**Session 1ABC: Accreditation Basics for Program Representatives**

In the space available, answer the following about your own program:

1. What are you particularly proud about with respect to your program?
2. What is your program particularly good at?
3. What would you like your program to be known for in the future?
4. What distinguishes your program from others (in terms of your study body or your curriculum or your faculty or…)?
5. What are your program’s core public service values?
6. Who does your program serve?

SWAP PAPERS WITH A PARTNER

In the space below, draft a mission statement based on the answers above. [Note: this is based on answers provided by someone else, not your own answers]

**Session 1ABC: Accreditation Basics for Program Representatives**

**Feedback for COPRA and NASPAA Staff**

Please complete these statements:

The things I find most frustrating, confusing, or onerous about NASPAA accreditation are….

These things are challenging because…

NASPAA Accreditation Institute 2016

**Session 1ABC: Accreditation Basics for Program Representatives**

**Feedback for COPRA and NASPAA Staff**

Please complete these statements:

The things I find most frustrating, confusing, or onerous about NASPAA accreditation are….

These things are challenging because…

**Session 2A: Fundamentals: what are your program goals?**

**Designing a useful mission statement – Questions to address**

1 What are you particularly proud of with respect to your program?

2 What is your program especially good at?

3 What would you like your program to be known for in the future?

4 What distinguishes your program from others?

5 What are your program’s public service values?

6 Whom does your program serve?

**Develop a Mission Statement**

**Developing & Using your Logic Model for Continuous Improvement**

|  |  |  |
| --- | --- | --- |
|  | **Generic** | **Mission-Driven, Tailored to Your Program** |
| Classrooms, Offices, Computer Labs |  |
| Faculty |  |
| Money for Conference Travel |  |
| Students |  |

|  |  |  |
| --- | --- | --- |
|  | **Generic** | **Mission-Driven, Tailored to Your Program** |
| Teach classes |  |
| Host guest speakers |  |
| Maintain a social media presence  |  |
| Recruit at undergraduate programs |  |

|  |  |  |
| --- | --- | --- |
|  | **Generic** | **Mission-Driven, Tailored to Your Program** |
| # of graduates who complete with desired competencies |  |
| # of research publications of faculty |  |
| Hours of service to community organizations via internships |  |
| $ of grant funding generated |  |

|  |  |  |
| --- | --- | --- |
|   | **Generic** | **Mission-Driven, Tailored to Your Program** |
| Improved quality of public policy and management |  |
| Alumni who are change agents in their organizations |  |
| Contributions to theory development and testing |  |
| Improved image of public service |  |

|  |  |  |
| --- | --- | --- |
|  | **Generic** | **Mission-Driven, Tailored to Your Program** |
| Recognized source of expertise  |  |
| Accomplishments of alumni  |  |
| Citations, recognition and awards for faculty  |  |
| Alumni referrals to the program  |  |

**Backward Design for Logic Model Development – making the linkages clear**

1. Based on your program’s mission, what impacts or outcomes would you like your program to have?
2. What outputs would your program need to produce to have those impacts?
3. What strategies and activities would your program need to pursue to produce those outputs?
4. What resources or inputs does your program need to engage in these activities and strategies?
5. How can we assess or measure whether your program is having those impacts and achieving its mission?
	* Alternatively, what information do we already collect? For what purpose? And how sufficient is it in assessing mission accomplishment?

**Session 2BC: The Self Study Report and Site Visit from 2 perspectives**

**Working through the standards**

**Standard 1 Managing the Program Strategically**

*From the Program’s Perspective writing SSR*

**MISSION Standard 1.1**

**Statement**: Is the mission specific enough to actually drive expectations and actions? Alignment with goals, students, faculty, curricular focus?

**Process**: Regular mission review? Widespread involvement by stakeholders?

**Public Service Values**: How do they link to program mission?

*From the SVT Perspective Examining Evidence*

**MISSION Standard 1.1**

**Statement**: Has COPRA cited this section? Does the mission appear to align with program goals, student population, given on-the-ground observations?

