

QUALITY ASSURANCE SYSTEM HANDBOOK

A magnifying glass with a black handle and frame is positioned over a background of binary code (0s and 1s). The word "DATA" is written in large, bold, black capital letters in the center of the magnifying glass's lens. The background is a grid of binary digits, with some digits appearing slightly blurred due to the depth of field of the magnifying glass.

D A T A

Tennessee State University
College of Education

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INTRODUCTION

This Quality Assurance System (QAS) Handbook is designed to guide faculty and staff within the College of Education at Tennessee State University (TSU) in maintaining and enhancing the quality of all academic programs. TSU engaged in a program external audit to examine the overall quality assurance system (QAS) for continuous improvement in 2022 followed by another QAS audit in 2024. Based on the feedback from these audits the College of Education has moved forward with implementing the revised QAS with fidelity across all programs both licensure and non-licensure. This handbook provides a framework for data collection, validation, analysis, storage, and retrieval, as well as unit processes and procedures. It applies to all programs within the College, including educator preparation programs (EPPs) non-licensure, programs, and psychological sciences programs, and addresses the requirements of various accrediting bodies, including the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), the American Psychological Association (APA), the Council for the Accreditation of Educator Preparation (CAEP), and the Tennessee Department of Education.

The purpose of this handbook is to:

- Outline the key components of the QAS.
- Define roles and responsibilities for QAS management.
- Describe the processes for data collection, analysis, and reporting.
- Promote a culture of continuous improvement.
- Ensure compliance with program and accreditation standards.

A QAS comprises valid data to support continuous improvement that is sustained, evidence-based and that evaluates the effectiveness of its completers. The organization uses inquiry and data collection results to establish priorities, enhance program elements and capacity, and test innovations to improve completers' impact on P-12 student learning and development, effective education leaders, and psychological science professionals in our partnering communities and globally

CONTEXT AND UNIQUE CHARACTERISTICS

Tennessee State University (TSU), a Historically Black College/University (HBCU) and an 1890 land-grant institution, is Nashville's only urban and comprehensive public University. Founded in June 1912, TSU fosters scholarly inquiry and research, and lifelong learning.

TSU's unique characteristics differentiate it from other institutions in the state and is inextricably linked to the University's motto: Think, Work, Serve and the University's charge: Enter to learn, go forth to serve. Its location in the state capital, a major hub for healthcare, music, banking, publishing, and transportation industries, offers unparalleled research and service opportunities to students, scholars, and business partners from around the globe. Through its academic programs, TSU has been a major producer of teachers and educational administrators in the state.

The nursing and health profession programs have significantly contributed to the area's healthcare industry. Our agricultural research and services have positively influenced industry worldwide. TSU has received national program recognition and approval from various nationally recognized accrediting agencies, including but not limited to, the Southern Association of Colleges and Schools; the American Chemical Society, the American Psychological Association, the Accreditation Board of Engineering and Technology, the National Association of Schools of Music, the Association to Advance Collegiate Schools of Business, and the Council for the Accreditation of Educator Preparation (CAEP) along with the Tennessee Department of Education (TDOE). In 2009, TSU became Tennessee's first public Carnegie Doctoral/Research II institution. Tennessee State University has many strong academic programs, and enrollment is sufficient to support a relatively broad array of these programs.

COLLEGE OF EDUCATION

The College of Education (CoED) at TSU enjoys a rich history of teaching, research, and service. The programs are characterized by outstanding faculty who provide stellar educational experiences that propel students into successful careers. The programs also reflect our conceptual underpinning as we prepare "competent, caring, innovative, and culturally responsive professionals." The College of Education is comprised of three departments: Teaching and Learning, Educational Leadership, and Psychological sciences. Each department offers a variety of programs and concentrations that prepare students for professions in the fields of Education, psychological sciences, and other related areas.

There are currently 5 initial licensure programs offered and 2 advanced licensure programs. The programs within the CoED include Educational Leadership, Elementary Education (post-baccalaureate), and Early Childhood. The CoED coordinates with the secondary programs at the University. Table 1 indicates the programs currently approved. The table provides the endorsement, program level (undergraduate and post-baccalaureate), and clinical type, which refers to student teaching and job-embedded.

Similar to the alternative route programs, the job-embedded practitioner license is issued to candidates who have obtained a job in a school before completing the residency semester. Job embedded supports potential educators with a bachelor's degree who have not completed a traditional preparation program to be hired on a Practitioner's License for three years. Candidates must complete the requirements within three years to advance to Professional Licensure.

What is a Quality Assurance System

Definition

A Quality Assurance System is a data-informed, evidence-based process that supports the systematic evaluation and enhancement of academic programs, faculty performance, student outcomes, and institutional practices.

Key Components of a QAS

1. Standards Alignment

- Aligns with accreditation standards (e.g., CAEP for education, APA for psychological sciences)
- Ensures programs meet state, national, and professional benchmarks

2. Data Collection & Analysis

- Gathers data on:
 - Student learning outcomes
 - Faculty qualifications and performance
 - Clinical/internship experiences
 - Graduation, licensure, and employment rates
- Uses data to assess program effectiveness

3. Continuous Improvement

- Implements feedback loops for ongoing refinement
- Encourages evidence-based decision-making to improve curriculum, instruction, and support services

4. Stakeholder Engagement

- Involves faculty, students, alumni, employers, and community partners
- Promotes shared responsibility for quality and outcomes

5. Transparency & Accountability

- Produces reports and dashboards for internal and external stakeholders
- Supports compliance with accreditor and state agency requirements

6. Integration Across Programs

- Unifies quality assurance efforts across diverse programs (e.g., teacher education, psychological sciences)
- Allows for program-specific metrics within a shared institutional framework

Purpose

- To assure quality and support accreditation
- To enhance student success and professional readiness

- To build public trust in the institution’s ability to prepare competent, ethical professionals

Revised QAS Focus Areas

The focus areas were created in 2019 and were a solid foundation for revision. Those areas included Systemic Assessment of Candidate Performance, Data Collection, Unit and Program Review, and the Validation and Reliability of Data Collection. The revised areas (2022) of the QAS include six (6) areas: *Students, Process and Procedures, Faculty, Curriculum, Support, and Partnerships* for forward progression (Quality Assurance Task Force, 2010; OAA, 2021). The audit discovered improvements needed to align and support the consistency of processes across the programs within the College using the predefined areas. Figure 1 is the revised diagram of the QAS. All data is disaggregated at the College level and also at the program levels to ensure appropriate themes are identified (e.g., race, gender, program, year, etc.) and available for data discussions as a college and as a department and/or program.

Focus Areas

1. Students

- a. The data areas are a mix of what is currently available and created during the pilot phase of the QAS.
- b. This area consists of Advising, Support, Exit, and Two-Year Post Grad Surveys, Performance Evaluations, PRAXIS * TEAM * EdTPA, COMPS, Dispositions, Course Level Standard Performance Evaluations, Recruitment * Retention, and Graduation Rates.

2. Processes and Procedures

- a. The data represents the implementation of the various processes and the various scores received as a result of the submission of reports and the outcome of those reports during this pilot phase.
- b. College of Education and Unit Manuals, Program Assessment, University Reporting, QAS Reporting

3. Faculty

- a. The data represented includes student feedback and evaluations during this pilot phase.
- b. Professional Development, Surveys, Course Evaluations, Performance Evaluations

4. Curriculum

- a. Review of Syllabi, Curriculum Maps, Course Evaluations, Performance Evaluations

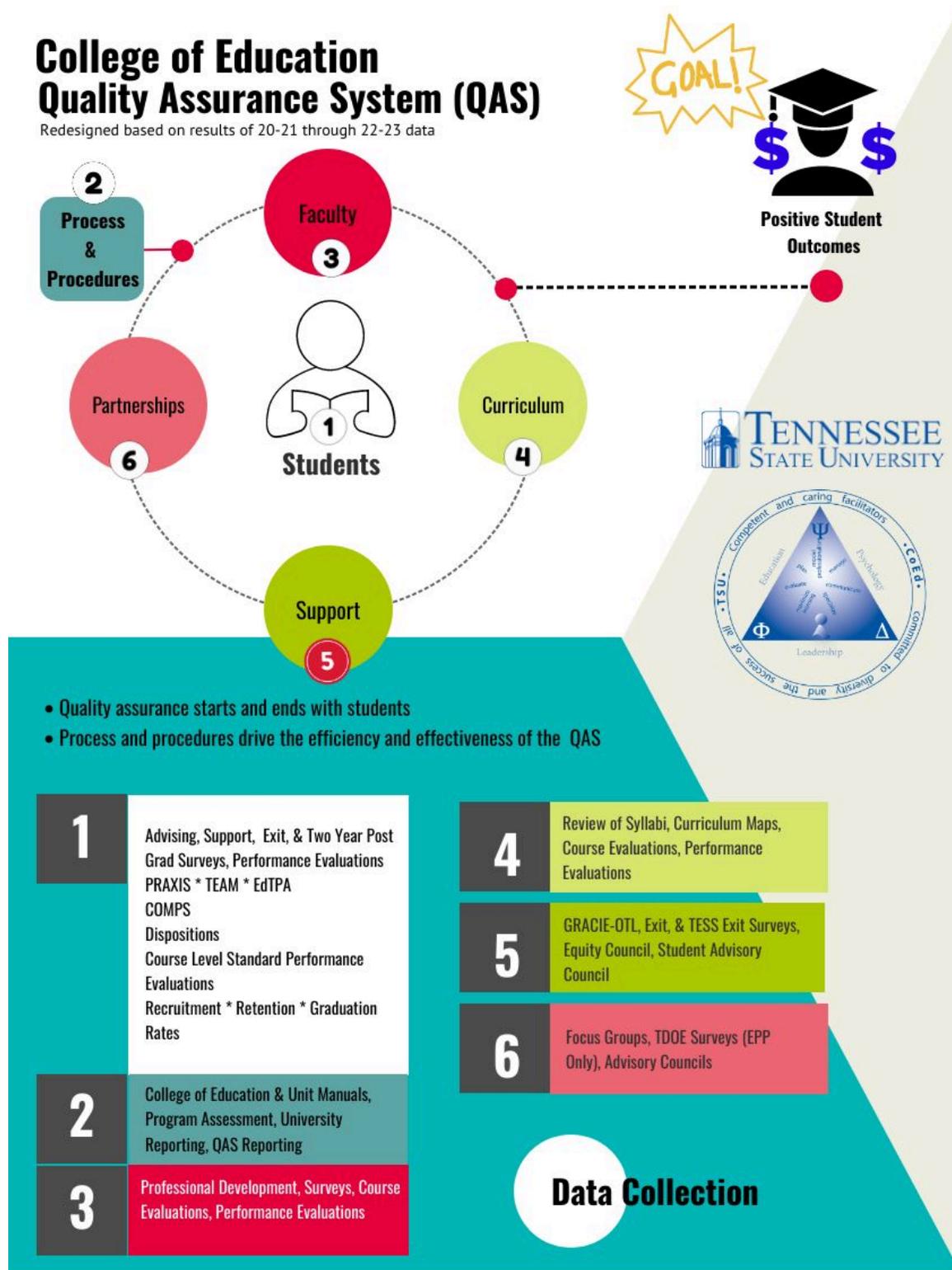
5. Support

- a. GRACIE-OTL, Exit, & OEP Exit Surveys, Equity Council, Student Advisory Council

6. Partnerships

- a. Focus Groups, TDOE Surveys (EPP Only), Advisory Councils

Figure 1. Quality Assurance Diagram



Who manages the QAS?

