

2019 EPP Annual Report

CAEP ID:	10352	AACTE SID:	1841
Institution:	Lewis-Clark State College		
Unit:	Division of Education		

Section 1. AIMS Profile

After reviewing and/or updating the Educator Preparation Provider's (EPP's) profile in AIMS, check the box to indicate that the information available is accurate.

1.1 In AIMS, the following information is current and accurate...

	Agree	Disagree
1.1.1 Contact person	<input checked="" type="radio"/>	<input type="radio"/>
1.1.2 EPP characteristics	<input checked="" type="radio"/>	<input type="radio"/>
1.1.3 Program listings	<input checked="" type="radio"/>	<input type="radio"/>

Section 2. Program Completers

2.1 How many candidates completed programs that prepared them to work in preschool through grade 12 settings during Academic Year 2017-2018 ?

Enter a numeric value for each textbox.

2.1.1 Number of completers in programs leading to initial teacher certification or licensure¹ 39

2.1.2 Number of completers in advanced programs or programs leading to a degree, endorsement, or some other credential that prepares the holder to serve in P-12 schools (Do not include those completers counted above.)² 0

Total number of program completers 39

¹ For a description of the scope for Initial-Licensure Programs, see Policy 3.01 in the Accreditation Policy Manual

² For a description of the scope for Advanced-Level Programs, see Policy 3.02 in the Accreditation Policy Manual

Section 3. Substantive Changes

Have any of the following substantive changes occurred at your educator preparation provider or institution/organization during the 2017-2018 academic year?

- 3.1 Changes in the established mission or objectives of the institution/organization or the EPP _____
- 3.2 Any change in the legal status, form of control, or ownership of the EPP. _____
- 3.3 The addition of programs of study at a degree or credential level different from those that were offered when most recently accredited _____
- 3.4 The addition of courses or programs that represent a significant departure, in terms of either content or delivery, from those that were offered when most recently accredited _____
- 3.5 A contract with other providers for direct instructional services, including any teach-out agreements _____
- Any change that means the EPP no longer satisfies accreditation standards or requirements:
- 3.6 Change in regional accreditation status _____
- 3.7 Change in state program approval _____

Section 4. Display of Annual Reporting Measures.

Annual Reporting Measures (CAEP Component 5.4 A.5.4)	
Impact Measures (CAEP Standard 4)	Outcome Measures
1. Impact on P-12 learning and development (Component 4.1)	5. Graduation Rates (initial & advanced levels)
2. Indicators of teaching effectiveness (Component 4.2)	6. Ability of completers to meet licensing (certification) and any additional state requirements; Title II (initial & advanced levels)
3. Satisfaction of employers and employment milestones (Component 4.3 A.4.1)	7. Ability of completers to be hired in education positions for which they have prepared (initial & advanced levels)
4. Satisfaction of completers (Component 4.4 A.4.2)	8. Student loan default rates and other consumer information (initial & advanced levels)

4.1 Provide a link or links that demonstrate data relevant to each of the Annual Reporting Measures are public-friendly and prominently displayed on the educator preparation provider's website.

1

Link: <http://www.lcsc.edu/education/reports/>

Description of data accessible via link: Title II, PEDs, CAEP 2018 reporting, NCATE 2013 report

Tag the Annual Reporting Measure(s) represented in the link above to the appropriate preparation level(s) (initial and/or advanced, as offered by the EPP) and corresponding measure number.

Level \ Annual Reporting Measure	1.	2.	3.	4.	5.	6.	7.	8.
Initial-Licensure Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced-Level Programs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.2 Summarize data and trends from the data linked above, reflecting on the prompts below.

What has the provider learned from reviewing its Annual Reporting Measures over the past three years?
 Discuss any emerging, long-term, expected, or unexpected trends? Discuss any programmatic/provider-wide changes being planned as a result of these data?
 Are benchmarks available for comparison?
 Are measures widely shared? How? With whom?

While enrollment declined in prior years, this year's numbers are up. Despite changes in 'n,' percentages completing and gaining employment remain at stable percentages of the total.

The measures listed above were those employed during NCATE years and were sufficient for our last full review under that system. However, we are retooling to have better measures for every one of the categories above: a completer mentoring program (piloted w. a single completer this semester, expanding so that we have full cohorts (hopefully followed over the coming two years) for impact on learning-development and indicators of teaching effectiveness, and surveys to determine Satisfaction of employers and Satisfaction of completers. The statewide approach to gathering this information attempted this year yielded, out of 72 sent from our institution, 3 completer responses and 1 principal response, insufficient to support any conclusions as data. We are in the process of re-trying the same surveys using a personalized approach to call & gather the information, but we are not at the point of having received data for this cycle.

