3) that the discussions related to the evaluation of the effectiveness of program changes are documented, such as in faculty meeting minutes or similar format.

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 1.5 The program develops and implements a long-term strategic plan.

Requirement for Review:

- The plan must include a mechanism for regular evaluation of the plan itself and of progress in meeting the plan's objectives.

Evidence of Concern: The program submitted an updated strategic plan with its response to the site visit report; however, no evidence of implementation was available at the time of CAA's decision. The program described the mechanism for regular evaluation of the plan and of progress in meeting the plan's objectives, which will be completed by hosting a faculty/staff workshop one week prior to the start of every fall term to analyze collected data and assess whether the program has made progress, met the goals, or if any goals need to be modified. These meetings are expected to begin in August 2021.

Steps to Be Taken: At the time of the next annual report, the program must provide documentation of its schedule and analysis of the strategic plan and evidence that the mechanism for regular evaluation of the plan has been implemented.

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	Employment 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. 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, as noted above. However, if the review of a second consecutive report reveals that noncompliance issues continue for the same standard(s), regardless of which requirements for review are identified, a program will be placed on probation or accreditation withdrawn.

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.