

STANDARD A.1 & A.2

CONTENT AND PEDAGOGICAL KNOWLEDGE
CLINICAL PARTNERSHIPS AND PRACTICE

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Session Overview

- This session will focus on the key language and intent of CAEP Standards A.1 and A.2 and their components.
- Content will reference the evidence sufficiency criteria and evidence evaluation exercise (handouts).
- The CAEP Standards for Initial-Level Programs are not covered in this presentation.
 - Please attend the session dedicated to those standards or access the presentation materials for guidance.

STANDARD A.1

CONTENT AND PEDAGOGICAL KNOWLEDGE



St. Louis, Missouri
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STANDARD A.1: CONTENT AND PEDAGOGICAL KNOWLEDGE

- The provider ensures that candidates for professional specialties develop a **deep understanding** of the **critical concepts and principles** of their field of preparation and, **by completion**, are able **to use professional specialty practices flexibly to advance the learning of all P-12 students toward attainment of college- and career-readiness standards.**

SUGGESTED EVIDENCE: CANDIDATE KNOWLEDGE, SKILLS, AND PROFESSIONAL DISPOSITIONS

- Licensure examinations
- Grades disaggregated by specialty field (for common courses) and/or grades in specialty content courses (for each specialty area)
- Fieldwork evaluations
- Problem-based project in conjunction with coursework or fieldwork
- Action research or a summative project or thesis
- Survey results from completers and/or employers
- Dispositional and professional responsibility measures
- Legal compliance assessments (e.g., ADA/IDEA)

SUGGESTED EVIDENCE: PROVIDER RESPONSIBILITIES

- Documents showing that the specialty area curricula are aligned with the approved state or national discipline-specific standards
- Program review reports from SPAs or state
- Accreditation by [other CHEA- or USDE-recognized specialty area accreditors](#) (e.g., MACTE, CACREP)

EVIDENCE SUFFICIENCY: RESOURCES

CONSULT:

- Evidence Sufficiency Criteria
 - Evaluation Criteria for Self-Study Evidence - Standard A.1
 - [CAEP Guidelines for Plans](#) for phase-in plan content
 - SSR submitted through academic year 2018/2019 can include plans for Component A.1.1
 - 2019-2020 SSRs can present plan with progress data for Component A.1.1
 - Site visits in F22 and beyond are not eligible for phase-in
- Assessment Sufficiency Criteria
 - [CAEP Evaluation Framework for EPP-Created Assessments](#)
 - Handout: Evidence Evaluation Exercise

EVIDENCE SUFFICIENCY: GENERAL RULES

STANDARD A.1

- Key concepts in standard and components are addressed
- At least three cycles of data that are sequential and most recent available
- Results disaggregated by specialty field area (when appropriate)
 - Also for main and additional campuses, on site and online programs (if applicable)
- Data/evidence analysis includes discussion of trends/patterns, comparisons, and/or differences.
- The majority of programs meet the standards of the selected program review option(s)
- EPP-created assessments meet CAEP's assessment sufficiency criteria

EVIDENCE SUFFICIENCY: SPECIAL RULES

STANDARD A.1

- All data must be disaggregated by specialty field area for Standard A.1.
- The majority of programs meet standards of the selected program review option(s)
- There are no required components for Standard A.1

COMPONENT A.1.1: KEY LANGUAGE

- Candidates for advanced preparation **demonstrate** their proficiencies to **understand** and **apply knowledge and skills appropriate to their professional field of specialization** so that learning and development opportunities for P-12 are enhanced, through:
 - Application of data literacy;
 - Use of research and understanding of qualitative, quantitative and/or mixed methods research methodologies;
 - Use of data analysis and evidence to develop supportive school environments;
 - Leading and/or participating in collaborative activities with others such as peers, colleagues, teachers, administrators, community organizations, and parents;
 - Application of appropriate technology for their field of specialization; and
 - Application of professional dispositions, laws and policies, codes of ethics and professional standards appropriate to their field of specialization.
 - Evidence of candidate content knowledge appropriate for the professional specialty will be documented by state licensure test scores or other proficiency measures.

