CACUP-ASLP
CAPUC-AO

Council for Accreditation of Canadian University Programs in Audiology and Speech-Language Pathology

(CACUP-ASLP)

Procedures and Policies Manual

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Terminology note:
Because administrative structures and titles vary from university to university, throughout the document, **program** *is used to refer to a university, school or department or a program within a department, except in section B, where* **school or department** *is used to distinguish the academic administrative unit from its academic program.* **Head** *is used to refer to the head or chair of a department or director of a school.*

A. POLICIES AND PROCEDURES

A.1 ACCREDITATION TERM

The normal term of accreditation is seven years. The accreditation board has the right to grant a shorter accreditation term based on concerns identified during the accreditation review process. If a shorter accreditation term is granted, the accreditation board may provide the program the opportunity to submit a follow-up report, outlining how the concerns have been addressed. The report should be submitted no later than six-month prior to the end of the current accreditation term. Upon receiving the report, the accreditation board may decide to: 1) extend the accreditation term for up to the full seven years; 2) require a complete accreditation review; or 3) withdraw the accreditation.

In exceptional circumstances, where the accreditation review cannot be completed within the timeline established due to unforeseen circumstances beyond the control of the program or the accreditation board, the accreditation board may grant a maximum extension of one year of the accreditation of the program in order to allow time for the completion of the review. Such an extension will not affect the allowable period for renewal (i.e., maximum of 7 years from the original renewal deadline).

A.2 CATEGORIES OF ACCREDITATION

University academic programs can be given accredited or non-accredited status using the following four categories:

1. **Accredited:**
   The program meets the accreditation standards of the council. Accredited status is granted for the full term (i.e., seven years – full accreditation), or for a shorter period as determined by the accreditation board.

2. **Probationary accreditation:**
   At the time of the review, a program demonstrates deficiencies that seriously compromise its ability to meet the minimum accreditation standards. Probationary accreditation is granted if the accreditation board judges that these deficiencies are remediable within a maximum of two years. If the deficiencies have not been remediated by the end of the probationary accreditation term, accreditation will be withdrawn.

3. **Candidate for accreditation:**
   The accreditation board can grant candidacy status to new graduate academic programs. Future programs must apply for candidacy status at least eight months prior to graduating students. [Note: If an application for candidate status is not made prior to graduating the first student cohort, new programs may only apply for a full accreditation review.] The program must provide documentation that includes: a) a detailed overview of the full curriculum; b) a detailed overview of available human, physical, and financial resources; and c) university approvals of the degree program(s) and courses. The documentation must provide evidence that the structure and content of the program are being developed consistent with the accreditation standards outlined in this document (Section B). Candidacy status does not involve a site visit review. Candidacy can be granted for a maximum of three years. Renewal of candidacy status is not allowed. Upon completion of the candidate status period, the program may request accreditation status.

4. **Non-accredited:**
   A program is designated non-accredited under the following conditions: a) the accreditation board judges that the program does not meet minimum accreditation standards, and that the program's deficiencies are not remediable within a time period set by the accreditation board but not exceeding two years; b) the accreditation board judges that a program with probationary accreditation status has been unable to remediate its deficiencies within the designated two-year term; c) a program's probationary accreditation status has expired without a successful review for accreditation; or d) a program does not undergo the accreditation review process.

Each university program should inform students and the general public (e.g., via its website) of its accreditation status. Graduates of non-accredited programs will still be eligible for registration with regulatory bodies, but could be required to submit additional documentation as part of the registration application process. Programs that lose their accreditation or did not meet the accreditation standards in a previous application can re-apply for full accreditation after one year.

A.3 ACCREDITATION PROCESS

A.3.1 Reporting/renewal – accredited programs

1. University programs with full accreditation should submit an interim report during the third year of the accreditation period, and at any time when significant changes have occurred to curriculum, faculty and instructional staff, resources, administrative structure and governance. Information/materials contained in this report should demonstrate how the program continues to meet/exceed all goals as outlined under Section B. Examples should be relevant within a twelve-month period preceding presentation of the report (see Appendix 5). The accreditation board will review the report and may seek further information, confirm the accreditation status for the full term, or decide to have an earlier accreditation review.
2. The chair of the accreditation board notifies the program that the accreditation term is coming to an end one year before its expiration.
3. Within one month of notification by the board, the program sends a request for accreditation review to the chair of the accreditation board.
4. Upon receipt of the request by the program, the chair of the accreditation board sends accreditation guidelines, standards, and an accreditation fee notice to the program.

