

# ACCREDITATION ACTION REPORT

University of Alaska Anchorage  
Anchorage, Alaska

December 2018

*This is the official record of the Educator Preparation Provider's accreditation status.  
The Educator Preparation Provider should retain this document for at least two accreditation cycles.*

## ACCREDITATION DECISION

**Accreditation is Revoked** at the initial-licensure level. Standards 1, 3, 4 and 5 were found not met by the Accreditation Council.

## SUMMARY OF STANDARDS

CAEP STANDARDS	INITIAL LEVEL	ADVANCED LEVEL
STANDARD 1/A.1: Content and Pedagogical Knowledge	Not Met	Not Applicable
Rationale for Standard 1 at the initial teacher preparation level being found Not Met: Lack of program design to national, state and SPA standards prohibits EPP's ability to develop candidates' understanding of professional concepts and principles of the education profession.		
STANDARD 2/A.2: Clinical Partnerships and Practice	Met	Not Applicable
STANDARD 3/A.3: Candidate Quality, Recruitment, And Selectivity	Not Met	Not Applicable
Rationale for Standard 3 at the initial teacher preparation level being found Not Met: All components of the standard are not met by the evidence provided.		
STANDARD 4/A.4: Program Impact	Not Met	Not Applicable
Rationale for Standard 4 at the initial teacher preparation level being found Not Met: All components of the standard are not met by the evidence provided.		
STANDARD 5/A.5: Provider Quality Assurance and Continuous Improvement	Not Met	Not Applicable
Rationale for Standard 5 at the initial teacher preparation level being found Not Met: The EPP lacks a viable Quality Assurance System with data-driven continuous improvement.		

The Educator Preparation Provider is encouraged to refer to the site visit report for strengths and additional information on findings.

## AREAS FOR IMPROVEMENT AND STIPULATIONS

### INITIAL LEVEL AREAS FOR IMPROVEMENT AND STIPULATIONS

#### STANDARD 1: Content and Pedagogical Knowledge

	Areas for Improvement	Rationale
1	The EPP provides inconsistent evidence of how candidates model and apply technology. (Component 1.5)	There is a lack of clear evidence of how the ISTE standards are assessed or met.
2	The EPP provides limited evidence of how candidates use	There is insufficient evidence of a formal process for

research and evidence for planning, teaching, and evaluating P-12 students. (Component 1.2)	evaluating candidates' ability to use research and data guiding K-12 instruction.
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	<b>Stipulations</b>	<b>Rationale</b>
1	The EPP did not provide evidence that it monitors candidates' progress relative to InTASC standards . (Component 1.1)	The EPP provided alignment charts between courses and InTASC standards but there is no evidence of candidates' assignments and correlated assessments/evaluation methods, or performance data related to each InTASC standard.
2	The EPP does not provide consistent, disaggregated, metrics on candidates' ability to apply content and pedagogical knowledge aligned to SPA Standards. (Component 1.3)	The SPA reports ranged from not recognized (5 programs for 38%), not reported (2 programs for 15%) to accepted (6 programs for 46%). The EPP did not provide sufficient evidence of candidates' assignments, and correlated assessments/evaluation methods, or performance data related to each SPA standard.

## STANDARD 2: Clinical Partnerships and Practice

	<b>Areas for Improvement</b>	<b>Rationale</b>
1	The EPP's school partners have limited participation in the design and co-construction of field experiences and clinical practice. (Component 2.1)	The EPP has identified the need for the development of a collaborative plan for clinical practices in the SSR. The SSR shares information about different components of a plan; however, there is a lack of cohesiveness with current practices.
2	The EPP did not provide sufficient evidence of preparation and evaluate of clinical educators. (Component 2.2)	The EPP provides inconsistent evidence of preparation and evaluation of clinical educators.

## STANDARD 3: Candidate Quality, Recruitment, And Selectivity

	<b>Areas for Improvement</b>	<b>Rationale</b>
1	The EPP did not provide sufficient evidence that it meets the requirement that admitted cohorts reach the 50th percentile on a nationally normed test. (Component 3.2)	Data reports on Praxis Core did not provide sufficient evidence to show cohorts reached the 50th percentile.

	<b>Stipulations</b>	<b>Rationale</b>
1	The EPP did not provide evidence of program progression and monitoring of candidates advancement from admission through completion. (Component 3.4)	The EPP did not provide sufficient data about transition points and progression monitoring.
2	The EPP did not provide a recruitment plan that adequately addresses candidates with high academic achievement or hard to staff areas and shortage fields. (Component 3.1)	There is no evidence of measurable goals or a plan to address the efficacy of the recruitment plan.
3	The EPP programs do not use valid and reliable non-academic criteria for candidate selection at multiple points in the program. (Component 3.3)	The EPP does not have a valid and reliable instrument to assess non-academic factors for candidates in all programs. There are no plans that meet CAEP criteria.

## STANDARD 4: Program Impact

	<b>Areas for Improvement</b>	<b>Rationale</b>
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1	The EPP did not provide sufficient evidence on completer perception of effective preparation. (Component 4.4)	While one cycle of alumni survey data was provided, the EPP did not include appropriate analysis, interpretation of results, or trend analysis over time. The EPP did not provide a CAEP sufficient plan.
2	The EPP did not provide sufficient evidence of data on employment milestones and employer satisfaction with completer's preparation. (Component 4.3)	EPP provided one cycle of data with no comparison markers. The EPP did not provide a CAEP sufficient plan.

	Stipulations	Rationale
1	The EPP did not provide evidence that program completers apply the professional knowledge, skills and dispositions that the preparation experiences were designed to achieve. (Component 4.2)	EPP did not provide sufficient evidence of multiple measures of P-12 impact data or a consistent process for gathering data for continuous program improvement.
2	The EPP did not provide sufficient evidence that developed assessments were designed to collect program completer impact on P12 learning. (Component 4.1)	The EPP provided an interview protocol and research process for collecting program completer data, however, neither instrument or process addressed impact on P-12 learning. A CAEP sufficient plan was not provided.

## STANDARD 5: Provider Quality Assurance and Continuous Improvement

	Stipulations	Rationale
1	The EPP did not provide evidence of a CAEP sufficient plan to regularly and systematically collect and analyze assessment performance data against program goals and relevant standards; track results over time; or evidence of using results to improve program elements and processes. (Component 5.3)	The EPP did not provide clear and tangible evidence of data results to assess candidates' performance against program goals and relevant standards.
2	The EPP did not provide documentation of verifiable, cumulative, relevant, and actionable evidences. (Component 5.2)	The EPP presented program-based data rather than common key assessments. There are missing data from some programs and less than three cycles of data for most assessments. There was no evidence provided showing the reliability and validity of the EPP-created assessments.
3	The EPP did not provide evidence that stakeholders are involved in program evaluation, improvement, and identification of models of excellence. (Component 5.5)	There was no evidence in the SSR and SSR-Addendum, and limited evidence in onsite interviews, that program evaluation involves stakeholders. One program provided an example that was program-related.
4	The EPP did not provide evidence of a quality assurance system. (Component 5.1)	There is limited evidence of a clearly defined quality assurance system.

***NOTE: Neither CAEP staff, site visitors, nor other agents of CAEP are empowered to make or modify Accreditation Council decisions. These remain the sole responsibility of the Council itself.***

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