EVIDENCE FOR A.1.1

- Consider: What evidence do you have that would demonstrate proficiencies in the specialty content and general skills referenced in Component A.1.1 for a specialization?

EVIDENCE SUFFICIENCY CRITERIA, A.1.1

SUFFICIENT EVIDENCE

- Demonstrates that most candidates pass state/nationally-benchmarked content/licensure exams
- Addresses all of the professional skills listed in the component
 - Documents proficiency for at least three of the skills for each specialty field
 - Utilizes multiple measures to assess each proficiency
 - Utilizes measures that meet criteria in CAEP Evaluation Framework for EPP-Created Assessments
 - Phase-In Plans for Component A.1.1 meet the criteria for the CAEP Guidelines for Plans and are consistent with the Phase-In Schedule.

COMPONENT A.1.2: KEY LANGUAGE

- Providers ensure that advanced program completers have opportunities to **learn** and **apply specialized content and discipline knowledge** contained **in approved state and/or national discipline-specific standards**. These specialized standards include, but are not limited to, Specialized Professional Association (SPA) standards, individual state standards, standards of the National Board for Professional Teaching Standards, and standards of other accrediting bodies [e.g., Council for Accreditation of Counseling and Related Educational Programs (CACREP)].

EVIDENCE FOR A.1.2

- Consider: What evidence do you have that would demonstrate that the program provides candidates the opportunity to both learn and apply content knowledge and skills that are emphasized in professional standards for the specialty area?

EVIDENCE SUFFICIENCY CRITERIA, A.1.2

SUFFICIENT EVIDENCE

- Documents that the majority of programs meet the standards of the selected program review option(s)
 - A majority submitted for SPA Review achieved National Recognition
 - State Review reports document how well individual programs perform in relation to the state's selected standards and that the majority meet the standards
 - Program Review with Feedback results show that the state-selected state or national standards are met for the majority of programs
- Includes a discussion of performance trends and compares across specialty areas.
- Component A.1.2 is not eligible for Phase-in Plan submission

POTENTIAL ISSUES: STANDARD A.1

AREAS FOR IMPROVEMENT (AFIs) MAY BE CITED WHEN

- Instrument Quality is Poor:
 - EPP-created assessments used to collect Standard A.1 data have significant deficiencies with respect to CAEP's assessment evaluation framework
 - Phase-In Plans for one or more components do not meet CAEP's guidelines for plans
- Evidence Quantity is Limited:
 - Less than three cycles of data are provided
 - Less than one cycle of phase-in data collected by academic year 2019/2020

POTENTIAL ISSUES: STANDARD A.1

AREAS FOR IMPROVEMENT (AFIs) MAY BE CITED WHEN

- Case is Weak:
 - Deficiency in evidence that program options foster deep understanding of critical concepts and skills in the specialty areas
 - Deficiency in evidence that knowledge and skills are applied to enhance P-12 settings.
 - EPP's analysis of data/evidence does not identify and discuss trends/patterns, comparisons, and/or differences between programs or over time.

POTENTIAL ISSUES: STANDARD A.1

STIPULATIONS MAY BE CITED WHEN

- Evidence Quality is Low
 - Significant aspects/key language of the standard and components are not addressed by relevant measures
 - Majority of measures do not meet assessment sufficiency criteria
- Evidence Quantity is Limited:
 - Limited or no evidence for Standard A.1, and (when eligible) no phase-in plan for A.1.1 that meets CAEP's Guidelines for Plans and phase-in schedule
 - Results are not disaggregated by specialty area