A.3.2 New application – non-accredited or candidate programs

1. To request an accreditation review, the program submits documentation to the chair of the accreditation board, as specified in the documentation guide (Appendix 1), at least eight months before a review is desired.
2. Information/materials submitted, showing how the program meets/exceeds all goals as outlined under Section B, should represent the most up-to-date version only. Examples should be relevant within a twelve-month period preceding presentation of the report.
3. Within two months upon receipt of the documentation, the accreditation board evaluates the submitted documentation and makes a decision about the program's eligibility for an accreditation review.

A.3.3 Subsequent steps relevant to all programs eligible for review (currently accredited, non-accredited, or candidate programs judged eligible for review)

1. The chair of the accreditation board and the head of the university program together determine the proposed date of the accreditation site review visit. The time of the site review visit should be established six months before the visit. The site review visit should take place at least three months before the end of the accreditation term.
2. Five months before the site review visit, the chair of the accreditation board selects and notifies the program of the names of the external site reviewers. The program has the opportunity to challenge the appointment of the site reviewers within two weeks of being notified of the reviewers' names on grounds of perceived bias and/or conflict of interest. The chair of the accreditation board makes the final decision.
3. The chair of the accreditation board and the head of the program, in consultation with the reviewers, finalize the dates of the site review visit.
4. No later than two months before the site review visit, the program submits accreditation materials and the accreditation fee. The accreditation materials, also known as the self-study document, must be a coherent and logically organized text that summarizes, in a narrative format, the evidence for each of the accreditation criteria. Accompanying evidence and other documentation should be included as appendices and clearly referenced in the self-study document.

5.   No later than one month before the site review visit, the program sends the visit schedule to the Chair of the Accreditation Board for approval.
6.   No later than two weeks before the site review visit, the accreditation board prepares an initial review of the documentation, and makes recommendations to the site review team.
7.   The site review proceeds as scheduled. At the end of the visit the site review team meets with the head of the program, and other senior administrators as agreed, for initial discussion of the site review team's preliminary findings and recommendations.
8.   Within four weeks of the site review visit, the site review team submits its report to the chair of the accreditation board. The report is forwarded to the program by the chair of the accreditation board.
9.   The program can respond concerning the accuracy of the report in writing to the chair of the accreditation board within 30 business days of receiving the report.
10.   The chair of the accreditation board distributes the report and the program's response to the members of the accreditation board. The chair of the board schedules a meeting (in person or via tele/videoconference) of the board members within 30 business days after the report and the program's response have been distributed.
11.   The accreditation board reviews the accreditation documentation, the site review team's report, and the program's response, and makes the accreditation decision. The chair of the accreditation board notifies the head of the program of its pending decision. The head of the program will have the opportunity to respond, within 30 business days, with clarifications or corrections. Submission of additional, new material that was not included in the original self-study document submission is not allowed at this time. Any such material will not be considered by the board. Upon receipt of the response, or in the absence of a response, the accreditation board will finalize its decision.
12.   The chair of the accreditation board submits the board's final decision to the head of the program, the dean of the program's faculty, and the chair of the CACUP secretariat.
13.   If the program disagrees with the final decision according to section A.4.3, it may launch an appeal, within 30 business days of receiving the report. If no appeal is initiated, the accreditation secretariat communicates the accreditation decision to stakeholders.
14.   During the third year of full accreditation, regardless of the length of the approved accreditation term, the program submits an interim report to the chair of the accreditation board. In this report, the head of the program details any significant changes to the status of the accreditation standards in the program, or confirms that no significant changes have occurred to the program with regard to any or all of the standards ("significant changes" are those that would affect whether the program still meets the standards). The accreditation board reviews the interim report and identifies the need, if any, to seek further information from the program or take additional action.

The timeline for steps of the accreditation review process is meant to be a guideline and is approximate. Business days are exclusive of periods such as reading weeks and university-sanctioned holidays and break periods. The head of the program should inform the chair of the accreditation board of any university-sanctioned holidays and/or break periods that should be considered in determining the accreditation review deadlines, the timing of the site review or the submission of an appeal. The head of the program should consult the chair of the accreditation board to clarify information pertinent to the review.

A.3.4.   Submission of material

The program being reviewed is required to compile and submit a self-study document as part of the accreditation review. This document provides evidence of the program's compliance with accreditation standards (Section B).