The program changes for this year are primarily to create the infrastructure to have an up to date continuous improvement system according to CAEP 5. The instruments are scheduled to be in place starting this Fall, with data summits (1 at advisory board mtg., 1 at faculty retreat each yr) so that by our next full review (2021), we will have sufficient data and recorded forums of having systematically shared and varied program based upon it.

Section 5. Areas for Improvement, Weaknesses, and/or Stipulations

Summarize EPP activities and the outcomes of those activities as they relate to correcting the areas cited in the last Accreditation Action/Decision Report.

NCATE: Areas for Improvement related to Standard 2 cited as a result of the last CAEP review:

1. The unit has not systematically compiled, summarized, or analyzed candidate assessment data on a regular basis to inform unit decisions. (ITP)

The State of ID supplementary visit (2016) concluded that we had addressed this sufficiently for state purposes. However, for CAEP:

When examining any of our answers, please bear in mind that we had a complete change of structure and new leadership in the program that started last academic year (Fall 2017).

1. We have created, and are currently piloting and validating, a comprehensive Performance-Based Assessment, measuring, with rubrics, planning, performing, assessing, and reflecting. It is used twice per candidate, once in their penultimate clinical course, and again in clinical internship. Each candidate's PBA has two faculty evaluators. Calibration sessions and instruction videos are in process for late this Spring, through summer, so that our instrument is ready for full data collection purposes by this Fall (19). The instrument is aligned to State of ID & InTASC knowledge & performance standards, and has rubrics for each section

2. We are in the process of re-forming our candidate portfolio to capture elements of other State of ID/InTASC standards (knowledge, performance, & disposition) with a rubric that will allow us to employ this for analysis of candidate data as well. The new version is set to be implemented this Fall (19). The validation and reliability processes will have to take place in its first year of operation.

3. As a second performance-based assessment, we collect data on formal Danielson-rubric evaluations of teacher candidates twice, once in their penultimate clinical course, and once in clinical internship. This was initiated as a standard instrument statewide for EPPs when the State signed on with CAEP, so we will have comparator information w. other ID institutions. These three items will provide the key data for assessing our candidate's knowledge, performance, and dispositions in a way that we can compile, summarize, and analyze. Finally, we have decided upon specific forums in which to share the data to inform unit decisions: changing the shape of our advisory board and utilizing time at the annual faculty retreat.

NCATE: Areas for Improvement related to Standard 4 cited as a result of the last CAEP review:

1. Candidates have limited opportunities to interact with diverse candidates. (ITP)

The State of ID supplementary visit (2016) concluded that we had addressed this sufficiently for state purposes. We purposefully insure that our candidates have at least one of their two semesters of extensive clinical, classroom, teaching contact with students in a school with high diversity, according to CAEPs current included definitions. In our part of the State of Idaho, we are currently relying primarily on SES as the key diversity element.

Section 6. Continuous Improvement

CAEP Standard 5

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.

CAEP Standard 5, Component 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.

6.1 Summarize any data-driven EPP-wide or programmatic modifications, innovations, or changes planned, worked on, or completed in the last academic year. This is an opportunity to share targeted continuous improvement efforts your EPP is proud of. Focus on one to three major efforts the EPP made and the relationship among data examined, changes, and studying the results of those changes.

- Describe how the EPP regularly and systematically assessed its performance against its goals or the CAEP standards.
- What innovations or changes did the EPP implement as a result of that review?
- How are progress and results tracked? How will the EPP know the degree to which changes are improvements?

The following questions were created from the March 2016 handbook for initial-level programs sufficiency criteria for standard 5, component 5.3 and may be helpful in cataloguing continuous improvement.

- What quality assurance system data did the provider review?
- What patterns across preparation programs (both strengths and weaknesses) did the provider identify?
- How did the provider use data/evidence for continuous improvement?
- How did the provider test innovations?
- What specific examples show that changes and program modifications can be linked back to evidence/data?
- How did the provider document explicit investigation of selection criteria used for Standard 3 in relation to candidate progress and completion?
- How did the provider document that data-driven changes are ongoing and based on systematic assessment of

performance, and/or that innovations result in overall positive trends of improvement for EPPs, their candidates, and P-12 students?

The following thoughts are derived from the September 2017 handbook for advanced-level programs
How was stakeholders' feedback and input sought and incorporated into the evaluation, research, and decision-making activities?

