

**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: Northern Arizona University

File #: 197

Professional Area:

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

Modality:

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

Degree Designator(s): MS

Current Accreditation Cycle: 11/01/2015 – 10/31/2023

Action Taken: Continue Accreditation

Effective Date: February 9, 2024

New Accreditation Cycle: 11/01/2023 – 10/31/2031

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 A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all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 monitors its mission and goals to ensure that they remain congruent with those of the institution.
- 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:

In its Site Visit Report, the site visit team stated that discussions with tenure-track faculty, the program director, and the clinical instructors indicated that the program does not review its mission and goals on a regular basis. The site visitors were unable to verify that the program's mission and goals are consistent with the missions and goals of the university. In its response to the site visit report, the program reported that the university instituted a new mission and strategic priorities. The program stated that the leadership team from the College of Health and Human Services, which includes the chair of the CSD department, have been meeting regularly to establish College Strategic Directions and to ensure that these will align with the university's strategic direction, however, the strategic directions have not been published yet. The program stated that they will ensure congruence of its mission and goals to the college and institution as they are completed in the spring semester of 2024.

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.

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 3.8B Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.

Requirement for Review:

- The program must demonstrate that the procedures used in clinical education ensure that the welfare of each person being served by the student and clinical educator team is protected.

Evidence of Concern:

The site visit team reported that they were unable to verify that the program demonstrated that there is training for students to understand and practice the principles of universal precautions. In its response to the site visit report, the program provided their policies regarding universal precaution, which can also be found in the clinic manual.

Site visitors also reported that they were unable to verify documentation of written policies and procedures that describe the care delivered by the student in accordance with the current standards of ethical practice and relevant state and federal regulations. In its response to the site visit report, the program stated that the students are educated both verbally and by written means that accessing protected information outside the secure department space is prohibited, and has taken steps to ensure that this practice no longer continues. The program stated that they are working with its NAU IT specialists to have firewalls installed to limit the availability of electronic information to the CSD clinic, and this work will be completed by March 2024. The program reported that after the firewalls are installed, it also plans to purchase additional computers for students to access client records and complete documentation.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on the progress/completion of the firewall and additional computers as outlined in its plan to address the issues described. The program must also provide evidence that the procedures used in clinical education ensure that the welfare of each person being served by the student and clinical educator team is protected.

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

Requirements for Review:

- The program has policies and procedures for implementing and documenting all forms of intervention used to facilitate each student's success in meeting the program's expectations.
- The program must demonstrate that the policies and procedures are applied consistently across all students who are identified as needing intervention.

Evidence of Concern:

While the site visit team was able to confirm that program policies and procedures for identifying students who need intervention or remediation to meet program expectations were available in the clinic handbook and syllabi,

the site visit team was unable to verify that these policies are applied consistently. This observation was further supported through review of student records, interviews with students, and interviews with academic and clinical faculty. In its response to the site visit report, the program stated that student supervision is documented in CALIPSO, however, the program will be utilizing a new platform, the Educational Management Platform for Health Sciences (Exxat). Exxat will be used to electronically track the clinical and academic progress of graduate students enrolled in the Communication Sciences and Disorder department and is slated to be launched spring 2024.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence that it has policies and procedures for implementing and documenting all forms of intervention used to facilitate each student's success in meeting the program's expectations that the policies and procedures are applied consistently across all students who are identified as needing intervention.

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

Requirements for Review:

- The program must maintain records of advisement for each of its students.
- The program must maintain records demonstrating that students are advised on a timely and continuing basis regarding their academic and clinical progress.
- The program must maintain records demonstrating that any concerns about a student's performance in meeting the program requirements, including language proficiency, are addressed with the student.

Evidence of Concern:

The site visit team was unable to verify evidence of compliance with Standard 4.6. Though the program provided records of advising, documentation was inconsistent and did not show a record of student performance concerns. This lack of documentation was also confirmed by the site visit team through the review of student files and interviews with students and faculty. In its response to the site visit report, the program reported that any concerns regarding student performance in meeting program requirements will be addressed with the student and documented in the student's Exxat record. The program also noted that it will document intervention and remediation, advisement, and progress toward the completion of program requirement, and plans to begin using Exaat software in lieu of paper documentation.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence that it maintains records of advisement for each of its students, maintains records demonstrating that students are advised on a timely and continuing basis regarding their academic and clinical progress and that it maintains records demonstrating that any concerns about a student's performance in meeting the program requirements, including language proficiency, are addressed with the student.

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

Requirements for Review:

- The program must maintain complete and accurate records of all students' progress during the entire time of their matriculation in the program.
- The records for each student must include documentation that can demonstrate that the student has met all the academic, clinical, and other requirements for the degree and the credential(s) that are identified by the program in its mission and goals.

Evidence of Concern:

The site visit team was unable to verify if the program maintains complete and accurate records of all students' progress during the entire time of their matriculation in the program. In the site visit report, the site visitors stated that the program's curriculum and course sequences were not consistently updated in student files. In addition, information in Calipso was not consistently updated for student accomplishments or progress. During interviews at the site visit, faculty and staff were unable to describe the process for development or maintenance of this documentation for each student's record over their time in the program. In its response to the site visit report, the program stated that they will be utilizing Exxat as an online repository for student-related information. The program reported that the platform will house the curriculum/course sequence, advising notes, academic performance and progress, and clinical performance and progress. The program reported that this will allow faculty (both academic and clinical) to track documentation related to each student, and that documentation of student progress in the program will be monitored by department staff and the chair to ensure that all advisors have documented student progress towards completion of program requirements.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence of the implementation of its plan to maintain complete and accurate records of all student progress.

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 assessment protocols must be used to evaluate the academic and clinical aspects of the entire program.
- 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 systematically collect evaluations of the academic and clinical aspects of the program from students and use these to assess those aspects of the program.
- The program must use the results of its assessment protocols to improve and refine the program goals and objectives and ensure alignment between the programs' stated goals and objective and the measured student learning outcomes.

Evidence of Concern:

The site visit team was unable to verify that the program utilizes assessment protocols to evaluate the academic and clinical aspects of the entire program. In its site visit report, the site visit team reported that the program did not provide evidence of how it evaluates success in its program goals, nor did it provide evidence of benchmarks used to evaluate the program, which was determined through the site visit team's analysis of the resources provided by the program, including interviews, faculty meeting minutes, and the program's policy and procedures. In its response to the site visit report, the program reported that it drafted a comprehensive program assessment plan and procedure that was discussed and agreed upon in an October 2023 faculty meeting.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence of the implementation of its assessment protocols to evaluate the academic and clinical aspects of the program, and to facilitate continuous quality improvement.

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.