

**ACCREDITATION ACTION REPORT  
Reaccreditation Application Review**

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its February 7-9, 2024 meeting, as indicated below.

**Name of Program: Northwestern University**

**File #: 52**

**Professional Area:**

<input type="checkbox"/>	<b>Audiology</b>
<input checked="" type="checkbox"/>	<b>Speech-Language Pathology</b>

**Modality:**

<input checked="" type="checkbox"/>	<b>Residential</b>
<input type="checkbox"/>	<b>Distance Education</b>
<input type="checkbox"/>	<b>Satellite Campus</b>
<input type="checkbox"/>	<b>Contractual Arrangement</b>

**Degree Designator(s): MS**

**Current Accreditation Cycle: 04/01/2016 – 03/31/2024**

**Action Taken: Continue Accreditation**

**Effective Date: February 9, 2024**

**New Accreditation Cycle: 04/01/2024 – 03/31/2032**

**Next Review: Annual Report due February 1, 2025**

**Notices:** The program is advised to adhere to the following notices that are appended to this report.

- PROGRAM COMPLIANCE EXPECTATIONS
- PUBLIC DISCLOSURE OF DECISION AND ACCREDITATION STATUS

*In the context of the institutional and program mission statements and in consideration of the credentials for which the program is preparing students, the CAA conducted its comprehensive review and found the program to be in compliance with the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology, except as noted below.*

## **AREAS OF NON-COMPLIANCE**

The CAA found the program to be not in compliance with the following Standards for Accreditation. Non-compliance means that the program does not have in place the essential elements necessary to meet the standard. The program must demonstrate its compliance with these standards when responding to prior concerns in the next annual report or reaccreditation application or by the time line specified below. The CAA will indicate in its review of that report whether the program has addressed these areas sufficiently to achieve compliance. **Failure to demonstrate compliance with the standards may jeopardize the program's accreditation status or require the CAA to place the program on probation. A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all standards (effective January 1, 2021- see [CAA Accreditation Handbook, Chapter XVII](#)).**

**Standard 1.4 The program faculty must regularly evaluate the congruence of program and institutional missions and the extent to which the goals are achieved**

### **Requirements for Review:**

- The program periodically reviews and revises its mission and goals.
- The program systematically evaluates its progress toward fulfillment of its mission and goals

### **Evidence of Non-Compliance:**

The CAA expects that the program faculty regularly evaluates the congruence of program and institutional missions and the extent to which the goals are achieved. In its site visit report, the site visitors stated that they were unable to verify that the program systematically evaluates its progress toward fulfillment of its mission and goals based on a review of the documentation provided to them. In its response to the site visit report, the program reported that it will be implementing an annual staff retreat each October to discuss the mission and goals, outcomes, strategies, and progress.

### **Steps to Be Taken:**

At the time of the next annual report, the program must provide evidence that it monitors its mission and goals to ensure that they remain congruent with those of the institution, that the program periodically reviews and revises its mission and goals, and that the program systematically evaluates its progress toward fulfillment of its mission and goals.

**Standard 3.2B An effective speech-language pathology program is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession.**

### **Requirement for Review:**

- Curriculum is reviewed systematically and on a regular basis.

### **Evidence of Non-Compliance:**

The CAA expects that an effective speech-language pathology program is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession. During the site visit, a review of evidence indicated the curriculum is organized, based upon current standards of practice in speech-language pathology, as well as current literature, and uses sound pedagogical methods. However, the site visit team did not find evidence to support that the curriculum was being reviewed systematically and on a regular basis; the site visitors reported that the review is solely done by the program director. In its response to the site visit report, the program stated that it has developed a departmental curriculum committee that will continuously monitor the quality of each department's academic programs, and will review national, professional and university standards on an annual basis. In addition, the committee will support and review curricular changes, and create a summary of data for full faculty members to review. The program has demonstrated that a plan for systematic review is in place but has not provided evidence that the curriculum has been reviewed at the time of the CAA decision.

**Steps to Be Taken:**

At the time of the next annual report, the program must provide an update on the departmental curriculum committee's work and provide documentation to demonstrate that the curriculum is reviewed systematically and on a regular basis.

**Standard 4.3 The program has policies and procedures for identifying the need to provide intervention for each student who does not meet program expectations for the acquisition of knowledge and skills in the academic and clinical components of the program**

**Requirement for Review:**

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

**Evidence of Non-Compliance:**

The CAA expects that the program has policies and procedures for identifying the need to provide intervention for each student who does not meet program expectations for the acquisition of knowledge and skills in the academic and clinical components of the program. In its report, the the site visit team reported that while the program provided data sources to demonstrate clear policies and procedures for intervention for students not meeting program expectations in the clinical component of the program, they were unable to verify that the program has clear policies and procedures for student intervention to address academic components of the program. The consistency of implementation was also unable to be verified at the time of the site visit.