1. University Office of Assessment and Accreditation and the College of Education

- Primary responsibility for overseeing the QAS
- Coordinates data collection, analysis, and reporting
- Ensures compliance with accreditation standards (e.g., CAEP, APA)

2. Dean and Assistant Dean of the College of Education

- Provides strategic leadership and ensures alignment with institutional goals
- Champions the QAS across departments and programs

3. Coordinator of Accreditation and/or Quality Assurance

- Manages day-to-day operations of the QAS
- Leads preparation for accreditation reviews and site visits
- Facilitates continuous improvement processes

4. Program Coordinators and Department Chairs

- Oversee program-specific quality assurance activities
- Ensure alignment with discipline-specific standards (e.g., CAEP for teacher education, APA for psychological sciences)
- Analyze, disaggregate, and act on program-level data

5. Institutional Research and Effectiveness Office

- Supports with data infrastructure, analytics, and reporting tools
- Ensures consistency across colleges and programs

6. Advisory Committees and Stakeholders

- Include school partners, alumni, students, and employers
- Provide feedback and help shape improvement strategies

Collaborative Governance

The QAS is typically governed through a shared leadership model, where:

- Central oversight ensures consistency and compliance
- Program-level autonomy allows for discipline-specific quality measures
- Cross-functional teams promote integration and innovation

The structures, responsibilities, processes, procedures, and resources are managed at various levels. That includes the university, college, and program levels.

How does the QAS help my program?

A Quality Assurance System (QAS) helps your program—whether it's in educator or leadership preparation or psychological sciences—by providing a structured, data-driven framework to ensure program quality, effectiveness, and continuous improvement. Here's how it specifically benefits your program:

How the QAS Helps Your Program

1. Ensures Accreditation Compliance

- Aligns your program with accreditation standards (e.g., CAEP, APA)
- Supports preparation for site visits, self-studies, and reporting
- Reduces risk of non-compliance and strengthens institutional credibility

2. Provides Actionable Data

- **Collects and analyzes data on:**
 - Students
 - Faculty
 - Curriculum
 - Supports
 - Partnerships/Employers
- **Helps you identify strengths and areas for improvement**

3. Drives Continuous Improvement

- **Facilitates evidence-based decision-making**
- **Encourages regular review and refinement of:**
 - Curriculum
 - Instructional methods
 - Student support services

4. Enhances Stakeholder Engagement

- Involves faculty, students, alumni, and external partners
- Builds a culture of shared responsibility for program quality

5. Supports Strategic Planning

- Aligns program goals with college and university missions
- Helps set measurable objectives and track progress over time

6. Promotes Transparency and Accountability

- Provides clear documentation and reporting for internal and external audiences
- Builds trust with students, employers, and accrediting bodies

7. Fosters Innovation and Collaboration

- Encourages cross-program collaboration
- Supports the adoption of best practices and emerging research

How does the QAS work?

A Quality Assurance System (QAS) works by creating a structured, cyclical process that ensures academic programs within a College of Education—including licensure and non-licensure programs from undergraduate to post-bachelorette, to graduate programs—are meeting high standards of quality, effectiveness, and continuous improvement. The QAS is a detailed action plan framework outlining how to achieve the teams' chosen goals. The system helps to provide structure and outlines the steps and resources necessary for the team to continuously improve on reaching its identified goal(s). Each program unit shall have a plan for structures, responsibilities, processes, procedures, and resources. To facilitate data collection each program should reference the QAS Maintenance Workbook introduced during Data Day 2024 and implemented by the EPP in 2025. Going forward all programs will be responsible for completing a review and revision of the QAS Maintenance Workbook, a Program Standards Check and curriculum alignment review annually. These measures have been implemented in order to ensure programs are in alignment, in compliance and in a continuous cycle of data driven improvement. This is important to do at a programmatic level because all programs are unique and while the college as a whole may have an improvement goal the programmatic focus for improvement could be different.

Simplified functions of a QAS:

1. Define Standards and Goals

- **Align with accreditation standards (e.g., CAEP, APA)**
- **Set program-specific outcomes and institutional goals**

2. Collect Data

- **Gather quantitative and qualitative data using appropriate processes and procedures on:**
 - Students
 - Faculty
 - Curriculum
 - Supports
 - Partnerships/Employers

3. Analyze and Interpret

- Use data analytics tools to identify trends, gaps, and strengths
- Compare results against benchmarks and standards

4. Report Findings

- Create internal dashboards, reports, and summaries
- Share results with faculty, leadership, and stakeholders

5. Implement Improvements

- **Use findings to:**
 - Revise curriculum
 - Enhance teaching practices
 - Improve student support services
 - Strengthen clinical/internship experiences

6. Monitor Progress

- Track changes over time to assess the impact of interventions
- Adjust strategies as needed for ongoing improvement

7. Prepare for Accreditation

- Maintain documentation and evidence
- Conduct self-studies and mock reviews
- Ensure readiness for external evaluations and site visits

✓ Key Features of a Functional QAS

- Integrated across programs (education, psychological sciences, etc.)
- Collaborative governance involving faculty, administrators, and external partners
- Transparent and accountable to accrediting bodies and the public
- Focused on student success and professional readiness

QAS Calendar

The QAS is guided by specific data collection and analysis. These dates are imperative to successfully analyzing all data relevant to the reporting cycle. Table 1 provides a breakdown of the data, due date, person responsible, and storage location. Each unit of the College of Education should have a calendar, and each program should have a calendar that encompasses the specific asks pertaining to that program in order to be in alignment across the college and EPP.

Data Management Schedule

The management schedule is set up to capture the monthly actions needed for the College to collect the necessary data. The schedule captures the following:

- Topic
- Frequency
- Semester
- Due
- Report Used
- Responsibility/Function
- Storage Location

Table 1. Example Data Management Schedule

<i>Data Management Schedule</i>	<i>Monthly</i>	<i>Semester</i>	<i>Date Due</i>	<i>Product Support</i>	<i>Who</i>	<i>Storage</i>
<i>TEAM Data</i>		X	May	Form	Asst Dean/Data Analyst	Central OEP/AAU Storage
<i>Course Performance Assessments (ALL)</i>		X	Dec & June	eLearn	All Faculty	Central OEP/AAU Storage
<i>Praxis Core</i>		X	Dec & June	ETS	Asst. Dean/Data Analyst/GRACIE Lab	Central OEP/AAU Storage
<i>Praxis Content Test</i>		X	Dec & June	ETS	Data Analyst	Central OEP/AAU/EPP Program Storage
<i>TVAAS</i>		X	May	TVAAS	Data Analyst	Central OEP/AAU Storage
<i>edTPA</i>		X	May	Pearson	Data Analyst	Central OEP/AAU Storage

<i>Enrollment</i>	X	May & Aug	Argos	Data Analyst	All Units	
<i>Graduation</i>	X	May	Argos	Data Analyst	All Units	
<i>Student Completion Survey</i>	X	April	Qualtrics	Data Analyst	Qualtrics	
<i>Employer Survey</i>	X	May	Qualtrics	Data Analyst	Qualtrics	
<i>Disposition Survey</i>	X	X	April	Qualtrics	Faculty	Qualtrics
<i>Alumni Survey</i>	X	January	Qualtrics	Data Analyst	Qualtrics	
<i>OEP Survey</i>	X	May	MS Form	Asst Dean/Data Analyst	Central OEP Storage	
<i>Meeting Minutes</i>	X	As requested for various types and levels of reporting		Staff/Faculty/Leadership	All Units	
<i>EPP Council</i>	X	As requested for various types and levels of reporting		Agenda & Notes	Asst Dean	Central OEP Storage

Processes for Data Collection

Enrollment (University), Program Admissions (EPP), Retention and Graduation

1. Students for all programs can enroll and or graduate in Fall, Spring, and Summer
2. Retention for all Programs can be looked at Semester to Semester but traditionally Fall to
3. Candidates (undergraduates) are typically accepted into the College of Ed for teaching in the Spring Semester
4. Graduate, transfer, or job-embedded may be added during the Fall semester; however, the number can be small.
5. Candidate applications are accepted through the OEP office and due at the end of October. **Required courses from each program have been identified as the admission point for their cohort.**

Data Retrieval Dates

The three cycles of data are collected from the Fall and Spring semesters. The rationale is due to when the bulk of the data is available. The Spring semester is when all data is available and analyzed.

- Spring - May
- Fall - December

The data collection window is September 1 – August 31 and is aligned with the Title II schedule.

