AAQEP

Association for **Advancing** **Quality** in Educator Preparation

Guide to AAQEP Accreditation

2020

About AAQEP

The Association for Advancing Quality in Educator Preparation (AAQEP), a quality assurance association founded in 2017 by professionals in educator preparation, is dedicated to strengthening P-20 education through excellent educator preparation. In partnership with its members and state education authorities, AAQEP supports excellent, innovative programs that prepare effective educators.

Vision

AAQEP promotes excellent, effective, and innovative educator preparation that is committed to evidence-based improvement and enjoys a high degree of community engagement and public confidence.

AAQEP leverages credible evidence, technological advances, and innovations in quality assurance/accreditation to provide transparent, understandable reports on program quality and to foster innovation and improvement.

Mission

AAQEP promotes and recognizes quality educator preparation that strengthens the education profession's ability to serve all students, schools, and communities, and to do so equitably. To accomplish its mission, AAQEP:

- Supports the professional development of those engaged in quality assurance, continuous improvement, and innovation in educator preparation
- Coordinates formative peer reviews in support of member institutions' quality assurance, continuous improvement, and innovation
- Designs and implements accreditation processes, in cooperation with states and institutions, that respect the diversity and autonomy of institutions and providers

AAQEP works with its members to support excellent educator preparation that is engaged in meeting local needs.

Contents

Figures

Preface

This *Guide to AAQEP Accreditation* ("*Guide*") provides members of the Association for Advancing Quality in Educator Preparation (AAQEP) with comprehensive information on the AAQEP process to support them as they seek accreditation or reaccreditation. It also serves as a resource for volunteer peer reviewers and decision makers. It describes AAQEP's standards and as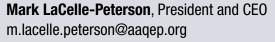pects, evidence requirements and priorities, the overall process, the Accreditation Proposal and Quality Assurance Report (self-study), review details, and annual reporting.

The *Guide* is an operating manual that is updated annually. Each year, AAQEP publishes a summary of the latest changes, and no changes or policies take effect until they are published. See "What's New for 2020" on the next page for this year's change list.

Members may choose to work with any version of the *Guide* that has a publication year **within 4 years of their scheduled visit**. For example, an educator preparation provider with a visit scheduled in fall 2024 may use the 2020 version or later; the version should be specified in the Quality Assurance Report to ensure reviewers have a common reference point.

While meant to provide a comprehensive overview, the following pages do not address every question that will arise for members and reviewers as they engage in the quality assurance process. Please consult the website **aaqep.org**, contact staff directly (see box at left), or reach out to the general-inquiry address, **aaqep@aaqep.org**.

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What's New for 2020

This edition of the *Guide* improves on last year's through several additions, clarifications, and reorganization of material but contains no substantive changes. The highlights:

Additions

- Individual components of reports and review activities are described in greater detail, based on the experiences of early adopter providers and reviewers.

- A new sample site visit schedule is included, and some new tables show sample reporting formats developed by AAQEP members in the past year.

- Explanations are expanded of the notations the Accreditation Commission may attach to decisions: commendations, comments, concerns, and conditions. These terms are joined by a few other new entries in the glossary.

Clarifications and Reorganization

- This *Guide* has more sections than last year's but fewer appendices. Three topics that were covered in appendices or embedded within other sections in 2019 now have their own full sections: the Accreditation Proposal, the appendices to the Quality Assurance Report, and Annual Reports. Note that Annual Reports are being introduced this year, so that section outlines plans that will be updated in future editions of the *Guide*.

- In Section 2, the standards and aspects are now printed in a continuous list (see pp. 11-12) rather than interspersed with annotations, for ease of reference and portability.

- Two changes in nomenclature aim to facilitate clearer and more consistent understanding of two elements:
  1. By popular demand, the six aspects of each standard now have labels to promote consistency in reference.
  2. Two optional appendices to the Quality Assurance Report (self-study document), previously labeled "E" and "F," have been eliminated; the topics are simply covered in the narrative for Standard 4. The final required appendix, previously labeled "G" (focused on data quality), is now labeled "E."

- Providers may now choose to use any version of the *Guide* published within 4 years of their site visit, rather than 3. This extension better covers the period of time from writing an Accreditation Proposal through the site visit and decision.

Substantive Changes

This edition of the *Guide* introduces no substantive changes. The AAQEP standards are reviewed every 7 years, which means the next potential revisions to the standards themselves will be in 2025.

Section 1. Introduction

Founded in July 2017, AAQEP is a quality assurance agency that provides accreditation services to the field of educator preparation. Through its Accreditation Commission, AAQEP accredits programs that prepare teachers and other education professionals at both the initial and advanced levels, in settings that range from colleges and universities to school districts, independent entities, and online providers.

Background

The decade leading up to AAQEP's founding yielded important developments in the field of educator preparation and renewed attention to improving accreditation. The following conditions in particular set the stage for the establishment of a new accreditor:

- Advances in the performance assessment of teacher candidates provided new, credible evidence of program completers' readiness for professional practice.

- The variety of pathways into teaching had grown, both within higher education and through new organizations, often operating in partnership with school districts.

- Both proponents and critics of accreditation called for greater support for innovation, more nuanced evidence of quality, and differentiated processes based on program context.

These new developments notwithstanding, the questions at the heart of quality assurance in educator preparation remained the same:

- Are programs' completers well prepared for the demands of the professional settings they enter?

- Are programs' completers able to support all learners in diverse student populations?

- Do the increasingly varied programs that prepare teachers and other educators provide high-quality clinical experiences?

- Are practitioners and local schools engaged as partners both in enacting and in improving preparation?

- Does the accreditation system have the capacity to assure program quality, ongoing improvement, and innovation?

- Can the public be confident that its interests are served by accredited providers and that investments in them are well placed?

Providing credible answers to these questions requires solid evidence, transparent systems, and collaborative engagement across the profession and with stakeholders.

By 2017, the new developments in preparation and new demands in accreditation offered an opportunity to frame

a fresh approach to answering the perennial questions about quality. AAQEP was created by educator preparation professionals and state education department and standards board staff who shared a passion creating a stronger, more collaborative quality assurance system.

More than 40 educators from 14 states, including professionals from higher education, P-12 schools and districts, and state education departments and boards, formed three "working groups" to design a new system. Each working group addressed a key facet of accreditation:

- The *Expectations Group* established standards and evidence expectations, balancing the need for clarity regarding current expectations with openness to improvement.

- The *Process Group* designed an accreditation process that includes well-established practices as well as promising innovations.

- The *Consistency Group* took on the quintessential challenge of peer-review-based accreditation: ensuring consistency in a process that relies on the generosity and expertise of volunteers.

These working groups' efforts produced the AAQEP expectations framework, which articulated new standards and evidence expectations. That framework was broadly circulated for review in fall 2017, revised based on the feedback received, and published in final form in January 2018. (See **Figure 1**, pp. 11-12, for the final framework.)

Why Accreditation Matters

Diversity of institutional types has long characterized U.S. higher education; peer-review-based accreditation has played a key role in ensuring comparable quality across sectors. The increasing number of pathways into the education profession creates an additional opportunity for programmatic accreditation to provide the public with quality assurance regarding various pathways.

Accreditation also strengthens educator preparation in several ways:

- The structured reflection process fosters program improvement

- Program providers share effective practices and innovations

- Collaborative evidence collection and analysis deepens partnerships

- Individual practitioners increase their expertise

- Schools, communities, and students are served by more effective educators

AAQEP's approach to accreditation is designed to leverage these benefits to increase quality across the field of preparation and to increase public understanding of and confidence in the sector.

The AAQEP Approach

AAQEP grounds its work in a view of accreditation as a profession's conversation with internal and external stakeholders about quality—how it is defined, how it can be measured, how it can be increased, and how it can be redefined through innovation. This conversation is structured in a standards- and evidence-based system that both builds on the history of accreditation in U.S.

higher education and responds to calls for improvement and innovation in the accreditation process itself.

The AAQEP approach resolves four fundamental tensions of standards-based quality assurance work:

First, **standards**, which are the heart of any accreditation system, have to reflect both today's established expectations and tomorrow's possibilities. They must be consistent with current research, best practices, and expected outcomes without putting a ceiling on progress, as innovation and improvement are essential to any dynamic professional field. The AAQEP standards distinguish between confirmed and exploratory dimensions—as well as between the aspects of quality that are addressed in similar ways across context and aspects that depend on local operationalization.

Second, the **rules of evidence** that guide accreditation decision making must be simultaneously demanding and realistic. Empirical evidence must serve as the basis of any defensible finding regarding quality, yet the limitations that are inherent in all measurements and assessments must be acknowledged. Professional judgment must inform the ongoing conversation about what data matter most, what particular evidence should be given most weight in decisions, and how new sources of evidence can enrich the conversation around quality assurance.

Third, **accreditation's twin aims** of accountability and continuous improvement must be accommodated in the system's processes. At times, one aim or the other may predominate: recently,

focus has been more intense on the accountability dimension. Yet the genius of nongovernmental, nonregulatory quality assurance has been precisely in the determination to hold these two dimensions in balance. And more recently, a third aim has been articulated: support for innovation.

Finally, **consistency** in decisions must be achieved in a volunteer-based system. Every accreditor's greatest asset and source of credibility is the professional dedication, generosity, and expertise of peer volunteers who serve as reviewers, site visitors, or members of a decision-making body. Disparate professional experiences, expertise, and perspectives must be channeled into consistent operations that yield reliable and accurate accreditation decisions.

AAQEP's system is designed to resolve these tensions throughout its standards, review and decision processes, and consistent volunteer preparation, all guided by the following principles:

- AAQEP supports and encourages **collaboration** among preparation providers. While recent reform efforts in education have focused on competition as a policy lever, AAQEP's view is that the field of educator preparation moves forward through collaboration.

- AAQEP processes and protocols focus on **improvement and innovation**; the design of the system promotes creativity rather than compliance.

- AAQEP is committed to **three-way partnerships** involving preparation providers, state authorities, and itself as the accreditor.

> Standards must reflect both **today's** established expectations and **tomorrow's** possibilities.

- AAQEP's system is **comprehensive**—open to all providers, with the same quality expectations for all. Further, the system serves all types of programs, from initial to advanced, for teachers, school leaders and other personnel, and education professionals in other settings.

- AAQEP recognizes the importance of **context** and respects institutional mission. Quality has to be exhibited locally and can be evaluated only in light of the provider's particular context and stakeholders.

- AAQEP values **consistent** preparation of volunteers and calibration of their work as essential to the integrity and credibility of any accreditation process.

- AAQEP seeks to maximize **efficiency** while maintaining quality and operates as frugally as is prudent.

In summary, AAQEP's accreditation system recognizes quality in context, fosters ongoing improvement, encourages innovation, and facilitates broad collaboration to achieve the goal of preparing professional educators to serve effectively and to continue to grow and adapt.

AAQEP Design Principles

1. **Collaboration** among preparation providers

2. **Improvement**-focused, **innovation**-friendly protocols

3. **Partnership** among institutions, state agencies, and AAQEP

4. **Comprehensive** standards that address all types of providers

5. Respect for **context and mission**

6. **Consistency** and calibration of all reviews and decisions

7. **Efficiency** and frugality in operations

Section 2. The AAQEP Standards

Standards-based accreditation represents both a public evaluation of programmatic quality and a professional commitment to ongoing improvement and innovation. These twin goods are realized through evidence-engaged conversations with stakeholders, self-study, and peer review.

The AAQEP Standards: Expectations for Educators and for Programs That Prepare Them

The AAQEP standards (see **Figure 1**) establish clear expectations for program quality and set an agenda for improvement and innovation. They are grounded in the field's best research evidence and, where research does not shed light, in time-tested and well-reasoned professional practices and judgment.

Are There Separate Standards for Initial and Advanced Programs?

The AAQEP standards apply to **all types of educator preparation programs**, including initial teacher preparation, development of leaders for schools and districts, advanced programs for educators who are adding credentials or preparing for new professional roles, and preparation of other school professionals. At their discretion, providers may include multiple programs in their AAQEP quality assurance reviews.

They also address the field's aspirations and open questions, thereby framing opportunities for inquiry that will guide improvement and spark innovation that will eventually lead to new research-warranted expectations.

In addition, the standards recognize that context matters in educator preparation. Institutional mission, community location, program scope, and local needs all establish both opportunities and obligations that programs must meet with quality and through innovation.

The development of the AAQEP standards began with the recognition that a substantial body of widely shared expectations exists in the field of educator preparation, and that for most such expectations, reasonably adequate assessments exist and are generally accepted for purposes of evaluation and as gauges of improvement.

The standards development process also recognized that there are aspects of preparation that, though widely recognized as important, must be addressed locally and evaluated in light of local context. These are the dimensions for which creativity rather than compliance is necessary, and for which varied treatment and measurement should be encouraged and supported.

AAQEP's standards focus on both candidate/completer outcomes and program practices, and for each of these subjects,

Figure 1. AAQEP Expectations Framework

Standard 1: Candidate/Completer Performance

Program completers perform as professional educators with the capacity to support success for all learners.

Candidates and completers exhibit the knowledge, skills, and professional dispositions of competent, caring, and effective professional educators. Successful candidate performance requires knowledge of learners, context, and content. Candidates demonstrate the ability to plan for and enact and/or support instruction and assessment that is differentiated and culturally responsive. Evidence shows that, by the time of program completion, candidates exhibit knowledge, skills, and abilities of professional educators appropriate to their target credential or degree, including:

1a. Content, pedagogical, and/or professional knowledge relevant to the credential or degree sought

1b. Learners, learning theory including social, emotional, and academic dimensions, and application of learning theory

1c. Culturally responsive practice, including intersectionality of race, ethnicity, class, gender identity and expression, sexual identity, and the impact of language acquisition and literacy development on learning

1d. Assessment of and for student learning, assessment and data literacy, and use of data to inform practice

1e. Creation and development of positive learning and work environments

1f. Dispositions and behaviors required for successful professional practice

Evidence will include multiple measures, multiple perspectives (from program faculty, P-12 partners, program completers, and graduates' employers), and direct measures and evidence of performance in a field/clinical setting appropriate to the program.

Standard 2: Completer Professional Competence and Growth

Program completers adapt to working in a variety of contexts and grow as professionals.

Program completers engage in professional practice in educational settings and show that they have the skills and abilities to do so in a variety of additional settings and community/cultural contexts. For example, candidates must have broad and general knowledge of the impact of culture and language on learning, yet they cannot, within the context of any given program, experience working with the entire diversity of student identities, or in all types of school environments. Candidate preparation includes first-hand professional experience accompanied by reflection that prepares candidates to engage effectively in different contexts they may encounter throughout their careers. Evidence shows that completers:

2a. Understand and engage local school and cultural communities, and communicate and foster relationships with families/guardians/caregivers in a variety of communities

2b. Engage in culturally responsive educational practices with diverse learners and do so in diverse cultural and socioeconomic community contexts

2c. Create productive learning environments and use strategies to develop productive learning environments in a variety of school contexts

2d. Support students' growth in international and global perspectives

2e. Establish goals for their own professional growth and engage in self-assessment, goal setting, and reflection

2f. Collaborate with colleagues to support professional learning

Evidence for this standard will show both that program completers have engaged successfully in relevant professional practice and that they are equipped with strategies and reflective habits that will enable them to serve effectively in a variety of school placements and educational settings appropriate to the credential or degree sought.

Figure 1. AAQEP Expectations Framework (continued)

Standard 3: Quality Program Practices

The program has the capacity to ensure that its completers meet Standards 1 and 2.