In its response to the site visit report, the program provided documentation to operationalize its current policies and procedures, and document student intervention based on the type of registration (clinical and didactic). This documentation was sent to instructors and supervisors within the program, and is scheduled to be discussed by faculty in detail in February 2024.

**Steps to Be Taken:**

At the time of the next annual report, the program must provide evidence that its policies and procedures are applied consistently across all students identified as needing intervention, and ensure that its polices and procedures are operationalized.

**Standard 5.2 The program conducts ongoing and systematic formative and summative assessments of the performance of its students.**

**Requirement for Review:**

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

**Evidence of Non-Compliance:**

The CAA expects that the program conducts ongoing and systematic formative and summative assessments of the performance of its students. In its site visit report, the site visit team stated that the program provided clear evidence of numerous forms of formative assessment, however the only evidence of summative assessment provided was the PRAXIS examination in speech-language pathology, which cannot be used as the only form of summative assessment to demonstrate compliance with this standard. In its response to the site visit report, the program stated that it has a system of comprehensive evaluation of learning outcomes, including acquisition of knowledge and skills completed in three ways: summative assessment at the culmination of course and clinical work every term, quarterly summative review of quarterly performance, and culminating review across the entirety of the program during the final graduating term. The CAA determined that the system of comprehensive evaluation reported by the program described a review of student progress, but not an overall summative assessment completed by each student.

**Steps to Be Taken:**

At the time of the next annual report, the program must provide evidence that it has an assessment plan that is used throughout the program for each student, and includes the purpose of the assessments and uses a variety of assessment techniques.

**Standard 5.3 The program administers regular and ongoing assessment protocols to evaluate the quality of the program and to facilitate continuous quality improvement.****Requirements for Review:**

- The program must collect data from multiple sources (e.g., alumni, faculty, employers, off-site clinical educators, community members, individuals receiving services) and allow evaluation of the program's success in achieving its goals, objectives, and the extent to which student learning outcomes have been met.
- The program must use the results of its assessment protocols to improve and refine the program goals and objectives and ensure alignment between the programs' stated goals and objective and the measured student learning outcomes.

**Evidence of Non-Compliance:**

The CAA expects that the program administers regular and ongoing assessment protocols to evaluate the quality of the program and to facilitate continuous quality improvement. In its site visit report, the site visitors reported that the program provided course evaluations and clinical experience data that were aligned with student assessment. However, it did not provide data from multiple sources that focused on supporting programmatic assessment. In its response to the site visit report, the program reported that it has created a CSD Data Collection Working Group, that will be led by a new faculty member slated to start in March 2024. The group will be creating surveys for specific audiences; and the data collection efforts will be launched June 2024. The program stated that in addition to the data collected by the working group, multiple additional sources of data will be aggregated and considered.

**Steps to Be Taken:**

At the time of the next annual report, the program must provide evidence that data collected from multiple sources satisfies the evaluation process of the program's success in achieving its goals, objectives, and the extent to which student learning outcomes have been met. The program must also provide evidence that the results of its assessment protocols are used to improve and refine the program goals and objectives and ensure alignment between the programs' stated goals and objective and the measured student learning outcomes.

**Standard 5.4 The program uses the results of its ongoing programmatic assessments for continuous quality improvement and evaluates the improvements.****Requirements for Review:**

- The program must describe how it uses programmatic assessment data to promote continuous quality improvement of the program.
- The program must describe the processes it uses to evaluate program improvements for congruence with its stated mission and goals.

**Evidence of Non-Compliance:**

The CAA expects that the program uses the results of its ongoing programmatic assessment for continuous quality improvement and evaluates the improvements. In its site visit report, the site visit team was unable to verify evidence of regular and ongoing assessment protocols to evaluate the quality of the program, nor evidence to verify use of assessment results for continuous improvement. In its response to the site visit report, the program provided evidence of a plan to develop a comprehensive data collection plan that is scheduled to begin June 2024. The results from quarterly surveys will be reviewed by the departmental curriculum committee and programmatic assessment data will be reviewed annually by the chairs in consultation with the curriculum committee. The program also reported that data will also be discussed at the annual retreat.

**Steps to Be Taken:**

At the time of the next annual report, the program must describe how it uses programmatic assessment data to promote continuous quality improvement of the program and describe the processes it uses to evaluate program improvements for congruence with its stated mission and goals.

