

# 2018 EPP Annual Report

<b>CAEP ID:</b>	10352	<b>AACTE SID:</b>	1841
<b>Institution:</b>	Lewis-Clark State College		
<b>Unit:</b>	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 2016-2017 ?

Enter a numeric value for each textbox.

2.1.1 Number of completers in programs leading to initial teacher certification or licensure<sup>1</sup>

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.)<sup>2</sup>

Total number of program completers 44

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

<sup>2</sup> 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 2016-2017 academic year?

3.1 Changes in the established mission or objectives of the institution/organization or the EPP  
No Change / Not Applicable

3.2 Any change in the legal status, form of control, or ownership of the EPP.  
No Change / Not Applicable

3.3 The addition of programs of study at a degree or credential level different from those that were offered when most recently accredited  
No Change / Not Applicable

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  
No Change / Not Applicable

3.5 A contract with other providers for direct instructional services, including any teach-out agreements  
No Change / Not Applicable

Any change that means the EPP no longer satisfies accreditation standards or requirements:

3.6 Change in regional accreditation status

No Change / Not Applicable

3.7 Change in state program approval

No Change / Not Applicable

## 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 2017 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"/>	<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?

This program has experienced a complete change of structure, organization, and leadership personnel this academic year. We are currently assembling means of meeting CAEP requirements for the five-year review in 2020. At this point, the data reporting mechanisms are relevant to pre-CAEP State and NCATE approaches. Data for completer satisfaction is being collected at the State level for all of our state institution EPP's. Despite numerous requests, and a promise that I would have the data by yesterday afternoon, we have not received this year's results yet In addition to our annual reporting available in the link above, I have pasted this Spring's Employer Satisfaction Survey results, below: ----- Supplement to linked files: Principal Employer Satisfaction Survey Spring 2018 Number of Principals Contacted: 42 Number of Principals Responded: 6 Response Rate = 14% From Responses: Number of Teachers Hired: 15 How satisfied would you say you are with the performance of these teachers? very dissatisfied slightly dissatisfied 1 neutral slightly satisfied 1 very satisfied 13 What would you consider to be the likelihood that the teachers you hired from our program will be retained over the next three-five years? not likely 1 somewhat likely 1 very likely 13 If there were any specific concerns with the graduates of our program that you feel could be amended by changing what we do, we would certainly appreciate a description of those concerns: --- I am extremely satisfied with our hire from LCSC. She is prepared, constantly learning and improving, and truly cares about kids. She's a keeper! --- For the slightly satisfied and slightly dissatisfied, classroom management is one issue. Clear expectations and follow through. For the slightly dissatisfied, also an issue with reflecting back on the teaching methods being used when a large percentage of students are not being successful. --- I

am concerned for the future of the PACE program in Coeur d'Alene. There has been questionable treatment of PACE adjunct professors over the past few years which has resulted in a disruption of quality programming. Recently a decision made by Melinda Butler resulted in a key adjunct's resignation from the program and will alter the quality of the summer experience for the PACE students. I am happy to provide specificity but ask for confidentiality. --- If there is any other way that LCSC can assist your school that you can think of, please feel free to describe – we take the responses and ideas from our schools quite seriously. --- I would love to hire more of your graduates. Please keep us in mind if you have candidates who want to stay in the area. I expect to have openings this spring! --- The amount of hands-on teaching experience coupled with quality feedback from in-the-trenches master professionals results in well prepared prospective teachers. --- I have not needed to hire in the last three years, but the LCSC students prior to that have been amazing!!

## 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)

To address this, the division compiled, summarized, and regularly shared candidate Praxis score data, GPA, and grade progress in program courses, as well as qualitative sharing of candidate portfolios for examination of meeting dispositions and professionalism requirements. However, moving forward, we consider this not be sufficiently robust or connected as measures of linear progress to meet the indicators. Therefore, we are currently developing a systematic performance-based assessment approach to be utilized twice in the candidates' final year of the program (once pre clinical experience, once in clinical experience). In addition, the artifact collection and evaluation for Standard 1 is being designed to meet the more stringent requirements of that standard and the associated 2.3.1 in terms of evaluation. These are long-term projects and must be built into the program durably.

**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)

We received notice that we had met the requirements of this area for improvement, based upon SES of the students in schools where our candidates are doing clinical placements and other clinical hours. It is worth noting that this AI is subject to the diversity of populations available in schools within range of the candidates of any given EPP. In Western Idaho, the cultural and linguistic diversity available for candidate experience is quite limited. SES diversity is available. We are attempting to cultivate a closer relationship with the Lapwai District, which is majority Native American. At the same time, we need to be respectful to make the relationship one that shares and grows our candidates' comprehension of difference in action but does not come to exploit the cultural difference as a token of diversity.

