

*CAEP Standard 5: Its language,
suggested evidence, and questions to
address*

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Webinar Basics

- Please MUTE your phones.
- Remember to unmute when you want to talk.
- To ask a question during the presentation USE the chat.
- The recording of the webinar recording and PPT will be posted on You-tube by June15th.
- If you would like a copy of the PPT, email me at LCVinc1@gmail.com

Goal and Objectives

- **Goal:** To provide updated information on addressing Standard 5 and its components in the CAEP self-study.
- **Objectives:** Participants will be able to (PWBAT):
 - Identify the key points of Standard 5 and its components,
 - List the kinds of evidence that CAEP recommends for each of the components for Standard 5,
 - Describe how the standard and its components will be evaluated by CAEP reviewers, and
 - Know when AFIs or Stipulations may be assigned.

Standard 5: Key points in the language of the standard and in the CAEP process

- The provider **maintains a quality assurance system** comprised of **valid data from multiple measures**, including evidence of candidates' and completers' positive impact on P-12 student learning and development. The provider **supports continuous improvement** that is **sustained** and **evidence-based**, and that evaluates the effectiveness of its completers. The provider **uses the results** of inquiry and data collection **to establish priorities, enhance program elements and capacity**, and **test innovations to improve completers' impact on P-12 student learning** and development.

Components of Standard 5: In Brief

- 5.1 Quality Assurance System: Candidates, completers, EPP
 - 5.2 Quality Assessment Measures: Reliable, valid, etc.
 - 5.3 **Continuous Improvement**: Systematic and purposeful
 - 5.4 **Completer Impact**: Standard 4
 - 5.5 Stakeholder/partner involvement
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- Components 5.3 and 5.4 **MUST** be met for the standard to be met.

General rules for standard 5

- All phase-in requirements are met.
- All components are addressed.
- Components 5.3 and 5.4 are met.
- 3 cycles of sequential, latest available data is submitted and analyzed.
- EPP-created assessments are rated at the CAEP sufficient level or better.

Component 5.1: Key language

The provider's **quality assurance system** is comprised of **multiple measures** that can monitor **candidate progress, completer achievements**, and provider **operational effectiveness**. Evidence demonstrates that the provider satisfies all CAEP standards.

So, think: What evidence do I have that would demonstrate a comprehensive quality assurance system?

Component 5.1: Suggested evidence for ALL EPPs

- Description of how evidence submitted in standards 1-4 is collected, analyzed, monitored, and reported.
- Evidence of system capabilities, including support for data-driven change, application across and within licensure areas, and ability to disaggregate data for EPP management/policy
- Description of the schedule and process for continuous review with roles and responsibilities of system users

Component 5.1: What are reviewers looking for?

- All general rules are met.
- Use of evidence data from multiple measures to inform, modify and evaluate operational effectiveness.
- Evidence of regular review of system operations and data.
- System:
 - has capacity to collect, analyze, monitor and report evidence on all standards,
 - supports disaggregation by licensure area and other dimensions(demographics, over time, etc.), and
 - supports ability to monitor operational effectiveness (setting priorities, data tracking, etc.).
- Evidence of access and use by a variety of users for multiple purposes.

When might AFIs or Stipulations be assigned?

- Observable deficiencies in the QA system: no regular review of data, no systematic collection, no analysis of reported data/evidence.
- Data quality is deficient in significant ways: incoherent or disjointed
- No analysis of specialty licensure area data or evidence

- Stipulation = NO evidence of a functioning quality assurance system

Feedback and Question Pause



Component 5.2: Key language

5.2 The provider's quality assurance system relies on **relevant, verifiable, representative, cumulative** and **actionable** measures, and **produces empirical evidence** that interpretations of data are **valid** and **consistent**.

So, think: What evidence do I have that would demonstrate the quality of assessment measures?

Component 5.2: Suggested Evidence

- **Relevance:** Evidence that the measures provide evidence of what they claim to be assessing
- **Verifiable:** Data records are accurate and analyses can be replicated by a *third party* with similar results.
- **Representative:** Evidence that data samples are free of bias and should be typical of completed assessments, or that the EPP clearly delineates what the sample does and does not represent.
- **Cumulative:** Data sets are based on at least 3 administrations of the assessment.
- **Actionable:** Analyzed evidence is accessible and in a form that can guide EPP faculty in modeling , implementing, and evaluating innovations.

Component 5.2: Suggested Evidence

- Description of developmental steps in constructing instruments
- Empirical/analytical data support the use of the instrument for its intended purposes
- Formal study of the alignment of instruments with their intended goals
- Implementation procedures and context
- Empirical evidence that interpretations of data are consistent and valid
- If applicable, results of EAE and actions taken as a result.

Component 5.2: What are reviewers looking for?

- All general rules are met
- At least 50% of EPP-created assessments are scored at the sufficient level or above on the CAEP assessment Rubric.
- Documentation that EPP-created assessments have:
 - Established content validity
 - Inter-rater reliability is at 80% or better
 - Survey questions that align to standards
- Documentation that evidence is relevant, verifiable, representative, cumulative, and actionable.
- Documentation that interpretations of evidence are consistent (across different sources of data) and valid

When might AFIs or Stipulations be assigned?