Systems Data Retrieval

Argos
Banner
EAB-Navigate
[Systems Access](#)

Grad CAS
OEP SharePoint

Purpose: Student data including but not limited to enrollment (University), major, minor, GPA, program admissions (EPP), retention and graduation

1. Students for all programs can enroll and/or graduate in Fall, Spring, and Summer
2. Retention for all Programs can be looked at Semester to Semester but traditionally Fall to Fall is the timeframe
3. Candidates (undergraduates) are typically accepted into the College of Ed for teaching in the Spring Semester
4. Graduate, transfer, or job-embedded may be added during the Fall semester; however, the number can be small.
5. Candidate applications are accepted through the OEP office and due at the end of October. **Required courses from each program have been identified as the admission point for their cohort.**

edTPA – Pearson

<https://edreports.nesinc.com/TN/Home/SignIn/?ReturnUrl=%2FTN>

Purpose: Examine how completers are performing in teaching only.

1. Log into Ed Reports
2. Choose "Access Results Analyzer"
3. Choose "edTPA Examinee Data" and choose the data box to the right
4. Choose "Rubric Scores Constructed" for a report

Notes:

- The report provides the edTPA results for the traditional candidates only.
- Job-embedded candidates are not required to take the edTPA.

Praxis

<https://tlcs.ets.org/sign-in?appid=tlcs&appid=tlcs&appid=tlcs>

Purpose: Review Praxis scores for initial and advanced programs.

1. Log into ETS Client Portal
2. Choose "Quick and Custom Analytical Reports"
3. Under Select a Report, choose "5"
4. Under Select a Report, choose "5-yr performance" and "Attending Performance Institution Data"
5. All tests should be included, with the current test year
6. The report will appear in the "My Quick Downloads" section
7. Run the analysis to support demographic analysis
8. Ensure candidates match the Title II match list

Notes:

- Must have access to the “actual” candidates enrolled in the program to retrieve them from the system.
- The export from the system will include candidates who may not attend the institution.

TVAAS

<https://tvaas.sas.com/?as=a&aj=i>

Purpose: Examine how completers are performing in teaching only.

1. Log into TVAAS Portal
2. Choose "Reports"
3. On the drop-down, choose "Teacher List by EPP" if not showing already below
4. Data must be copied and pasted into an Excel doc as the site does not allow for download
5. Note: Charts can be created on the site and copied for reports

Notes:

- The data does not disaggregate to race and gender.
- Can provide an overall of candidate performance.

TN Compass

<https://tdoe.tncompass.org/Account/Login?ReturnUrl=%2f>

Purpose: Retrieve completers and job-embedded candidates (initial and advanced programs).

1. Log into TN Compass
2. Choose "Reports" on the menu
3. Under Select a Report, choose "EPP Enrollment"
4. Choose "Excel" vs. CSV file (will not save all data).
5. Choose "Generate"
6. The file will download to computer
7. Remember to analyze by calendar year

Notes:

- The file contains all completers with race, gender, enrollment and completion dates, certificate type, active certification, etc.

Nuventive

<https://solutions.nuventive.com/>

Purpose: Nuventive supports, collects, and analyzes assessment data and promotes its use in developing action plans for continuous improvement. All programs must submit goals, data, and action plans based on the outcomes to show continuous growth and improvement.

1. Log into Nuventive
2. Choose the program of interest from the drop-down menu
3. Choose the menu to the left and scroll to Program Assessment Plan to view Student Learning Outcomes and measures
4. To review results, choose Program Assessment Results

Process for Review

1. The process begins in January or Spring of each year
2. The Office of Institutional Effectiveness emails each month to remind faculty program coordinators of the due date, typically at the end of May.
3. The calendar is also included on the IE [website](#).
4. Training is provided and located on the [Assessment Resources](#) page.
5. The reports must be completed, and data should be represented to analyze to include student demographics.

Assessment Rubric Example

Demographics	Examinees	Area 1	Area 2	Area 3	Area 4	Area 5	AVG Score
Black Male	2	3.5	2.5	3.5	3.5	3.5	3.3
Black Female	4	4.2	1	4.5	3.5	4	3.4
White Male	1	4	4	4	4	4	4.0
White Female	10	5	2.8	5	4.5	4.5	4.4
Asian Female	1	5	2.5	5	4	5	4.3
Hispanic Female	1	5	3.5	5	5	5	4.7
TOTAL	19	4.5	2.7	4.5	4	4.3	

Analysis: This example provides context on the number of examinees, areas of the rubrics, and average scores in each area. The data indicates the students by race comprising the course, their performance in each rubric area, and averages--100% of students demonstrated knowledge, skills, and dispositions. Area 2 of the rubric indicates the need to review this course content or the assessment to determine issues.

Continuous Improvement Theme. Area 2 of the rubric indicates the need to review this course content or the assessment to determine issues. Black male and female students are performing lower than other students. The way this information is currently presented in Nuventive is that 100% passed, which doesn't capture equity concerns.

Proprietary Assessment Example

Subject Area	Examinees	White Male	White Female	Black Male	Black Female	AVG Score
Agricultural Ed	2		2			47
Elementary Math	4	1	1		2	45
Elementary Literacy	10		9		1	45
Early Childhood	1		1			40
K-12 Performing Arts	1				1	33
Secondary Math	1		1			39
Health Education	1		1			48
TOTAL	20	1	15	0	4	

Analysis. This example provides context for the number of examinees, the program areas how those areas perform, and more. Because the numbers are so small, this example does not compare results by race to avoid the ability to identify candidates.

TEAM Observation

Purpose: Collection of TEAM data to analyze patterns and themes in observation.

1. Clinicians submit Residency 1 and Residency 2 data to the OEP office
2. The data must include the candidate's name, race, gender, program, and R1 and R2 scores
3. Data must be cleaned to ensure the candidates received all R1 observations (total of three) and R2 observations (total of 4) by the end of the respective semester.
4. Fall semester is R1 (3 observations)
 - a. Elementary are with the clinicians year-round
 - b. Clinicians, initially, are only seeking Designing and Planning Instructions and Learning Environment
5. Spring Semester is R2 (4 observations)
 - a. Clinicians support the secondary content expert who then takes over the observation.
6. Ensure demographic information is added to the TEAM collection to discover patterns
 *Rationale: a review of 19/20, 20/21, and 21/22 data showed that not all candidate's observations were recorded, the programs were not included, and demographic data were not included.

Notes:

- Traditional students receive the year-long residency.
 - Elementary are with clinicians year-round
 - Secondary content experts conduct the observations for secondary areas with support from clinicians.
- Job-embedded receive only three (3) observations and the full observation because they are the teacher of record.
 - They can opt not to be observed that first year because they have three years to pass the Praxis
- Grow Your Own (GYO) receives only three (3) observations and the full observation because they are the teacher of record.

Surveys

1. Employer Survey to active school administrators - January live date
2. Alumni Survey- All Programs
3. Employer Survey-All Programs
4. Student Exit Interview (initial program only)- administered a week before the end of the Spring semesters
5. Student Exit Survey (all programs) - completer survey administered a week before the end of the semester
6. Partner survey - distributed in May (second week)
7. Two Year Out - distributed in May (second week)

- All surveys are live and ready for distribution in the CoED Central Storage.
- The CoED Central Storage calendar has the dates of distribution with reminders.

Please see [Appendix A: CAEP CRITERIA FOR EVALUATION OF EPP-Created Assessments & Surveys](#) for guidance.

Reporting

Quality Assurance System (QAS) reporting is strategically scheduled throughout the academic year in alignment with unit and program timelines. The College of Education and Educator Preparation Provider (EPP) maintain a strong commitment to transparent data dissemination both internally and externally, for example the OEP shares Specialty Area Reports in the Fall with faculty and a Partnership Data Report with district partners to set the tone for the academic year. Data collected across the College and EPP are synthesized and formally presented during the annual QAS Retreat, which serves as a collaborative forum for data review and strategic planning.

The culmination of this process is the establishment of Continuous Improvement (CI) goals for both the College and its individual programs. The comprehensive QAS report is finalized in June following Data Day, ensuring that all program and unit-level reports are incorporated into the annual data cycle. As data aggregation concludes in May, the report reflects a complete synthesis of the academic year's findings. The Assessment and Accreditation Unit (AAU) is responsible for compiling and analyzing relevant data to identify areas of need and to define measurable outcomes that drive continuous improvement across the College.

Unit and Program Review and Data

- **Key Areas of Review:**
 - Candidate performance expectations
 - Faculty performance and support
 - Curriculum alignment with standards
 - Institutional processes and procedures
 - EPP (Educator Preparation Provider) performance

- **Assessment Cycle Includes:**
 - Defining intended outcomes
 - Aligning curriculum and assessment methods
 - Establishing success criteria
 - Collecting and analyzing outcome data
 - Using results for improvement
 - Documenting evidence of change

- **Data Sources and Tools:**
 - Student data (Enrollment, retention, demographics...)
 - Candidate surveys (e.g., on faculty and support services)
 - Program review outcomes
 - Support services (labs, advising)
 - Review schedules and calendars for regular data check-ins
 - TDOE data (EPP)

- **Partnership Feedback:**
 - Partnership inventory used to assess staffing needs (average rating: 3/5)
 - Survey questions assess mutual goals, candidate placement, and recruitment
 - Additional feedback being gathered via interviews and surveys
 - MNPS responses mostly positive; neutral responses flagged for follow-up (EPP)

- **Expansion Beyond Primary Partners:**
 - TSU also works with non-primary partners and community partners
 - Plans to collect consistent data across all partnerships

- Strategies can include:
 - Updated partnership and mentor surveys
 - Event and advisory board feedback
 - Administrator interviews
- **All Units should:**
 - Align practices from admission through program completion
 - Use data to create action plans for improving program effectiveness
 - Align course outcomes and performance measures with standards
 - Review/revise course materials for relevance and alignment
 - Review College-wide processes with faculty coordinators
 - Integrate with annual Program Assessment requirements

Accreditation and Data

Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) & Data Collection

Organizational Structure of SACSCOC

SACSCOC operates as a private, nonprofit organization with a governing structure that includes various committees.

- The College Delegate Assembly includes representatives from member institutions and is responsible for electing the Board of Trustees.
- The Board of Trustees oversees accreditation standards and final decisions on accreditation status.
- The Executive Council acts on behalf of the Board between sessions and manages SACSCOC operations.

Accreditation Process Overview

The accreditation process involves internal reviews, peer evaluations, and decisions by the Board of Trustees.