Starting Fall 2017, a structural change at LCSC created a new Division of Teacher Education, and we got new leadership (from outside LCSC), both the Chair and Assistant Chair. Additionally, in a faculty of 12, 7 were new between Fall 2017 and Fall 2018. Looking at what we were given for accreditation and our own continuous improvement efforts, we realized that what was in place had not kept pace with changing expectations - most of the legacy structure was oriented around meeting NCATE's prior generation approach, and what data was being collected was not being systematically used by the faculty for program improvement.

Over the past year, and proceeding into this summer, we have been engaged in a comprehensive change to all of our key assessments and assessment system. This is taking some time - establishing, validating/reliability-providing, piloting and applying. We are set to initiate data collection using our new sequence of key assessments within our new system this Fall (2019).

This features a new, comprehensive Performance-Based Assessment that measures planning, performance, assessment, and reflection from each candidate two times, once in their penultimate clinical course and once in clinical internship. We are validating and taking measures for reliability now and through this summer, and have piloted it this semester (S19).

We have re-conceived our candidate professional portfolio to be comprehensive, a living document throughout their program, and to account for a number of State indicators for standards that the PBA does not assess (largely InTASC 9 & 10, plus dispositions). The rubric for the portfolio will enable it as a key assessment for these factors. We will pilot this in F19, though it is a complete program pilot so that we can use the data from it throughout. We will have to do validation and reliability procedures in situ for the portfolio.

We are re-formatting our Advisory Council so it can be a focused policy and co-construction body that shares the data from the key assessments. Then, we are allocating faculty retreat time as a data summit to operationalize the data in terms of program change. We will pilot this in Fall 19, but sufficient data will likely not be on hand to give significant evidence of program change until Fall, 2020.

To improve our evidence in Standard 4, we are implementing means to get better return rates on State-distributed completer and principal surveys. More directly for 4.3, we have piloted, and will begin fully in Fall 19, a completer mentoring program that will yield completer data re. student progress and student satisfaction w. completers.

Tag the standard(s) or component(s) to which the data or changes apply.

- 2.1 Partners co-construct mutually beneficial P-12 partnerships
- 2.2 Partners co-select, prepare, evaluate, support, and retain high-quality clinical educators
- 2.3 Partners design high-quality clinical experiences
- 4.1 Completer impact on student growth and learning
- 4.2 Completer effectiveness via observations and/or student surveys
- 4.3 Employer satisfaction
- 4.4 Completer satisfaction
- 5.1 Effective quality assurance system that monitors progress using multiple measures
- 5.2 Quality assurance system relies on measures yielding reliable, valid, and actionable data.
- 5.3 Results for continuous program improvement are used
- 5.4 Measures of completer impact are analyzed, shared and used in decision-making
- 5.5 Relevant stakeholders are involved in program evaluation
- A.1.1 Candidate Knowledge, Skills, and Professional Dispositions
- A.2.1 Partnerships for Clinical Preparation
- A.3.2 Candidates Demonstrate Academic Achievement and Ability to Complete Preparation Successfully
- A.3.3 Selectivity during Preparation
- A.3.4 Selection at Completion
- A.4.1 Satisfaction of Employers
- A.4.2 Satisfaction of Completers
- A.5.1 Quality and Strategic Evaluation
- A.5.2 Quality and Strategic Evaluation

A.5.3 Continuous Improvement
A.5.4 Continuous Improvement
A.5.5 Continuous Improvement
x.4 Previous AFI / Weaknesses
x.5 State Standards (if applicable)

Upload data results or documentation of data-driven changes.

6.2 Would the provider be willing to share highlights, new initiatives, assessments, research, scholarship, or service activities during a CAEP Conference or in other CAEP Communications?

Yes No

6.3 Optional Comments

For 6.2, I believe you would only want to have us present once it is clear that our re-making of the programs measures have been successful (after Fall 2021!)

Section 7: Transition

In the transition from legacy standards and principles to the CAEP standards, CAEP wishes to support a successful transition to CAEP Accreditation. The EPP Annual Report offers an opportunity for rigorous and thoughtful reflection regarding progress in demonstrating evidence toward CAEP Accreditation. To this end, CAEP asks for the following information so that CAEP can identify areas of priority in providing guidance to EPPs.

7.1 Assess and identify gaps (if any) in the EPP's evidence relating to the CAEP standards and the progress made on addressing those gaps. This is an opportunity to share the EPP's assessment of its evidence. It may help to use the Readiness for Accreditation Self-Assessment Checklist, the CAEP Accreditation Handbook (for initial level programs), or the CAEP Handbook: Guidance on Self-Study Reports for Accreditation at the Advanced Level.

If there are no identified gaps, click the box next to "No identified gaps" and proceed to question 7.2.

No identified gaps

If there are identified gaps, please summarize the gaps and any steps planned or taken toward the gap(s) to be fully prepared by your CAEP site visit in the text box below and tag the standard or component to which the text applies.