**Process**: Minutes of advisory board meetings, faculty meetings, strategic planning sessions

**Public Service Values**: Do stakeholders know what the program’s public service values are?

**PERFORMANCE EXPECTATIONS Standard 1.2**

**Program goals**: What are they? How were they developed? How (specifically) do the goals align with your mission and public service values, the needs of your stakeholders, your program’s specific approach to improving public service knowledge, research, and practice?

**Program goals**: Do faculty speak knowledgably of program goals? Do they know how their teaching, research, and service align with program goals? Does the advisory board know what the program is trying to achieve? Do students speak knowledgably about the program’s strengths?

**PROGRAM EVALUATION Standard 1.3**

**Performance Outcomes**: Based on the program’s goals, what outcomes have you achieved (last 3 – 5 years) that demonstrate mission attainment? Not what you hope to achieve, what you have actually achieved?

**Ongoing Assessment Processes**: What are your “strategic management activities”? This is not just about student learning assessment. This is about overall program evaluation. What processes are in place to define/review mission, values, goals? What processes measure goal attainment? What examples demonstrate you have used program evaluation data to assess performance and make data-driven changes to improve program performance?

**Performance Outcomes**: Specific artifacts documenting goal achievement. Examples: student records, theses, capstones, faculty research and service, community outreach… all related to program’s stated goals tied to its mission.

**Ongoing Assessment Processes**: Does the program have a strategic plan (not required but a good practice)? What documents inform the program about its goal achievements? How does the program regularly assess its conformance with Standards 2 – 7? What specific artifacts document the program’s examples of the use of data to assess and improve its performance? Student Learning Assessment Plan is often included here; more rarely a strategic plan or program evaluation plan may be included.

**Standard 2 Matching Governance with Mission**

Instructions: from the program’s perspective, what questions must be answered? What links to mission must be made? What EVIDENCE must be provided? From SVT perspective, what questions must be asked? What EVIDENCE must be examined?

*From the Program’s Perspective writing SSR*

**Modes of program delivery**:

**Administrative roles and decision-making authority**:

**Faculty Governance/nucleus faculty/substantial determining influence**:

*From the SVT Perspective Examining Evidence*

**Modes of program delivery:**

**Administrative roles and decision-making authority**:

**Faculty Governance/nucleus faculty/substantial determining influence:**

**Standard 3 Faculty Performance**

**Academically qualified/professionally qualified:**

**Faculty Diversity**:

**Academically qualified/professionally qualified**:

**Faculty Diversity:**

**Standard 4 Serving Students**

**Recruitment, admissions, acceptances, enrollments**:

**Internships, Completion rates, Placements**:

**Student Diversity**:

**Recruitment, admissions, acceptances, enrollments**:

**Internships, Completion rates, Placements:**

**Student Diversity:**

**SESSION 3A: Fundamentals: Defining and measuring; Assessment plans, rubrics**

General Instructions:

* Using the examples of the diverse program missions represented at your table, develop at two distinct competency definitions for each of the five universal competency areas and justify the distinction based on the program missions. You do not need to limit your discussion or the examples to the same two programs for all five competencies. Try to include all of the programs at your table in some manner.

Facilitator Role:

* Manage time to complete the discussion of competencies in 15 minutes
* Then have 5 minutes to discuss the process in terms of the following two questions:
	+ Were some of the universal competencies easier than others to develop distinct competency definitions?
	+ Did some program missions make it easier or more difficult to develop unique competency definitions?
* Ensure that everyone at the table participates in the conversation
* Ensure that the recorder has information to fill in all cells in the table

Recorder Role:

* Prepare a completed table based on the conversations at the table
* Document areas of ease and difficulty

|  |  |  |  |
| --- | --- | --- | --- |
| **Universal Competencies** | Definition 1 | Definition 2 | Mission-based justification for the differences |
| Lead and manage in public governance |  |  |  |
| Participate in and contribute to the policy process |  |  |  |
| Analyze, synthesize, think critically, solve problems and make decisions |  |  |  |
| Articulate and apply a public service perspective |  |  |  |
| Communicate and interact productively with a diverse and changing workforce and citizenry |  |  |  |

**Session 3A: Using the Mission to Define Universal Competencies - Developing an Initial Curriculum Map**

**Table 1 – Identifying courses where competencies are addressed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Courses** | **UC 1****Lead** | **UC 2****Participate** | **UC 3****Analyze** | **UC 4****Public service** | **UC 5****Communicate** |
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Note: List the course in the curriculum on the left column. Place an x where the competency is addressed.