The self-study document must provide a coherent text that summarizes, in a narrative format and in a single document, evidence for each standard. It should be organized according to the five section headings: curriculum (academic and clinical education); faculty and instructional staff; students; resources; and administrative structure and governance. Within each section, evidence addressing each specific standard must be presented.

The self-study document should be as succinct as possible and written specifically for the purpose of demonstrating compliance with accreditation standards. Tables should be included when appropriate to summarize relevant material. Original source materials such as handbooks, workload documents, etc. should NOT be included in the self-study document.

Original source documents describing policies and procedures used by the program being reviewed (such as handbooks, workload documents, organization charts, etc.) provide useful and important information to augment or clarify summary information in the self-study document. The program may assemble a set of appendices that are submitted as a separate document at the same time as the self-study document. To be included, each appendix must be referenced in the self-study document and be relatively brief (5 page limit). Original source materials not included in the appendices will be provided to the site review team during the site visit. Examples include course syllabi, curriculum vitae for faculty members, etc. Further information pertaining to preparation of documentation is provided in Appendix 1.

A.4 APPEAL PROCEDURES

A decision of the accreditation board may be appealed in accordance with the procedures specified below. The appeals committee shall not receive or consider evidentiary matters that were not included either in the record (all written material that the board considered in reaching its decision constitutes the "record") or in the documentation submitted as part of the appeal as described in point A.4.3 below.

A.4.1 Decisions that may be appealed

The following decisions of the Board may be appealed:
1.   To withhold accreditation from a program not currently accredited; and
2.   To withdraw accreditation from a program currently accredited.

A.4.2 Appointment of the appeals committee

Within 30 business days of the receipt of a program's notice of intent to appeal (see A.4.3), the secretariat will appoint an appeals committee in accordance with the procedures specified in section B.5.2, Governance manual. The secretariat informs the head of the program of the membership of the appeals committee.

A.4.3 Filing an appeal

Accreditation board decisions can be appealed only if the program has exercised its option to undergo further consideration of that decision by the board, and the program has submitted all materials (see A.3.) by the appropriate deadlines.

The head of a program who wants to appeal the decision either to withhold or to withdraw accreditation (see A.4.1) shall, within 30 business days of the date upon which a notice of the board's final decision is received by the program, submit to the accreditation secretariat a written notice of intent to appeal. An appellant must also send a copy of the notice of intent to appeal to the chair of the accreditation board. The accreditation secretariat will send a written acknowledgement of the intent to appeal to the appellant and notify the appellant of the composition of the appeals committee.

Within 60 business days of the date upon which the accreditation secretariat receives the notice of intent to appeal, the head of the appellant program shall submit to the chair of the appeals committee a written explanation of the grounds for appeal. A program may appeal only on the grounds that:

1.   The decision by the accreditation board failed to take into account or seriously misinterpreted the evidence in the record or
2.   The accreditation board reached its decision without following the accreditation policies and procedures as specified in this document.

The appellant's written explanation of the grounds for appeal should include relevant evidence to support the appeal, and provide any necessary clarification to the materials considered by the accreditation board

in making their decision. The appellant is allowed to clarify elements of the record, but is not allowed to submit new information not previously included in the record, unless allowed by the chair of the appeals committee.

The chair of the appeals committee shall provide a copy of the appeal submission to the chair of the accreditation board and include relevant instructions concerning the board's response.

The chair of the accreditation board may choose to submit a written statement to the chair of the appeals committee further explaining its accreditation decision. This statement should include relevant evidence and any necessary clarification to support the decision of the accreditation board. The chair of the accreditation board shall also transmit a copy of any such statement to the appellant, and shall confirm in writing to the appeals committee chair that a copy was transmitted.

The accreditation board shall furnish to the appeals committee, for review by its members, complete copies of the record on which the board based its decision.

A.4.4   Appeal hearing

The chair of the appeals committee shall schedule a hearing on the appeal and shall notify the appellant and the chair of the accreditation board of the time and place thereof. By agreement of all parties, the appeals committee may decide the matter in question by means of written submissions or a scheduled tele/videoconference, without it being necessary for the parties to attend the hearing in person. If a meeting takes place (either in person or via tele/videoconference), each party shall have the right to participate in the hearing (or designate a representative to participate) and to present a statement or arguments.