Preparation programs ensure that candidates, upon completion, are ready to engage in professional practice, to adapt to a variety of professional settings, and to grow throughout their careers. Effective program practices include consistent offering of coherent curricula; high-quality, diverse clinical experiences; dynamic, mutually beneficial partnerships with stakeholders; and comprehensive and transparent quality assurance processes informed by trustworthy evidence. Each aspect of the program is appropriate to its context and to the credential or degree sought. Evidence shows the program:

3a. Offers coherent curricula with clear expectations that are aligned with state and national standards, as applicable

3b. Develops and implements quality clinical experiences, where appropriate, in the context of documented and effective partnerships with P-12 schools and districts

3c. Engages multiple stakeholders, including completers, local educators, schools, and districts, in data collection, analysis, planning, improvement, and innovation

3d. Enacts admission and monitoring processes linked to candidate success as part of a quality assurance system aligned to state requirements and professional standards

3e. Engages in continuous improvement of programs and program components, and investigates opportunities for innovation, through an effective quality assurance system

3f. Maintains capacity for quality reflected in staffing, resources, operational processes, and institutional commitment

Evidence related to this standard will include documentation of program practices and resources as well as the program's rationale for its structure and operation.

Standard 4: Program Engagement in System Improvement

Program practices strengthen the P-20 education system in light of local needs and in keeping with the program's mission.

The program is committed to and invests in strengthening and improving the education profession and the P-20 education system. Each program's context (or multiple contexts) provides particular opportunities to engage the field's shared challenges and to foster and support innovation. Engagement with critical issues is essential and must be contextualized. Sharing results of contextualized engagement and innovation supports the field's collective effort to address education's most pressing challenges through improvement and innovation. The program provides evidence that it:

4a. Engages with local partners and stakeholders to support high-need schools and participates in efforts to reduce disparities in educational outcomes

4b. Seeks to meet state and local educator workforce needs and to diversify participation in the educator workforce through candidate recruitment and support

4c. Supports completers' entry into and/or continuation in their professional role, as appropriate to the credential or degree being earned

4d. Investigates available and trustworthy evidence regarding completer placement, effectiveness, and retention in the profession and uses that information to improve programs

4e. Meets obligations and mandates established by the state, states, or jurisdiction within which it operates

4f. Investigates its own effectiveness relative to its institutional and/or programmatic mission and commitments

Evidence for this standard will address identified issues in light of local and institutional context.

Figure 2. AAQEP Standards and Expectation Dimensions

	Completer performance	**Program practice**
	Widely shared expectations for which accepted measures are readily available	
Foundational expectations	**STANDARD 1:** **Candidate/Completer Performance** Program completers perform as professional educators with the capacity to support success for all learners.	**STANDARD 3:** **Quality Program Practices** The program has the capacity to ensure that its completers meet Standards 1 and 2.
	Shared questions or challenges that demand local solutions and invite innovation; reflection of specific institutional missions; responsiveness to state requirements	
Contextual challenges	**STANDARD 2:** **Completer Professional Competence and Growth** Program completers adapt to working in a variety of contexts and grow as professionals.	**STANDARD 4:** **Program Engagement in System Improvement** Program practices strengthen the P-20 education system in light of local needs and in keeping with the program's mission.

they establish two broad categories for attention: *foundational expectations* and *contextual challenges* (see **Figure 2**).

Foundational expectations, addressed in Standards 1 and 3, refer to the many noncontroversial aspects of educator performance and program practices for which there is widespread, research-supported agreement and for which well-defined and widely accepted assessment measures exist. While the instruments and strategies used to assess these "fundamentals" of quality are far from perfect, they are generally recognized and broadly implemented.

Contextual challenges, addressed in Standards 2 and 4, are the "aspirations" that can be characterized as widely shared commitments that demand contextual solutions, often developed with local partners. Though held in common across the field, these commitments defy easy definition, lack consensus measures, and find no uniform solutions. They include engagement with the P-20 system to address local challenges, efforts that by nature must be context-sensitive, and therefore vary from community to community. In short, the "contextual challenges" standards address many valued and important aims that, though difficult to assess, are too important to leave out of the system.

This combination of foundational expectations and contextual challenges acknowledges the tension between ensuring accountability vis-à-vis documented best practices, as currently understood, and supporting and rewarding

AAQEP's standards encompass two broad categories: **foundational expectations** and **contextual challenges**.

innovation, improvement, and attention to local needs.

Four standards define AAQEP's expectations for preparation providers. Two address *candidate/completer performance*; two address *program practices*. As **Figure 2** illustrates, within each of these pairs, foundational expectations and contextual challenges are specified.

The standards preserve flexibility while assuring quality, and they promote improvement by avoiding prescription that would limit innovation. Each standard includes six aspects, shown in **Figure 1** and elaborated in the following pages.

Each aspect contributes to the overall account of the standard, and each one must be directly addressed with evidence that is appropriate to the program and to the particular standard. Nonetheless, the aspects are *not* independent elements to be considered apart from the whole body of evidence relating to the standard, which is evaluated holistically.

Essentially, each standard poses a particular question that must be answered in the affirmative for a program to be accredited:

> Evidence in relation to each standard is considered and evaluated **holistically**.

Standard 1:
At the end of the program, are completers ready to fill their target professional role effectively? *What evidence supports this claim?*

Standard 2:
Were completers prepared to work in diverse contexts, have they done so successfully, and are they growing as professionals? *What evidence supports these claims?*

Standard 3:
Does the program have the capacity (internally and with partners) to ensure that completers are prepared and succeed professionally? *What evidence supports this claim?*

Standard 4:
Is the program engaged in strengthening the education system in conjunction with its stakeholders and in keeping with its institutional mission? *What evidence supports this claim?*

The remainder of this section unpacks the four standards and their aspects in more detail.

STANDARD 1	**STANDARD 3**
STANDARD 2	**STANDARD 4**

Standard 1 Essential Question:

At the end of the program, are completers ready to fill their target professional role effectively? What evidence supports this claim?

Standard 1: Candidate and Completer Performance

Standard 1 represents core aspects of competent performance that are expected of professional educators. While the specific performances and evidence may differ depending on the particular role, license, or certificate, each aspect is part of every educator's role.

Standard 1 Unpacked: Aspects and Evidence

Evidence for Standard 1 must include multiple measures that provide multiple perspectives on candidate and completer knowledge and ability, including direct performance measures, at least some of which must be associated with actual practice in field or clinical settings.

Many measures—student teaching rating forms, for example—will address most if not all aspects of the standard. All listed perspectives must be accounted for in evidence for the standard, but not necessarily for each aspect of the standard. Evidence for and discussion of each aspect should be appropriate to the particular degree, certificate, or license program. *Evidence must be provided for*

each aspect, but evaluation of the program relative to the standard is holistic.

Typical measures for aspects of Standard 1 include grades in content, pedagogical, and professional courses; licensing or certification examination results; observations and summary ratings in field placements and internships; performance assessments; survey results; and case study findings. (Please note that this list is not intended to be inclusive of all possible measures.)

The six aspects of Standard 1 are explained below:

1a. Content, pedagogical, and/or professional knowledge relevant to the credential or degree sought

Professionals are defined, in part, as those who use their specialized knowledge in the service of others—so mastering the specialized knowledge appropriate to the license or certificate for which they are being prepared is a critical aspect of candidates' readiness to perform as professionals. In the context of initial teacher preparation, this means command of the *content knowledge* that one will be responsible for teaching,

For each of the standards and their aspects, **the evidence must be appropriate** to the credential or degree for which candidates are prepared.

along with the *pedagogical knowledge* needed to teach that content well.

In preparation for other professional roles in education, such as school building leaders, district administrators, or specialist teaching roles, the new specialist knowledge to be learned in order to qualify for the new professional role is referred to simply as *professional knowledge* in the context of this standard. (AAQEP recognizes that, viewed with another lens, all of Standards 1 and 2 constitute the broader body of professional knowledge that all educators share.)

To elaborate, initial teacher preparation focuses on content knowledge, the instructional cycle of planning, implementing appropriate models of instruction, and assessment (more on these below). Preparation of school leaders, in contrast, focuses on the new role-specific knowledge appropriate to that professional work. Similarly, preparation of currently licensed or certified teachers for new specialized roles, such as literacy or reading teachers or special education teachers, focuses on the research base and instructional practices specific to those roles rather than on additional teaching content knowledge.

To summarize:

- *Content knowledge* refers to the subject matter to be taught by a program completer
- *Pedagogical knowledge* refers to general and content-specific pedagogy
- *Professional knowledge* in this context refers to the specialized domain for a particular professional role in education

The role-specific knowledge—content, pedagogical, and/or professional—that must be demonstrated by candidates and deployed by completers is specified in the codes and regulations of licensing or certifying agencies of states and other licensing jurisdictions and in the standards of specialized professional associations. (Individual providers will orient their programs around the standards appropriate to the state or jurisdiction in which they operate; see Standard 3 below.)

For each of the standards and their aspects, the evidence must be appropriate to the credential or degree for which candidates are prepared.

1b. Learners, learning theory including social, emotional, and academic dimensions, and application of learning theory

In addition to mastering relevant content, pedagogical, and professional knowledge, program completers must understand learning. This aspect requires knowing and applying learning theories and understanding students as learners in all their complexity, including social, emotional, and academic dimensions.

1c. Culturally responsive practice, including intersectionality of race, ethnicity, class, gender identity and expression, sexual identity, and the impact of language acquisition and literacy development on learning

Effectively supporting success for all learners in all their diversity, regardless of one's specific professional role in education, requires respecting and engaging learners' communities and cultural knowledge. Relevant conceptual

frameworks include culturally responsive teaching, culturally relevant pedagogy, culturally sustaining pedagogy, funds of knowledge, and others.

Candidates must be able to acknowledge and respond to the intersectionality of race, ethnicity, class, gender identity and expression, and sexual identity. They also need to understand the impact of language acquisition—first, second, or additional—and literacy development on learning, and their practice must reflect this understanding.

1d. Assessment of and for student learning, assessment and data literacy, and use of data to inform practice

Assessment has always been recognized as an integral aspect of the instructional cycle, but it has been foregrounded in recent years for two reasons. First, research increasingly points to strong assessment practice, particularly formative assessment, as among the most powerful promoters of learning in the classroom (e.g., Hattie, 2008). Second, recent decades' intense focus on high-stakes standardized testing has often skewed and narrowed assessment practice in counterproductive ways. Regardless of their specific professional role, educators must understand the basics of balanced assessment, be assessment- and data-literate, and engage with the production and interpretation of evidence to inform instruction and/or school policies and practices.

1e. Creation and development of positive learning and work environments

Commensurate with their specific professional role, educators must be able to create positive learning and work environments, such as for learners in a variety of instructional settings or for professional colleagues. For teachers, this means creating learning environments that engage all learners and promote success. For school leaders, these abilities include creating a positive work environment and school climate as well as supporting teachers in creating positive learning environments for students.

1f. Dispositions and behaviors required for successful professional practice

In addition to mastering requisite knowledge and skills, educators must exhibit traits that are sometimes labeled professional dispositions, behaviors, or ethics. While various programs and scholars define this category differently, all programs must hold completers to their vision of professionalism and expectations for ethical practice.

Types of Evidence for Standard 1

Evidence for Standard 1 includes data from multiple measures and represent

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Understanding Standard 1 Evidence

For each program being reviewed, evidence for Standard 1 must address each aspect and must include multiple measures that capture multiple perspectives—including those of program faculty, P-12 partners, program completers, and completers' employers.

Many measures will address most if not all aspects of the standard. All four of the listed perspectives must be accounted for in evidence for the standard, but not necessarily for each aspect of the standard.

Evidence for and discussion of each aspect should be appropriate to and disaggregated by degree, certificate or license program, location, and mode of delivery.

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the perspectives of program faculty, P-12 partners who have worked with candidates in their clinical placements, program completers themselves in the early years of their careers, and completers' employers.

The evidence set must include direct measures of candidate performance in a field/clinical setting appropriate to the program. (Note that in some advanced programs, "field" experiences are carried out in the practicing teacher's own classroom and school; again, evidence gathered should be appropriate to the program.)

Note that data reported in the provider's Quality Assurance Report (self-study document) must be disaggregated by license or certificate program, by location, and by mode of delivery. Disaggregation allows readers to understand the relative strengths of the various license or certificate programs offered by a provider.

Note too that any one assessment instrument may address one or more aspects of Standard 1 and may also provide evidence relevant to Standard 2. (See the text box on page 21 regarding the relationship between Standards 1 and 2—both of which address candidate and/or completer performance, but each of which poses a different question to be addressed with evidence by the provider.)

A Note on Initial Implementation of New Standards: Plans May Be Required!

Many providers using this edition of the *Guide* will be implementing the AAQEP standards for the first time as part of their quality assurance work.

Adoption of new standards often requires new or additional data collection. A provider's first self-study (the Quality Assurance Report, or QAR) for AAQEP may include **plans** for data collection and reporting on one or more aspects of the standards. Subsequent annual reports by accredited providers will include reporting of such data.

Providers should contact their AAQEP Liaison to discuss inclusion of plans for data collection as part of the QAR.

STANDARD 1

STANDARD 3

STANDARD 2

STANDARD 4

Standard 2 Essential Questions:

Were completers prepared to work in diverse contexts, have they done so successfully, and are they growing as professionals? What evidence supports this claim?

Standard 2: Completer Professional Competence and Growth

The ultimate aim of educator preparation is not merely successful candidate performance in the program, but successful and effective professional practice in subsequent years and decades. Standard 2 addresses the very challenging substantive task of preparing educators to continue to grow as professionals and to adapt to school and community contexts different from those encountered in the supportive context of the preparation program.

Standard 2 Unpacked: Aspects and Evidence

Several of this standard's aspects are similar to aspects of Standard 1 but with this distinction: Standard 2 seeks evidence of completers' ability to address the aspect in a variety of school and community contexts.

The six aspects of Standard 2 may be understood in this way:

2a. Understand and engage local school and cultural communities, and communicate and foster relationships with families/guardians/caregivers in a variety of communities

Candidates engage with schools and communities in the context of the preparation program; however following program completion, completers must navigate the establishment of positive relationships with school communities, local communities, and with families, guardians, and caregivers. Preparation should include understanding of the importance of such relationships, experience with developing them, and strategies for engaging with a variety of school and community environments.

2b. Engage in culturally responsive educational practices with diverse learners and do so in diverse cultural and socioeconomic community contexts

Candidates engage in culturally responsive, relevant, sustaining practice in field and clinical placements in their programs. They must also learn strategies and practices that will allow them to do

so independently and in a variety of cultural and socioeconomic contexts.

2c. Create productive learning environments, and use strategies to develop productive learning environments in a variety of school contexts

Whether at the level of the classroom, professional learning community, or school, educators participate in the creation of learning and work environments that shape participation and outcomes. Experiences and strategies gained in the preparation context should equip completers to do so flexibly in a variety of contexts.

2d. Support students' growth in international and global perspectives

In order to understand the world in which we live and to participate in the global economy, P-12 students need to develop international awareness and global perspectives on content. Educators, in turn, need to be prepared to support student growth in this area. Programs addressing this aspect for the first time might include plans and preliminary evidence with regard to candidate performance. Providers whose data sets were not previously attuned to measuring performance in this area have nonetheless found they have good

curricular coverage (for example, all elementary teachers are prepared to teach social studies and a wide array of children's literature).

2e. Establish goals for their own professional growth and engage in self-assessment, goal setting, and reflection on their own practice

As candidates enter or take on a new role in the education profession, they need to be prepared to take charge of their own ongoing professional growth. Such readiness includes awareness of available resources and strategies for managing their own development.

2f. Collaborate with colleagues to support professional learning

To work as a professional educator requires collaboration with a variety of colleagues, and that collaboration often involves professional development—learning from others, sharing knowledge with others, and creating professional learning contexts for mutual learning.

Clearly, some of the aspects of Standard 2 present challenges in terms of data collection. AAQEP expects providers to seek such evidence as can be collected in partnership with completers and their employers.

How Do Standards 1 and 2 Differ, and What Evidence Is Relevant to Each?