POTENTIAL ISSUES: STANDARD A.1

STIPULATIONS MAY BE CITED WHEN

- Case is Weak
 - Candidate performance is severely below reported standards for content knowledge and application
 - Majority of programs do not meet program review standards
 - Limited or no evidence that candidates can apply the professional skills listed in A.1.1 to enhancing P-12 settings or outcomes

POTENTIAL ISSUES: STANDARD A.1

STANDARD A.1 MAY BE DEEMED UNMET WHEN

- The EPP incorrectly analyzes or interprets data/evidence for Standard A.1 and draws conclusions about accomplishments for Standard A.1 that are not supported by data/evidence.
- Two or more stipulations are cited in Standard A.1
 - Within a component
 - Across components

The Accreditation Council decides if AFIs or stipulations will be cited and whether standards are met or unmet



STANDARD A.2

CLINICAL PARTNERSHIPS AND PRACTICE



St. Louis, Missouri
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STANDARD A.2: CLINICAL PARTNERSHIPS & PRACTICE

- The provider ensures that **effective partnerships** and **high-quality clinical practice** are **central to preparation** so that candidates develop the **knowledge, skills, and professional dispositions appropriate for their professional specialty field**.

SUGGESTED EVIDENCE: PARTNERSHIPS FOR CLINICAL PREPARATION

- Documents illustrating co-construction of a collaborative relationship
- Documents outlining provider and partner responsibilities for examining and improving clinical preparation
- Evidence that of assessments and performance standards are mutually acceptable to providers and partners
- Documentation of shared perspective on appropriate uses of technology for the candidate's future role

SUGGESTED EVIDENCE: CLINICAL EXPERIENCES

- Charts illustrating the breadth, depth, duration, and coherence of the opportunities to practice applying content knowledge and skills to practical challenges in their specialty area
- Evidence mapping the developmental trajectory of specific practical knowledge and skills as candidates' progress through courses and the clinical experiences embedded within or external to the courses.
- Candidate evaluations of connection between coursework and fieldwork

EVIDENCE SUFFICIENCY: RESOURCES

CONSULT:

- Evidence Sufficiency Criteria
 - Evaluation Criteria for Self-Study Evidence - Standard A.2
 - [CAEP Guidelines for Plans](#) for phase-in plan content
 - SSR submitted through academic year 2018/2019 can include plans for Components A.2 .1 and A.2.2
 - 2019-2020 SSRs can present plan with progress data for Components A.2 .1 and A.2.2
 - Site visits in F22 and beyond are not eligible for phase-in
- Assessment Sufficiency Criteria
 - [CAEP Evaluation Framework for EPP-Created Assessments](#)
 - Handout: Evidence Evaluation Exercise

EVIDENCE SUFFICIENCY: GENERAL RULES

STANDARD A.2

- Key concepts in standard and components are addressed
- At least three cycles of data that are sequential and most recent available
- Results disaggregated by licensure area (when appropriate)
 - Also for main and additional campuses, on site and online programs (if applicable)
- EPP-created assessments meet CAEP's assessment sufficiency criteria
- Phase-In Plans for Standard A.2 meet the criteria for the CAEP Guidelines for Plans and are consistent with the Phase-In Schedule.

EVIDENCE SUFFICIENCY: SPECIAL RULES

STANDARD A.2

- There are no required components for Standard A.2

Component A.2.1: Key language

- Partners **co-construct mutually beneficial** P-12 school and community arrangements, including technology-based collaborations, for clinical preparation and **shared responsibility** for continuous improvement of candidate preparation. Partnerships for clinical preparation can follow a range of forms, participants, and functions. They establish mutually agreeable expectations for candidate entry, preparation, and exit; ensure that theory and practice are linked; maintain coherence across clinical and academic components of preparation; and share accountability for candidate outcomes.

EVIDENCE FOR A.2.1

- Consider: What evidence do you have that would demonstrate mutually beneficial and mutually accountable partnerships in which decision-making is shared?