The appellant shall be entitled to be accompanied by a resource person at the hearing. Generally, this person would be a member of the school/department with knowledge of the program and of accreditation procedures. The chair of the appeals committee shall be entitled to the assistance of a resource person at the hearing. These persons, at the committee's discretion, may be called to provide information and, in this case, shall be subject to questioning like any other presenter.

No additional persons other than the resource person assigned to assist the committee and record the proceedings, and the resource person who accompanies the appellant shall be present at the hearing. Alternatively, the appellant may inform the chair of the appeals committee in writing that she/he chooses to have the appeal considered on the basis of written documents only, without a hearing. If this option is chosen, the committee will hold a meeting, within 60 business days of receipt of the appeal documents, to consider the written appeal and reach a decision.

A.4.5   Appeals committee decision and report

An appeal of an accreditation board's decision shall be judged on the basis of the accreditation board's record and the information submitted by the appellant as specified under A.4.3. All written materials that the board considered in reaching its decision constitutes the 'record'.

The function of the appeals committee is to evaluate whether due process was followed. This evaluation includes whether the board followed required procedures, properly applied the standards, and based its decision on evidence that was in the record. The committee shall determine whether or not there was evidence before the board that would justify its decision.

The appeals committee may: a) affirm the board's decision that was appealed, or b) remand the case to the accreditation board for reconsideration in light of the committee's finding regarding procedural violations or substantive errors in the board's decision. The committee may make recommendations for appropriate action and disposition in a manner consistent with its findings.

The report of the appeals committee will state its decision and the basis for it. Within 30 business days of its decision, the committee will transmit its report to the appellant, the dean of the faculty, the accreditation board, and the secretariat. If the committee upholds the decision of the accreditation board,

that decision becomes final as of the date of the letter informing the appellant of the committee's decision. The final decision will be available to the public.

When a decision is remanded, the accreditation board shall reconsider its previous decision no later than its next regularly scheduled meeting, giving due weight to the findings and recommendations of the appeals committee. The board may afford the appellant the opportunity to make further written submission to the board. The results of the board's deliberations and its decision will be transmitted to the appellant, the dean of the faculty, the appeals committee, and the secretariat within 30 business days of the reconsidered decision. Reconsidered decisions are final, and no further appeals are available.

A.4.6   Costs of appeals

All personal costs incurred by the appellant in connection with the appeal, including travel and lodging of the appellant's representatives and other fees, shall be the appellant's sole responsibility. Costs associated with the travel and lodging of members of the appeals committee shall be divided equally between the appellant and the council. All other costs of the appeal process itself will be assumed by the council.

B.   ACCREDITATION STANDARDS

The standards set forth in this section are adapted from the *Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology*, published by the Council on Academic Accreditation, American Speech-Language-Hearing Association. Standards are described for each of five areas: curriculum; faculty and instructional staff; students; resources; and administrative structure and governance. Performance indicators or types of evidence used to judge compliance with the standards appear below each standard. Information/materials submitted showing how the program meets/exceeds all standards as outlined under Section B should be the most up to date version (also see Appendix 1 for core material to be included). Examples should be relevant within a 12-month period preceding presentation of the application.

B.1   CURRICULUM (ACADEMIC AND CLINICAL EDUCATION)

B.1.1.i   **The curriculum adequately reflects areas across the scope of practice in the profession and is consistent with Speech-Language & Audiology Canada's (SAC) foundations of clinical practice (*Assessing and Certifying Clinical Competency: Foundations of Clinical Practice in Audiology and Speech Language Pathology* (CASLPA, 2004), and those of provincial regulatory bodies and professional associations.**

B.1.1.ii.   **The curriculum is consistent with the mission and goals of the individual university program.**

B.1.1.iii.   **The curriculum, including both coursework and clinical placement opportunities, provides a foundation in interprofessional education.**

Examples of evidence may include but are not limited to:
- The curriculum adequately reflects areas across the scope of practice for the profession, as described in Assessing and Certifying Clinical Competency: Foundations of Clinical Practice in Audiology and Speech Language Pathology (CASLPA, 2004) or its revision.
- Mission statement or outline of goals, description of program, list of course prerequisites, undergraduate (if applicable) and graduate course titles, complete set of course descriptions and outline of course sequence.
- Descriptive overview of the content, frequency, and duration of practicum placements throughout the program. Documentation should show that the curriculum, including coursework and clinical placement opportunities:
    a)   is congruent with the school or department's mission statement

b) provides a foundation of knowledge and skills that enables graduates to function as generalists in either speech-language pathology or audiology. Documentation should also demonstrate that students are exposed to a wide variety of work settings as well as populations and age groups served by the professions. Information about student performance on SAC certification exams, feedback from regulatory bodies, and information obtained from employer and alumni surveys is pertinent and

c) documentation should demonstrate that students are prepared to become supervisors of students or supportive personnel once they enter the professions.