Standards 1 and 2 both address aspects of candidate and/or completer performance. They differ in that Standard 1 addresses the "foundational expectations" that are widely shared and for which adequate measures (by and large) exist, whereas Standard 2 addresses "contextual challenges" that include matters more difficult to measure and more dependent on local context and definition.

These standards also differ in the essential question each poses regarding performance. Standard 1 asks this:

At the end of the program, are completers ready to fill their target professional role effectively?

Evidence gathered while candidates are in the program, in clinical placements, and in their first year or two of employment can be analyzed to address this question.

Standard 2 asks a different set of questions:

Were completers prepared to work in diverse contexts, have they done so successfully, and are they growing as professionals?
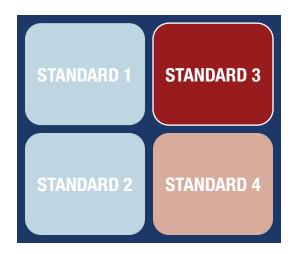
Evidence to answer these latter questions would ideally draw mainly on longitudinal evidence across completers' careers including performance evaluations, the success of their own students (or for school leaders, their effectiveness as instructional leaders), etc.

Longitudinal data, however, are often difficult to access. Some states have begun providing evidence of completer performance in the form of teacher evaluations or student test scores (or "gains")—but access to such data is uneven, samples are often very small and of uncertain composition, and the measures currently in use are just beginning to show their value and their limitations. In addition, the further completers progress in their careers, the more their intervening experiences and subsequent learning contribute to outcomes and thus confound attempts to discern the impact of their preparation program.

These very real measurement challenges notwithstanding, the question is an important one that can be addressed through a combination of evidence sources.

In a nutshell, there will likely be some overlap in the evidence sources drawn upon in addressing Standards 1 and 2. Bearing in mind the distinct questions that each standard asks will help to focus the analysis and discussion relative to each standard in the Quality Assurance Report.

STANDARD 1

STANDARD 3

STANDARD 2

STANDARD 4

Standard 3 Essential Question:
Does the program have the capacity (internally and with partners) to ensure that completers are prepared and succeed professionally? What evidence supports this claim?

Standard 3: Quality Program Practices

Standards 3 and 4 address program practices. The aspects of Standard 3 describe the functioning of an effective program that exhibits clarity regarding its goals, deploys resources effectively to support candidate learning, works with stakeholders to create the experiences candidates need to support their learning, and engages in continuous improvement.

Standard 3 Unpacked: Aspects, Evidence, and Appendices

Standard 3 represents foundational expectations regarding program practices for quality assurance and improvement.

Every accreditation decision includes two components: a judgment of quality and a judgment regarding confidence that the level of quality will be maintained.

Whereas the evidence presented for Standards 1 and 2 informs the decision regarding program quality, the evidence presented for Standards 3 and 4 informs the judgment regarding confidence that the level of quality and improvement

processes will be continued throughout the length of the accreditation term.

The provider's Quality Assurance Report (QAR) documents evidence to support Standards 3 and 4 through designated appendices (see Sections 6 and 7 of this *Guide* for details).

The six aspects of Standard 3 may be understood in this way:

3a. Offers coherent curricula with clear expectations that are aligned with state and/or national standards

Programs accredited by AAQEP provide candidates with a coherent curriculum that is aligned with state or national standards. Curriculum alignment with standards identified by the provider can be presented in Appendix C to the QAR. AAQEP recognizes that state requirements regarding standards are of primary importance to providers in most cases. Providers are welcome, but not required, to provide crosswalks aligning programs to additional national standards.

3b. Develops and implements quality clinical experiences, where appropriate, in the context of

*documented and effective partnerships
with P-12 schools and districts*

Partnering with P-12 schools to provide high-quality clinical experiences is an important aspect of provider quality. Partnerships take different forms depending on the provider's scope, local geography, and other contextual factors. The QAR should include an explanation of the provider's rationale for its partnerships, a list and description of partnerships, and a description of the clinical experiences that result from and are embedded in those partnerships. AAQEP affirms AACTE's (2018) Clinical Practice Commission report, *A Pivot Toward Clinical Practice,* as a useful framework.

3c. Engages multiple stakeholders, including completers, local educators, schools, and districts, in data collection, analysis, planning, improvement, and innovation

As important as internal controls and attention to evidence are to the quality assurance process, engagement of a wide array of stakeholders adds perspectives, insights, and credibility to such efforts.

AAQEP expects members to engage systematically and routinely with multiple stakeholder groups, including program completers, local educators, schools, and districts—and perhaps others in the community or region served by the provider. In many cases, one or more advisory groups efficiently fulfill this function, but no particular organizational format is required. AAQEP expects providers to ensure that stakeholders meaningfully engage in consideration of evidence and in evidence-based planning, program improvement, and, as needed or desired, development of innovations.

A description of stakeholder engagement and a summary of its results or outcomes can be included in Appendix D to the QAR, which presents the provider's internal audit of its quality assurance system.

3d. Enacts admission and monitoring processes linked to candidate success as part of a quality assurance system aligned to state requirements and professional standards

A fundamental component of quality assurance in educator preparation resides in the processes providers use to recruit and select candidates, monitor their progress through the preparation program, and assess their readiness for entry into the professional role for which they have been prepared. As with all aspects of the quality assurance system, this one should be aligned to any relevant state's requirements.

Providers must have an evidence-based admissions process, monitor candidate progress, and analyze evidence to affirm or refine those processes and report on candidate success (which is defined as either successful program completion or counseling into an alternative program).

Providers describe and document these processes in Appendix A to the QAR. The account should include both a description of the measures, benchmarks, and processes used and the results of the provider's study of its processes. Any identified needs for improvement or process enhancement should be noted.

3e. Engages in continuous improvement of programs and program components, and investigates opportunities for

innovation, through an effective quality assurance system

As important as the admissions and monitoring process is to quality assurance, a full account of a provider's quality assurance system requires a broader examination. That examination is accomplished through an internal audit of the quality assurance (or quality control) system.

Providers include their internal audit as Appendix D to the QAR (see Section 7 of this *Guide* for more information). In addition, quality of evidence is a critical component of any quality assurance system. Appendix E to the QAR addresses the provider's work to assure the quality of the data upon which it relies (see Section 7 of this *Guide* for details).

3f. Maintains capacity for quality reflected in staffing, resources, operational processes, and institutional commitment

In addition to documenting the functioning of an effective internal quality control process, providers also must show evidence of operational capacity and institutional commitment.

This documentation, included in Appendix C to the QAR (see Section 7 of this *Guide*), encompasses evidence of sufficient and well-qualified faculty and staff, availability of resources to support the program, and other critical inputs. That appendix calls for information on faculty, facilities, fiscal support, student support services, and student feedback mechanisms.

In sum, the evidence provided for Standard 3 must show that the provider has the capacity to maintain program quality, the institutional commitment to support quality, and the internal processes to sustain quality and support ongoing improvement.

How Do Standards 3 and 4 Differ, and What Evidence Is Relevant to Each?

Standards 3 and 4 both address aspects of program practice. As noted above, they differ in that Standard 3 addresses the "foundational expectations" for program operation and for quality assurance processes, whereas Standard 4 addresses the challenge of working for positive change in the context or contexts served by the provider. As with Standards 1 and 2 above, it might be helpful to think of each of Standards 3 and 4 as addressing a distinct question.

The evidence marshaled in relation to Standard 3 must answer the essential question:

Does the program have the capacity (internally & with partners) to ensure that completers are prepared and succeed professionally?

The evidence presented in relation to Standard 4 must answer this question:

Is the program engaged in strengthening the education system in conjunction with its stakeholders and in keeping with its institutional mission?

In terms of format and focus, evidence for meeting Standard 3 will be quite similar across providers. Evidence regarding Standard 4, on the other hand, may be framed quite differently from case to case, as it will reflect institutional context and mission as well as efforts, including innovations, targeting specific local needs.

STANDARD 1

STANDARD 3

STANDARD 2

STANDARD 4

Standard 4 Essential Question:

Is the program engaged in strengthening the education system in conjunction with its stakeholders and in keeping with its institutional mission? What evidence supports this claim?

Standard 4: Program Engagement in System Improvement

In addition to showing that it has the capacity, commitment, and quality control processes necessary to support candidate and completer success, a provider must demonstrate that it is engaged with partners and stakeholders in efforts to strengthen the P-20 education system.

Standard 4 Unpacked: Aspects, Evidence, and Appendices

Standard 4 attends to a provider's local context and needs as well as to jurisdictional requirements.

The six aspects of Standard 4 are elaborated below:

4a. Engages with local partners and stakeholders to support high-need schools and participates in efforts to reduce disparities in educational outcomes

As an integral component of the larger education system, educator preparation has a part to play in addressing the challenges facing the system as a whole. AAQEP expects providers to engage with partners and stakeholders, within their scope and context, to support schools with identified needs and to address the overriding challenge of disparity in educational outcomes. These efforts should be commensurate with providers' mission and context of service.

4b. Seeks to meet state and local educator workforce needs and to diversify participation in the educator workforce through candidate recruitment and support

One persistent area of disparity in education is the underrepresentation in the educator workforce of people of color, of those from lower socioeconomic strata, and (in some certificate areas) of men. AAQEP expects members to work toward more equitable representation in the educator workforce through candidate recruitment and support. Providers also should work to address state and local workforce needs, particularly shortage areas and hard-to-staff schools or positions.

4c. Supports completers' entry into and/or continuation in their professional role, as appropriate to the credential or degree being earned

Providers are increasingly engaged in follow-up support for completers of their programs as they enter their new professional roles and continue to develop. Appendix B to the QAR gives providers the opportunity to document their efforts to support program completers.

AAQEP recognizes that this aspect is an area of growth and innovation in the field, and that efforts and results of such efforts will vary significantly depending on local context and institutional scope and resources. All AAQEP members are, however, expected to address this aspect (as all others) and to report on the outcomes.
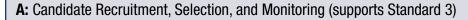
4d. Investigates available and trustworthy evidence regarding completer placement, effectiveness,

and retention in the profession and uses that information to improve programs

Data supplied by state authorities can be of great value to providers' quality assurance efforts. Some states give providers access to data on program completers' employment, performance evaluation, and students' test scores or growth measures; states vary widely, however, in terms of what data are collected, what is made available, and the format and level of aggregation in which any data are shared.

Such evidence is generally available for only a portion of a provider's completers (those who teach in the state's public schools), and some data elements are available for only a portion of that number (e.g., test scores or growth measures are available only for candidates teaching in tested subjects and grades). The tests and evaluation frameworks that generate the evidence are often of unknown or contested quality from an empirical standpoint.

Quality Assurance Report Appendices at a Glance   *i*

A: Candidate Recruitment, Selection, and Monitoring (supports Standard 3)

B: Completer Support and Follow-Up Practices (supports Standard 4)

C: Program Capacity and Institutional Commitment (supports Standard 3)

D: Internal Audit of the Quality Control System (supports Standard 3)

E: Evidence of Data Quality (supports Standard 3)

See Sections 6 and 7 of this Guide *for details on the QAR and its appendices.*

These caveats notwithstanding, all such available evidence can contribute to a provider's program improvement efforts and must be made available in the self-study report or at the site visit.

4e. Meets obligations and mandates established by the state(s) and/or jurisdiction(s) within which it operates

Providers support the P-20 education system by preparing qualified professional educators. As part of the overall education system, providers are obligated to meet all requirements established by the state(s) or jurisdictions(s) that authorize their programs that lead to licensure or certification for completers.

In some cases, partnerships with states may obligate AAQEP to verify that particular obligations are met. Any such requirements will be specified in a state cooperation agreement that will be available to providers. Information or documentation regarding any such specified review should be provided in the narrative of or as a sixth appendix to the QAR. If no particular requirements are specified for review in a state cooperation agreement, providers can merely report on the status of their various certificate or licensure programs with the state in the narrative for Standard 4 using state authorization letters or notifications as evidence; AAQEP generally verifies state authorization as part of each review.

4f. Investigates its own effectiveness relative to its stated institutional and/or programmatic mission and commitments

Providers are welcome to include in their review evidence regarding institutional or programmatic mission and commitments. While AAQEP will not presume to make judgments about any such commitments that fall outside the scope of the AAQEP standards, it recognizes and respects the importance and value of institutional context and particularity, and it recognizes that the aims associated with such commitments will be furthered by engaging in evidence collection, analysis, and reporting for a range of stakeholders.

Evidence regarding Standard 4 includes descriptive narrative supported by indicators selected by the provider that document both the status of current efforts and, over time, the cumulative impact of the provider's engagement with schools, districts, state authorities, and other relevant stakeholders.

Section 3. Evidence Requirements and Priorities

Revision of an assessment system is preferable to continuing use of inadequate measures simply for the sake of continuity.

Accreditation is an empirical enterprise; decisions regarding the relative importance of different types of evidence and the criteria that define quality at various levels are essential ones. Evidence requirements help to operationalize an accrediting agency's standards. While the preceding section of this *Guide* addresses the particular requirements for each standard, this section elaborates AAQEP's general considerations and priorities regarding evidence.

In the field of educator preparation, long-standing assessment practices and protocols leave many providers well-stocked with data; the challenge is often to identify the most significant sources of information and to develop effective review and analysis practices that ensure quality, support improvement, and identify avenues for growth and innovation. In order to engage in ongoing improvement, providers must identify and define their own expectations for candidate/completer performance and collect data in such a way that they can clearly report on success vis-à-vis those expectations. Explicitly establishing these expectations or goals for candidate and completer performance is part of a strategic planning and data use process.

Evidence presented to make the case for AAQEP accreditation must be appropriate to the program it represents and include the following:

- Multiple measures, collected over time, representing multiple perspectives, with reasonable continuity of instruments
- Direct evidence of performance in the roles for which candidates are being prepared
- Completer, employer, and other "downstream" measures to supplement direct measures of candidate performance
- Evidence of the reliability, validity, trustworthiness, and fairness of all measures as appropriate to the type of data, which may include qualitative and quantitative data

As a set, the evidence should be representative of all groups and subgroups of candidates and completers, including all certificate or license programs, all levels and locations, and all modes of delivery that are included in the accreditation case. The evidence set as a whole must provide a sufficient evidentiary basis to support an accreditation decision.

These heuristics apply chiefly to the evidence presented relative to Standards 1 and 2, which should consist of data from instruments or data-gathering protocols that focus on candidate performance and/or on completer experience and perspectives. Evidence related to Standards 3 and 4, the program practice standards, consists primarily of documentary evidence, though it could certainly also

include analysis of data from stakeholder surveys and other such measures.

Multiple Measures With Reasonable Continuity

Relying on multiple sources of evidence around any particular standard or aspect increases the accuracy of conclusions, because while each measure adds information and provides a perspective, each is also partial. Thus, presenting multiple measures provides a more complete answer to or view of the question at hand.

At the same time, use of multiple measures allows providers to adopt new, adapt existing, and discontinue inadequate measures as needed, so long as some measures remain in place to provide continuity.

The phrase *with reasonable continuity* recognizes that, while it would be inadvisable to change all measures at once, ongoing revision and improvement of an assessment system is preferable to continuing the use of less-adequate measures, simply for the sake of continuity, when a better measure is available.

In practice, this means providers are free to revise their assessment system—to change instruments or measures—at any point, as long as they articulate a rationale for the change and report data from prior measures until they are discontinued and replaced. New measures for which a limited "run" of data is available may be included in the report: AAQEP encourages innovation in measurement and inquiry strategies.

Direct Evidence of Performance in the Role

The AAQEP system prioritizes direct measures of candidate and completer performance, and in particular, measures that are most comprehensively available for a given program's candidates and completers. Performance assessments that capture actual teaching performance (or performance of the professional activities for which a candidate is being prepared), scored by trained and calibrated raters, constitute the field's strongest measures. Where available, these assessments form the core of the evidence base from the perspective of AAQEP's Accreditation Commission.