## 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?

We are in the process of comprehensive re-design of curriculum measures for two reasons: 1. Changes in accreditation requirements: While our EPP is NCATE and State of Idaho accredited, the State was not an NCATE state, so the EPP treated the two accreditation domains separately. Now, CAEP is a unified entity working according to its new structure and the State of Idaho is a full CAEP participant and is coordinating the accreditation. This means a complete change in our EPP's approach and collection is necessary. 2. Changes in the EPP: Lewis-Clark State College decided last year to re-structure its divisions. Prior to this year, it was a combined Kinesiology and Teacher Education group. Now, Movement and Sports Sciences is a division and Teacher Education is an independent division. This meant a new director and assistant director for teacher education and a revision of faculty assignments. Along with the three new hires from 2017-18 (Director, Assistant Director, and literacy specialist FTE), the Division is in the process of hiring five new full-time faculty for 2018-19 in a division that consists currently of twelve (2 of the hires are replacements, the other three are additions). Over the span of two years, that is over 50% turnover in faculty. Therefore, while we have program aspects in place that are exemplary for the needs of our candidates and for accreditation, we have few measurement mechanisms that work as CAEP envisions the need, to be organized into a comprehensive quality assurance system. The new system in design includes: - Candidate collection of artifacts to substantively meet the requirements of Standard 1 and 2.3 - Updated MOU's with partner districts that reflect the greater need for data sharing and formalized measures of partner participation in our processes - Performance-based assessments to meet requirements of Standard 1 and 2.3 and provide an organization reference for progressions in the curriculum - Updated surveys for employer and completer satisfaction - Validation measure for dispositions - System for measuring completer assessment of students in their first three years of work - Raising cutoff scores from entrance exams for EPP to match CAEP standards - System to increase candidates' pass rates/scores on professional exams All of which coordinate into meeting Standard 5 requirements, though this year and next are largely projects in creating these named pieces.

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

- 1.2 Use of research and evidence to measure students' progress
- 1.3 Application of content and pedagogical knowledge
- 1.4 All P-12 students afforded access to college- and career-ready standards.
- 1.5 Model and apply technology standards
- 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
- 3.2 Sets selective admission requirements
- 3.3 Monitors attributes and dispositions beyond academic ability
- 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
- 5.2 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.1.2 Professional Responsibilities
- A.2.1 Partnerships for Clinical Preparation
- A.2.2 Clinical Experiences
- 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  
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

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## 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.

This question was answered substantively in the last question. There are extensive gaps, based upon the changes of accreditation requirements, the coordination of the State of Idaho with CAEP, and the vast changes in our structure and personnel. Currently, an assembly of our measures would likely not pass according to CAEP's current standards/indicator-based approach, even though much of what our program does actually is indeed best practice for candidate preparation. The State accreditation visit last year was a success, since they were viewing only CAEP's Standard 1, and only for components of our program that had AI's from their prior visit. We meet most of the standards in terms of our actions and approaches, but we are remiss in terms of Number 5, which is essentially the ability to show that we are doing all of the positive things. Here are the gaps in our measures: Standard 1: Need system of artifact collection to provide adequate evidence for every single indicator Standard 2: MOU's need to reflect the close relationship with our partner districts and a system to collect and display our interactions made. New MOU's also need to reflect the increased need for data sharing. Clinical experiences need valid performance-based assessments Standard 3: Admissions requirements to program (test scores) need to be raised to meet CAEP standards, selectivity during program and at completion must be made demonstrable via measures taken for Standards 1 & 2. Standard 4: Dispositions need to be validated. System for dispositions as selectivity measure need to be made concrete, demonstrable. Standard 5: All of the above listed changes need to be consolidated into a system by which the Division evaluates data annually for curriculum continuous improvement. As you can see in the response to question 6, we are addressing all of these needs.

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

- 1.1 Understanding of InTASC Standards
- 1.2 Use of research and evidence to measure students' progress
- 1.3 Application of content and pedagogical knowledge
- 1.4 All P-12 students afforded access to college- and career-ready standards.
- 1.5 Model and apply technology standards
- 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
- 3.2 Sets selective admission requirements
- 3.3 Monitors attributes and dispositions beyond academic ability
- 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.1.2 Professional Responsibilities
- A.2.1 Partnerships for Clinical Preparation
- A.2.2 Clinical Experiences
- 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)

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.

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## 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 2018 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