- Course syllabi from all years of study showing progressively increased exchanges with learners from other professions as well as expected outcomes in both coursework and placements.
- Description of interprofessional learning opportunities in the curriculum
- Outline of course sequence
- Complete set of master's level course titles and descriptions and
- Description of the relationship between clinical training and coursework.

B.1.2 The scientific foundations of the professions are evident in the curriculum.

Examples of evidence may include but are not limited to:
- Descriptions of basic and applied science courses, research courses, and student engagement in research activities
- Demonstrations of how the interrelationship between theory (basic and applied) and practice in the profession of speech-language pathology and/or audiology is reflected in the curriculum/ curricula and
- Demonstration that topics in current version of *Assessing and Certifying Clinical Competency: Foundations of Clinical Practice for Audiology and Speech-Language Pathology* are covered in the curriculum – Form B may be used.

B.1.3 Expectations of student performance in coursework, including courses and clinical placements, are congruent with graduate level education. The curriculum includes a statement of overall expected attributes of students.

Examples of evidence may include but are not limited to:
- Syllabi for all graduate-level courses, including those in both foundation and clinical areas (such syllabi should describe course objectives, content, and readings, as well as student performance requirements)
- Description of expectations of student performance
- Description of procedures for graduate course approval and for dealing with students who do not meet graduate-level performance standards and
- Evidence on how graduate students are prepared to become competent consumers of and/or contributors to the scientific knowledge base of the discipline.

B.1.4 The curriculum is structured to reflect a logical conceptual framework for course sequencing and for integrating clinical and academic education.

Examples of evidence may include but are not limited to:
- Outline of the course sequence
- Description of the relationship between clinical training and course work and
- Description of how students are prepared for their clinical education experiences .

B.1.5 **The clinical education experiences of students are carefully planned and monitored with respect to the degree of independence expected. Clinical educators are adequately oriented and monitored with respect to student preparation and performance expectations.**

Examples of evidence may include but are not limited to:
- Documentation regarding expectations of student performance defined in terms of knowledge, skills, and/or competencies acquired throughout their practica, and how such information is imparted to students, faculty, and clinical educators
- Information on how student experiences are planned, monitored and evaluated in order to demonstrate that students are introduced to clinical practice in a gradual, systematic fashion, and that they will acquire the required clinical competencies over the course of the program and
- Documentation regarding the process by which students are prepared for, given feedback and evaluated during their clinical experiences.

B.1.6 **A process is in place for reviewing and updating the curriculum.**

Examples of evidence may include but are not limited to:
- The existence of an active curriculum committee
- Description of recent changes in the curriculum along with an explanation of the process followed and the reasons for change (e.g., desire to implement new instructional techniques; perceived need to reflect changes in practice scopes and settings) and an evaluation of changes made
- The mechanism for receiving feedback about the curriculum from students and
- Evidence of participation/feedback from clinical educators must also be included.

B.1.7 **All student and faculty interactions with clients, whether for clinical or research activities, are conducted in accordance with relevant codes of ethics.**

Examples of evidence may include but are not limited to:
- Evidence or statement that the implementation of the curriculum is in accordance with university, professional, and/or regulatory body ethical codes and policies
- Statement attesting that unit is abiding by all relevant university, professional, and/or regulatory body ethical codes and policies (include list)
- Evidence that students are educated about, and abide by procedures that protect client confidentiality, ensure client safety, and promote professional behaviour throughout their education in the program and
- There should be no evidence to the contrary.

B.2 FACULTY AND INSTRUCTIONAL STAFF

B.2.1 **The number of full-time equivalent positions (FTE) for full- and part-time faculty members with PhD degrees or equivalent is appropriate to support the educational and research missions of the school or department.**

Examples of evidence may include but are not limited to:
- The number of full-time faculty is sufficient to maintain stability and continuity in curriculum development, design and delivery
- Existing faculty expertise in the aggregate covers major areas of content in the curriculum.
- List of number of full-time positions, full-time equivalent positions, and part-time positions since the last accreditation review
- List of faculty and instructional staff with highest degree, academic rank, expertise area, and joint appointments since the last accreditation review;
- Description of processes for recruiting and reviewing faculty
- Breakdown of the number of tenured, tenure track, and non-tenure track positions since the last accreditation review and
- Workloads are appropriate to ensure faculty are able to carry out their roles and responsibilities

in the area of teaching, research and academic administration (for example, student counseling, participation in committees).