Nevertheless, a body of evidence that includes multiple measures constitutes the strongest warrant for judgments about program quality. Programs must provide evidence related to each aspects of each standard, although to take the example of Standard 1, each aspect may not be supported by evidence from every one of the listed perspectives. The evidence set for each standard as a whole, however, must meet the evidence requirements listed at the end of the standard description (see **Figure 1**, pp. 11-12).

In addition to direct measures, indirect indicators and evidence that is available for only some candidates and completers still add useful information. Such evidence, including whatever data are provided through state longitudinal data systems, can be quite valuable and must be considered. Evidence from indirect, "downstream," and state-provided sources is best used to inform program improvement efforts rather than to judge quality. The clearest and most valid account of program performance and impact is achieved by prioritizing direct and comprehensive measures.

> Evidence from indirect, "downstream," and state-provided sources is best used to inform **program improvement** efforts rather than to judge quality.

Completer, Employer, and Other Downstream Measures

As noted in the comments on evidence for Standards 1 and 2 above, multiple perspectives in the evidence base provide a robust account of program quality and a more comprehensive basis for ongoing improvement and for identifying opportunities for innovation.

Evidence gathered from program completers regarding their preparation and current practice, and from employers of completers, provides both useful reflection on preparation and new perspectives on emerging needs and trends—each of which can inform improvement and innovation. Performance data or ratings provided by state systems, where available, are likewise potentially valuable.

Perspectives of program completers and their employers are frequently sought through surveys; response rates, however, vary greatly. Some states have had considerable success with common statewide surveys, but many providers have experienced very low response rates to their own surveys. AAQEP members have responded to the limitations of surveys by experimenting with focus groups, panel studies, and technology to remain in contact with and support completers as they begin and continue their careers.

AAQEP recognizes both the value of these stakeholders' perspectives and the challenges that providers face in gathering input. Nonetheless, such evidence has great value for informing improvement efforts and inspiring innovations.

Data Quality Considerations

Error is an inevitable component of measurement, and so responsible inquiry always extends to the qualities of the measures used in the investigation. Validity, reliability, trustworthiness, and fairness must be addressed for all measures used as evidence in the Quality Assurance Report (QAR). Providers must examine the quality of a body of evidence in the interest of accuracy and with the aim of improvement. (AAQEP's optional Accreditation Proposal process offers an opportunity to get peer feedback on data quality investigation strategies.)

The QAR explains the processes the provider has used to establish validity, reliability, trustworthiness, and fairness (bias mitigation) including processes followed to engage program faculty as well as internal and external stakeholders in evaluating instruments.

The report should explain why the measures are appropriate for their uses and in their context and how they ensure that measures such as course assessments, observation protocols, or internship ratings used in the self-study are administered and scored consistently by the multiple raters involved.

In addition, the report should address potential sources of bias in measurement and explain how programs have mitigated such challenges to fairness. With regard to characteristics and qualities of measurement, and in support of its innovation agenda, AAQEP supports contextual expectations of evidence quality as recommended by Bryk, et al. (2015). Appendix E to the report is designated for addressing data quality.

Finally, AAQEP encourages the ongoing development of innovative measures and refinement of existing measures, particularly but not exclusively related to contextual challenges.

Section 4. Overview of the AAQEP Process

The AAQEP standards and processes work together to support innovation and collaboration as means of advancing excellence in educator preparation. The accreditation process builds on the long history of quality assurance through peer review that is the hallmark of higher education in the United States.

AAQEP's process incorporates both standard features of peer-review-based accreditation and enhancements designed to increase accreditation's utility and credibility, with an emphasis on collaborative professional engagement.

AAQEP's accreditation process values hold that accreditation must be:

- **Formative**: Timely feedback at multiple touch points in the accreditation process supports programmatic growth and development.

- **Flexible**: Consistency need not be gained at the price of rigidity; flexible processes grounded in clear expectations maximize improvement and support innovation.

- **Collegial**: Professional collaboration is the basis of quality assurance in higher education, and AAQEP affirms its value for enhancing program quality locally and the field's effectiveness broadly.

- **Accurate**: Accreditation processes must accurately determine areas of

strength and areas of weakness and report transparently on findings.

- **Contextual**: Accreditation processes must be sensitive to local contexts and respectful of institutional mission and relevant state policies.

- **Supportive**: Quality assurance, improvement, and innovation can be mutually supportive and inform one another as part of a shared process.

While the accreditation *decision* punctuates each accreditation cycle and represents the cycle's final quality determination, the *process as a whole* is designed to provide formative feedback through facilitated collaborative

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Guide Sections 4-9: A Roadmap

This section of the *Guide* gives a comprehensive overview of the AAQEP cycle, from joining a cohort to the accreditation review and annual reporting, and outlines AAQEP's volunteer system for peer reviewers. Sections 5 through 9 then revisit the main segments of this process in greater detail, in chronological sequence:

- Section 5: The Accreditation Proposal (optional activity and pre-review feedback process)

- Section 6: The Quality Assurance Report (required self-study document)

- Section 7: Appendices to the Quality Assurance Report

- Section 8: The Quality Assurance Review

- Section 9: Annual Reports

engagement among members and between members and the association.

See **Figure 3** for a timeline of the major activities in the full AAQEP cycle; see also **Figure 9** on page 56 for a timeline of provider actions around only the quality assurance review.

The core of the AAQEP accreditation process consists of a self-study conducted by the provider, off-site and on-site review by trained peer reviewers, and a final review and accreditation decision by the Accreditation Commission. The process supports the values listed above and is aligned with the recognition standards of the Council for Higher Education Accreditation and the recognition framework of the U.S. Department of Education.

Getting Off to a Strong Start: AAQEP's Formative Supports

AAQEP's system incorporates both standard accreditation practices and distinctive features that are designed to increase the utility and credibility of the process and to reduce uncertainty and inconsistency in operations. These features include supports for providers that begin immediately upon joining and extend throughout their membership, namely assignment to an AAQEP Liaison and cohort. In addition, members have the option to submit an Accreditation Proposal for peer review during the planning stage of the process.

As soon as a new member joins AAQEP, the Accreditation Coordinator asks the Primary Contact to complete a scheduling form to supply important information such as the anticipated site visit year and semester and preferences for cohort placement and reviewer assignment.

Cohort

All preparation providers seeking accreditation through AAQEP are placed in a cohort of peers. Cohorts foster collaboration among providers and facilitate regular and efficient communication between members and AAQEP staff. Each cohort has an assigned AAQEP Liaison who facilitates cohort communication and provides ongoing technical assistance.

Participation in cohort calls is always optional, as many providers already engage in regional or state-based collaboration around improvement and quality assurance efforts, and cohort groupings can be customized to support existing collaborative efforts. Members are assigned to cohort groupings based on preferences such as shared accreditation timelines, program size, and program type (indicated in their scheduling form). AAQEP surveys members periodically to optimize cohort formation and operation.

Monthly cohort calls give providers the opportunity to share successful strategies with peers and to solicit ideas from one another throughout the accreditation process; working in the context of a supportive learning community is both encouraging and productive. In their monthly calls, members discuss approaches to writing the Quality Assurance Report (QAR), assessments and types of evidence that make the case for particular aspects of the standards, and ways to address new policy expectations or other contextual challenges.

AAQEP values the insights and suggestions that emerge from the cohorts as well, and the monthly calls allow the association to continuously monitor and assess its own process.

Cohorts provide members with opportunities to share struggles and successes throughout the accreditation process. Working in the context of a supportive learning community is both **encouraging** and **productive**.

Figure 3. Timeline – AAQEP Quality Assurance Process

WHAT	WHO	WHEN
Apply for/maintain AAQEP membership	Provider	Join anytime, maintain annually
Complete scheduling form with preferences for reviewer characteristics, site visit dates	Provider	Upon joining
Assign provider to cohort, identify AAQEP Liaison	AAQEP	Upon receipt of scheduling form
Participate in professional learning (cohort calls, webinars, live events, consulting, etc.)	Provider	Ongoing / optional
OPTIONAL Send Accreditation Proposal to AAQEP	Provider	2-3 years before site visit
Share proposal with 2 trained reviewers	AAQEP	Within 1 month of next match date
Send provider completed Proposal Review Form, hold feedback exchange	Reviewers	Within 2 months of receiving proposal
Revise proposal (if desired), file final version with AAQEP	Provider	Within 2 months of receiving feedback
Review proposal for completeness	AAQEP	4-6 weeks after receipt of final proposal
Secure final visit dates by paying at least 50% of site visit fee	Provider	1 year before site visit
Send Quality Assurance Report (self-study) to AAQEP	Provider	At least 6 months before site visit
Select/confirm composition of Quality Review Team (QRT), hold logistics call	AAQEP & Provider	4-6 months before visit
Share case material with confirmed QRT	AAQEP	4-6 months before visit
Solicit third-party comment on program(s) being reviewed	AAQEP & Provider	At least 4 months before visit
Hold virtual off-site review team meeting to review documents, develop clarification questions; send Off-Site Review Report to provider	QRT	2-3 months before visit
Hold virtual off-site review provider meeting to meet each other, review clarification questions, discuss visit schedule	QRT, Provider, & AAQEP Liaison	2 months before visit
Confirm final schedule for site visit	Provider & Team Lead	2 weeks before visit
Respond to third-party comments (if warranted)	Provider	2 weeks before visit
Respond to team's clarification questions	Provider	Before or at beginning of visit
Conduct site visit	QRT	
Send QRT Report to provider	Team Lead	4 weeks after visit
Respond to QRT Report noting any factual corrections	Provider	Within 2 weeks of receiving report
Resolve comments and send AAQEP final QRT Report	Team Lead	Within 2 weeks of receiving comments from provider
Review case and make accreditation decision	Accreditation Commission	2-4 months after visit
Send official decision package to provider	AAQEP	Within 30 days of decision

AAQEP Liaison

AAQEP Liaisons maintain consistent and regular communication between the association and members in a cohort. Liaisons provide cohort members with information and resources from the time of cohort placement until the quality assurance review process is complete. This ongoing relationship allows AAQEP Liaisons to become well-acquainted with members and their unique contexts and to effectively support them throughout the process.

Accreditation Proposal – Optional but Encouraged

As providers plan their QARs, they have the opportunity to get feedback on their plans by submitting an Accreditation Proposal 2 to 3 years before their site visit. Two reviewers give independent formative feedback on each proposal, and providers may respond and revise the proposal to ensure their plan is on track. AAQEP staff then review the final Accreditation Proposal for completeness and file it with the provider's case record, where it becomes, in effect, an agreement regarding how the QAR will address AAQEP's standards (although the provider is free to make adjustments later).

The Accreditation Proposal is intended to provide clarity for all parties as the review proceeds, particularly related to the contextual dimensions of each self-study. The completed contextual portions of QARs will amount to small-scale studies on issues common to the field.

For further detail about the AAQEP Accreditation Proposal, see Section 5 of this *Guide*.

An ongoing relationship with providers allows **AAQEP Liaisons** *to become well-acquainted with members and their unique contexts and to effectively support them throughout the process.*

Quality Assurance Review

Providers submit their QAR 6 months before their site visit. This step inaugurates the formal quality assurance review, which consists of an off-site and an on-site component in which reviewers consider the QAR and seek to affirm its evidence.

Off-Site Component

Once AAQEP receives the QAR, the Quality Review Team (QRT) is assembled (see Section 8 of this *Guide*). The team holds two virtual off-site review meetings, one of just the team and one with the provider. At the team meeting, they discuss the provider's report, delegate internal team tasks associated with the review, identify individuals they wish to interview as they work to affirm the evidence put forth in the report, and complete (as nearly as possible) the Off-Site Review Report. This report is shared with the provider before the second meeting, where the provider and team have an opportunity to meet one another and to discuss clarification questions and logistics of the visit.

On-Site Component

During the site visit, which usually lasts 2 to 3 days, the QRT examines evidence from or related to the self-study report and conducts interviews with various stakeholder groups. Following the visit, the team prepares the Quality Review Team Report and sends it to the provider within 4 weeks of the visit. The provider has an additional 2 weeks to check the report for factual accuracy. The final QRT Report is then forwarded to the AAQEP Accreditation Commission to inform its

decision regarding the provider's accreditation status.

Section 8 of this *Guide* provides more detail on the quality assurance review.

Accreditation Decision

The Accreditation Commission meets via video conference at least four times a year to review cases. For each case, the commissioners examine the provider's QAR along with the QRT Report to inform an accreditation action. Note that although well-written reports facilitate the Commission's work, its actions are based on the evidence regarding the quality of the programs being reviewed rather than on how well the reports present that evidence.

The provider and review team lead are present in the Accreditation Commission's meeting and witness the discussion and decision in real time. The Commission may issue one of the following decisions after examining the evidence in the two reports:

Accreditation Terms and Notations

A full 7-year accreditation term is granted when all AAQEP standards are met. If one or more of the standards are not met, no accreditation term can be granted—accreditation is denied or, in the case of a previously accredited provider, revoked. (Note that adverse actions, and only adverse actions, can be appealed.)

In awarding accreditation, commissioners may also communicate qualities and caveats through the use of notations— statements that qualify a decision. One or more of the following notations may be used, each with reference to its relevant standard(s) and aspect(s), to

provide information to the public and feedback to the provider:

- **Commendation**: Recognition awarded when evidence shows outstanding preparation and performance on one or more aspects of a standard or the standard as a whole.

- **Comment**: Observation by the Accreditation Commission that gives useful feedback to the provider on a finding that is noteworthy but not significant enough to be cited as a commendation or concern.

- **Concern**: Relatively minor shortcoming in relation to one or more aspects of a standard. Evidence regarding progress in addressing concerns must be presented in the provider's Annual Report.

- **Condition**: A larger problem that threatens a provider's ability to meet a standard and that thus requires immediate action. Notation of one condition may allow full accreditation, but evidence of the condition's resolution must be provided within 2 years. The noting of two conditions, however, leads to the award of a probationary 2-year term of accreditation. Failure to resolve any condition in 2 years results in adverse action.

After the Accreditation Commission issues a decision, AAQEP's Accreditation Coordinator sends an official decision package to the provider including a notification letter, Accreditation Action Report, certificate, and media kit. The Action Report is also posted publicly on the AAQEP website.

The provider and review team lead are **present in the Accreditation Commission's meeting** and witness the discussion and decision in real time.

Annual Report

Once accredited, providers maintain their status by completing an AAQEP Annual Report each year. The purpose of the Annual Report is to assure the accreditor that the quality that was affirmed in the most recent accreditation decision is being maintained or enhanced; that the provider is taking steps to address continuous improvement opportunities identified in its QAR; and that other public reporting requirements are met.

The Annual Report template will be available in fall 2020 following a period of testing with early adopters of the AAQEP system. For more information, see Section 9 of this *Guide*.

Volunteers' Central Role

AAQEP's professional staff supports all aspects of the process, yet none of it would be possible without the significant work provided by volunteers. Like every accreditor, AAQEP's greatest asset and source of credibility is the professional dedication, generosity, and judgment of its volunteers.

AAQEP volunteers who put the quality assurance system into practice do so as proposal reviewers, quality assurance reviewers (to serve on or lead Quality Review Teams), and Accreditation Commissioners.

Widespread participation from the professional field brings the benefit of disparate experiences and expertise, all of which must be engaged in the consistent operation of a system that yields reliable and accurate accreditation decisions. In keeping with AAQEP's commitment to efficiency and frugality in reviews, much of volunteers' work is completed virtually, even parts of some on-site reviews.

Selection and Assignment

The starting point for all AAQEP volunteers is an online application available on the website (**aaqep.org**). The information collected in the application assists staff in providing volunteers with access to the appropriate professional development experiences and in matching reviewers to providers based on volunteers' experience and areas of expertise.

Expectations

AAQEP volunteers are expected to:

- **Embrace the AAQEP philosophy.** A volunteer remains open-minded to the types of evidence brought forward and respects program innovation and corresponding evidence.