**AREAS FOR FOLLOW-UP (clarification/verification)**

The CAA did not find the program to be out of compliance with the following Standards for Accreditation at this time. However, the program must provide additional information or an update in the program's next annual report or reaccreditation application for clarification or verification of these issues, in order to monitor the program's continued compliance in the stated areas.

**Standard 1.5 The program develops and implements a long-term strategic plan.****Requirement for Review:**

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

**Evidence of Concern:**

The CAA expects that the program develops and implements a long-term strategic plan. In the site visit report, the site visitors noted that the program provided a current strategic plan (2023-2026) that included long-term goals, specific measurable objectives, and strategies for attainment, however a schedule for analysis was not provided.

Additionally, the site visitors reported that they were unable to verify evidence (e.g., meeting minutes, interviews, etc.) to verify regular evaluation of the 2011 plan. In its response to the site visit report, the program noted that the university continues to utilize the 2011 comprehensive strategic plan. In addition, it noted that the developing 2023-2026 strategic plan has the support of university administration and the provost office, and the executive summary for the plan is publicly available. The program stated that all faculty will meet annually, at a retreat each October, to review and discuss the mission and goals, expected outcomes, strategies, and evaluation of progress toward fulfillment of the mission.

**Steps to Be Taken:**

At the time of the next annual report, the program must provide an update to demonstrate that the strategic plan includes a mechanism for regular evaluation of the plan itself and of progress in meeting the plan's objectives.

## PERFORMANCE WITH RESPECT TO STUDENT ACHIEVEMENT

The CAA has evaluated this program regarding its performance with respect to student achievement and provides the following report, required as an accrediting agency recognized by the US Secretary of Education [[34 CFR 602.17\(f\)](#)].

### Comments/Observations:

<i>The CAA assessed the program's performance with respect to student achievement and found the program to meet or exceed the established CAA expectations (as described in accreditation standard 5.0-Assessment) in the following checked areas. Details regarding any of these areas found to be <u>not</u> in compliance are described earlier in this report in the context of the relevant standard.</i>	
X	Program Completion Rates
X	Praxis Examination Rates

## PROGRAM COMPLIANCE EXPECTATIONS

As an accrediting agency recognized by the U.S. Secretary of Education, the CAA must comply with Criterion §602.20 [[34 CFR 602.20](#)]. This criterion requires that if an accrediting agency's review of a program indicates that the program is not in compliance with any standard, the CAA must provide a written timeline to the program to come into compliance that is reasonable, as determined by the CAA, based on the nature of the finding, the stated mission, and educational objectives of the program. The timeline may include intermediate checkpoints on the way to full compliance and must not exceed three years for programs, regardless of professional area. If the review of a second consecutive report reveals that issues continue for the same standard(s), regardless of which requirements for review were identified, and the program remains not in full compliance with all standards, the CAA may act to place the program on probation or withdraw its accreditation status in accordance with the policy and procedures outlined in the [Accreditation Handbook](#). The CAA may place a program on probation or withdraw accreditation from a program prior to this time when there is clear evidence of circumstances that jeopardize the capability of the program to provide acceptable educational experiences for the students.

## PUBLIC DISCLOSURE OF THIS DECISION AND ACCREDITATION STATUS

The CAA publishes a notice of final accreditation actions on its website after comprehensive reviews are completed in accordance with its published policies. In the event an adverse action is taken and becomes final (i.e., withdrawal or withholding of an accreditation status), the CAA is required to publish a brief statement summarizing the reasons for withholding or withdrawing the accreditation status of a program, together with the comments, if any, that the affected program may wish to make.

The Criteria for Recognition by the U.S. Secretary of Education requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an accredited or preaccredited program releases about accreditation or preaccreditation status, contents of site visit reports, and accrediting or preaccrediting actions with respect to the program. [[34 CFR 602.23\(d\)](#) and [602.23\(e\)](#)] The program must make accurate public disclosure of the accreditation or preaccreditation status awarded to the program, using the language provided in the [Accreditation Handbook](#) (see Chapter XII Informing the Public) on the academic accreditation website. If the program chooses to disclose any additional information within the scope of the ED rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the CAA's name, address, and telephone number as described in the [Accreditation Handbook](#). If an institution or program misrepresents or distorts any action by the CAA with respect to any aspect of the accreditation process, its accreditation status, the contents of the site visit report, or final CAA accreditation

actions or decisions, the CAA will inform the chief executive officer of the institution and the program director that corrective action must be taken. If corrective action is not taken, the CAA will release a public statement that provides correct information and may invoke other sanctions as may be appropriate.