- Institutions conduct internal reviews to assess compliance with accreditation standards.
- The process includes Off-Site and On-Site Reaffirmation Reviews by peer evaluators.
- Final accreditation decisions are made by the SACSCOC Board of Trustees based on evaluation reports.

Compliance and Quality Enhancement Plan

Institutions must submit documents demonstrating compliance and a plan for quality enhancement.

- The Compliance Certification is submitted 15 months before reaffirmation and assesses compliance with Core Requirements.
- The Quality Enhancement Plan (QEP) focuses on improving student learning outcomes and is submitted six weeks prior to the review.
- The QEP must have broad support, commit resources, and include an assessment plan.

SACSCOC Data Collection

The SACSCOC does not publish a single "data collection guide." Instead, institutions compile evidence based on a framework of standards outlined in the *Principles of Accreditation* and related resource manuals. Your institution's official SACSCOC Accreditation Liaison is your primary resource for specific requirements.

The process centers on using continuous data collection and analysis to demonstrate institutional effectiveness, particularly for assessing student learning and success.

Core principles of SACSCOC data collection

- **Evidence-based compliance:** All SACSCOC requirements must be supported by documented evidence. The data you collect is meant to demonstrate how your institution meets and continuously improves upon the standards.
- **Continuous improvement cycle:** Data collection must be part of an ongoing cycle of planning, assessment, and improvement. You must show that you identify outcomes, assess the results, and use the analysis to make positive changes.
- **Mission-focused goals:** Your data should connect directly to your institution's stated mission. Your assessment process should show how you are working to achieve your institutional goals.
- **Institutional-wide documentation:** You will collect and report data from every area of the institution, including all educational programs (on-site, online, and off-campus), administrative units, and educational support units.
- **Multiple measures:** Compliance with certain standards, particularly student achievement, requires using multiple data points to document success.

Types of data you will collect

1. Student learning outcomes (SLOs) data

- **Purpose:** To demonstrate that students are achieving the intended learning outcomes for each program and for general education.
- **Source:** Individual academic departments and faculty members.
- **Examples:** Student portfolios, exams, capstone projects, rubrics for evaluating student work, and licensing or certification pass rates.

2. Student achievement data

- **Purpose:** To measure overall student success and completion rates, which must be appropriate to the institution's mission.
- **Examples:**
 - Retention and graduation rates
 - Job placement rates
 - Performance on external licensure examinations
 - Enrollment trends
 - Remedial or developmental course completion rates

3. Administrative and educational support unit effectiveness data

- **Purpose:** To show that all non-academic units, such as admissions, financial aid, and the library, are effective and contribute to the institution's mission.
- **Examples:** Surveys of student satisfaction with services, efficiency metrics, and process error rates.

4. Financial and resource data

- **Purpose:** To prove the institution is financially stable and has the resources to support its mission and programs.
- **Examples:** Annual financial profiles, enrollment statistics, and physical resource inventories.

5. Other institutional data

- **Purpose:** To provide a general overview of the institution for reviewers.
- **Examples:**
 - Institutional Summary Form
 - List of educational programs and degrees

- Information on branch campuses and off-campus sites

Key SACSCOC documents for data collection guidance:

[SACSCOC Resource Manual](#)-

[The Principles of Accreditation: Foundations for Quality Enhancement](#)

The Principles of Accreditation: Foundations for Quality Enhancement by [SACSCOC](#) outline a framework for higher education institutions to achieve and maintain quality through a commitment to continuous assessment and improvement, a peer-review process, and a focus on mission fulfillment and student learning. Key principles include institutional commitment, a self-regulatory peer-review process, the pursuit of ongoing quality enhancement in programs and services, a focus on student achievement, and the development of a [Quality Enhancement Plan](#) (QEP) to address institutional priorities.

SACSCOC Standards:

Section 1: Integrity

- Operate with integrity in all matters.

Section 2: Mission

- Clearly defined, comprehensive, and published mission appropriate for higher education.

Section 3: Basic Eligibility Standard

- Degree-granting authority from appropriate government agencies.
- Offer coursework for at least one degree program at each level of degrees awarded.
- Continuous operation with enrolled students.

Section 4: Governing Board

- Governing board with at least five members holding legal authority and fiduciary oversight.
- Regular review of mission and distinction between policymaking and administration.
- Selection and evaluation of the CEO, conflict of interest policies, and protection from external influence.

Section 5: Administration and Organization

- CEO with primary responsibility for the institution.

- Control over educational, administrative, fiscal programs, athletics, and fundraising.
- Qualified administrative and academic officers with regular evaluations.
- Policies for appointment and evaluation of non-faculty personnel.

Section 6: Faculty

- Sufficient number of full-time faculty to support the mission.
- Faculty qualifications documented and justified.
- Policies for faculty employment, evaluation, and academic freedom.
- Professional development opportunities for faculty.

Section 7: Institutional Planning and Effectiveness

- Ongoing, comprehensive, research-based planning and evaluation processes.
- Quality Enhancement Plan (QEP) focused on improving student learning outcomes.
- Assessment of administrative support services outcomes.

Section 8: Student Achievement

- Goals and outcomes for student achievement published and evaluated.
- Assessment of student learning outcomes for educational programs, general education, and academic/student services.

Section 9: Educational Program Structure and Content

- Coherent course of study compatible with the institution's mission.
- Minimum credit hours for degree programs (e.g., 60 for associate, 120 for baccalaureate).
- General education requirements ensuring breadth of knowledge.
- Institutional credits earned for degrees (25% for undergraduate, one-third for graduate).
- Advanced rigor for post-baccalaureate programs.

Section 10: Educational Policies, Procedures, and Practices

- Published academic policies adhering to good practices.
- Public information on academic calendars, grading, costs, and refunds.
- Archived catalogs for former and returning students.
- Policies for admissions, distance education, awarding credit, and cooperative academic arrangements.

Section 11: Library and Learning/Information Resources

- Adequate library and learning resources supporting the mission.
- Qualified staff for library and learning resources.
- Access and instruction for students and faculty in using resources.

Section 12: Academic and Student Support Services

- Academic and student support programs consistent with the mission.
- Adequate staff for support services.
- Published student rights and responsibilities.
- Procedures for addressing student complaints and maintaining records.
- Security and confidentiality of student records.
- Financial literacy guidance for student borrowers.

Section 13: Financial and Physical Resources

- Sound financial resources and stability to support the mission.
- Financial statements, audits, and budgets.
- Fiscal responsibility and control over finances and external funds.
- Compliance with Title IV program responsibilities.
- Adequate physical facilities and safe campus environment.

Section 14: Transparency and Institutional Representation

- Accurate representation of accreditation status.
- Policies for reporting substantive changes.
- Application of standards to distance learning and branch campuses.
- Accurate representation to other accrediting agencies.
- Compliance with SACSCOC policies.

Chart of Standards from Resource Manual for the Principles of Accreditation Foundations for Quality Enhancements

APPENDIX A: Chart of Standards

The chart below provides the reader with an overview of the information as to the status of each standard in terms of various aspects of the review process. The chart identifies which standards are Core Requirements, which are part of the Fifth-Year Interim Report, which are part of the Application for Membership (for those pursuing candidacy), which are reviewed on site even if the off-site committee finds compliance, which require a published institutional policy or procedure, and which are closely associated with a SACSCOC policy statement or statements (as identified in the narratives in this report).

Meaning of the Columns in the Chart

Column 1 The number of the standard (or named substandard) of the Principles of Accreditation.

Column 2 The descriptor for the standard. Standards included as part of Differentiated Review are marked with an asterisk (*).

Column 3 Standards that are Core Requirements (see glossary).

Column 4 Standards that are part of the Fifth-Year Interim Report.

Column 5 Standards that are part of the application for institutions seeking membership (candidacy status and initial accreditation). This does not apply to institutions seeking separate accreditation from a current member institution.

Column 6 Standards that will be reviewed on-site regardless of the off-site finding. This is either due to the standard being a federal requirement of recognized accreditors, or because the standard was not reviewed by the Off-Site Reaffirmation Committee (in the case of the QEP).

Column 7 Standards that require a published institutional policy or procedure. Narratives in the body of the Resource Manual will cite the SACSCOC good practices statement

Developing Policy and Procedures Documents.

Note. Implicit in every standard mandating a policy or procedure is the expectation that the policy or procedure is in writing and has been approved through appropriate institutional processes, published in appropriate institutional documents accessible to those affected by the policy or procedure, and implemented and enforced by the institution. At the time of review, an institution will be expected to demonstrate that it has met all of the above elements. If the institution has had no cause to apply its policy, it should indicate that an example of implementation is unavailable because there has been no cause to apply it.

Column 8 Standards that are related to a SACSCOC Policy Statement.