- **Act professionally.** A volunteer serves as a representative of AAQEP, is respectful of the provider's and fellow peer reviewers' time, and maintains confidentiality.

- **Be contextually aware.** A volunteer is sensitive to context and maintains awareness for potential bias.

- **Respond and comment thoughtfully.** A volunteer provides feedback that fosters and promotes reflection, is nonjudgmental in nature, and seeks to clarify.

- **As a QRT member, work collaboratively.** A volunteer works as an active team member in all aspects of the quality assurance review process.

Every accreditor's greatest asset and source of credibility is the professional dedication, generosity, and judgment of its **volunteers**.

Training

All volunteers are required to complete online training modules relevant to their role. The professional learning provided to volunteers supports consistency in reviewers' understanding of AAQEP's standards and evidence requirements and in the delivery of the quality assurance process.

Confidentiality

Prior to beginning their work on a case, volunteers must sign an agreement that they will not discuss any personally identifying and/or sensitive information related to the review with parties external to the proposal and/or quality assurance review process. Reviewers also agree and are reminded by AAQEP to delete any files, passwords, and other sensitive material related to the review from their devices at the conclusion of the review.

Feedback

At the conclusion of each review, all parties involved (volunteers and providers alike) are encouraged to respond to a survey to provide feedback on the AAQEP process and volunteer training. AAQEP uses this feedback to improve its system, including volunteer training, to ensure competent and calibrated peer reviewers.

Site Visits: Minimizing the Footprint

One of AAQEP's foundational design principles is that of efficiency and frugality. AAQEP seeks to minimize the duration of the site visit by conducting a careful off-site review and completing some interviews virtually.

Section 5. The Accreditation Proposal

The Accreditation Proposal is an optional activity in an AAQEP quality assurance review that takes place 2-3 years prior to a site visit.

In its proposal, the provider describes the evidence it plans to use in relation to Standards 1 and 2, including plans for ensuring data quality, and explains the programs' contextual challenges and any anticipated program improvements or innovations. Two trained peer reviewers give formative feedback on the proposal, which the provider may then revise as appropriate. AAQEP staff check the final version of the proposal (including any changes made as a result of reviewer feedback) for completeness before including it in the case record.

Purposes of the Accreditation Proposal

The working group that designed the AAQEP process developed the proposal component to achieve several goals:

- To provide **formative feedback** on the evidence sets selected by the provider in a timeframe that allows for the feedback to be useful

- To ensure **consistency in expectations** between the provider and its site visit review team by confirming in advance that the proposed evidence addresses all aspects of the AAQEP standards for all programs included in the review

- To formally record programs' **contextual challenges and planned innovations** that are pertinent to the accreditation review

Getting early confirmation of the appropriateness and coverage of the planned evidence set allows the review itself to focus on the outcomes reported rather than the measures chosen. In addition, by developing an Accreditation Proposal early in the review process, providers get a head start on organizing a written record for their Quality Assurance Reports (QARs).

Note: Although the Accreditation Proposal becomes part of the case record, it need not be set in stone. Providers are always welcome to make changes in the measures noted in the proposal as long as they provide a rationale for the change. (See "Multiple Measures With Reasonable Continuity," p. 29.)

Content of the Proposal

The Accreditation Proposal focuses primarily on the planned evidence for Standards 1 and 2, so it is not a rough draft of the entire QAR. In fact, it includes no information related to Standards 3 and 4, except for the treatment of data quality considerations. Instead, it is a relatively brief document with four sections (each described in more detail below):

1. Introduction/overview of the provider's programs and context

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The Accreditation Proposal ensures consistency in expectations between the provider and its review team by **confirming in advance** that the proposed evidence addresses all aspects of the AAQEP standards.

Figure 4. Program Specification Table for AAQEP Accreditation

Degree/Program Name and Level (list specific programs and levels, e.g., bachelor's, master's, post-baccalaureate, certificate only)	Corresponding State Certificate, License, Endorsement, or Other Credential	Number of Candidates (currently enrolled—identify year)	Number of Completers (most recently completed academic year—identify year)
		TOTAL	TOTAL

2. Measures to be used as evidence for Standards 1 and 2

3. Explanation of how the validity, reliability, trustworthiness, and fairness of the measures has been (or will be) established

4. Description of contextual challenges and planned or implemented innovations

1. Introduction/overview of the provider's programs and context

The introduction presents a high-level overview of the provider, its context, and the particular programs seeking accreditation. Although brief (generally two to four pages), this overview should include important details for reviewers to understand about programs' design, candidate population, geographic factors, mission or other commitments, and relevant state requirements.

In addition to a narrative overview, the introduction provides a complet-ed **Program Specification Table** (see **Figure 4**) to clearly define the scope of review by AAQEP. This table is refer-enced throughout the review and repro-duced (updated as needed) in the QAR, Quality Review Team reports, and the

Accreditation Action Report as well as in the provider's Annual Reports.

2. Measures to be used as evidence for Standards 1 and 2

Section 2 of the proposal describes the evidence sources the provider intends to use in support of Standards 1 and 2. Reviewers look for each aspect to be addressed explicitly for every program being presented. Overall, the evidence set for Standard 1 (but not necessarily for each aspect) must contain **multiple measures**; **multiple perspectives**, in-cluding program faculty, P-12 partners,

One Proposal Per Case

Each individual self-study calls for a separate Accreditation Proposal. Most providers will complete a single self-study, sent to AAQEP as a single Quality Assurance Report (QAR), for their quality assurance review.

Some providers with multiple and substantially independent programs, however, find it more productive to complete separate QARs. For example, the teacher licensure and educational leadership programs at a given provider may have so little in common that writing two reports makes sense locally.

For additional guidance on deciding how many cases to present, see Section 6 of this *Guide*.

Figure 5. Sample Reporting Format: Evidence in Support of AAQEP Standards 1 and 2

Standard/aspect	Measure	Direct or indirect	Planned or in use	Perspective/source (candidate, completer, employer, etc.)

Figure 6. Sample Reporting Format: Instruments Mapped to Multiple Aspects

Measure: [e.g., a performance assessment or survey]	
Rubric or survey item #	**AAQEP standard(s) and aspect(s) addressed**

program completers, and completers' employers; and **direct measures**, including evidence of performance in a field/clinical setting appropriate to the program.

The evidence set for Standard 2 will likely have some overlap with that of Standard 1, but with greater emphasis on evidence from completers' practice in their professional roles.

Figure 5 shows an example of how this information could be presented (but note that the sample tables included in this section are meant to serve as examples, not models, and are not required). Multiple versions of the table may be needed if any of the programs require different measures from others; for example, instructional leadership programs may use altogether different measures from initial teacher preparation programs.

Some measures offer evidence that can be applied to multiple aspects of a standard

(e.g., different rubrics of a teacher performance assessment or items in a survey). To help reviewers understand plans for any such measures, the proposal could include a separate illustration that maps the particular element(s) to each aspect, such as the table shown in **Figure 6**.

3. Explanation of how the validity, reliability, trustworthiness, and fairness of the measures has been (or will be) established

In this section, the provider explains how it is examining the quality of each proposed measure. Although such examination might not have been completed yet at the time of proposal writing, reviewers are looking for both what has been done and what is planned (and receiving peer feedback on plans may help inform the provider's work).

The quality investigation should establish validity (through whatever means is appropriate to the measures and the

Figure 7. Sample Reporting Format: Organizer for Examination of Measures' Quality

Measure:	
Evidence (or plans) regarding **validity**	
Evidence (or plans) regarding **reliability**	
Evidence (or plans) regarding **trustworthiness**	
Evidence (or plans) regarding **fairness**	

contexts of their use), ensure reliability in implementation of the measures, and explore and mitigate any challenges to trustworthiness and fairness (including consideration of potential bias). It is also helpful for reviewers if the provider appends or provides links to samples of assessment instruments.

Figure 7 shows a possible format for reporting on the quality of each measure.

4. Description of contextual challenges and planned or implemented innovations

The final section of the Accreditation Proposal serves to identify new or emerging features of the programs being reviewed. It should describe any recent innovations, changes that will be in process by the time of the AAQEP site visit, and program elements that will rely on novel evidence or on different measures from those described above (such as new assessments being introduced). The provider also explains how it plans to monitor these changes and what markers will be used to guide and evaluate them. The purpose of this section is to put context and innovations on the record for peer review and to ensure they are recognized and acknowledged in the review process.

Proposal Review and Revision

AAQEP selects peer reviewers for Accreditation Proposals once per quarter, on or about February 1, May 1, August 1, and November 1. The system is designed to get members feedback within 3 months of the next match date after their proposal is received (e.g., by May 1 for proposals received before February 1).

Two trained peer reviewers are assigned to each proposal. Each reviewer provides written feedback on a Proposal Review Form and emails it directly to the provider when it is complete. Note that reviewers do not compare notes or otherwise collaborate on a proposal's review, so although they have been trained and calibrated for their role, their responses will not necessarily align with each other—just like peer review of journal articles or conference presentations.

After receiving the reviewers' forms, the provider may schedule a feedback exchange meeting with them (separately or at the same time) to take place by phone, email, or virtual meeting platform. Depending on the nature of reviewers' feedback, the provider may then decide the Accreditation Proposal is ready to file as-is or that it needs revision. Revisions

are advisable when the feedback indicates gaps in one or more key areas—for example, if reviewers expressed concerns such as:

- Context or scope is unclear
- Evidence is not identified in relation to some aspect
- Investigation of data quality needs greater specification

Once any revisions are made, the provider sends the final copy to AAQEP's Accreditation Coordinator.

Check for Completeness

The last step in the Accreditation Proposal process is the check for completeness by AAQEP staff. This check confirms only that the proposed evidence set is complete and that data quality issues have been addressed. Following this check, staff alerts the provider either of gaps needing further attention or that the proposal is complete and being filed with the provider's case record.

An affirmative completeness check assures both the provider and the eventual Quality Review Team that the review is on solid footing and that they can now focus on the measures' actual results and findings. (Note that this in and of itself does not guarantee a successful review; it only ensures that the eventual decision is based on complete well-validated evidence.)

Anticipated Outcomes

The overall aims and anticipated outcomes of the proposal phase of the AAQEP process are to provide timely formative feedback, to add a cycle of professional collaboration to the accreditation pathway, and to prevent unwelcome surprises by ensuring clarity of expectations throughout the process.

The proposal phase of the process provides **timely formative feedback**, adds a cycle of **professional collaboration** to the accreditation pathway, and **prevents unwelcome surprises** by ensuring clarity of expectations throughout the process.

Section 6. The Quality Assurance Report

At least 6 months before an accreditation site visit, the provider produces one or more Quality Assurance Reports (QARs) as the culmination of its self-study process. This report makes an evidence-based argument that all programs included in the case meet AAQEP's four standards and are therefore eligible for accreditation.

The QAR presents this case in two parts: a narrative and a set of appendices (see sample outline in **Figure 8**). The narrative outlines the case, provides relevant contextual details, and identifies and analyzes the evidence in support of each aspect of each standard. The appendices supplement the narrative with a focus on five areas in support of Standards 3 and 4. Although AAQEP maintains flexibility regarding the format and length of the QAR, *the listed appendices are required* to help ensure consistency and ease of locating information in reports, reviews, and decisions.

Providers should keep the following points in mind as they work to present their evidence:

- The QAR is typically sent to AAQEP as either a PDF or a website. The format is at the provider's discretion, as long as it is a cohesive digital package that can be shared with reviewers and archived by AAQEP. To ensure the

Figure 8. Sample Outline for the AAQEP Quality Assurance Report

Introduction and Overview of the Program and the Study

Section 1. The Case for Standard 1: Candidate/Completer Performance

Section 2. The Case for Standard 2: Completer Competence and Growth

Section 3. The Case for Standard 3: Quality Program Practices

Section 4. The Case for Standard 4: Program Engagement in Improvement

Conclusion. Findings and Commitments

Appendix A. Candidate Recruitment, Selection, and Monitoring

Appendix B. Completer Support and Follow-Up Practices

Appendix C. Program Capacity and Institutional Commitment

Appendix D. Internal Audit of the Quality Control System

Appendix E. Evidence of Data Quality

format is conducive to both accurate review and long-term retention, authors should take care to provide page numbers where appropriate, include only working hyperlinks, and clearly label the report's sections, tables, and any supporting documents.

- This report is an opportunity for the provider to showcase both widely-shared and unique features of its programs; in addition to addressing national standards, the QAR explains how the provider defines its own criteria for success and evaluates its own

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How Many Quality Assurance Reports Are Needed?

Providers structure their self-studies in the way that best supports their own quality control and continuous improvement work. For AAQEP's purposes, the Quality Assurance Report (QAR) is an important delineation of the scope of a quality assurance review; each QAR sets in motion its own review process, accreditation decision, and Annual Report. Providers should consult with their AAQEP Liaison as they decide how to structure their self-study/ies.

All in One

Most providers complete a single self-study, sent to AAQEP as a single QAR, for their quality assurance review. Multiple certificate, licensure, or degree programs can be included in a single QAR, as long as the evidence is explained in a coherent way for reviewers. In all QARs, it is important to disaggregate reported data by license/certificate program, location, and mode of delivery.

Multiple QARs

When a provider's portfolio of programs is complicated by different evidence sets or varied governance of the programs' operations, it may make more sense to present them as separate cases. Writing separate QARs offers a cleaner way to look at the evidence and produces more focused feedback from reviewers. For example, a provider might group all of its initial teacher licensure programs into one self-study but prepare a second study for its counselor preparation program, or opt to separate its campus-based programs from others that operate autonomously in a partner setting.

Costs and Benefits

Writing multiple reports is likely to take more effort than writing just one report, although attempting to combine unlike programs in one self-study can also be a costly exercise! Other than producing more reports, the primary cost of having separate cases is in the travel expenses for extra reviewers at the site visit. Each QAR needs its own Quality Review Team, so more reviewers are involved with multiple cases, but only one site visit fee applies if the cases are reviewed at the same time. (Providers may also choose to have different QARs reviewed on separate schedules, in which case each review carries its own site visit fee.)

The benefits of conducting separate self-studies lie in the improved ease of analyzing evidence and communicating about quality—and particularly in the additional feedback gained throughout the process, offering programs more individualized attention.

performance. Authors should consider what a reviewer who is unfamiliar with the program needs to know to understand this context.

- Although the body of evidence related to each standard is evaluated holistically, the evidence set must clearly address each aspect. To facilitate reviewers' work, report authors might organize evidence in matrices or other illustrations that visually align the data and aspects.

- Providers should resist the temptation to include every possible piece of evidence. The report needs to make the case for every aspect's being met without becoming unwieldy; authors can help reviewers complete an efficient review by being judicious in selecting only the evidence that best makes their case.

- Data alone do not make a case; reviewers are looking for the provider's explanation and analysis of the evidence, what it means to the provider, and how it might inform program improvements or validate program practices.

- Attention to limitations in the evidence (e.g., small sample size, not fully validated measures) is not a weakness but a prerequisite for developing stronger lines of evidence. Providers are encouraged to acknowledge and address such issues as an aspect of continuous improvement.

- Standards 1 and 3 require evidence that is generally available using agreed-upon measures, while Standards 2 and 4 are more challenging, aspirational, and contextual in nature. Therefore, at the time of writing the QAR, especially a provider's first QAR after adopting the AAQEP standards, evidence may not yet be available for some aspects. In such cases the provider may report on new measures or implementation plans to address these aspects.

- Data included in or linked to the QAR should be de-identified to protect the privacy of the individuals involved.

- The evidence for Standards 1 and 2 consists primarily of reports of data gathered with instruments, in interviews, or artifacts of candidate performance, whereas Standards 3 and 4 are addressed with more narrative describing processes and documents related to those processes. Evidence for Standards 3 and 4 is presented both in their respective sections of the QAR and in key appendices.