B.2.2 **The range of expertise and the professional competence of the full- and part-time faculty is sufficiently diverse to reflect the multifaceted and multidisciplinary nature of speech-language pathology and audiology.**

Examples of evidence may include but are not limited to:
- Up-to-date curriculum vitae for all faculty members (both full- and part-time) who worked in the program since the last accreditation review and
- List of faculty members showing their degrees and areas of expertise, as well as clinical certification, registration, and memberships, as appropriate. All faculty members with cross or joint appointments should be identified, and the department in which the cross or joint appointment is held should be named. In addition to the academic coordinator of clinical education, at least one full-time faculty member must also be registered with the regulatory college in their province or territory or have SAC clinical certification in the relevant profession (in provinces and territories that do not currently have a college).

B.2.3 **Sessional contract instructional staff have the necessary expertise for teaching.**

Examples of evidence may include but are not limited to:
- Resumes for all instructional staff who were contracted as sessional instructors since the last accreditation review. These should include information about their background and current expertise, including highest degree they attained, clinical certification and registration status, area of content expertise, and other qualifications relevant to the teaching area. This information could be provided in table format and
- Aggregate data on teaching evaluations.

B.2.4 **Faculty and sessional contract instructors engage in activities to support the teaching mission of the school or department, including developing and/or maintaining their own content expertise and teaching ability.**

Examples of evidence may include but are not limited to:
- Syllabi that provide evidence that a variety of instructional methods are used across the program
- Description of expectations for the growth and development of faculty members as teachers
- Description of policies and procedures that are in place to assure competence in teaching
- Evidence that faculty and instructional staff members have undertaken teaching development activities
- List of teaching awards and
- Aggregate data on teaching evaluations.

B.2.5 **Faculty members engage in activities to support the research missions of their program.**

Examples of evidence may include but are not limited to:
- The number of grant applications submitted, grants held, and papers published and presented
- An overview of faculty research topics or areas
- Evidence of student involvement in faculty research activities and
- Information about laboratory and research facilities available to faculty.

B.2.6 **Faculty and sessional contract instructors are sufficiently accessible to students for discussion of academic and clinical issues.**

- Evidence about departmental policy or procedures that ensure that students have an opportunity to meet and discuss issues related to their education with either instructors or faculty advisors and
- Evidence that course syllabi provide the instructor's office hours for meeting with students outside class.

B.2.7 **The workload for faculty provides sufficient flexibility and time to meet the institution's and the department's educational and research missions.**

Examples of evidence may include but are not limited to:
- Overview of the teaching load and administrative responsibilities (including committee work) for faculty members, specifying the targeted percentages of time spent in teaching, research, and service.

B.2.8 **The university and the school or department support the career development of faculty.**

Examples of evidence may include but are not limited to:
- Existence of a centre for advancement of teaching and learning, or university/faculty professional development unit, professional development fund for faculty and instructors, or similar initiatives, including career development opportunities organized by the program
- Mentorship programs for junior faculty
- Evidence that faculty are encouraged to participate in career development opportunities and
- Evidence of faculty participation in career development programs.

B.2.9 **The faculty or staff members responsible for clinical placement of professional students hold the required credentials to work as speech-language pathologists or audiologists. At least one person who is responsible for coordinating clinical placements must be registered with the regulatory college in their province or territory or have SAC clinical certification (in provinces or territories that do not currently have a college) in the same profession in which the program offers the degree. If the program offers a degree in both professions (students graduate as speech-language pathologists or audiologists), at least one academic coordinator of clinical education should be registered and/or SAC clinically certified in speech-language pathology and one academic coordinator of clinical education should be registered and/or SAC clinically certified as an audiologist.**

Examples of evidence may include but are not limited to:
- List of faculty/staff responsible for clinical coordination for current year and their credentials.

B.2.10 **Clinical educators have appropriate (in their province or territory) academic qualifications, registration and/or SAC clinical certification credentials, clinical experience, and supervisory training necessary to supervise students.**

Examples of evidence may include but are not limited to:
- Description of the criteria used for appointing and, if applicable, promoting clinical educators
- Current list of clinical educators and their credentials and
- Description of the mechanisms in place for providing initial training, as well as ongoing mentorship and evaluation of clinical educators.