(1) Standard Number	(2) Descriptor (* Indicates Differentiated Review Standards)	(3) Core Requirement?	(4) Fifth-Year Report?	(5) Application for Candidacy?	(6) Reviewed On-Site?	(7) Published Institutional Policy?	(8) SACSCOC Policy?
1.1	Integrity *	✓		✓	✓		✓
2.1	Institutional mission *	✓		✓			
3.1.a	Degree-granting authority	✓		✓			
3.1.b	Coursework for degrees	✓		✓			✓
3.1.c	Continuous operation	✓		✓			
4.1	Governing board characteristics *	✓		✓			✓
4.2.a	Mission review						
4.2.b	Board/administrative distinction and shared governance						
4.2.c	CEO evaluation/selection			✓			
4.2.d	Conflict of interest *			✓		✓	
4.2.e	Board dismissal					✓	
4.2.f	External influence *						
4.2.g	Board self-evaluation *						
4.3	Multiple-level governing structure *						✓
5.1	Chief executive officer *	✓		✓			✓
5.2.a	CEO control *						
5.2.b	Control of intercollegiate athletics *						
5.2.c	Control of fund-raising activities *						
5.3	Institution-related entities					✓	
5.4	Qualified administrative/academic officers *		✓	✓	✓		
5.5	Personnel appointment and evaluation					✓	
6.1	Full-time faculty *	✓	✓	✓	✓		
6.2.a	Faculty qualifications *			✓			
6.2.b	Program faculty *		✓	✓	✓		✓
6.2.c	Program coordination *		✓		✓		
6.3	Faculty employment and evaluation					✓	
6.4	Academic freedom					✓	
6.5	Faculty development						
7.1	Institutional planning *	✓		✓			
7.2	Quality Enhancement Plan *				✓		✓
7.3	Administrative effectiveness			✓			
8.1	Student achievement *	✓	✓	✓	✓		
8.2.a	Student outcomes: educational programs *		✓	✓	✓		✓
8.2.b	Student outcomes: general education			✓			✓
8.2.c	Student outcomes: academic and student services			✓			✓
9.1	Program content *	✓	✓	✓	✓		✓
9.2	Program length *	✓	✓	✓	✓		✓
9.3	General education requirements *	✓		✓	✓		

(1) Standard Number	(2) Descriptor (* Indicates Differentiated Review Standards)	(3) Core Requirement?	(4) Fifth-Year Report?	(5) Application for Candidacy?	(6) Reviewed On-Site?	(7) Published Institutional Policy?	(8) SACSCOC Policy?
9.4	Institutional credits for an undergraduate degree						✓
9.5	Institutional credits for a graduate/professional degree						✓
9.6	Post-baccalaureate rigor and curriculum						
9.7	Program requirements						
10.1	Academic policies					✓	✓
10.2	Public information *		✓	✓	✓	✓	✓
10.3	Archived information		✓				✓
10.4	Academic governance					✓	✓
10.5	Admissions policies and practices *		✓	✓	✓	✓	✓
10.6	Distance and correspondence education *		✓	✓	✓	✓	✓
10.7	Policies for awarding credit *		✓	✓	✓	✓	✓
10.8	Evaluating and awarding external academic credit					✓	✓
10.9	Cooperative academic arrangements		✓				✓
11.1	Library and learning/information resources *	✓		✓			✓
11.2	Library and learning/information staff			✓			
11.3	Library and learning/information access			✓			✓
12.1	Student support services *	✓	✓	✓	✓		✓
12.2	Student support services staff						
12.3	Student rights						✓
12.4	Student complaints *		✓	✓	✓	✓	✓
12.5	Student records						✓
12.6	Student debt and financial literacy *						
13.1	Financial resources *	✓		✓			
13.2	Financial documents *	✓		✓			
13.3	Financial responsibility *						
13.4	Control of finances						
13.5	Control of sponsored research/external funds						
13.6	Federal and state responsibilities *		✓	✓	✓		
13.7	Physical resources *		✓	✓	✓		✓
13.8	Institutional environment		✓				
14.1	Publication of accreditation status *		✓	✓	✓		✓
14.2	Substantive change					✓	✓
14.3	Comprehensive institutional reviews *		✓	✓	✓		✓
14.4	Representation to other agencies *		✓	✓	✓		✓
14.5	Policy compliance *			✓			✓

*See [The Principles of Accreditation: Foundations for Quality Enhancement](#) for more detailed information

American Psychological Association (APA) and Data collection

APA accreditation assures the public that a program has clearly defined training aims that meet professional and scientific standards that support the successful, ethical, and skillful delivery of psychological service. The APA Commission on Accreditation (APA-CoA) is the primary programmatic accreditor in the United States for professional education and training in psychological sciences. As such, it accredits programs, not institutions or individuals. APA-CoA accredits master's and doctoral graduate programs in clinical psychological sciences, counseling psychological sciences, school psychological sciences and combinations of these areas. The Commission also accredits doctoral internships in the aforementioned areas, as well as postdoctoral residencies in traditional (clinical, counseling, school) or specialty areas of health service psychological sciences. APA accreditation is voluntary.

APA Standards

Key APA resources

The most reliable and current resources for accreditation data requirements are directly from the APA.

- **[APA Accreditation website](#)**: Provides links to all relevant forms, instructions, and reports.
- **CoA Portal**: The online platform for submitting self-studies and annual reports.
- **Self-Study Information page**: Contains links to narrative preparation sheets and required data tables.
- **Public Disclosures page**: Provides Excel templates for required data tables that must be published on a program's website.

An APA accreditation data collection guide consists of program-level requirements that programs must follow to submit an Annual Report Online (ARO). The specific data and forms required for submission are managed through the Commission on Accreditation (CoA) Portal.

The primary data collection documents are the annual ARO and the more comprehensive self-study, which is submitted in a program's reaccreditation year.

Annual Report Online (ARO)

Each year, accredited programs must submit data online to the Commission on Accreditation (CoA).

What it covers

- **Program characteristics:** Updates on changes to the program since the previous year.
- **Statistics:** Yearly data on program demographics, including admissions, enrollment, student outcomes, and faculty information.
- **Specifics vary by program type:** The ARO collects specific yearly statistics for doctoral, internship, and postdoctoral residency programs.
- **Reporting period:** The ARO collects data for the prior academic or training year.

Where to find information

- **Online portal:** Programs must log in to the CoA Portal to access the ARO submission system.
- **Official resources:** The APA accreditation website provides tutorials, FAQs, and tip sheets to guide programs through the submission process.
- **Submission window:** The ARO typically opens in May and closes in September. For example, the 2025 ARO was open from May 5 to September 15.

Self-study report

The self-study is a comprehensive report required for initial accreditation and for periodic reaccreditation reviews.

What it covers

- **Program objectives and competencies:** Aims, competencies, training model, and expected outcomes.
- **Curriculum:** Descriptions of the curriculum, including courses, required competencies, and evaluations.
- **Resources:** Information on institutional policies, financial resources, faculty, and support services.
- **Outcome data:** Includes proximal (in-program) and distal (post-graduation) outcome data to demonstrate competency and effectiveness.
- **Required tables:** The self-study includes specific tables for reporting student admissions, outcomes, and faculty information.

Where to find information

- **Self-study templates:** The APA provides preparation sheets and templates for drafting the self-study report outside of the online portal.
- **CoA Portal:** The final self-study must be submitted online through the CoA Portal.

Interim reports

For programs with a 10-year accreditation term, a shorter interim report is required at the five-year mark.

What it covers

- An update demonstrating continued adherence to the Standards of Accreditation.
- This report is submitted online via the CoA Portal.

Public disclosure requirements

Accredited programs must publicly post specific data on their websites to be in compliance with APA regulations. This data includes:

- Admission, outcomes, and placement data for students, interns, and residents.
- Data must be presented using standardized table formats provided by the APA.

Contact information for support

For specific questions regarding the ARO, programs can contact the Office of Program Consultation and Accreditation research office. The accreditation office can also be contacted for questions about other data submissions.

Summary of APA Standards for Accreditation in Health Service Psychological sciences:

Scope of Accreditation

- Accreditation ensures quality in education and training in health service psychological sciences.
- Covers doctoral, internship, and postdoctoral residency programs.
- Focuses on clinical, counseling, school psychological sciences, and other developed practice areas.

Guiding Principles

- **Purpose:** Voluntary process to evaluate and enhance program quality.
- **Values:** Emphasis on quality, transparency, peer review, diversity, and integration of science and practice.
- **Outcome-Oriented:** Focus on program outcomes, student competencies, and continuous improvement.

Doctoral Programs

- Must provide broad and general training in health service psychological sciences.

- Require a minimum of 3 years of study, including 1 year of full-time residency.
- Emphasize discipline-specific knowledge, profession-wide competencies, and evidence-based practice.
- Include practicum and internship experiences with direct supervision.

Internship Programs

- Require 1 year full-time or 2 years part-time training.
- Must provide supervised, sequential, and graded training experiences.
- Focus on profession-wide competencies, including research, ethics, diversity, assessment, and intervention.
- Ensure a supportive learning environment and regular evaluation of interns.

Postdoctoral Residency Programs

- Provide advanced training in health service psychological sciences or specialty areas.
- Require at least 1 year of full-time training.
- Focus on advanced competencies in science-practice integration, diversity, and ethics.
- Include individualized training plans, supervised clinical activities, and evaluation of resident progress.

Program Policies and Procedures

- Programs must have clear policies on admissions, evaluations, grievances, and nondiscrimination.
- Policies must align with ethical standards and legal requirements.
- Programs must maintain accurate records of student/resident progress and complaints.

Faculty and Leadership

- Programs must have stable leadership and qualified core faculty.
- Faculty must demonstrate expertise in health service psychological sciences and serve as role models.
- Programs must make efforts to recruit and retain diverse faculty.

Communication Practices

- Programs must provide accurate and transparent information to the public, students, and accrediting bodies.

- Accreditation status and program outcomes must be disclosed.
- Programs must maintain communication with accrediting bodies and comply with reporting requirements.

Accreditation Process

- Programs undergo periodic reviews, including self-studies and site visits.
- Accreditation decisions include statuses like "full accreditation," "accredited on contingency," or "probation."
- Programs must address deficiencies and demonstrate compliance with standards.

Complaints and Appeals

- Mechanisms exist for filing complaints against programs, site visitors, or the Commission on Accreditation.
- Programs can appeal adverse accreditation decisions based on procedural or substantive errors.

Diversity and Inclusion (*Wording of Accrediting Body*)

**Please see [Memo concerning the Enforcement of Diversity Accreditation Standards Effective March 21, 2025.](#)*

- Programs must actively recruit and support diverse students, interns, residents, and faculty.
- Training must prepare graduates to navigate cultural and individual differences in practice.

Evaluation and Continuous Improvement

- Programs must regularly evaluate student/resident competencies and program effectiveness.
- Data on graduate outcomes (e.g., licensure, employment) must be collected and used for improvement.

The Council for Accreditation of Educator Preparation (CAEP) and Data Collection

Purpose & Mission

The Council for the Accreditation of Educator Preparation (CAEP) ensures the quality of educator preparation through a rigorous, evidence-based accreditation process. Its mission is to

promote continuous improvement and strengthen P-12 student learning by accrediting programs that prepare teachers and other education professionals.

Scope

CAEP accredits Educator Preparation Providers (EPPs) offering:

- Bachelor's, master's, and doctoral degrees
 - Post-baccalaureate programs
 - Certification, licensure, or endorsement programs
- Accreditation applies to institutions in the U.S. and internationally.