Introduction and Overview of the Program and the Study

The introduction offers reviewers the context necessary to understand the provider and the specific programs seeking accreditation. Key topics to address include (but are not limited to) the institution/program origin, context, and commitments; programs' rationale, standards alignment, and curricular coherence; a summary of programs' strands/options, enrollment, and staffing; and an overview of the self-study, including a summary of the method and who participated. Note that some items touched upon the introduction are documented more fully in appendices, so the introduction can describe things at a higher level and refer to the appendices for details.

> Authors can help reviewers complete an efficient review by being judicious in selecting only the evidence that best makes their case.

This section also identifies which edition of this *Guide* was used for the self-study, presents the provider's current Program Specification Table (see Figure 4, p. 39) to clearly summarize the scope of the AAQEP review, and defines any terms and acronyms that might not be familiar to reviewers.

Note: Apart from years in which standards are updated (which will next occur in 2025), AAQEP does not anticipate that year-to-year updates to the *Guide* will lead to significant differences to QAR writers or reviewers. Nonetheless, reviewers will use the identified *Guide* as their point of reference in the review.

How Many Years of Data Are Required?

The evidence set on which the Quality Assurance Report is based should include data from multiple cohorts of program completers. Using evidence from 3 years of completers is generally a good minimum, as it is sufficient to give a clear sense of levels of performance and a limited indication of trends. Nonetheless, sometimes other data sources, including newly implemented ones, provide valuable insight and can be considered in the review.

In deciding what to report, providers should consider trends in their data that might shed light on program quality and evidence of either improvement or decline. For some lines of evidence, many years of data are typically available.

AAQEP's rules of evidence encourage addition of new and better measures at whatever point they become available, so the number years or cycles of evidence included for different measures may vary. Clear explanation of choices regarding reporting cycles will ensure mutual understanding at the time of the visit and in the decision process.

Section 1. The Case for Standard 1: Candidate/ Completer Performance

Essential question: At the end of the program, are completers ready to fill their target professional role effectively?

In this section, the provider makes the case that its completers perform as professional educators with the capacity to support success for all learners. As noted in Section 2 of this *Guide*, the evidence must include multiple measures representing multiple perspectives—those of program faculty, P-12 partners, program completers, and completers' employers—and it must include direct evidence of candidate performance in a setting that is appropriate to the requirements of the particular license. For many programs, this evidence will come from a culminating clinical experience or internship. Others may have different contexts for gathering such direct performance evidence as is appropriate to the program.

Evidence must be presented in support of each aspect of the standard, although any particular aspect might not be supported by evidence from each of the perspectives. As a whole, evidence for the standard must address each aspect, draw from all four perspectives noted above, and include direct performance evidence.

Single instruments may include evidence relevant to more than one aspect or even more than one standard. In such cases, provide a description of the measure when it is first mentioned, and present tables displaying the evidence as efficiently as possible, referring back to

the relevant table at appropriate points in the narrative (rather than reproducing the full data table every time it is referenced).

Where such detail can be provided, reviewers and Accreditation Commissioners benefit from seeing basic descriptive statistics (range, mean, standard deviation). The QAR should also clearly explain what level of performance on any given measure is regarded as representing successful performance or evidence of quality, and the analysis should indicate whether the expectation was met.

In some cases, an instrument will be externally benchmarked or normed. The cut score for state licensing tests, for example, is established and should be noted. For other measures, such as surveys of completers or their employers, the provider needs to specify what responses are regarded as denoting success and any particular reasoning that went into the establishment of such criteria.

If different specific certificate or licensure programs are being discussed in the same report, data must be disaggregated at the license or certificate level, even if only a small number of individuals are represented on a particular line. The narrative discussion may, when the data indicate broad similarity in results, address several license or certificate programs collectively.

Note that in the following sections, many of the points made in this section also apply, although they may not be explicitly repeated.

Section 2. The Case for Standard 2: Completer Competence and Growth

Essential question: Were completers prepared to work in diverse contexts, have they done so successfully, and are they growing as professionals?

As noted in Section 2 of this *Guide*, some of the evidence for Standard 2 will be drawn from the same measures used for Standard 1. The QAR needs to make the case that the evidence answers the essential questions posed by each standard.

To demonstrate that it meets Standard 2, the provider must include evidence that strategies and/or reflective habits were mastered by candidates while in the program, evidence that relevant professional experiences have been successfully enacted, and evidence of continued growth and development in relation to the aspects.

AAQEP recognizes the challenges associated with gathering information from completers and their employers and supports innovation and experimentation in this regard. Evidence for some aspects of Standard 2 may cover only some segments of a provider's overall program offerings; the provider may clarify such cases by commenting on how such findings can inform additional segments of the portfolio.

Providers that are new to the AAQEP system may have only recently begun to gather evidence on aspects of performance that were not documented previously. Such providers may opt to identify the new measures that are being

> Some of the evidence for Standard 2 will be drawn from the same measures used for Standard 1. The QAR needs to make the case that the evidence **answers the essential questions** posed by each standard.

implemented and report on outcomes from those measures in subsequent Annual Reports.

Section 3. The Case for Standard 3: Quality Program Practices

Essential question: Does the program have the capacity (internally and with partners) to ensure that completers are prepared and succeed professionally?

Standard 3 represents the foundational expectations for the provider's quality assurance efforts. Many aspects of Standard 3 are addressed in QAR Appendices A, C, D, and E. The narrative portion of this section need not repeat the contents of those appendices but may refer to them in making the case that the standard is met. For example, while discussing the provider's efforts to support development of a diverse education workforce and its attention to state and local workforce needs, the report might reference processes and findings presented in Appendix A.

More detail about making the case for Standard 3 is included in Section 7 of this *Guide*.

Section 4. The Case for Standard 4: Program Engagement in Improvement

Essential question: Is the program engaged in strengthening the education system in conjunction with its stakeholders and in keeping with its institutional mission?

Standard 4 deals with various contextual opportunities and challenges that providers address. The narrative for this section of the QAR should address each

Section 4 of the report describes and reports on **innovations that are in process** but have not been established long enough to produce many cycles of data.

aspect of Standard 4. It may also refer to the appendix (B) that relates to this standard, without reproducing the appendix's material.

In addition to addressing specific contextual opportunities and challenges, this section of the report may describe and report on innovations that are in process but have not been established long enough to produce many cycles of data. For such innovations, the provider should indicate what data it is collecting throughout the implementation process to gauge whether the innovation is on track and trending toward success (or should note the indicators that have led the provider to alter course).

Finally, this section of the QAR offers the provider an opportunity to note and document any jurisdictional (state, provincial, territorial, local) challenges or efforts relevant to the programs under accreditation review. If the provider's state has an agreement with AAQEP that requires any additional reporting, it should also be addressed here or included as its own appendix at the end of the report.

Conclusion. Findings and Commitments

The conclusion presents the provider's overall findings and analysis from the self-study, summarizes the implications of the findings, and points to future actions. It also presents an action plan for future work by (a) explaining any planned changes to the program based on the evidence presented; (b) identifying new areas of investigation or inquiry, data sources to collect, strategies to explore, and benchmarks to use for

tracking progress; and (c) documenting any new initiatives or innovations.

This section of the QAR also guides providers in writing their future Annual Reports, as it sets out a plan for maintaining, strengthening, and/or innovating in their operations over the next accreditation period.

Appendices

A series of appendices supports the narrative of the QAR by providing additional detail and analysis in several areas. See Section 7 of this *Guide* for information about the QAR appendices.

In summary, the QAR is the main case a provider makes for being accredited, presenting a thorough account of how it meets the standards and of the particular context and innovations that characterize its operations. AAQEP encourages providers to take advantage of opportunities for guidance and support in writing the report, such as that offered in the proposal process, in workshops, on cohort calls, and through their AAQEP Liaison or other staff.

Section 7. Appendices to the QAR

Following the narrative portion of a provider's self-study, each Quality Assurance Report (QAR) contains a series of appendices that document key program practices as evidence for AAQEP Standards 3 and 4:

A. Candidate Recruitment, Selection, and Monitoring (Standard 3)

B. Completer Support and Follow-Up Practices (Standard 4)

C. Program Capacity and Institutional Commitment (Standard 3)

D. Internal Audit of the Quality Control System (Standard 3)

E. Evidence of Data Quality (Standard 3)

All data presented in the QAR, whether in the narrative or in the appendices, should be appropriately de-identified, disaggregated by program, judiciously selected, and accompanied by analysis. This model of presentation is designed not only to package information clearly for reviewers but also to enable future sharing of case studies and other examples—an important element of AAQEP's support for collaboration among providers.
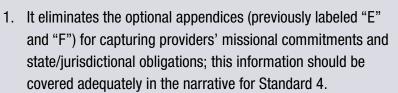
Appendix A. Candidate Recruitment, Selection, and Monitoring

In AAQEP's expectations for quality program practices (Standard 3), Aspect 3d asks for evidence that programs *enact admission and monitoring processes linked to candidate success*. Appendix A addresses this expectation by describing the cycle of candidate recruitment, selection (admissions), monitoring, and support throughout the program and evaluating the effectiveness of that system, with particular attention to the appropriateness of the admissions criteria and the effectiveness of candidate supports.

The recruitment, selection, and monitoring processes and criteria can be continually assessed and updated in light of success in candidate retention and completion. In order to determine the effectiveness of the system, the provider must connect the process to its completer data. This study must be based on empirical evidence, with specific measures

Does Something Look Different Here?

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The 2020 edition of this *Guide* improves the framework for the QAR appendices by making two minor adjustments:

1. It eliminates the optional appendices (previously labeled "E" and "F") for capturing providers' missional commitments and state/jurisdictional obligations; this information should be covered adequately in the narrative for Standard 4.

2. It labels the data-quality appendix as "E" rather than "G" to reflect its new position in the list.

Providers that elect to use the 2019 Guide *may, of course, continue to present the appendices as described in that edition.*

and criteria selected by the provider. The narrative should include conclusions that explain how the evidence presented supports current practice and/or what improvements to current practices will be implemented and studied.

Appendix A is essentially a case study in which the provider investigates the effectiveness of its own institutional processes; AAQEP invites members to share this appendix in particular with other providers in order to inform the field and promote effective practices across the system.

Appendix B. Completer Support and Follow-Up Practices

In support of Standard 4, Appendix B addresses Aspect 4c, which calls for evidence that providers *support completers' entry into and/or continuation in their professional role, as appropriate to the credential or degree being earned*. Here, the provider describes services offered to program completers to support their transition into the professional workplace as well as their ongoing growth as professionals.

Some providers have well-developed practices and formally collaborate with partners in the P-12 system to support and monitor their completers. In some cases, only certain programs offered by the provider have developed such systems, while others have not. Still other providers are in the initial stages of determining how to address this aspect of the standard, in many cases providing informal support.

Depending on the situation, Appendix B may include actual data from existing practices or plans for new efforts to follow up with completers. In the latter case, the appendix must also specify how the effort will be monitored and evaluated and what data will be collected in the process; as with all planned activities, progress toward enacting these efforts will be addressed in annual reporting.

AAQEP expects Appendix B to be unique to each QAR, varying by each provider's context. Practices may differ among a provider's programs and may depend on various schools' and districts' willingness or ability to participate. Potential innovations to mention in this section could include online seminars for graduates, support promises, and engagement with schools' or districts' induction programs.

This appendix is another one that could make a useful case study for other providers to read; AAQEP invites members to share their work and areas of emerging practice and innovation to facilitate collective learning.

Appendix C. Program Capacity and Institutional Commitment

In Appendix C, providers show both clear evidence of capacity for maintaining program quality and evidence of institutional commitment. The first part of Appendix C documents the following dimensions of capacity related to aspects of Standard 3:

- Alignment of the program's curricula with state and/or national standards (typically in an alignment matrix)

- Sufficient and appropriately qualified faculty (both full- and part-time) to

AAQEP invites members to **share case studies** with other providers in order to inform the field and promote effective practices across the system.

Appendix D
assures AAQEP
that the
provider has
the **capacity** to
maintain quality,
to identify
problems should
they arise, and
to monitor its
own operations
effectively.

teach courses and provide supervision (typically in a table showing faculty qualifications, rank, length of tenure, and teaching assignments; faculty CVs need not be included in the QAR but should be available)

- Adequacy of facilities in relation to the needs of the program(s) and candidates (documentation may include tables and/or narrative)

- Fiscal support that is sufficient to maintain program quality (this may be a brief description that refers to the institutional commitment presented later in the appendix)

- Provision of support services to all candidates on an equitable basis (typically a description of student support services that are available to candidates, including all groups of candidates, such as those in off-site, distance, or evening program offerings)

- Means for students to provide feedback on their program and to receive a fair and unbiased hearing for any concerns they may have with the program (including both routine means of student feedback solicitation, such as course evaluations and completion surveys, and means by which students can express concerns and lodge complaints)

The second part of Appendix C documents institutional commitment to the provider/program by showing that the resources and capacities devoted to it (chiefly those listed above) are at parity with those devoted to comparable programs within the institution, or with institutional norms, or with a comparable program in another institutional

setting. (The first two listed are the most accessible and common.) Note that parity does not imply absolute equality: medical school facilities, for example, are inevitably more costly than facilities for most other units on a campus, and market forces result in higher faculty salaries in some departments.

Appendix D. Internal Audit of the Quality Control System

Having detailed admissions and monitoring processes (in Appendix A), described completer support and follow-up efforts (in Appendix B), and documented dimensions of program capacity (in Appendix C), providers use Appendix D to describe the quality control processes by which they evaluate and improve program quality and then audit that system to ensure it is working as intended.

Appendix D assures AAQEP that the provider has the capacity to maintain quality by monitoring its own processes, identifying problems or anomalies should they arise, and addressing them effectively.

In constructing Appendix D, programs verify their capacity to monitor quality either by auditing the major aspects of their internal quality control system (which are described in Appendices A, B, and C) or by engaging in a cycle of targeted improvement such as the *plan-do-study-act* cycles recommended in the improvement science framework of Bryk et al. (2015).

In a broad-based internal audit, providers probe specific elements of the quality control system based on the records of a sample of recent completers. Beginning with such a sample, the provider looks

back at those individuals' experiences across the program, including their recruitment and selection, their progress through the various monitoring checkpoints, their experience of the curriculum and associated field and clinical placements, and the qualifications of those who taught them in classes, advised them, and worked with them as mentors or supervisors in the field.

Key aspects to include in an audit would be those impacting students directly, such as admissions and monitoring, clinical dimensions, coherence of curriculum, and appropriateness of staffing. Specific decisions regarding what to include and how to examine it are for the program itself to make.

A second, more focused approach to the internal audit involves digging deeply into the quality assurance system to address a particular problem that has been documented with evidence. For example, the provider of a program that experienced unacceptably high (by its own definition) attrition rates decided to scrutinize the data around the experiences of those who left or were counseled out of the program prior to completion. Based on the findings of that investigation, the provider undertook several targeted interventions and monitored the results. After refining its admission process and differentiating the pathways through the program over the course of 2 years, the program was able to show increased retention.
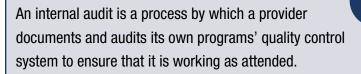
Whereas the broad-based internal audit approach focuses on verifying processes and, potentially, identifying areas in need of intervention, the focused approach requires that at least one cycle of

intervention (i.e., an evidence-based improvement effort that is monitored) be completed. It also requires engagement early in the accreditation cycle.

Whichever approach is taken with the internal audit, Appendix D should identify the team that conducted the audit and briefly explain the process that was followed, including:

- A description of the sample that was drawn and the reasoning behind its composition, or of the focal problem and the baseline evidence that identified it as a problem

- Specification and explanation of the elements selected for investigation and how they were audited and/or of the improvement cycle that was implemented

- A description of the process that was followed in gathering and summarizing the evidence

What Is an Internal Audit?