**Table 2 – Identifying courses where competencies are introduced, practiced and assessed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Courses** | **UC 1****Lead** | **UC 2****Participate** | **UC 3****Analyze** | **UC 4****Public service** | **UC 5****Communicate** |
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Note: List the course in the curriculum on the left column. Place an (I) where the competency is introduced; (P) where the competency is practiced, and (A) where the competency is assessed.

**Questions for Curriculum Mapping and Implementation**

In the space available, answer the following about your own program:

1. How are the assigned universal competencies related to the program mission?
2. Are there program mission competencies that are not universal competencies? If so, doe these need to be assessed?
3. What assessment strategies should be considered in assessing competencies?
4. What resources does your program need to carryout assessment strategies?
5. How many and how often do universal competencies need to be assessed?

6. Once assessment is completed, what standards do we use to assess outcomes? What if your students do not meet those standards?

**Session 3B: Student Learning Assessment: Reliability, Validity, Best Practices in Assessment**

**Critical Steps in the Student Learning Assessment Process**

* Operationalize the required Universal Competencies in ways that align with your mission, goals, and curricular focus. These student learning outcomes (SLOs) should be clear, appropriately rigorous, linked to the Universal Competency Domains in observable ways.
* Evaluate where competencies are addressed in your courses (curriculum map).
* Determine the artifacts (student work) that will be assessed and develop a timeline for the assessment. Common examples: capstone projects; student portfolios; course papers and exam questions; internship reports; theses. If you use a sample, provide your sampling methodology.
* Decide when each competency will be evaluated (make your assessment plan sustainable). There is no prescribed schedule. However, the self-study instructions indicate once every 7 years is likely not in conformance.
* How many universal competencies should you assess? At least three.
* Develop rubrics or other evaluation guides that align with the student learning objectives (your operationalized competencies) and that faculty can apply to the review of the artifacts.
* Determine performance goals. Initially you may wish to “set to baseline” and then decide on expected longitudinal improvement. Do not use grades (i.e. everybody gets at least a B). This broad performance expectation does not provide the detail you need to obtain formative data.
* Decide on a process for analyzing results, communicating results to stakeholders, and identifying needed changes based on results.

The activities above will comprise your assessment plan. COPRA requires a written assessment plan.

**Best Practices in Student Learning Assessment**

* Multiple measures – direct and indirect.
* Not too many measures – otherwise you’ll have confusing, conflicting results.
* Use rubrics or other assessment tools. Do not use grades. They are not “formative” – they do not give you specific criteria for areas where students need to improve.
* Validity: Faculty (or other stakeholders) who haven’t taught the course assess the student work.
* Reliability: Two or more faculty reviewing common work.
* Achievement of performance targets: If programs find students are not meeting targets, the temptation is to change the targets or the process rather than reflecting on what substantive changes should be made to curriculum, pedagogy, or the like, based on the evidence you found. While some “process” changes may be appropriate, the bulk of changes should reflect student learning rather than the assessment process itself.
* Use of results: align your program changes with the evidence you found. Sometimes programs discuss changes they’ve made without specific reference to the assessment process. Sometimes they talk about changes and reference assessment data but a close look at the assessment data reveals no linkage to the changes made.

Read the sample Interim Report. Work with a partner at your table to identify the specific areas where the program failed to follow specific assessment steps, and/or failed to incorporate assessment best practices.