Accreditation Overview

- Accreditation = Quality Assurance via external peer review
- Reviews occur every 7 to 10 years
- Annual reports must also be submitted. Please see [Annual Report Submittal Policy and Timeline](#) for more detailed information.
- Two types:
 - Institutional Accreditation (entire institutions)
 - Professional Accreditation (specific programs/departments)

CAEP is a professional accreditor, focusing on programs that prepare educators for licensure and certification.

Why Accreditation Matters

- Ensures educators are well-prepared in subject knowledge, student understanding, and clinical training
- Encourages EPPs to self-assess and use evidence-based analysis for improvement
- Helps avoid degree mills and accreditation mills by promoting transparency and integrity

Who Does It Help?

- P-12 Learners
- Outcomes-based evidence ensures that student learning is central to evaluating educator effectiveness.

- **Teacher Educators**
The research-driven accreditation process expands the knowledge base of effective teaching practices.
- **Education Professionals**
Rigorous standards elevate the profession and promote excellence in teaching.
- **State Agencies**
Accreditation supports state-level quality assurance, aligns national standards with state policy, and strengthens accountability systems.

CAEP Standards

Standard 1: Content and Pedagogical Knowledge-Candidates understand critical concepts of their discipline and reflect on personal biases to promote equity, diversity, and inclusion. Curriculum and clinical experiences prepare candidates to work effectively with diverse P–12 students and families.

R1.1 The Learner and Learning – Apply knowledge of learner development, learning differences, and safe learning environments.

R1.2 Content – Apply central content concepts to create equitable learning experiences.

R1.3 Instructional Practice – Assess, plan, and instruct using varied strategies and technology.

R1.4 Professional Responsibility – Engage in ethical practice, collaboration, and professional learning.

Standard 2: Clinical Partnerships and Practice-Effective partnerships and high-quality clinical experiences are central to preparation, designed to positively impact diverse P–12 students.

R2.1 Partnerships for Clinical Preparation – Co-construct school-community arrangements for clinical preparation.

R2.2 Clinical Educators – Co-select and support educators who positively impact candidate development.

R2.3 Clinical Experiences – Design diverse, coherent, and impactful clinical experiences.

Standard 3: Candidate Recruitment, Progression, and Support-Candidate quality is a continuous focus. Support services ensure success from recruitment through completion.

R3.1 Recruitment – Recruit diverse, high-quality candidates aligned with mission and workforce needs.

R3.2 Monitoring and Supporting Candidate Progression – Track progression through transition points and provide targeted support.

R3.3 Competency at Completion – Ensure candidates demonstrate academic and instructional competency.

Standard 4: Program Impact Completers demonstrate instructional effectiveness and satisfaction with preparation.

R4.1 Completer Effectiveness – Contribute to student learning and apply professional knowledge.

R4.2 Satisfaction of Employers – Employers confirm completers are well-prepared.

R4.3 Satisfaction of Completers – Completers perceive preparation as relevant and effective.

Standard 5: Quality Assurance System and Continuous Improvement-A data-driven system supports sustained, evidence-based improvement with stakeholder input.

R5.1 Quality Assurance System – Document how data are used for decision-making and improvement.

R5.2 Data Quality – Use valid, representative, and actionable data.

R5.3 Stakeholder Involvement – Engage internal and external stakeholders in evaluation and improvement.

R5.4 Continuous Improvement – Systematically assess performance and document changes.

Standard 6: Fiscal and Administrative Capacity-The EPP has the resources and infrastructure to support high-quality educator preparation.

R6.1 Fiscal Resources – Budget supports curriculum, faculty, and partnerships.

R6.2 Administrative Capacity – Leadership ensures coherent program delivery.

R6.3 Faculty Resources – Qualified faculty with professional development opportunities.

R6.4 Infrastructure – Facilities and technology support candidate learning

Standard 7: Record of Compliance with Title IV of the Higher Education Act

Freestanding EPPs must demonstrate full compliance with Title IV requirements to access federal funding.

CAEP Advanced Standards

Standard RA.1 Content and Pedagogical Knowledge—Candidates develop deep disciplinary understanding and reflect on personal biases to promote equity, diversity, and inclusion. Curriculum prepares candidates to work effectively with diverse P–12 students and families.

RA1.1 Candidate Knowledge, Skills, and Professional Dispositions

Candidates demonstrate proficiency in data literacy, research methods, equity-focused decision-making, collaboration, technology use, and ethical practice.

RA1.2 Provider Responsibilities

Providers ensure candidates learn and apply specialized content aligned with state/national standards (e.g., SPA, NBPTS, CACREP).

Standard RA.2 Clinical Partnerships and Practice—Effective partnerships and high-quality clinical experiences are central to preparation in advanced specialty fields.

RA2.1 Partnerships for Clinical Preparation

Partners co-construct school-community arrangements and share responsibility for improving candidate preparation.

RA2.2 Clinical Experiences

Candidates engage in varied, developmental experiences culminating in problem-based tasks or research aligned with their specialization.

Standard RA.3 Candidate Quality and Selectivity—Candidate quality is an intentional focus from recruitment through completion, ensuring readiness for certification and professional impact.

RA3.1 Recruitment

Providers set goals to recruit diverse, high-quality candidates aligned with mission and workforce needs.

RA3.2 Candidates Demonstrate Academic Achievement and Ability to Complete Preparation Successfully

Admissions criteria meet or exceed CAEP, state, or graduate school standards; candidate progress is monitored.

RA3.3 Monitoring and Supporting Candidate Progression

Providers use disaggregated data to monitor progression and provide targeted support; complaints are documented and resolved.

RA3.4 Competency at Completion

Candidates demonstrate academic and professional competency through content knowledge, data literacy, collaboration, and technology use.

Standard RA.4 Satisfaction with Preparation

The provider documents satisfaction of completers and employers with the relevance and effectiveness of preparation.

RA4.1 Satisfaction of Employers-Employers confirm candidates are well-prepared for assigned responsibilities.

RA4.2 Satisfaction of Completers

Completers perceive their preparation as relevant and effective for their professional roles.

Standard RA.5 Quality Assurance System and Continuous Improvement-A functioning system uses valid data from multiple measures to support sustained, evidence-based improvement with stakeholder input.

RA5.1 Quality Assurance System

Documents how data are collected, reported, and used for program improvement.

RA5.2 Data Quality

Relies on relevant, verifiable, and actionable data for valid interpretations.

RA5.3 Stakeholder Involvement

Internal and external stakeholders participate in design, evaluation, and improvement.

RA5.4 Continuous Improvement

Performance is assessed regularly; changes and innovations are documented and evaluated.

Standard 6: Fiscal and Administrative Capacity-The EPP has the resources and infrastructure to support high-quality advanced-level preparation.

R6.1 Fiscal Resources

Budget supports curriculum, faculty, and partnerships.

R6.2 Administrative Capacity

Leadership ensures coherent program delivery and transparency.

R6.3 Faculty Resources

Faculty are qualified and supported with professional development.

R6.4 Infrastructure

Facilities and technology support candidate learning and instruction.

Standard 7: Record of Compliance with Title IV of the Higher Education Act

Freestanding EPPs using CAEP accreditation to access Title IV funds must demonstrate full compliance with federal requirements.

CAEP Key Resources

CAEP Site: <https://caepnet.org/>

CAEP STANDARDS WORKBOOK: <https://caepnet.org/wp-content/uploads/2024/10/caep-2022-standards-workbook-final.pdf>

Appendix A: CAEP Criteria for Evaluation of EPP-Created Assessments & Surveys

1. Administration and Purpose

Sufficiency Criteria

- The time/point at which the assessment is administered during the preparation program is explicit.
- The purpose of the assessment and its use in candidate monitoring or decisions on progression are specified and appropriate.
- Instructions provided to candidates about what they are expected to do are informative and unambiguous.
- The basis for judgment is made explicit for candidates.
- Evaluation categories or assessment tasks are aligned with CAEP, InTASC, national/professional, and state standards

2. Content of Assessment

Sufficiency Criteria

- Indicators assess explicitly identified aspects of CAEP and InTASC Standards, in addition to national, professional, or state standards.
- Indicators reflect the degree of difficulty or level of effort described in the standards.
- Indicators unambiguously describe the proficiencies to be evaluated.
- When the standards being informed address higher level functioning, the indicators require higher levels of intellectual behavior (e.g., create, evaluate, analyze, and apply). For example, when a standard specifies that candidates' students "demonstrate" problem solving, then the indicator is specific to candidates' application of knowledge to solve problems.
- Most indicators require observers to judge consequential attributes of candidate proficiencies in the standards.

3. Scoring

Sufficiency Criteria

- The basis for judging candidate performance is well defined.
- Each proficiency level descriptor (PLD) is qualitatively defined by specific criteria aligned with indicators.
- PLDs represent a developmental sequence from level to level (providing raters with explicit guidelines to evaluate candidate performance and giving candidates explicit feedback on their performance).
- Feedback provided to candidates is actionable—it is directly related to the preparation program and can be used for program improvement as well as for feedback to the candidate.
- Proficiency level attributes are defined in actionable, performance-based, or observable behavior terms. [NOTE: If a less actionable term is used such as “engaged,” criteria are provided to define the use of the term in the context of the category or indicator.]

4. Data Reliability

Sufficiency Criteria

- A description or plan is provided that details the type of reliability that is being investigated or has been established (e.g., inter-rater, internal consistency, consensus building activities with documentation) and the steps the EPP took to ensure the reliability of the data from the assessment.
- Training of scorers and checking on inter-rater agreement and reliability are documented.
- The described steps meet accepted research standards for establishing reliability.

5. Data Validity

Sufficiency Criteria

- A description or plan is provided that details steps the EPP has taken or is taking to ensure the validity of the assessment and its use.
- The plan details the types of validity that are under investigation or have been established (e.g., construct, content, concurrent, predictive) and how they were established.
- If the assessment is new or revised, a pilot was conducted.
- The EPP details its current process or plans for analyzing and interpreting results from the assessment.
- The described steps meet accepted research standards for establishing the validity of data from an assessment.

