

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: Abilene Christian University

File #: 268

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 checked="" type="checkbox"/>	Satellite Campus
<input type="checkbox"/>	Contractual Arrangement

Degree Designator(s): MS

Current Accreditation Cycle: 09/01/2015 – 08/31/2023

Action Taken: Continue Accreditation

Effective Date: July 22, 2023

New Accreditation Cycle: 09/01/2023 – 08/31/2031

Next Review: Annual Report due August 1, 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

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 A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all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 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 procedures used in clinical education ensure that the welfare of each person being served by the student and clinical educator team is protected.
- The program must demonstrate that it provides the opportunity for students to understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.

Evidence of Non-Compliance:

The site visit report was unable to verify that the program demonstrated that the procedures used in clinical education ensure that the welfare of each person served is protected. The site visit team described that a review of handbooks, interviews with faculty and students, and a tour revealed that there were incomplete emergency policies and procedures. Faculty and students were not able to describe some of the emergency policies and procedures (e.g., fire). Signage for escape routes and safe spaces were not posted at the time of the site visit. The policy for cleaning clinical materials was not followed, as faculty interviewed during the site visit reported that students cleaned clinical materials in food-preparation areas versus cleaning materials in the designated area. The site visit team also noted that it was unclear as to when the students learned about universal precautions, etc. as it was outlined in a second semester course following initiation of clinical work that began in the first semester. In its response to the site visit report, the program reported that it had the clinic space re-evaluated by the institution and were informed that the clinic had appropriate signage. The program reported that the academic timeline for training students on universal precaution was changed to allow students to be trained prior to any client contact. The program also reported that it had updated its Emergency Action Plan notebook and developed three respective policies –

- Policy and Procedure 2023.3a – Duncum Center Action Plan
- Policy and Procedure 2023.3b – Sanitation
- Policy and Procedure 2023.10 – Clinical Advising

During its review, the CAA was not able to determine that the program had demonstrated the use of these newly developed procedures.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on the implementation of these policies and procedures and provide evidence that demonstrates that welfare is protected for each person being served by the student and clinical educator team.

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 that describe the processes used by the program to select and place students in external facilities.
- 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 site visit report was unable to verify that the program had written policies describing the processes used by the program to select and place students in external facilities, or written policies 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 visitors reported that faculty described the procedures used to select and place students, but a review of handbooks revealed no evidence of written policies. The site visit team also reported that they could not locate a written policy that described the process used to determine whether a clinical site has appropriate population and personnel. In its response to the site visit report, the program stated that it developed and approved Policy and Procedure 2023.4 (Securing Student Placements). The program also reported that its Clinical Handbook would be updated and finalized in mid-August 2023 to provide more extensive details to students regarding the process used to select and place students in external facilities.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on the implementation of this new policies and procedures to demonstrate that there is a written policy that describes the process used by the program to select and place students in external facilities, and that these policies and procedures 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.

Standard 4.1 The program criteria for accepting students for graduate study in audiology or speech-language pathology meet or exceed the institutional policy for admission to graduate study.

Requirement for Review:

- Policies regarding any exceptions to the criteria (such as “conditional” status) must be clearly explained and consistently followed.

Evidence of Non-Compliance:

The site visit report was unable to verify that the program had consistently followed policies regarding any exceptions to admissions criteria. The site visit team reported that a review of information on websites and catalogs showed conditional admission policies were not clearly explained. In its response to the site visit report, the program indicated that it developed and approved Policy and Procedure 2023.1 (Probationary Admission) as well as a tracking document to maintain information regarding exceptions to admissions criteria.

Steps to Be Taken:

At the time of the annual report, the program must provide updates on the implementation of this new policy in order to demonstrate that policies regarding exceptions to admissions criteria are consistently followed.

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 must demonstrate that the policies and procedures are applied consistently across all students who are identified as needing intervention.

Evidence of Non-Compliance:

The site visit report was unable to verify that the program had policies and procedures for identifying students in need of intervention in the academic or clinical components of the curriculum. The site visitors noted that a review of student files and interviews with faculty revealed incomplete and inconsistent evidence of implementing and documenting all forms of intervention used to facilitate each student's success in meeting the program's expectations. In its response to the site visit report, the program stated that it developed and approved the following policies and procedures –

- Policy and Procedure 2023.6 – Academic Intervention
- Policy and Procedure 2023.11 – Documentation tracking for students receiving intervention
- Policy and Procedure 2023.7 – Procedures and timeline for intervention
- Policy and Procedure 2023.8 – Clinical Intervention
- Policy and Procedure 2023.12 – Essential Skills and Functions

During its review, the CAA was not able to determine that the program had demonstrated consistent application of these newly developed procedures.

Steps to Be Taken:

At the time of the annual report, the program must provide updates on the implementation of these policies and procedures and demonstrate that they are applied consistently across all students who are identified as needing intervention.

Standard 4.6 Students receive advising on a regular basis that pertains to both academic and clinical performance and progress.

Requirement for Review:

- The program must maintain records demonstrating that students are advised on a timely and continuing basis regarding their academic and clinical progress.

- The program must maintain records demonstrating that any concerns about a student’s performance in meeting the program requirements, including language proficiency, are addressed with the student.

Evidence of Non-Compliance:

The site visit report was unable to verify that the program maintained records demonstrating that students are advised on a timely and continuing basis regarding their progress, and that the program maintained records demonstrating concerns about a student’s performance are addressed with the student. The site visit team noted that the student handbook had written policies regarding advisement, but a review of paper and electronic records revealed incomplete and inconsistent files. In its response to the site visit report, the program stated that it developed and approved the following policies and procedures, however the CAA was unable to confirm consistent application of the following policies –

- 2023.9 – Academic Advising
- 2023.10 – Clinical Advising
- 2023.11 – Electronic Recordkeeping

Steps to Be Taken:

At the time of the next annual report, the program must provide updates on the implementation of these policies and procedures and demonstrate that students are advised on a timely and continuing basis regarding their academic and clinical progress, and demonstrate that records are maintained regarding addressing concerns about a student’s performance in meeting the program requirements.

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 4.7 The program documents student progress toward completion of the graduate degree and professional credentialing requirements.

Requirement for Review:

- The records for each student must include documentation that can demonstrate that the student has met all the academic, clinical, and other requirements for the degree and the credential(s) that are identified by the program in its mission and goals.

Evidence of Concern:

The site visit report was unable to verify that the program kept complete records for each student that can demonstrate that the student has met all requirements for the degree and credential(s) identified by the program in its mission and goals. The site visit team noted that files were incomplete and lacked documentation demonstrating a student’s choice for the Bilingual Emphasis Option or Research Option, which does not require a comprehensive examination. In its response to the site visit report, the program indicated that a records migration from paper to electronic files was completed shortly after the site visit was complete, and the records currently show the tracking documentation in each student’s folder. The program stated that new policies and procedures have been implemented (2023.11 – Electronic Recordkeeping). The program noted that this new policy addresses concerns reported by the site visit team in regard to documenting that students have met all requirements for the degree and credential(s) identified by the program in its mission and goals.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on the implementation of these policies and procedures to ensure that the program continues to maintain complete and accurate records of all students' progress during the entire time of their matriculation in the program, and show evidence that records for each student include documentation that can demonstrate that the student has met all the academic, clinical, and other requirements for the degree and the credential(s) that are identified by the program in its mission and goals.

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.