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| --- |
| **Session 3B Sample Assessment Plan (partial)** |
| **Competency: To analyze, synthesize, think critically, solve problems, and make decisions**The Master of Public Administration program operationally defines the competency of analyzing, synthesizing, thinking critically, solving problems, and making decisions, within the context of the program’s mission to prepare public service leaders, as follows.* Ability to select and use methodologies appropriate to support research objectives
* Knowledge of how to design and employ a variety of data-collection and analysis techniques
* Ability to analyze, describe, and communicate the results of data analysis
 |
| **Below are the specific knowledge, skills and abilities associated with this competency** | PA 600 Public Sector Roles and Respon-sibilities | PA 601 Research and Quantita-tive Methods for PA | PA 602 Public Policy | PA 603 Managing Public Organizations | PA 604 Managing Human Resources | PA 605 Managing Financial Resources | PA 701 Capstone Seminar | PA 777 Intern-ship |
| Ability to analyze public problems, formulate relevant research questions, and employ appropriate methods.  |  | X | X | X |  |  | X |  |
| Employing analytical tools for collecting, analyzing, presenting, and interpreting data, including appropriate statistical concepts and techniques. |  | X | X |  |  |  | X |  |
| Understanding and applying appropriate statistical and decision tools for public management. |  | X | X |  |  |  | X |  |
| Ability to identify and apply appropriately alternative sources of funding, including grants, taxes, and fees, for local government financial management. |  |  |  |  |  | X |  |  |
| Understanding and effective use of information systems, e-government and technology for decision making. |  | X |  | X | X |  |  |  |
| Ability to communicate, orally and in writing, with accuracy, clarity, and discernment.  | X | X | X |  |  | X | X |  |

|  |
| --- |
| **Competency: To analyze, synthesize, think critically, solve problems, and make decisions** |
| **Learning Outcome Defined** | **Evidence Collected** | **Analysis and Findings** | **Action Based on Results** |
| Students will be able to select and use methodologies appropriate to support research objectives | Evaluation of final assigned paper in PA 601 Research and Quantitative Methods for PA using rubric. Competency 3 will be analyzed every 3 years. 100% if students should be rated good or excellent. 80% of students should be rated excellent. | 90% of students were rated good or excellent. Of those, 70% were rated excellent. Among deficits noted were failure to justify analytical techniques used; use of inappropriate (or not the best) statistical method; poorly conceived research design. | MPA faculty and MPA Advisory Board assessed student work. Faculty developed a White Paper with students entitled ‘What to do with a data set and a research question’ linking research design, data, and analytical methods. Faculty is considering revamping of coverage of research design content to place greater emphasis on representative examples students can use as models for their own research. |
| Students will know how to design research and employ a variety of data-collection and analysis techniques | Evaluation of final assigned paper in PA 601 Research and Quantitative Methods for PA using rubric. Competency 3 will be analyzed every 3 years. 100% if students should be rated good or excellent. 80% of students should be rated excellent. | 90% of students were rated good or excellent. Of those, 70% were rated excellent. Among deficits noted were failure to justify analytical techniques used; use of inappropriate (or not the best) statistical method; poorly conceived research design. | MPA faculty and MPA Advisory Board assessed student work. Faculty developed a White Paper with students entitled ‘What to do with a data set and a research question’ linking research design, data, and analytical methods.  |
| Students will be able to analyze, describe, and communicate the results of data analysis | Evaluation of final assigned paper in PA 601 Research and Quantitative Methods for PA using rubric. Competency 3 will be analyzed every 3 years. 100% if students should be rated good or excellent. 80% of students should be rated excellent. | 95% of students were rated good or excellent. Of those, 88% were rated excellent. Among deficits noted were poorly crafted figures and tables and awkward writing when discussing statistical results. | MPA faculty and MPA Advisory Board assessed student work. Faculty developed several assignments to improve students’ abilities to prepare professional charts and graphs. |

***Discuss and critique******this sample assessment with a partner. What elements are acceptable? What are problematic? What changes would you make?***

**Positive aspects of Assessment Plan Areas of weakness of Assessment Plan**

**Session 3B**

**COMMISSION ON PEER REVIEW AND ACCREDITATION**

**SAMPLE Interim Report to the**

**Master of Public Administration
NASPAA University**

**November 2, 2014**

**Program Mission Statement (as reported in the SSR):**

The Master of Public Administration prepares students for professional local and regional public service leadership careers by instructing in the application of law, ethics, equity, and current trends in governance through a combination of public administration theory and applied skills training.

. . . . .