Credit: <https://caepnet.org/wp-content/uploads/2024/10/caep-2022-standards-workbook-final.pdf>

Tennessee Department of Education (TNDoE)

According to the Tennessee State Board of Education: Tennessee Educator Preparation Policy 5.504

All educator preparation providers (EPP) and the specialty area programs (SAP) that lead to licensure must be approved by the State Board of Education (SBE). All licensure programs must ensure that candidates have opportunities to attain the knowledge and skills specified by the SBE, have clinical experiences in accordance with guidelines established by the SBE, and meet other standards, procedures, and guidelines established by the SBE.

Eligibility

The following organizations are eligible to apply for approval to serve as a Tennessee-approved education preparation provider (EPP).

1. Tennessee-based Institutions of Higher Education (IHE) authorized by the Tennessee Higher Education Commission (THEC)1 working in collaboration with at least one local education agency with which the IHE has established a primary partnership.

2. Tennessee-based Education-Related Organizations (ERO) working in collaboration with at least one local education agency (LEA) with which the ERO has established a primary partnership.

3. Tennessee LEAs or a consortium of Tennessee LEAs operating in good standing.

All EPPs must meet the standards adopted by the SBE to receive conditional and full approval to prepare candidates for licensure in Tennessee.

Approval of Educator Preparation Providers (EPPs) and Programs

- All EPPs and Specialty Area Programs (SAPs) must be approved by the State Board of Education (SBE).
- Approval types:
 - **Conditional Approval:** Initial status for new programs.
 - **Full Approval:** Granted after successful review.
 - **Interim/Focused Reviews:** Triggered by underperformance.

Annual Reports

An **annual report**, as described in the selected Tennessee Educator Preparation Policy document, is a formal yearly submission required from all approved Educator Preparation Providers (EPPs) in Tennessee. Its purpose is to evaluate and monitor the performance of both the provider and its specialty area programs (SAPs) to ensure they meet state expectations and standards.

Purpose:

- To assess whether EPPs and SAPs are meeting expectations set by the State Board of Education (SBE).
- To inform ongoing approval decisions and identify areas needing improvement.
- To provide transparency and accountability to stakeholders.

Components:

1. EPP and SAP Updates:

- **Substantial Changes:** Reports on major changes such as accreditation status, organizational structure, partnerships, program structure, and candidate assessment systems.
- **Contact Information:** Verification of key personnel including the head of the EPP and certification officers.

2. Metrics:

- **Recruitment and Selection:** Evidence of recruitment strategies, selectivity criteria (e.g., GPA, ACT scores), and progress toward recruitment goals.
- **Placement:** Data on the number and percentage of program completers placed in Tennessee public schools within three years of graduation.
- **Retention:** Data on the number and percentage of placed completers who remain in Tennessee public schools in their third and fifth years.
- **Completer Satisfaction:** Survey results from program graduates regarding their preparation and experiences.
- **Employer Satisfaction:** Survey results from employers (LEAs) about the performance and readiness of program completers.
- **Completer Outcomes:** Graduation rates, licensure exam pass rates, and ability to meet licensing requirements.
- **Completer Impact:** Evaluation data including observation scores, growth scores, and overall performance ratings.
- **Stipulations:** Progress updates on any conditions or requirements imposed during previous reviews.

Use of the Report:

- Used by the Tennessee Department of Education (TDOE) to compile multi-year performance data.
- Serves as a basis for comprehensive reviews and potential interim or focused reviews.
- May be shared with external stakeholders once formalized.

Standards Summary

Standard Area	Key Focus	Requirements/Expectations
General Education Standards	Foundational knowledge	Integrate diverse disciplines; problem-solving; communication; cultural awareness; technology use; math, science, humanities, and social sciences proficiency.
Professional Education Standards	Teaching competencies	Align with InTASC standards; address RTI ² , evaluation frameworks, and readiness to teach diverse learners.
Specialty Area Standards	Subject-specific expertise	Align with national SPA standards; demonstrate content mastery via coursework (36 hrs.) or qualifying assessments.
Literacy Standards	Reading & writing instruction	5 key standards: Content Knowledge, Literacy Environment, Curriculum & Instruction, Assessment, Professional Learning. Includes 21 sub-standards (e.g., vocabulary, writing, comprehension).

Please reference the full [TN Educator Preparation Policy 5.504](#) for more detailed information on Tennessee state accreditation and standards.

QAS Management System

The University, College of Education and the EPP at TSU will utilize the University's existing Microsoft 365 platform as the foundation for its Quality Assurance System (QAS). This cloud-based system is fully integrated across both Apple and Microsoft operating systems and supports secure, structured, and validated data management. Microsoft 365 includes tools such as:

- **Outlook**
- **SharePoint**
- **OneDrive**
- **Teams and Zoom**
- **Word, Excel, and PowerPoint**
- **Forms and Survey Tools**
- **Power BI**
- **Planner and Sites**

These tools are already in daily use by faculty and staff, making them ideal for managing QAS functions without additional cost or training on new platforms.

System Organization and Access

The QAS will be organized and accessed through **Microsoft Sites**, which serves as a centralized dashboard. This dashboard will house direct links to all relevant folders and resources stored in SharePoint. These folders are structured by program and aligned with key QAS components, including:

- **Data & Student Information**
- **Performance Assessments**
- **Surveys** (Student, Faculty, Alumni, Partner, etc.)
- **Candidate Impact & Support**
- **Validation & Accreditation Evidence**
- **Partnership Documents** (MOUs, MOAs)
- **Curriculum Materials** (Syllabi, Curriculum Maps, Course Lists)
- **Processes & Procedures** (Program Guides, SOPs)
- **QAS Design & Continuous Improvement Documentation**

Faculty and staff will have appropriate access to these folders to upload, review, and manage data relevant to their programs.

Cloud Storage and Integration

OneDrive serves as the primary cloud storage solution, seamlessly integrated with SharePoint and Microsoft Sites. Key features include:

- Compatibility with Microsoft Office files (no need for format conversion)
- Easy file search and retrieval
- Real-time collaboration on documents
- Access from desktop, mobile, or tablet
- Integration with project management tools (e.g., Monday, Slack)

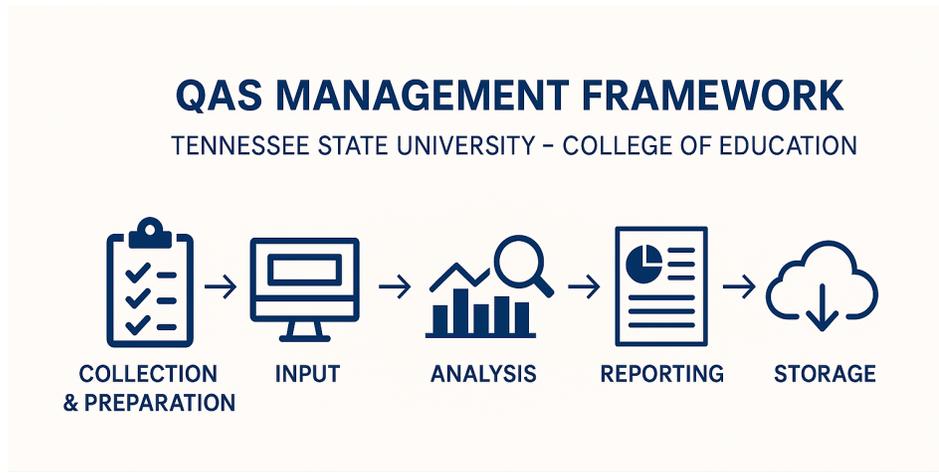
Files are organized by academic year and cycle (e.g., Surveys > 2022-23 > Exit Survey). This structure supports efficient data retrieval and reporting.

Data Collection and Quality

The College of Education and EPP have transitioned to a **three-cycle data collection model: Fall – Spring – Fall**, beginning Fall 2022. This model aligns with best practices in continuous improvement models and accreditation reporting.

Improvement Measures

Adopted a standardized data processing cycle:



- Centralized data storage using SharePoint and OneDrive
- Integrated Power BI for real-time data visualization and reporting
- Partnered with a consulting firm to support QAS implementation and faculty training
- Collaboration with Secondary Programs

The EPP is working to establish shared access to program assessments for secondary certification programs. These programs are required to submit:

1. Annual program learning outcomes
2. Supporting data
3. Action plans for improvement

The goal is to align these efforts with the EPP's QAS to ensure comprehensive data collection and analysis.

Data Quality

Validation and Reliability of Data Collection

The purpose is to ensure the drawing of conclusions with greater accuracy. The audit found that the College has the systems to collect and analyze data and levels of validity in place. All faculty shall integrate the context of validity and reliability when creating a program assessment. The focus on reliability and validity includes three basic questions:

1. What does the data say about each?
2. How are reliability and validity assessed?
3. How do reliability and validity relate?

TSU currently uses the Lawshe method (Gilbert & Prion, 2016) for content validity when developing instruments to gather data (Evidence 33 example). The process is not holistically or consistently used; thus, this shall become a standard as faculty will work to understand the rationale and need for following practices such as Lawshe when collecting data. The EPP can reference the *CAEP Criteria for Evaluation of EPP-Created Assessments & Surveys*. Many of the performance assessments are proprietary. Thus, the TEAM evaluation is the tool the EPP ensures is validated. For example, inter-rater reliability is maintained through consistent training. The strength of the observations is maintained, given that the current observers have been a part of the EPP for an average of 3 years. The percentage of agreement when observing students must be a minimum of 75% (minimum of 4 observers) for each area of the TEAM. The percentage is only adjusted if the number of observers declines. Clinical supervisors, mentors, and candidates are trained and monitored to support inter-rater reliability or the consistency of rating and measurement. A sample is retrieved each semester for R1 and R2 observations to review scoring. This occurrence is discussed in the meetings when the observers convene. The purpose is to determine the vast difference in scoring for the category. This process also applies to the review of questions on the comprehensive exams. Questions are reviewed by student response and revised if the question seems unclear to candidates.

Continuous Improvement Tracking

The CoED had to invest in foundational structures to ensure full data collection. The College uses a spreadsheet to track the progress of the goals. Thus, continuous improvement (CI) goals were prioritized for this collection cycle to begin greater improvement. Table 3 summarizes the tasks, start and end dates, completion percentage, status, roadblocks goals, outcomes, CI goal, and CI outcome for that reporting period. The actual file is too large to include; however, the review areas are included for a general idea. The QAS was developed, and all activities/tasks originated from the baseline data and independent consultant audit.