B.2.11   Faculty and staff participate in university, community, and/or professional service, as appropriate.

Examples of evidence may include but are not limited to:
- List of school or department, faculty and university-level committees including evidence of faculty and staff member participation and
- Curriculum vitae for all faculty and staff showing professional consultation or other clinical service activity, board membership, editorial service for journals, conference organization or external review of academic programs.

B.3 STUDENTS

B.3.1   The school or department is successful in attracting, enrolling and graduating its targeted enrolment of students.

Examples of evidence may include but are not limited to:
- Admission statistics since the last accreditation review (or during the past two years, for programs that have not been accredited before), including number of unique inquiries (if available), number of applications, number of offers and final enrolment and
- Number of graduates since the last accreditation review (or during the past two years, for programs that have not been previously accredited).

B.3.2   Admission requirements and procedures are explicit and the admission requirements are congruent with the academic requirements of the school or department.

Examples of evidence may include but are not limited to:
- Admission requirements
- Description of the relationship between admission requirements and the academic requirements of the program
- Description of applicant selection procedures and
- Average entry GPA of students since last accreditation review (or during the past two years, for programs that have not been accredited before).

B.3.3   Students have access to university and school or department requirements and policies, including conflict resolution and student appeal processes.

Examples of evidence may include but are not limited to:
- Description of procedures to ensure student are informed of and have access to school or department and university procedures and policies
- Description of student appeal processes and
- Description of advisor system.

B.3.4   Students have an opportunity to participate in aspects of university and/or school or department governance and/or committees.

Examples of evidence may include but are not limited to:
- A description of student participation in the school/department and university governance. The school or department should provide evidence of student memberships on committees such as committees that discuss and deliberate general matters (that is, concerning the operation of a unit) or specific matters (for example, curriculum committees) at the level of the university,

faculty and/or department/school. Student membership of such committees could be either statutory membership or ad-hoc membership and

- List of committees that discuss and deliberate general or specific matters at the level of the university, faculty and/or department/school, including a list of student members.

B.3.5   The school or department has processes in place to provide students with regular advice on academic and clinical performance.

Examples of evidence may include but are not limited to:
- Description of advisor system
- Policies and procedures for monitoring student performance throughout the program and
- Description of other procedures aimed at feedback and advice to students.

B.3.6   The school or department has appropriate processes in place to encourage a diversity of student backgrounds and needs, as well as processes to make reasonable accommodations for students with diverse needs.

Examples of evidence may include but are not limited to:
- Information about school or department procedures to promote diversity in student pool and provide necessary accommodation and support to non-mainstream students
- Admission policies for students of diverse backgrounds and needs, such as disabilities or differences pertaining to cultural background, language, gender, and sexual orientation
- Information about procedures in place to identify and manage language proficiency and/or communication issues, including help centres, workshops, etc. and
- Overview of resources and special accommodations that are available for students with disabilities or other special needs to facilitate their performance in the academic program and in clinical placements.

B.3.7   The school or department has processes in place to protect the confidentiality of student matters.

Examples of evidence may include but are not limited to:
- Overview of methods used to handle student records and confidential student information, including but not limited to grades, applications for financial assistance and referral to support services.

B.3.8   The school or department directs students to appropriate student support services provided by the university.

Examples of evidence may include but are not limited to:
- Description of procedures that are in place to inform students of, and provide access to, school or department and university procedures and policies relevant to student support
- Description of advisor system and
- Description of referral system for accessing counselling, financial support, special needs services offered by the university or program.

B.3.9 **The school or department has a process in place to evaluate its support of students.**

Examples of evidence may include but are not limited to:
- Examples of communications with students
- Review of meetings attended by student representatives aimed at evaluating student support and
- Examples, participation rates and results from surveys of students and/or exit surveys of graduates.

B.4 RESOURCES

B.4.1 **The school's or department's budget is sufficient to support program needs.**

Examples of evidence may include but are not limited to:
- Description of budget administration, showing that the school or department has control over its own budget
- Evidence that the faculty salary budget is sufficient to hire full-time and other instructional faculty required to fulfill the research and educational goals of the school or department (see B.2)
- Evidence that staff salary budget is sufficient to hire an adequate number of qualified support staff, as described in B.5.4; provide number and roles of support staff and
- Evidence that the discretionary budget is sufficient to purchase and maintain computer and teaching technology needed to support the schools or departments educational goals and to purchase supplies and services required to maintain the office and the program.

