

**ACCREDITATION ACTION REPORT
Annual Report Review**

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its July 10-13, 2024 meeting, as indicated below.

Name of Program: Jacksonville University

File #: 308

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

Degree Designator(s): MS

Current Accreditation Cycle: 02/01/2023 – 01/31/2031

Action Taken: Place on Probation

Effective Date: July 13, 2024

**Next Review: Annual Report due February 1, 2025
End of Probation Report due June 11, 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 – Cause for Probation

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 A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all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

Standard 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.

This is the second consecutive report in which the program has been cited for this Standard.

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 Non-Compliance:

Following the site visit on January 26-27, 2023, and the program's subsequent response, the CAA found the program to be not in compliance with Standard 4.3. The site visit report highlighted the absence of records related to individual student advisement for academic and clinical challenges and the lack of policies or procedures for identifying the need for student intervention. In its response, the program provided a revised Student Clinical Handbook (spring 2023), which outlines the policy and procedure for identifying students requiring intervention to meet clinical curriculum expectations and includes student remediation plans. The program also introduced a new procedure for regular student reviews, indicating that these procedures would be implemented in the summer term of 2023. However, the program's response did not address how student success would be determined, the timeline for interventions, or the consistent implementation of the revised clinical policy for all students needing intervention.

In its May 2023 Accreditation Action Report (AAR), the CAA required the program to provide evidence in the next annual report that it had policies and procedures for identifying students needing intervention to meet academic expectations. Additionally, the program was required to demonstrate that it consistently implemented and documented all forms of intervention for students.

In the program's 2024 annual report, the program did not provide evidence that the policies and procedures had been implemented as planned, stating that implementation "will begin with the summer term." As a result, the

CAA has determined that the program has not consistently applied its policies and procedures for students needing intervention.

Steps to Be Taken:

At the time of the end of probation report, the program must provide evidence of its policies and procedures for implementing and documenting all forms of student intervention and demonstrate how it typically applies these policies and procedures consistently across all students who are identified as needing intervention.

AREAS OF NON-COMPLIANCE

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

Standard 3.4B An effective speech-language pathology program is organized and delivered in such a manner that diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education.

Requirements for Review:

- The program must provide evidence that students are given opportunities to identify and acknowledge:
 - The impact of multiple languages and ability to explore approaches to addressing bilingual/multilingual individuals requiring services, including understanding the difference in cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.
- The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among d/Deaf and hard of hearing individuals, and foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs.

Evidence of Non-Compliance:

In its 2024 annual report, the program reported that it provides students with opportunities for diversity, equity, and inclusion by incorporating ASHA's cultural competence check-ins during orientation and in courses CSD 544 and CSD 546. The program stated that students participate in activities that involve filling out the check-ins and engaging in reflective discussions and planning. Additionally, the program stated that students explore approaches for addressing bilingual individuals, distinguishing between differences and disorders. However, a review of the provided materials and course descriptions on the program's website reveals a lack of evidence regarding exposure to cultural and linguistic diversity within the d/Deaf and hard of hearing community. This includes understanding the differences in cultural perspectives of being d/Deaf, acknowledging Deaf cultural identities, recognizing the cultural and linguistic diversity among groups, including d/Deaf and hard of hearing individuals, and fostering the acquisition and use of all languages (verbal and nonverbal) according to individual priorities and needs.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence that students have opportunities to explore approaches for addressing the needs of bilingual/multilingual individuals requiring services. This should

include understanding the differences in cultural perspectives of being d/Deaf, acknowledging Deaf cultural identities, recognizing the cultural and linguistic diversity among groups, including d/Deaf and hard of hearing individuals, and fostering the acquisition and use of all languages (verbal and nonverbal) according to individual priorities and needs.

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 identifies long-term goals, specific measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis of the plan.

Evidence of Concern:

The 2021-2023 Strategic Plan posted on the program's website omits details of specific and measurable objectives. The program reported in its 2024 annual report that the strategic plan is revised annually in late spring/early summer after staff retreats; however, the current plan's schedule ended in 2023.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence of an updated strategic plan that identifies long-term goals, specific measurable objectives, and strategies for attainment of the goals and objectives.

- Standard 2.1 The number and composition of the program faculty (academic doctoral, clinical doctoral, other) are sufficient to deliver a program of study that:**
- 2.1.1 allows students to acquire the knowledge and skills required in Standard 3,**
 - 2.1.2 allows students to acquire the scientific and research fundamentals of the discipline,**
 - 2.1.3 allows students to meet the program's established goals and objectives,**
 - 2.1.4 meets the expectations set forth in the program's mission and goals,**
 - 2.1.5 is offered on a regular basis so that it will allow the students to complete the program within the published time frame.**

Requirements for Review:

- The program must document:
 - how the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3
 - how the faculty composition is sufficient to allow students to acquire the scientific and research fundamentals of the profession
 - how the faculty composition is sufficient to allow students to meet the program's established learning goals and objectives
 - how the faculty composition is sufficient to allow students to meet the expectations set forth in the program's mission and goals
 - how the faculty composition ensures that the elements (classes and clinical practica) of the program are offered on a regular basis so that students can complete the program within the published time frame

Evidence of Concern:

In May 2023, the CAA approved the program's substantive change application to add a distance education modality. However, the program has delayed offering this modality due to administrative challenges, now targeting fall 2025 for the first student cohort. Faculty hiring is scheduled for spring 2024, with the goal of having faculty in place one year before the first class. It is unclear how the documented faculty composition will be sufficient to allow students to acquire the knowledge and skills required in Standard 3, and to allow students to meet the program's established learning goals and objectives. Additionally, the plan lacks clarity on ensuring regular academic and clinical practice offerings for students to complete the program within the published time frame.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on its hiring process, and document how the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3, to allow students to meet the program's learning objectives, and ensure regular and consistent academic and clinical practice offerings so that students can complete the program within the published time frame.

Standard 2.4 All faculty members maintain continuing competence and demonstrate pursuit of lifelong learning.**Requirements for Review:**

- The program must demonstrate that all individuals who have responsibility to deliver academic and clinical components of the graduate program maintain continuing competence.
- The program must demonstrate that all individuals who have responsibility to deliver the graduate program pursue lifelong learning.

Evidence of Concern:

In its 2024 annual report, the program provided Faculty Data Collection Worksheets for all faculty members delivering academic and clinical coursework for the residential and satellite modalities. However, not all faculty provided evidence of their pursuit of lifelong learning and maintenance of continuing competence. Specifically, one Faculty Data Collection Worksheet reported that professional development was not applicable, and that individual's worksheet showed no active professional certification.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence demonstrating that all faculty responsible for delivering academic and clinical components of the graduate program maintain continuing competence and pursue lifelong learning.

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.