Table 3. *Continuous Improvement Tracking Example*

Task	Goal	Outcome	CI Goal	CI Outcome
Residency Orientations	1. Conduct the residency with candidates to provide information for their transition into clinical teaching. 2. Survey of teacher candidates to determine of the residency was helpful and how it can be improved.	Fourteen (14) or 74% of the candidates successfully completed the survey through the online Qualtrics survey tool. The survey was composed of nine (9) questions. The responses range from strongly agree to strongly disagree on a Likert scale. A majority of the candidates saw value in the orientation. Minimally, 86% of the candidates responded positively on average. Engagement, length, modeling practice better, on-site versus visual, and aids to support the discussion were drawbacks.	1. To improve engagement, the scheduled Residency II orientation will be conducted on-site of the TSU Avon Williams campus on Tuesday, January 17, 2023. 2. The sessions will encompass activities that will engage teacher education candidates through demonstrations, group activities, and informed sessions with their master clinicians.	Orientation data for 22-23 indicates 100% attendance and 95% of participants strongly valued the orientations. The process will continue as redesigned [maintain practice]

Surveys	1. Develop a shared process for survey creation, review, and distribution. 2. Review previous surveys to determine the low responses. 3. Review feedback from previous surveys related to partners.	1. The process was completed and the CoED is utilizing the process with fidelity. 2. Surveys (3) have been validated since and distributed. 3. The Exit Survey was revised and distributed with 100% return. 4. Advanced programs did not supply candidates to send the Exit Survey, so the process must be revised. 5. All surveys have been generated and are prepped for distribution each semester.	1. Develop a process where all the graduates are provided to the assessment office to distribute the surveys and distribute to determine success.	Process completed [maintain practice]
Disposition Survey	1. Develop a shared process for the collection of disposition data.	1. The survey was generated and has been used as of Spring 23. 2. The data is incomplete as answers were not completed by staff that included the course and the role of person completing the survey 3. The race and gender component was added.	1. Make areas required on the survey and send directions on how to complete the survey.	A survey was implemented. Issues were found in the collection of the data in terms of the inconsistent entry of data points. Survey has been updated.
Student Drop Rate	1. To understand why students choose to drop from the education program 2. To identify ways to improve student's educational/engagement experience 3. To explore the likelihood that dropped students will return to the education program	1. The outcomes showed that the Praxis and faculty are the top issues for students causing them to drop.	1. Develop a process related to the findings of the survey results.	22-23, the survey was created, and it was found that the reason was faculty and Praxis. [review and create solution]
Recruitment Plan and Measures	1. Attract, prepare, and graduate scholars to change the world 2. Cultivate an organizational climate that promotes collaboration, continuous improvement, and high performance 3. Create a transformative educational environment that impacts middle Tennessee and beyond 4. Generate revenue and capacity to reinvest in strategic priorities 5. Promote, strengthen, and sustain academic excellence in teaching and learning	1. None reported as the person responsible for the work resigned. 2. Restructuring approach to simply use the University plan	1. Utilize the University strategic plan as an action plan and matrix to monitor progress. 2. Develop measure for the College to report to the overall university and use for CI purposes.	A college recruitment plan was created in conjunction with various units. 75% submission rate. For programs that did not submit, the OAA will mark them as null and utilize numbers reported in the system to make programmatic decisions. Begin monitoring for goals 1-5.
Equity Driven Decisions Process	1. Develop a policy across all programs that provide candidates an opportunity to prosper when unable to meet the clearly inequitable practices some students face. 2. Implement the policy in Fall of 2023 but pilot for Spring of 2023 to determine needed revisions. 3. Dedicate person to spearhead the process of interviewing	The policy has been developed and activated to support the work in the college. All systems have been developed to support the work.	1. Track the progress of the council and the selection of the members. 2. Track all processes connected to the equity policy. 3. Discuss any challenges the council determines and develop action plans to move the work further.	The Council was created and held its initial meeting during 22-23. The data indicates one (1) student submission where the student could show that a policy was inequitable. Thus, the policy has to be

	students and developing plan. 4. Develop an inclusive tracking system so that the CoED may retrieve records of support for all students.			documented and clear for all students.
Process Driven	1. Develop processes for the various procedures within the CoED. 2. Create a manual for where all processes are included for retrieval.			
Focus Group Coordination	1. Create a central role to organize partnership meetings to collect feedback for all educator programs, implement changes, and monitor changes. 2. Identify all focus groups needed for students, staff, faculty, partners, etc.	1. The committee put together the process and procedures for the focus groups and will have at least one meeting before the CAEP visit. The outcomes will determine the next steps	The focus group shall conduct meetings that utilize the cycle data and make recommendations to program improvement.	Up-to date, the group has had two meetings where the student support. Revisions of program documents and improved data analysis were feedback points. All feedback has been incorporated.

Continuous Improvement for All

Themes and goals will change with each cycle review. Based on the data for each year, the result of the CI goal is monitored to determine if there are improvements. The outcomes of all goals are communicated in the QAS report. Thus, all approval, program review, and accreditation efforts align with the overall QAS. No process or product should be revised or completed outside the QAS.

Quality Assurance System (QAS) Process Flow

What does the QAS Process look like in action?

1. Data Collection

- **What Happens:** Programs gather data from assessments, surveys, evaluations, and candidate performance.
- **Examples:** edTPA®, Praxis®, course evaluations, mentor feedback, candidate support logs.
- **Responsible Roles:**
 - **Faculty:** Administer assessments, collect course-level data.
 - **Program Coordinators:** Ensure timely collection of program-level data.

- **Field Supervisors:** Submit observation and evaluation data.
- **Partnership Coordinators:** Collect partner and mentor feedback.

2. Data Preparation

- **What Happens:** Data is cleaned, formatted, and organized into SharePoint folders by cycle (Fall, Spring, Fall).
- **Examples:** Naming conventions, removing duplicates, formatting survey results.
- **Responsible Roles:**
 - **Program Coordinators/ Data Analyst:** Review and organize raw data.
 - **Assessment Leads/ Data Analyst:** Validate assessment data for accuracy.
 - **QAS Manager:** Provide templates and guidance for standardization.

3. Data Input

- **What Happens:** Prepared data is uploaded to the centralized QAS SharePoint folders.
- **Examples:** Uploading Excel files, survey PDFs, and assessment rubrics.
- **Responsible Roles:**
 - **Faculty/Staff/ Data Analyst:** Upload data to designated folders.
 - **QAS Manager:** Monitor folder structure and access permissions.
 - **Administrative Support:** Assist with file management and version control.

4. Data Analysis

- **What Happens:** Data is analyzed for trends, gaps, and performance outcomes using tools like Excel and Power BI.
- **Examples:** Disaggregating data by program, licensure area, and/or demographic.
- **Responsible Roles:**
 - **Coordinators/ Data Analyst:** Lead analysis and generate dashboards.
 - **Faculty:** Interpret and discuss results for program improvement.
 - **Assessment Committee:** Review findings and identify areas for action.

5. Reporting

- **What Happens:** Findings are compiled into reports for internal and external review and sharing, accreditation, and continuous improvement.
- **Examples:** Annual reports, CAEP evidence, state report card submissions.
- **Responsible Roles:**
 - **Program Coordinators:** Draft program-specific reports.
 - **Chairs:** Compile unit-wide reports and submit to leadership.
 - **Dean's Office/ Assistant Dean:** Review and approve final reports.

6. Data Storage

- **What Happens:** Finalized data and reports are archived in SharePoint and OneDrive for future access and audits.
- **Examples:** Archived folders by year and cycle, labeled with metadata.
- **Responsible Roles:**
 - **OEP / AAU/ Data Analyst/ Chair:** Ensure secure, organized storage.
 - **OEP/AAU/IT Support (if needed):** Assist with permissions and backup.
 - **Faculty/Staff:** Reference stored data for curriculum and program planning.

7. Continuous Improvement

- **What Happens:** Data insights are used to revise curriculum, assessments, and support services.
- **Examples:** Updating syllabi, modifying rubrics, enhancing candidate support.
- **Responsible Roles:**
 - **Faculty:** Implement changes in instruction and assessment.
 - **Program Coordinators:** Document and track changes. Monitor impact and prepare for next cycle
 - **QAS Workgroup:** Review submitted CI Plans and Processes Monitor impact and prepare for next cycle.

Template for Continuous Improvement Meetings

Title: Continuous Improvement Meeting

Date:
Time:

Attended By:
Facilitated By:

1. Introduction [Proposed Time]
2. Review of previous meeting action items [Proposed Time]
3. Performance review [Proposed Time]
4. Improvement opportunity identification [Proposed Time]
 - a. Identify problem areas or processes that need improvement
 - b. Use data analytics or feedback methods to detect these
 - c. Define the problem or improvement opportunity clearly
5. Discussion and brainstorming [Proposed Time]
6. Plan improvement initiatives
 - a. Set goals and expected outcomes
2. Define timelines and responsibility [Proposed Time]
3. Time: [Proposed Time]
 - a. Define deadlines for each improvement initiative
 - b. Assign responsibilities to teams or individuals
4. 10. Summary and Next Steps [Proposed Time]

The Quality Assurance Workgroup

How do we assess our QAS effectiveness in totality?

The benefit of this workgroup is the inclusion of diverse expertise in the various facets of the University, College of Education and the EPP as well as internal and external stakeholders. Integrating all areas where information is universally shared and stored for consumption promotes the synthesis of various university goals, college goals and accreditation components. The workgroup shall meet to discuss targeted topics aligned to the calendar of events with a continuous improvement lens. The Quality Assurance System (QAS) Workgroup aims to promote promising practices and ensure accountability. The QAS workgroup should meet at least twice an academic year.

The goals of the workgroup are:

- Monitor the progression of the College calendar to meet deadlines and revise annually.
- Develop or review proper tools needed to obtain data.
- Review and analyze data to improve processes and procedures; Develop solution-driven processes.
- Discuss possible research opportunities with college, unit, or program data.
- Address any gaps within the College.
- Collaborate with various members with varying backgrounds; and
- Engage and document QAS functionality check-ins to ensure practices are maintained and ongoing