**Item 9: Standard 5.1 – Universal Required Competencies**

Standard 5.1 states, “As the basis for its curriculum, the program will adopt a set of required competencies related to its mission and public service values. The required competencies will include five domains: the ability

* to lead and manage in public governance;
* to participate in and contribute to the policy process;
* to analyze, synthesize, think critically, solve problems and make decisions;
* to articulate and apply a public service perspective;
* to communicate and interact productively with a diverse and changing workforce and citizenry.”

The program has provided an Annual Assessment Plan, an Assessment Report, and a Data-Informed Program Changes Table in Appendix 05.

The Assessment Report, the Program Changes Table and the self-study report provide program-level information regarding the assessment of the five NASPAA Universal Learning Competences (and program-specific competencies), and the self-study report describes “closing the loop” with regard to the competency “To participate in and contribute to the public policy process”. The Commission seeks clarification and additional information regarding the following:

* The Standard of Mastery/Criterion of Achievement described in the Annual Assessment Plan is grade-based. The program indicates that “Grades received for course performance based on individual assignments, exams, and other responsibilities A = Highly proficient B = Proficient C, D, and F = Less than Proficient” will be used to assess performance.” The Exhibit A Sample Graduate Rubric identifies the task/learning outcomes in detail and these descriptive outcomes appear to be comprehensive, rigorous, and appropriate to the program’s operationalization of the competencies. However, as data in the “Learning Outcome Analysis” demonstrate, the program is counting the frequencies of grades to determine whether students are proficient. Where the program has determined that there are a number of students below the level of ‘highly proficient,’ and in a few cases where there are a significant number of ‘not proficient’ results, the “Areas of Note” analysis provides no formative information. The program has stated, for example, “consideration maybe given to shift more students from ‘proficient’ to ‘highly proficient,’ particularly in (specific learning outcomes)…” In another part of this analysis the program notes that there is a decrease in proficiency that seems to be a recent trend, and notes these are areas for “potential reevaluation” but provides no guidance on what should be reevaluated with regard to pedagogy, course assignments, or other curricular expectations.

o It appears to the Commission that while the program may have identified proficiency levels of specific tasks/learning outcomes tied to universal competencies, it has provided no information regarding what, specifically, students are not mastering. Nor has the program provided any specific strategies for improvements. By way of example, the analysis found that there was need for improvement in the following student learning outcome because of the number of students in lower performance ratings: *Familiarity with city structures, the principles of management and leadership, the legal foundation of administration (i.e. open meeting laws, conflict of interest laws), and basic budgeting concepts.* As the program is currently reporting and analyzing its assessment data, it is unclear what specific knowledge-skills-abilities within this outcome are giving students problems or what actions are appropriate to address the deficiencies. Therefore, the Commission asks the program to elaborate on why its assessment approach, centered on the distribution of grades, is an appropriate way to analyze student performance. In particular, the program should consider (and discuss with the Site Visit Team) whether a rubric that allows for articulating specific concepts/tasks/assignments that students need to improve upon based on a synopsis of the actual work would better inform the assessment process.

* There seems to be an inconsistency between the assessment of the competency participate in and contribute to the public policy process reported in 5.1 Part C, and the analysis reported in the Assessment Report Appendix 05.C pp. 52 – 56. The evidence of learning that was gathered as described in the self-study report is the final report of the studio class along with the annual assessment plan, the annual assessment report and the student learning outcomes data analysis. However, in describing how the evidence of learning was analyzed, the program lists on-time delivery, client satisfaction, instructor satisfaction, and external reviewer satisfaction. No specific criteria or findings are provided. Nonetheless, the Assessment Report Appendix notes the need to focus on five learning outcome areas based on the grade distribution. In describing how the evidence was used for program changes, the self-study report makes no mention of any areas of needed improvement, but says the program is proposing an external faculty reviewer. In other words, there appears to be no alignment between analysis of assessment data and use of results. The Commission asks the program to clarify, specifically, the assessment that has been done and what was learned that can be used for improvement. How did, or how will the program use the information on the five learning outcome areas it has determined should be addressed? And how do changes proposed for the studio class link to what was learned in the assessment?
* Related to the issues presented above, while the assessment plan in the appendix indicates that numerous courses will used to assess Required Universal Competencies, in assessing participate in and contribute to the public policy process the program appears to have used only one measure: performance in the studio class. The Commission requests that the program clarify why it believes a single measure (the studio class) is appropriate for assessing this competency.
* The program’s assessment plan calls for assessing multiple courses each year, and those courses address multiple Required Competencies. The result appears to be that the program will be collecting data on dozens of different learning outcomes, each of which the program applies to one or more NASPAA competencies. The Commission requests that the program clarify how such a plan is sustainable over time given the massive amount of data being collected, and how it will link the various course-level student learning outcomes to understanding and assessing performance on specific NASPAA Required Competencies.