Evidence Sufficiency Criteria, A.2.1

SUFFICIENT EVIDENCE

- Illustrates specific benefits to provider and P-12 partners
- Outlines the collaborative nature of the relationship
- Documents that effectiveness of the partnership is reviewed at least annually
- Shows that the EPP seeks input from partners to refine criteria for entry/exit to clinical experiences
- Documents partner participation in development and review activities (e.g., for clinical instruments, clinical curriculum, EPP-curriculum)
- Phase-in Plans meet CAEP guidelines and schedule
- Instruments for evaluating partnership (if any) meet CAEP's assessment sufficiency criteria

Component A.2.2: Key language

- The provider **works with partners** to **design varied and developmental clinical settings** which allow opportunities for candidates to **practice applications of content knowledge and skills** emphasized by the courses and other experiences of the advanced preparation program. The **opportunities lead to appropriate culminating experiences in which candidates demonstrate their proficiencies**, through problem-based tasks or research (e.g., qualitative, quantitative, mixed methods, action) that are **characteristic of their professional specialization** as detailed in component A.1.1

EVIDENCE FOR A.2.2

- Consider: What evidence do you have that would demonstrate that clinical experiences promote specialty-area specific applications of content knowledge and general skills referenced in Component A.1.1?
 - For example, how might “employment of data analysis and evidence to develop supportive school environments” involve different clinical/practical experiences for school counselors versus principals?
 - How might different types of partners (and professional standards) play a role in developing the clinical experience expectations for different specialties?

Evidence Sufficiency Criteria, A.2.2

SUFFICIENT EVIDENCE

- Documents that all candidates have practical experiences in workplace settings
 - Illustrates that candidates observe and implement appropriate and effective strategies for their fields of specialization
- Documents the attributes of clinical/practical experiences
 - Illustrates that they are varied and developmentally progressive
 - Illustrates that they relate to coursework
- Demonstrates a relationship between clinical/practical experiences and candidate outcomes reported in Standard A.1
- Phase-in Plans meet CAEP guidelines and schedule

POTENTIAL ISSUES: STANDARD A.2

AREAS FOR IMPROVEMENT (AFIs) MAY BE CITED WHEN

- Instrument Quality is Poor:
 - EPP-created assessments used to collect Standard A.2 data have significant deficiencies with respect to CAEP's assessment evaluation framework
 - Phase-In Plans for one or more components do not meet CAEP's guidelines for plans
- Evidence Quantity is Limited:
 - Less than three cycles of data are provided
 - Less than one cycle of phase-in data collected by academic year 2019/2020

POTENTIAL ISSUES: STANDARD A.2

AREAS FOR IMPROVEMENT (AFIs) MAY BE CITED WHEN

- Case is Weak:
 - Deficiency in evidence that partnerships with P-12 schools are collaborative and mutually beneficial
 - Deficiency in evidence that partnerships are effective in promoting continuous improvement of clinical experiences
 - Clinical/practical experience are not varied and developmentally progressive

POTENTIAL ISSUES: STANDARD A.2

STIPULATIONS MAY BE CITED WHEN

- Evidence Quality is Low
 - Significant aspects/key language of the standard are not addressed by relevant measures
 - A component is omitted or addressed very superficially
 - No efforts to ensure validity of evidence and/or no information on representativeness of the data
- Case is Weak
 - Limited or no evidence that clinical experiences are central to preparation
 - Clinical preparation does not promote development of competencies emphasized in specialty area standards.
 - Clinical experiences do not provide familiarity with authentic work settings
 - Limited or no evidence that partnerships involved co-construction and shared responsibility or that their effectiveness is reviewed at least annually.

POTENTIAL ISSUES: STANDARD A.2

STANDARD A.2 MAY BE DEEMED UNMET WHEN

- Two or more stipulations are cited in Standard A.2
 - Within a component
 - Across components

The Accreditation Council decides if AFIs or stipulations will be cited and whether standards are met or unmet

