

ACCREDITATION ACTION REPORT
Re-Accreditation Review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its March 15 – 17, 2023 meeting, as indicated below.

Name of Program: Pace University

File #: 320

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 Candidacy Cycle: 4/1/2018 – 3/31/2023

Action Taken: Award Initial Accreditation

Effective Date: March 17, 2023

New Accreditation Cycle: 4/1/2023 – 3/31/2028

Next Review: Annual Report due February 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 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 A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all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 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 CAA requires that programs maintain records demonstrating that students are advised on a timely and continuing basis regarding their academic and clinical progress and demonstrate that records are maintained and discussed concerning a student's performance in meeting the program requirements. The site visit report noted that student records and interviews with faculty, the program director, and students indicated that students were not advised on a timely and continuous basis regarding their clinical and academic progress. In response to the site visit report, the program reported plans to enact a policy to "prohibit students from registering from classes for the succeeding term until they have met with their academic advisor. In their last semester, students will be prohibited from taking the required comprehensive examination without advisement. In addition, all students with deficiencies in academic or clinical knowledge and skills will be prohibited from completing their remediation plans without first meeting with their advisor. All student files will be audited on a semesterly basis to ensure compliance." At the time of review, evidence was not provided to show that this plan has been implemented by the program.

Steps to Be Taken:

At the time of the next annual report, the program must demonstrate that students are advised on a timely and continuing basis, and that records are maintained demonstrating that concerns about performance are addressed with the student. The program must provide documentation of the published policies and procedures and evidence of the implementation of auditing of student files each semester verifying that students are advised on a timely and continuing basis regarding their academic and clinical program. This includes advising for students with deficits in academic or clinical knowledge and skills who would be prohibited from completing remediation plans without first meeting with their advisor.

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 4.3 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 Concern:

The CAA requires that the program demonstrates that the policies and procedures are applied consistently across all students who are identified as needing intervention. The site visit report noted that student intervention records were inconsistent in identifying deficiencies in required knowledge and skills. Student records reviewed during the site visit only included a less than acceptable grade, i.e., less than 80%, but did not specify the specific area(s) of deficiency that the student needed to address. Evidence of completion and student notification of successful completion of intervention plans were not found in several student records reviewed by the team. Interviews with faculty indicated there was not a consistent method of recording or reporting intervention. In response to the site visit report, the program provided the "Academic and Clinical Remediation Plan" standardized form to document intervention used to facilitate each student's success in meeting the program's expectations, which each student requiring intervention will sign with specific areas of deficiency and specified means to remediation of the deficiencies identified.

Steps to Be Taken:

At the time of the next annual report, the program must demonstrate that the policies and procedures are applied consistently across all students who are identified as needing intervention. The program must provide an update as to how these policies and procedures have been introduced to all faculty and

students and how they are consistently applied across all students identified as needing intervention.

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.