**Session 4AB: Diversity and Inclusiveness**

**Step 1: As a Group: Generic Strategies**

Generate a list of “generic” strategies that can be included in a Diversity Plan for each of the component parts. Generic strategies are those which could be used by a program regardless of its particular mission, geographic location, level of resources, student population, etc. Brainstorm a list of at least five strategies for each component of the plan.

|  |  |
| --- | --- |
| Recruitment of Faculty | 1.
2.
3.
4.
 |
| Retention of Faculty | 1.
2.
3.
4.
 |
| Creating an Inclusive Climate for Faculty | 1.
2.
3.
4.
 |
| Recruitment of Students | 1.
2.
3.
4.
 |
| Retention of Students | 1.
2.
3.
4.
 |
| Creating an Inclusive Climate for Students | 1.
2.
3.
4.
 |

**Step 2: Individually (or with others from your program) – Tailored Strategies**

Generate a list of tailored strategies by either adding to the generic list or modifying items from the generic list. Identify the basis/justification for the tailored strategies. Develop two or three tailored strategies in each component part of the Diversity Plan

|  |  |
| --- | --- |
| Recruitment of Faculty | 1.

 1.
2.
 |
| Retention of Faculty | 1.

 1.
2.
 |
| Creating an Inclusive Climate for Faculty | 1.

 1.
2.
 |
| Recruitment of Students | 1.

 1.
2.
 |
| Retention of Students | 1.

 1.
2.
 |
| Creating an Inclusive Climate for Students | 1.

 1.
2.
 |

**Step 3. Share and Compare.** Focus on the tailored strategies and see how others at your table developed strategies specific to their own contexts.

**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

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

**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.

**Session 6ABC: FAQs and Participant Questions**

1. Are we expected to change our mission as part of the self-study process?
2. Is my program expected to have a strategic plan?
3. We don’t have an advisory board. Is that okay?
4. We noticed some programs have a “program evaluation plan” but we don’t. Are we supposed to have one? We do have an assessment plan.
5. We have a faculty vacancy right now so we only have 4 nucleus faculty and this is our self-study year. What does COPRA need to know about our plans?
6. We’ve experienced budget cuts and lost our program coordinator staff person. We’ve also had to eliminate the stipend for our MPA director. Is this a problem for accreditation?
7. Most of our nucleus faculty teach core required classes but one nucleus faculty member teaches only electives. Is this a problem?
8. We are a small program and we have 4 nucleus faculty – not 5. (We also have several adjuncts who teach regularly in the program and are “professionally qualified.”) Is this a fatal flaw?
9. My site visit team is onsite and has just been told that the Dean will not be able to meet with us while we’re here. COPRA has asked us in the Interim Report to speak with her because the Commission is concerned about ongoing support to the MPA program, which is very small. What should we do?
10. Our students are primarily pre-service. We do not require an Internship although we do encourage students to do one. Is this okay?
11. Our student learning assessment measures consist of Capstone projects and a graduating student survey. We have “closed the loop” on 3 of the Universal Required Competencies using these measures. Does this sound about right?
12. We define “academically qualified” faculty as faculty with a Ph.D. in an appropriate field. Is this definition sufficient?
13. Why do we need a diversity plan? Our faculty and student body are diverse.
14. When we assessed the competency *Lead and Manage in Public Governance* during our self-study process, we found our students are not meeting our expectations and only a small number were found competent. Will this be a problem for accreditation?