An internal audit is a process by which a provider documents and audits its own programs' quality control system to ensure that it is working as attended.

AAQEP recognizes two approaches: (a) a broad-based internal audit that checks on the efficacy of internal controls for a sample of recent program completers and (b) a problem-focused internal review that reports on at least one cycle of documented intervention in an identified programmatic shortcoming. Both of these approaches confirm that the provider has the capacity to monitor quality and to address identified problems.

More detailed guidance for conducting an internal audit is available at **aaqep.org**.

- An account of how the evidence was reviewed for use in program improvement efforts

- An explanation of the findings and any implications they have for program changes or improvement

Each approach to verifying a program's capacity for monitoring quality and improving program performance has potential benefits to the program beyond simply assuring the public of its capacity for quality monitoring. Programs engaged in the broad-based internal audit typically find areas in which policies are not being implemented consistently, policies where exceptions have become the rule, policies that need to be updated, etc. Providers that engage in targeted improvement cycles benefit immediately from the findings and establish a culture of improvement.

The process of completing an audit also gives its participants a clearer sense of how various aspects of the program function and fit together, often highlighting areas where efficiency, effectiveness, or both can be enhanced or improved.

> In an evidence-based accreditation system, credibility depends on the **quality of the evidence** on which decisions are based.

Appendix E. Evidence of Data Quality

In an evidence-based accreditation system, credibility depends on the quality of the evidence on which decisions are based. In AAQEP's system, data quality, a key aspect of Standard 3, is addressed both in the optional proposal stage (see Section 5 of this *Guide*) and in Appendix E to the QAR.

In this appendix, the provider details how it investigates the quality of the data on which the case for accreditation is based and documents the results of those investigations. For measures used in making the case that Standards 1 and 2 are met, these four qualities are addressed:

Validity—In vernacular discussions, validity answers the question *Does an instrument actually measure what it claims to measure?* Current measurement theory focuses on the validity of inferences drawn from data and the consequences of their use. In practical terms, confidence in the validity of evidence produced by a given measure is supported by (a) alignment between the instrument and relevant standards or constructs, (b) evaluation of the instrument by external partners who help generate the evidence (expert review), and (c) affirmation by external stakeholders who use or might use the evidence in making evaluative decisions. Arguments for validity are also strengthened when results from a given measure correlate with those of presumably related measures. When providers collaborate on this work with stakeholders such as P-12 partners and program completers, both data quality and partnerships benefit.

As a whole, validity evidence should make a convincing case that evidence produced by the measure can be trusted as an indicator. Not all types of validity must be considered for any particular measure.

Reliability—In general, reliability concerns the question of whether a given measure or instrument produces the same results in multiple applications. Repeated administration (test-retest) and item-level analysis (internal consistency) are common strategies for

studying instrument reliability. While these aspects of reliability are of interest, the main reliability issue for accreditation in educator preparation is the consistent application of rating forms by multiple raters—such as faculty grading key assessments used in program monitoring and valuation, or P-12 partners in clinical settings.

In practical terms for accreditation work, evidence for the reliability of instruments should provide assurance that all of those using a given instrument or rating form understand and use the instrument in consistent ways. Both preparation and calibration of raters are frequently reported.

Trustworthiness—While concern for the accuracy of inferences from a given body of evidence (validity) and for consistency in gathering evidence through a given strategy (reliability) can be applied to all types of evidence, the classical discussions of reliability and validity are grounded in *quantitative* measurement discourse. Understanding and improving educator preparation programs almost always draws on *qualitative* evidence as well as quantitative, and AAQEP equally values both types of evidence.

For qualitative sources of evidence used in making the case for accreditation, providers should attend to and provide evidence of the trustworthiness of such evidence. Qualitative research addresses the quality of evidence by providing information showing that it is credible, dependable, and confirmable.

Fairness—It is vitally important that measures be equitable in representing performance of all stakeholders—including applicants, candidates, completers, and partners. Providers must investigate evidence that the meaning of results differs across groups and consider that characteristics irrelevant to what is being measured or assessed may lead to differential outcomes.

Issues to consider related to fairness are the possible introduction of bias in assessment content or processes and other factors that might contribute to disparate access or outcomes for different groups. Discrepancy analysis—comparing outcomes across groups and investigating potential biases that might lead to differences among them—is a commonly used strategy (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 2014, Standard 7).

Appendix E should answer the following questions:

- What processes were followed to establish validity, reliability, trustworthiness, and fairness?

- What processes were followed to engage program faculty as well as internal and external stakeholders in evaluating instruments and in ensuring reliable (consistent) administration?

- What were the results of these investigations?

Providers that are at an early stage in some or all investigations of data quality may use this appendix to articulate their plans as well as their results to date. Progress on any such plans can be addressed in future Annual Reports.

Appendix E should also include blank copies of locally developed instruments used in the report.

Understanding and improving educator preparation programs draws on **qualitative as well as quantitative** evidence, and AAQEP equally values both types.

Section 8. The Quality Assurance Review

The AAQEP accreditation system operates on a 7-year cycle that features both continuous engagement, such as through cohorts and professional learning, and periodic checkpoints—namely annual reporting and the cycle-culminating self-study and quality assurance review. This review is conducted by a team of peer reviewers over a period of approximately 6 months and includes two off-site meetings, a site visit, and an accreditation decision meeting.

The quality assurance review is officially set in motion when the provider sends one or more Quality Assurance Reports (QARs) to AAQEP's Accreditation Coordinator, who arranges a variety of logistics and activities to keep the review on track. While the provider's primary tasks in the review are completing the QAR and hosting the site visit, the Accreditation Coordinator also guides the provider through a number of other actions, as shown in **Figure 9** (see also **Figure 3**, p. 33, for a timeline of the whole AAQEP quality assurance process).

Provider Primary Contact

Upon joining AAQEP, every regular member designates one person as the Primary Contact for all membership purposes. If a provider wants to assign an alternate lead for just the quality assurance review (or multiple leads if programs are presented in more than one QAR), it should
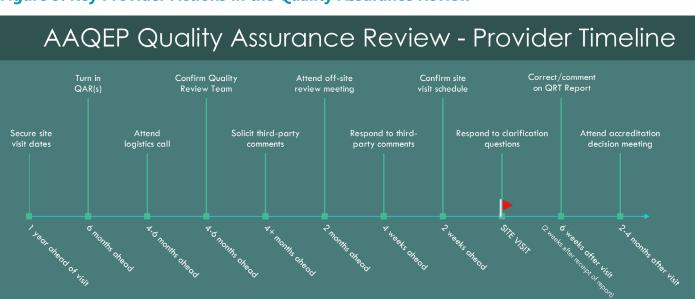
Figure 9. Key Provider Actions in the Quality Assurance Review

notify the Accreditation Coordinator when the QAR is submitted; otherwise AAQEP will assume the Primary Contact is the lead. Having a single point person for each review ensures consistent communication and paves the way for a well-organized and productive site visit.

Pre-Visit Activities

These components of the quality assurance review take place prior to the site visit. Note that the optional proposal stage of the process falls outside the quality assurance review, generally occurring 2-3 years before the visit to give providers feedback on plans before writing the QAR; see Section 5 of this *Guide* for details about the Accreditation Proposal.

Securing Site Visit Dates

Shortly after joining AAQEP, each provider completes a scheduling form with important information about site visit timing and preferred reviewer characteristics. Based on this information, the Accreditation Coordinator contacts the provider about a year before the requested site visit semester to identify specific dates. The reserved block is typically a 2- to 3-day period during a time when the programs are in session and key stakeholders will be available for interviews and meetings.

The provider secures the visit date on AAQEP's schedule by signing a letter of intent and paying at least 50% of the site visit fee. (The other 50% of the fee is due 30 days before the visit starts.) This fee covers visit-related staff time, volunteer training, technology, and administration costs; it does not include reviewers' travel expenses, which are paid separately by

the provider at the conclusion of the review (see **aaqep.org** for more information). Specific needs and payment options are discussed during the logistics call.

The Quality Assurance Report and Logistics Call

Approximately 6 months before the visit date, the provider initiates the quality assurance review by sending its QAR(s) electronically to AAQEP. (See Sections 6 and 7 of this *Guide* for details about preparing the QAR.)

The Accreditation Coordinator then schedules a logistics call with the provider to discuss travel arrangements and lodging for site visitors, how to craft an effective site visit schedule, and other details that require advance planning. The provider's assignments from this meeting include drafting a schedule and arranging on-site details such as these:

- Securing lodging and campus parking passes (if needed) for reviewers
- Reserving meeting rooms
- Arranging audiovisual needs including Wi-Fi internet access
- Scheduling appointments with campus leaders (president, provost, dean, etc.)
- Securing catering and/or dining reservations (if appropriate)

Note: If the provider writes more than one QAR to be reviewed at the same time, their reviews can be coordinated in combined logistical activities, but each QAR has a separate Quality Review Team—meaning each has its own local practitioner, off-site review and reports, and decision.

The **local practitioner**, nominated by the provider to serve on the Quality Review Team, brings valuable knowledge of the state and local context.

The Local Practitioner

During or even before the logistics call, the Accreditation Coordinator prompts the provider to nominate a local practitioner to serve as a full member of the Quality Review Team (QRT). Early identification allows the local practitioner time to take the AAQEP volunteer training modules as well as participate in all QRT activities, so this step is best initiated about 6 months before the site visit. AAQEP's Accreditation Coordinator supplies guidelines and sample language to aid providers in this task.

The local practitioner is an active or recently retired P-20 educator (teacher, administrator, counselor, or other educator in a role appropriate to the programs seeking accreditation) who can bring valuable knowledge of the state and local context to the team and is familiar with the program being reviewed.

Once a local practitioner is nominated, he or she must complete AAQEP training modules and sign a confidentiality agreement before serving on the QRT. Providers are also encouraged to consider the ability to secure release days for local practitioners to attend QRT activities (both virtual and on-site).

Other Quality Review Team Members

Approximately 4 to 6 months before a provider's site visit, the Accreditation Coordinator assigns the rest of the QRT to serve with the local practitioner. Assignments are made by matching available AAQEP-trained reviewers with the provider's preferences regarding reviewer expertise and experience.

The number of reviewers on each team is based on the size and complexity of the program(s) under review; a typical team consists of three to five individuals, including the team lead, local practitioner, and at least one other quality assurance reviewer.[1]

The Accreditation Coordinator sends the provider a curriculum vitae for each AAQEP-selected QRT member to review for potential conflicts of interest. If none is found, AAQEP confirms the members of the QRT. Once confirmed, each reviewer signs a confidentiality agreement before beginning to work on the case.

See Section 4 of this *Guide* for additional information about AAQEP volunteers.

Third-Party Comment

At least 4 months prior to a site visit, the provider solicits feedback on the quality of its programs from stakeholders such as faculty, staff, students, alumni,

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[1] Collaboration among the provider, AAQEP, and state authorities is one of AAQEP's operating principles. In addition to the core Quality Review Team, some states' education department or standards board staff participate in reviews as observers (see "State Connections With Site Visits," p. 62). In other states, review teams actually include one or more state-appointed members, and in a few states, a state team and an AAQEP team may visit a provider simultaneously. While state-to-state variation may sound confusing, AAQEP and the relevant state agency ensure that providers within any given state have all the details that pertain to their situation.

employers, and others. AAQEP's Accreditation Coordinator again supplies guidelines and sample language for this task.

AAQEP collects all third-party comments via its website, to which the provider links in its solicitation from its own website, emails, newsletters, and/or other media to help notify relevant stakeholders of the call for public comment. The provider is responsible for sending AAQEP's Accreditation Coordinator the link to such a post.

Comments may not be submitted anonymously, but once comments close AAQEP de-identifies the feedback before sharing it with the provider, 4 weeks prior to the site visit. The provider then has 2 weeks to respond to the comments, should it choose to do so. This response is forwarded to the QRT along with the original comments and becomes part of the provider's case record.

The Off-Site Review

Once the QRT members are all trained and confirmed and have signed confidentiality agreements, the Accreditation Coordinator gives them access to the provider's QAR and their review begins. Concurrently, the team lead coordinates with QRT members and the provider to schedule the two virtual meetings of the off-site review: one for just the team and one where the provider joins as well.

Team Meeting

The team's first virtual meeting is typically held 2-3 months before the site visit. At this meeting, team members get to know each other, review the case, consider the schedule and assign tasks and

interviews for the upcoming site visit, and author the Off-Site Review Report.

This report contains the provider's Program Specification Table along with the team's narrative summary of the case, clarification questions for the provider, and notes regarding site visit logistics. Following the off-site review team meeting, the team lead sends the completed Off-Site Review Report to the provider and to the AAQEP Accreditation Coordinator.

Team and Provider Meeting

The second virtual meeting of the off-site review takes place a couple of weeks after the first. In addition to introducing team members to the provider before the site visit, this meeting allows both parties to discuss and adjust the on-site schedule and other logistics. The meeting also aims to ensure that the provider understands the clarification questions presented in the Off-Site Review Report (although they are not intended to be answered during this meeting, but rather addressed in writing at the beginning of or just prior to the site visit).

In addition to these full-team meetings, the team lead and provider may communicate in advance of the visit regarding matters such as logistics, setting up virtual interviews, corrections to the

> **Role of the Quality Review Team**
>
> The Quality Review Team is tasked with affirming the evidence submitted in the QAR. Team members do not make a recommendation to the Accreditation Commission or provide any type of judgment on accreditation outcomes to the provider.

case information in the Off-Site Review Report, and answers to the clarification questions.

The Site Visit

The on-site component of the quality assurance review serves to verify the claims made in the QAR and to gather additional information as needed. The QRT accomplishes this task by conducting interviews and meetings with a range of stakeholders, reviewing the provider's response to any clarification questions, and recording findings to inform the report to the Accreditation Commission.

In a typical review, the QRT is on site for 2 to 3 days. The provider creates the site visit schedule to allow the team adequate time for interviews, meetings, transitions, and breaks. The QRT may request specific appointments in addition to the required interviews, which include people in the following roles:

- President and/or provost
- Education dean/department chair and program administrators
- Chief financial officer (or someone with responsibility for budget)
- Full- and part-time faculty (including content faculty if appropriate)
- Cooperating/mentor teachers
- University clinical/field placement supervisors
- Program candidates (preferably student teachers or candidates near program completion)
- Program completers/alumni
- P-12 partners/administrators

> In general, providers should expect the Quality Review Team to be on site for **2 to 3 days**.

- Stakeholders with whom data is shared (e.g., advisory board or groups; may be the same P-12 partners above)
- Certification or licensure specialist
- Student support services (advising, other support services)

For group meetings, the provider gives the QRT a written list of attendees ahead of time, or if participants are not known in advance, supplies sign-up sheets for use on site.

QRT members need not all be present for each interview, so some may be scheduled concurrently. In addition, some interviews and focus groups may be conducted virtually, either before or during the site visit, especially if they are easier to arrange and allow more people to participate than if held in person.

The on-site schedule includes three required meetings, one at the beginning and two at the end. The team meets alone twice, first at the outset of the visit to confirm its plans, and again at the end to consolidate its findings and plan for the third required meeting, which is the exit meeting with the provider. At the exit meeting, the team offers general observations from the visit and clarifies the next steps in the process. Note that the team's role is to verify the evidence submitted in the QAR and to gather corroborating evidence; it does not make a recommendation to the Accreditation Commission or provide any type of judgment. So at the end of the site visit, the team simply clarifies the remainder of the review process.

A sample on-site schedule is shown in **Figure 10**.