Please see the commentary in Section 6, describing the comprehensive nature of changes we are making in our EPP based on our new leadership's evaluation that our evidence was insufficient for many of the CAEP standards. We have created a comprehensive performance-based assessment, re-created our professional portfolio, are changing our advisory board, our survey implementation, added a completer mentor program - in essence, a complete re-structuring of who we get data from, what the data points are, and how we will share them for program improvement. While these address the AFI given at the last NCATE visit, they also illustrate the significant shift in expectations that came with the change to CAEP, which we are working to address.

Tag the standard(s) or component(s) to which the text applies.

2.1 Partners co-construct mutually beneficial P-12 partnerships
2.2 Partners co-select, prepare, evaluate, support, and retain high-quality clinical educators

- 2.3 Partners design high-quality clinical experiences
- 3.4 Creates and monitors candidate progress
- 3.5 Candidate positive impacts on P-12 students
- 3.6 Candidates understand the expectation of the profession
- 4.1 Completer impact on student growth and learning
- 4.2 Completer effectiveness via observations and/or student surveys
- 4.3 Employer satisfaction
- 4.4 Completer satisfaction
- 5.1 Effective quality assurance system that monitors progress using multiple measures
- 5.2 Quality assurance system relies on measures yielding reliable, valid, and actionable data.
- 5.3 Results for continuous program improvement are used
- 5.4 Measures of completer impact are analyzed, shared and used in decision-making
- 5.5 Relevant stakeholders are involved in program evaluation
- A.1.1 Candidate Knowledge, Skills, and Professional Dispositions
- A.2.1 Partnerships for Clinical Preparation
- A.3.3 Selectivity during Preparation
- A.3.4 Selection at Completion
- A.4.1 Satisfaction of Employers
- A.4.2 Satisfaction of Completers
- A.5.1 Quality and Strategic Evaluation
- A.5.2 Quality and Strategic Evaluation
- A.5.3 Continuous Improvement
- A.5.4 Continuous Improvement
- A.5.5 Continuous Improvement
- x.4 Previous AFI / Weaknesses
- x.5 State Standards (if applicable)

7.2 I certify to the best of my knowledge that the EPP continues to meet legacy NCATE Standards or TEAC Quality Principles, as applicable.

Yes No

7.3 If no, please describe any changes that mean that the EPP does not continue to meet legacy NCATE Standards or TEAC Quality Principles, as applicable.

Section 8: Preparer's Authorization

Preparer's authorization. By checking the box below, I indicate that I am authorized by the EPP to complete the 2019 EPP Annual Report.

I am authorized to complete this report.

Report Preparer's Information

Name:

Position:

Phone:

E-mail:

I understand that all the information that is provided to CAEP from EPPs seeking initial accreditation, continuing accreditation or having completed the accreditation process is considered the property of CAEP and may be used for training, research and data review. CAEP reserves the right to compile and issue data derived from accreditation documents.

CAEP Accreditation Policy

Policy 6.01 Annual Report

An EPP must submit an Annual Report to maintain accreditation or accreditation-eligibility. The report is opened for data entry each year in January. EPPs are given 90 days from the date of system availability to complete the report.

CAEP is required to collect and apply the data from the Annual Report to:

1. Monitor whether the EPP continues to meet the CAEP Standards between site visits.
2. Review and analyze stipulations and any AFIs submitted with evidence that they were addressed.
3. Monitor reports of substantive changes.
4. Collect headcount completer data, including for distance learning programs.
5. Monitor how the EPP publicly reports candidate performance data and other consumer information on its website.

CAEP accreditation staff conduct annual analysis of AFIs and/or stipulations and the decisions of the Accreditation Council to assess consistency.

Failure to submit an Annual Report will result in referral to the Accreditation Council for review. Adverse action may result.

Policy 8.05 Misleading or Incorrect Statements

The EPP is responsible for the adequacy and accuracy of all information submitted by the EPP for accreditation purposes, including program reviews, self-study reports, formative feedback reports and addendums and site visit report responses, and information made available to prospective candidates and the public. In particular, information displayed by the EPP pertaining to its accreditation and Title II decision, term, consumer information, or candidate performance (e.g., standardized test results, job placement rates, and licensing examination rates) must be accurate and current.

When CAEP becomes aware that an accredited EPP has misrepresented any action taken by CAEP with respect to the EPP and/or its accreditation, or uses accreditation reports or materials in a false or misleading manner, the EPP will be contacted and directed to issue a corrective communication. Failure to correct misleading or inaccurate statements can lead to adverse action.

Acknowledge