**Session 5 AB Fundamentals of the Self-Study Report (SSR) and the Site Visit**

**Preparing for the Self-Study Year (SSY): Are you ready?**

* SSY Leadership. Things to consider include: Who will take the lead? Use of consultants? Faculty/staff/student/other stakeholder buy-in \_\_\_\_ Rating
* Mission; Public Service Values; Programmatic goals: SSY is generally a time to review and revise as needed involving widespread inclusion of stakeholders. Generally it is not a time to create these for the first time. \_\_\_\_ Rating
* Do you have strategic processes in place? Examples: Advisory Board, strategic planning process, Alumni Board, regular meetings involving stakeholders as appropriate where planning is done and program performance is reviewed? \_\_\_\_ Rating
* Do you have the data/information you need?
	+ Evidence of ongoing program assessment:
		- Student application/acceptance/enrollment/internship data; completion/placement data; \_\_\_\_ Rating
		- Faculty/adjunct class coverage; AQ/PQ \_\_\_\_ Rating
		- Indirect assessment (examples: exit surveys, alumni surveys, employer surveys, internship supervisor surveys) \_\_\_\_ Rating
		- Direct assessment of student learning tied to the required universal competencies (you don’t want to wait until your SSY to begin student learning assessment) \_\_\_\_ Rating
		- Diversity: faculty and student demographic data, strategies for creating a climate of inclusiveness \_\_\_\_ Rating
		- Faculty contributions (tied to mission) in research, teaching, service . \_\_\_\_ Rating

Not everything listed above needs to be ready before your SSY. However, you need to know you can access or compile or develop it.

*Take 3 minutes and work down this list. Rate where you believe your program is on each bullet item.*

|  |  |
| --- | --- |
| **Scale** | **Metric Definition** |
| **4** | **I know we have already done/developed/addressed this item.** |
| **3** | **We haven’t already done this but we know it is coming and we know how we’re going to do/develop/address this item.** |
| **2** | **We haven’t done this and we don’t yet know how we’re going to address this item.** |
| **1** | **I have no idea if we have addressed this or not.** |
| **0** | **I didn’t even realize we would have to do this…** |

**27 – 36 = You’re off to a good start | 18 – 26 = You have some catching up to do | <18 = You may not be ready**

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**Mechanics of the accreditation process**

At a minimum, COPRA expects the following documents in addition to the SSR:

* A Diversity Plan
* An Assessment Plan
* A logic model

Other documents that programs have found very useful:

* Strategic Plan
* Program Evaluation Plan showing how the program engages in ongoing assessment of standards 2 through 7
* Curriculum map

**Accreditation Process Timeline**:

* August 15 – programs must lock and submit their Self-Study Reports in the NASPAA Data Center. Along with the SSR, programs should remit review fees and submit the application cover page.
* October – COPRA meets to review/discuss SSRs for all programs in the accreditation cohort.
* October – November – Programs receive an Interim Report from COPRA, along with notification of the program’s COPRA liaison. The Interim Report provides the program with COPRA’s concerns, questions, and requests for clarifications. COPRA’s comments are organized by NASPAA Standard.
	+ Possible recommendations from COPRA: proceed to site visit; or COPRA has serious reservations about conformity with NASPAA standards which appear to be of such a magnitude as to raise doubts about the wisdom of proceeding to a site visit.
		- Programs may proceed to site visit even if COPRA recommends that they shouldn’t. This is a strategic decision.
	+ COPRA gives you a liaison. You should take advantage of this.
* Early December – programs must notify COPRA of their intent to proceed to a site visit.
* January - Shortly after receiving the Interim Report and notifying COPRA of intention to proceed – programs may prepare a response to Interim Report. Programs should use this response to clarify, to update, and to signal actions that will be taken in response to issues raised in Interim Report.
* November – January – After conflict of interest checks, the site visit team (SVT) is agreed upon. It consists of a chair (senior academic with experience in the accreditation process and performing site visits); a second academic; and a practitioner. COPRA staff work hard to align site visitors with characteristics of the program and COPRA’s needs from the site visit. Programs can voice concerns about specific members if that is appropriate.
* December – January – The SVT and program director agree on site visit dates. Site visits are generally conducted late January through the end of March and are usually two and one-half days in length, although if programs have multiple sites or multiple modalities or other extenuating circumstances the visit can take a bit longer. The program director will want to be sure that appropriate stakeholders will be available before agreeing to the dates. Typical meetings scheduled during the SV include individuals such as Provosts, Deans, nucleus faculty, various support staff (career centers, advising, internship advisors), advisory board members, alumni, and current students.
* Several weeks prior to the Site Visit – the program director (in consultation with the SVT Chair) drafts an itinerary.
* January – March – Site Visit occurs; team begins drafting site visit report (SVR)
* 30 days post visit - The SVT has a draft of the SVR – the SVT chair shares the draft with the program director, who is asked to review it for accuracy (i.e. only factual errors will be addressed) within.

* Up to 8 weeks after the SV – the SVT uploads the final SVR in the NASPAA Data Center.
	+ For each Standard (regardless of whether COPRA has cited the standard or not) the SVT will indicate whether it has concerns and if so, what the concerns are.

* End of May – the program may provide a response to the SVR. Similar to its response to the Interim Report, the program may clarify items in the report, update evidence of conformance, and/or signal actions that will be taken in response to the SVR.
* June – COPRA meets to review/discuss the program’s accreditation. The COPRA liaison “presents” the program after consultation with two-three other Commissioners who form a “Group of 3”. The liaison makes a recommendation based on his or her review of the SSR, Interim Report, Response to Interim Report, SVR, and Response to SVR. The entire Commission reviews and discusses the evidence, and votes on a final action. Possible actions detailed in July decision letters are:
	+ For programs that are already accredited:
		- Accredited for 7 years with no monitoring. Note, that if a program has either voluntarily sought, or been recommended by COPRA, a delay, it will be accredited for 6 years. While rare, there have been occasions when a program has delayed for up to 2 years, in which case it would be accredited for 5 years.
		- Accredited for 7 years with monitoring on specific standards.
		- One-year accreditation with specific information on conformance issues the program must address. This involves a response to the decision letter and a potential second site visit. The site visit is often abbreviated and there have been occasions when a second site visit was not required.
		- Denial of accreditation.
	+ For programs seeking accreditation for the first time:
		- Accredited for 7 years with no monitoring.
		- Accredited for 7 years with monitoring.
		- A one or two year deferral with specific information on conformance issues the program must address. This involves a second SSR and a second site visit.