- EPP-created assessments are below the sufficient level
- No or limited descriptions of content validity or inter-rater reliability
- No or limited documentation that evidence is relevant, verifiable, representative, cumulative, or actionable.
- No or limited evidence that data/evidence was interpreted or analyzed.

Feedback and Question Pause



Component 5.3: Key language

5.3 The provider **regularly** and **systematically assesses performance** against its goals and relevant standards, **tracks results** over time, **tests** innovations and the **effects of selection criteria** on subsequent progress and completion, and **uses results to improve** program elements and processes.

So, think: what evidence do I have that would demonstrate systematic continuous improvement?

Component 5.3: Suggested Evidence

- Evidence of regular and systematic data-driven modifications are drawn from research and evidence from the field as well as data analyses from the EPP's quality assurance system and from CAEP standards
 - Changes tied to provider's goals and relevant standards
- Well-planned tests of selection criteria and each data-driven change to determine whether or not the results of the changes are improvements, including:
 - Baseline(s), interventions, tracking over time, rationale for conclusions, comparisons of results, next steps taken or planned.
- Use of results of EAE, improvement plan, other plans submitted, etc.

Component 5.3: What are reviewers looking for?

- All general rules are met
- Documentation that EPP regularly and systematically:
 - Reviews quality assurance system data
 - Identifies patterns across preparation programs (strengths and weaknesses)
 - Uses data/evidence for continuous improvement, and
 - Tests innovations
- 80% or more of changes/modifications are linked back to evidence/data with specific examples provided
- Evidence from standards 1 through 4 are cited and applied
- Documentation of explicit investigation of selection criteria (St. 3: 3.2 and 3.3) in relation to candidate progress and completion
- Data-driven changes/innovations are ongoing, based on systematic assessment of performance, and result in positive improvement(s)

When might AFIs or Stipulations be assigned?

- Documentation that EPP regularly and systematically does only two (or fewer) of the following:
 - Reviews QA system, Poses questions, Identifies patterns, Investigates differences, Uses data for CI, or Tests innovations
- Changes do not link back to evidence/data
- Evidence from standards 1 through 4 are not cited or applied
- No investigation of selection criteria
- Stipulation = no compelling evidence that data are systematically and regularly used as a basis for CI

Feedback and Question Pause



Component 5.4: Key language

5.4 **Measures of completer impact**, including available outcome data on P-12 student growth, are **summarized, externally benchmarked, analyzed, shared** widely, and **acted upon in decision-making** related to programs, resource allocation, and future direction.

So, think: what evidence do I have that would demonstrate that we examine and use data on completers' performance (standard 4)?

Component 5.4: Suggested Evidence

- Evidence of the use of program impact measures:
 - P-12 student learning/development; Observations of teaching effectiveness; Employer satisfaction and completer persistence; and Completer satisfaction.
- Evidence of the use of outcomes measures:
 - Completer or graduation rate; Licensure rate; Employment rate; and Consumer information.
- Other evidence of EPP impact apart from the 8 annual measures
 - Analysis of trends; Comparisons with benchmarks; Indication of changes made in curricula and experiences; Resource allocations; and Future directions.

Component 5.4: What are reviewers looking for?

- All general rules are met
- CAEP's 8 outcome and impact measures are systematically monitored and reported together with:
 - Analysis of trends,
 - Comparisons with benchmarks,
 - Evidence of corresponding resource allocations, and
 - Future directions anticipated
- Evidence that 8 measures and their trends are posted on the EPP website and in other ways are widely shared
- Program changes and modifications are linked to EPP's own evidence for topics described in the 8 annual measures.

When might AFIs or Stipulations be assigned?

- Data from 8 annual measures are summarized but EPP does not provide more complete information (i.e. two or fewer of the following):
 - Analysis of trends, comparisons with benchmarks, indication of changes made in preparation, changes in resource allocations, or future directions anticipated.
- No evidence that 8 measures are posted on website or widely shared

Feedback and Question Pause



Component 5.5: Key Language

- 5.5 The provider assures that appropriate **stakeholders**, including **alumni, employers, practitioners, school** and **community** partners, and others defined by the provider, **are involved** in **program evaluation, improvement, and identification of models of excellence**.
- So think; What evidence do I have that our stakeholders/partners are involved with the quality assurance system?

Component 5.5: Suggested Evidence

- Description of stakeholders and roles
- Specific examples of shared decision-making and results
- Involvement of stakeholders in evaluation, selection and implementing improvements.

Component 5.5: What are reviewers looking for?

- All general rules are met.
- Specific evidence is provided of stakeholder involvement through multiple sources in each of the following areas:
 - Decision-making,
 - Program evaluation, and
 - Selection and implementation of changes for improvement.
- EPP identifies at least two examples of use of and input from stakeholders

When might AFIs or Stipulations be assigned?

- No list of particular stakeholders is provided
- No or limited examples of stakeholder input
- No or limited examples of ways that stakeholders are involved in the process

Feedback and Question Pause



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Making the Case for Standard 5: All pathways

- Information is provided from several sources.
- Data are analyzed across evidence sources, program areas, demographics, time, etc.
- Trends or patterns are identified that suggest a need for preparation modification or “staying the course”.
- Questions are posed and plans for further exploration are described.
- Appropriate interpretations and conclusions are reached.
- Based on the analysis of data, there are planned or completed actions for change that are described.

Final Feedback and Question Pause