Figure 10. Sample Site Visit Schedule

Time	Activity	Considerations
Day 1		
	QRT Check-In at Hotel	
Late afternoon/ early evening	QRT Arrival Meeting (required)	
	Dinner at Hotel	
Day 2		
Morning	Pickup from Hotel	
	Meeting: President and/or Provost	30 to 60 minutes
	QRT Open Team Time	
	Meetings: Education Dean/Department Chair & Program Administrators	60 minutes
Noon	Lunch on Campus	Special dietary needs:
	Meeting: CFO	30 minutes
	QRT Open Team Time	
	Meetings: Faculty (Full & Part Time)	60 minutes
	Break	
	Meetings: P-12 Partners/Administrators	60 minutes
Evening	Return to Hotel and Dinner	
Day 3		Depending on program size and the number of meetings to complete on site, Day 3 could be a half day; the team would travel home during the second half of the day.
Morning	Pickup from Hotel	
	Meeting: Certification or Licensure Specialist	30 minutes
	QRT Open Team Time	
	Meeting: Student Support Services	30 minutes
Noon	Lunch on Campus	
	Meetings: Program Candidates	60 minutes
	Break	
	Meetings: University Clinical Placement Supervisors	60 minutes, afternoon/evening
	Final QRT Meeting (required)	90 minutes
	Exit Meeting with Provider (required)	30 minutes
Evening	Return to Hotel and Dinner	
Day 4		
Morning	Breakfast at Hotel, Departure	

State Connections With Site Visits

One of the principles undergirding the design of AAQEP's system and process is that collaboration and partnerships are important. AAQEP not only encourages partnerships involving providers, state education authorities, and the accreditor but also actively facilitates and establishes relationships with states that will add value to the quality assurance and improvement process and decrease burden as well as duplication of work.

AAQEP welcomes participation of state observers in site visits and even conducts joint visits with state reviewers in states whose cooperation agreements include such a specification. AAQEP staff works with host providers to coordinate any state involvement in their reviews.

Site Visit Observers

Aside from the QRT members and possible state participants or observers, some site visits may include other outside observers such as these:

- Other AAQEP members or volunteers looking to familiarize themselves with site visits before they have their own

- AAQEP staff members assessing the association's policies, process, and procedures

- Provider-invited individuals, such as colleagues from other institutions or state agency representatives; it is the provider's responsibility to contact AAQEP's Accreditation Coordinator to secure approval and training for these visitors

- Any other individuals who contact AAQEP directly to seek observation opportunities

Site visit observers are responsible for covering their own costs (such as travel, accommodations, food) associated with their visit.

Before the site visit begins, all observers must be approved by both the host provider and the QRT team lead, take AAQEP online training (Module 1) to familiarize themselves with the expectations framework and review process, and sign a confidentiality agreement.

During the visit, observers' access to documents, interviews, and QRT meetings is at the discretion of the provider and the team lead. Observers are expected to use professional courtesy to direct the sharing of what they learn at a site visit and seek permission from the host (and use appropriate acknowledgment) before sharing any information.

Post-Visit Activities

The QRT Report

Within 4 weeks of the site visit, team members author the QRT Report to capture their findings. This report includes the provider-approved Program Specification Table and case summary, briefly describes the evidence examined on site, and presents aspect-by-aspect documentation of the evidence related to each AAQEP standard.

This record identifies the evidence found for each aspect, describes any programmatic innovations or improvements and any negative evidence or lack of evidence, and includes any comments the QRT wants to share with the provider or the Accreditation Commission.

In addition to tracking evidence aspect by aspect, the report separately documents

> AAQEP welcomes participation of **state observers** in site visits and even conducts joint visits with state reviewers in states whose cooperation agreements include such a specification.

findings for common indicators related to Standard 3 for program capacity and commitment. It also records the results of the third-party comments received, any provider response to the comments, and concluding observations from the QRT. The report may append or link to separate materials such as the provider's responses to clarification questions and the site visit schedule or interview list.

Accuracy Check

Once the QRT Report is complete, the team lead sends it to the provider for an accuracy check. The provider then has 2 weeks to insert comments in the file requesting any needed corrections and return the report to the team lead. These corrections are reviewed and resolved by the team lead and AAQEP staff.

Accreditation Decision

The final QRT Report and the provider's QAR are shared with the Accreditation Commission for the culminating activity of the quality assurance review: the accreditation decision meeting, which occurs 2 to 4 months after the site visit. The Accreditation Coordinator invites the provider and team lead to attend this virtual meeting. In addition to answering questions from the Commission, these parties observe the full meeting, including the case discussion and decision. Other observers at the decision meeting may include state agency representatives and AAQEP staff.

Within 30 days of the meeting, the Accreditation Coordinator sends the provider an official accreditation decision package. See Section 4 of this *Guide* for more information about accreditation decisions.

AAQEP Accreditation Commission (2020)

Chair: **Joe Lubig**, Associate Dean, School of Education, Leadership, & Public Service, Northern Michigan University

Virginia Goatley, Chair, Department of Literacy Teaching and Learning, University at Albany, SUNY

Rebecca Pelton, President, Montessori Accreditation Council for Teacher Education

Gina Pepin, Teacher, Escanaba Area Public Schools (MI)

Sylvia Read, Associate Dean of Teacher Education, Utah State University

Deborah Rickey, Associate Dean, College of Education, Grand Canyon University

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Section 9. Annual Reports

Accreditation is an ongoing process and so requires annual updates regarding evidence of program quality and improvement. For AAQEP members, this means that in addition to hosting periodic quality assurance reviews to establish or renew accreditation, providers report annually to the association on a variety of program components.

AAQEP Annual Reports provide a regular opportunity for all members to update their program data and for accredited members to show that program quality is being maintained or enhanced and that standards continue to be met. In the process, Annual Reports also provide information on common indicators and transparency to stakeholders and the public.

Who, When, How, and How Many?

Regardless of when their next AAQEP site visit will be, all educator preparation providers that are members of AAQEP on July 1 of a given year fill out the first two sections of that year's Annual Report; those sections simply update AAQEP on basic information and program enrollment. New members in a given fiscal year—those joining after July 1—may wait until the following year to begin filing Annual Reports. Only accredited members must complete the full report, but all members are welcome and encouraged to do so.

Annual Reports will be due no later than December 31 of each year, beginning with 2020. AAQEP plans to provide an electronic template and open the submission window in October to allow members 2-3 months to complete their reports.

While most members will prepare just one Annual Report per year, those that organize their programs into separate self-studies for AAQEP review will file one Annual Report per Quality Assurance Report. Some sections may be duplicated across these multiple reports, as appropriate.

Annual Report Rollout Timeline

In the first half of 2020, AAQEP's early adopters are testing the Annual Report template developed by a succession of working groups. Their feedback will inform the content and format of the form that all members will receive in October 2020 for completion by the end of the year.

Format

The Annual Report is organized into 10 sections:

1. Provider Overview and Context

This section presents a brief narrative overview of the provider and any institution or other entity that hosts it. It also includes information about programs' context and mission and a high-level summary of the evidence that follows in the report.

2. Program Updates

This section contains an updated Program Specification Table (see **Figure 4**, p. 39) to keep AAQEP current on the particular programs covered by or seeking accreditation, including additions or deletions as well as other programmatic changes and the latest enrollment and completer numbers for each program.

3. Common Program Performance Indicators

This section collects information on a small number of indicators that are common across all providers. The particular indicators may change from year to year and aim to capture snapshots of the field in high-interest areas for reporting on national trends, such as:

a. Overall educator preparation enrollment and completer numbers, and the number of completers recommended for certification or licensure in the most recently completed year

b. Cohort completion rates for candidates who began their program in the expected duration and in 1.5x expected duration

c. Results of state licensing exams, including teacher performance assessments

d. Explanation of evidence available from program completers and from their employers

e. Employment (and/or more schooling) rates

4. Completer Performance Indicators

This section presents the provider's own expectations for candidate/completer performance and indicators of their success in meeting those expectations. In a table organized by AAQEP standard, the provider lists selected measures of performance, indicates performance expectations for each measure, and summarizes candidate/completer success in meeting those expectations.

5. Self-Assessment and Continuous Growth and Improvement

This section charts ongoing growth and improvement processes. The provider records its strengths, needs, and/or goals related to the four AAQEP standards, articulates priorities to be addressed, and describes both action plans and the outcomes of any steps already taken toward each priority.

6. Notes on Progress and Accomplishment

This section invites the provider to describe recent accomplishments, including efforts toward ameliorating weaknesses or addressing challenges identified in its own self-study. This narrative can highlight the provider's own priorities while also connecting to the AAQEP standards.

7. Evidence Related to AAQEP-Identified Concerns or Conditions

In this section, the provider summarizes how any concerns or conditions that were noted in the most recent accreditation decision are being addressed. More detailed documentation of relevant evidence is communicated to the Accreditation Commission via the provider's AAQEP Liaison.

8. Anticipated Growth and Development

This section briefly describes the provider's projected improvements and innovations. It may also identify anticipated challenges or barriers that will need to be addressed in future reports or reviews.

9. Regulatory Changes

If new regulatory requirements have caused (or are anticipated to cause) changes to the provider's programs, this section offers a place to put them in the accreditation record.

10. Sign Off

The Annual Report concludes with a section for the dean and the AAQEP Primary Contact to sign off.

Review

AAQEP staff and trained peer reviewers will review Annual Reports for completeness, and AAQEP Liaisons will be the point of contact for any follow-up. All *accredited* members must post their Annual Reports on their website, and AAQEP will make portions of Annual Reports available on its website as well.

References and Resources

The following sources either are cited in this *Guide* or have otherwise informed the working groups and staff engaged in developing AAQEP's standards and processes.

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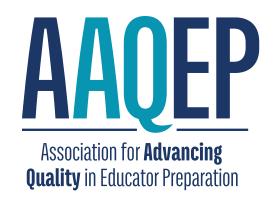
Glossary of AAQEP Terms

AAQEP Liaison	An individual designated by AAQEP to assist member providers through the quality assurance review process; each member is assigned an AAQEP Liaison shortly after joining the association.
Accreditation Action Report	An official record of actions taken by the AAQEP Accreditation Commission on a provider's case.
Accreditation Commission	The decision-making authority for AAQEP. Determines accreditation status for a provider based on its Quality Assurance Report and Quality Review Team Report.
Accreditation decision	Ruling by the Accreditation Commission, based on the Quality Assurance Report and Quality Review Team Report, marking the conclusion of a quality assurance review.
Accreditation Proposal	An optional step in the AAQEP process whereby providers can submit a plan 2-3 years prior to their site visit outlining proposed evidence for meeting Standards 1 and 2, plans for ensuring data quality, and contextual challenges and innovations; trained peer reviewers provide constructive feedback.
Adverse action	Denial or revocation of accreditation by the Accreditation Commission; indicates that a program does not meet one or more of AAQEP's standards.
Annual Report	A provider's yearly update to AAQEP on the context and work of relevant programs. For accredited providers, the Annual Report addresses how the quality affirmed in the most recent accreditation decision is being maintained or enhanced and what steps providers are taking toward continuous improvement to address improvement opportunities identified in their Quality Assurance Report.
Aspect	One of six constituent dimensions of each AAQEP standard. Evidence related to each aspect of a standard must be part of the evidence set for the standard. Aspects are integral to the standard, not separable components or elements to be judged independently.
Candidate	A person enrolled in a program with the intent of becoming a credentialed professional educator.
Clarification questions	Based on the Quality Review Team's read of the provider's Quality Assurance Report, the Off-Site Review Report identifies these areas to be addressed by the provider before or at the beginning of the on-site review.
Cohort	A group of provider representatives who share an AAQEP Liaison and may participate in a joint monthly check-in call to receive updates, ask questions, and, to the extent desired, provide mutual support and feedback.
Commendation	Notation that the Accreditation Commission may attach to an accreditation action (decision); a commendation is awarded when evidence shows outstanding performance on one or more aspects of a standard or a standard as a whole.

Comment	Notation that the Accreditation Commission may attach to an accreditation action (decision); a comment is an observation that gives useful feedback to the provider on a finding that is noteworthy but not significant enough to be cited as a commendation or concern.
Completer	A candidate who has successfully finished a preparation program.
Concern	Notation that the Accreditation Commission may attach to an accreditation action (decision); a concern is a shortcoming in relation to one or more aspects of a standard. Evidence regarding progress in addressing concerns must be presented in the provider's Annual Report.
Condition	Notation that the Accreditation Commission may attach to an accreditation action (decision); a condition is a significant problem that threatens a provider's ability to meet a standard and that thus requires immediate action. Notation of one condition may allow full accreditation, but evidence of the condition's resolution must be provided within 2 years. The noting of two conditions, however, leads to the award of a probationary 2-year term of accreditation. Failure to resolve any condition in 2 years results in adverse action.
Expectations framework	A document defining AAQEP's four standards, their associated aspects, and evidence requirements.
Full accreditation	Seven-year award granted by the Accreditation Commission affirming a program meets AAQEP's standards.
Internal audit	A process in which a provider identifies its system's quality controls and evaluates them to ensure they are working as intended. The internal audit report is included as Appendix D to the Quality Assurance Report.
Local practitioner	A provider-selected representative from the field who completes AAQEP training and serves as a member of the Quality Review Team. The practitioner has relevant experience (in a role such as a practicing or recently retired teacher, administrator, counselor, or other as appropriate to the programs seeking accreditation) and familiarity with the program and its completers.
Off-Site Review Report	A document produced by the Quality Review Team during the off-site review based on team members' reading of the provider's Quality Assurance Report. The Off-Site Review Report includes a draft summary and specification of the case along with clarification questions for the provider to address prior to or at the beginning of the site visit.
Peer reviewer	An AAQEP-trained volunteer who takes part in the quality assurance review process as either a proposal reviewer or a quality assurance reviewer.
Probationary accreditation	Two-year accreditation term granted by the Accreditation Commission affirming a program mostly meets AAQEP's standards but has noted conditions that must be resolved within 2 years.
Program	A set of academic courses and experiences required by an educator preparation provider that leads to (a) recommendation for state licensure, certification, or endorsement or (b) additional expertise in the area(s) indicated by the academic degree(s).
Program Specification Table	A standard format for reporting a provider's specific programs reviewed by AAQEP, including each program's name, level, and corresponding state license or certificate along with enrollment and productivity data. Included in the Accreditation Proposal, Quality Assurance Report, Quality Review Team reports, Annual Report, and Accreditation Action Report.

Proposal Review Form	The document used by a proposal reviewer to record feedback on a provider's Accreditation Proposal.
Proposal reviewer	An AAQEP-trained volunteer who reads a provider's Accreditation Proposal and engages in one to two rounds of feedback and other communication with the provider.
Provider	An institution or agency that provides one or more educator preparation programs.
Quality Assurance Report	Self-study documenting the provider's evidence that it meets the AAQEP standards. The report includes an overview of programs' scope and context, evidence to support the claim that they meet each of the four standards, and designated appendices.
Quality assurance review	The peer-review segment of the AAQEP accreditation cycle; includes off-site and on-site review and culminates in an accreditation decision.
Quality assurance reviewer	An AAQEP-trained volunteer who serves as a peer reviewer in off-site and on-site components of the quality assurance review process.
Quality Review Team	A group consisting of AAQEP-trained quality assurance reviewers who conduct a quality assurance review. Teams include reviewers who fill the role of a team lead and a local practitioner nominated by the provider. The size of the QRT is based on the size and complexity of the program(s) under review. A typical team consists of 3-5 individuals.
Quality Review Team Report	Report authored by reviewers summarizing the team's findings after the site visit. A draft of the report is shared with the provider for factual correction; the final report is shared with both the provider and the AAQEP Accreditation Commission.
Site visit observer	An individual granted permission by a provider to attend the on-site review.
Third-party comment	Feedback collected from the public and various stakeholders about a provider 4-6 months prior to the site visit that become part of the provider's case record.
Training modules	Online professional learning provided by AAQEP to prepare volunteers consistently for their peer-review roles.
Working groups	Ad hoc bodies of interested stakeholders in educator preparation convened by AAQEP to develop recommendations for the organization's standards, processes, and practices.

Guide to AAQEP Accreditation