B.4.2 **The school or department has adequate space for administrative and office staff, faculty, instruction, labs, research facilities, and students. Space meets applicable health, safety and accessibility standards.**

Examples of evidence may include but are not limited to:
- Map or description of physical plant, including sufficiently detailed information on office, lab, classroom, administration, research and meeting space and
- Evidence that health, safety, and accessibility standards are met.

B.4.3 **The school or department provides students with access to discipline-relevant technology for educational, clinical, and research needs.**

Examples of evidence may include but are not limited to:
- List of relevant technology and equipment available in the school or department, university and at clinical sites where students have access.

B.4.4 **Faculty and staff have adequate computing technology/material and communication resources for educational and work-related needs.**

Examples of evidence may include but are not limited to:
- Description and lists of computing technology/material and communication resources that are available to staff and faculty.

B.4.5   **Technological support is available to the school or department.**

Examples of evidence may include but are not limited to:
- Description and list of technologies available and technology support (staff, workshops, courses, etc.) available for students, faculty and staff in the program.

B.4.6   **Students and faculty have access to both online and physical library resources that are sufficient to meet their educational and research needs.**

Examples of evidence may include but are not limited to:
- Description of facilities, policies and procedures to ensure that students and faculty have access to online and physical library resources that are adequate to support research and educational activities in speech-language pathology and audiology.

B.5 ADMINISTRATIVE STRUCTURE AND GOVERNANCE

B.5.1   **The academic department is autonomous. The department has clear and distinct administrative authority over its academic and clinical education and research programs within the university.**

Examples of evidence may include but are not limited to:
- Overview of the school or department's place within university administrative structure (e.g., organization chart)
- Description of the internal governance structure, including processes for administering the academic and clinical education programs and research, and processes for recruiting and reviewing faculty and
- Evidence that the department sets the requirements for degree(s) to be granted, has budgetary discretion and has authority over the hiring and promotion of faculty and staff.

B.5.2   **The head of the academic department is appropriately qualified and provides effective administrative and academic leadership.**

Examples of evidence may include but are not limited to:
- Evidence that the head holds a PhD or equivalent in a discipline relevant to communication and its disorders (curriculum vitae, including research interests, publications, etc.)
- Processes for evaluation of the head by others such as faculty members in the school or department, heads of related departments and the dean(s) and, where relevant, external reviewers and
- Evidence of growth and development of the academic department (e.g., strategic planning, curriculum change, enhancement of academic or clinical education, recruitment of new faculty, new research collaborations).

B.5.3   **The administrative structure is adequate to support the education and research aspects of the school's or department's mission.**

Examples of evidence may include but are not limited to:
- Individual and committee responsibilities of faculty and staff and procedures demonstrating shared governance with respect to carrying out the functions and responsibilities of a graduate

program, including the following: admitting students and monitoring their progress; making and implementing curriculum decisions; and advising the school or department head about infrastructure issues (e.g., resource allocation, technology requirements, staffing issues)
- Overview of procedures for administrating research grants (including budget, purchasing, and hiring)
- Description of processes for ethical review of all research and
- Description of processes for faculty hiring, tenure and promotion.

B.5.4   The school or department has sufficient administrative support. Staff members are sufficient in number and have the appropriate skills and training to support the educational and research goals of the school or department.

Examples of evidence may include but are not limited to:
- Staff job descriptions, including budget planning and account management; office and personnel management; purchasing; hiring staff; statistics keeping and reporting; clerical support for admissions, maintaining records, reporting student progress and other student-related concerns; clerical and technical support for the educational program; clerical and technical support for faculty members; and infrastructure support for research and
- Description of opportunities and resources for staff continuing their education.

B.5.5   The school or department has full participation in governance within the university.

Examples of evidence may include but are not limited to:
- Documentation of participation in faculty and university governance
- A description of the head's role in faculty governance and participation in other university governance structures or functions (e.g., consultations concerning reviews of faculties or deans) and
- A description of the participation of the school or department's individual faculty members on committees or other governance structures at the faculty or university level.

B.5.6   The school or department abides by the university's personnel policies with respect to instructional and governance decisions.

Examples of evidence may include but are not limited to:
- Documentation of procedures for personnel decisions such as recruitment, hiring, pre-tenure reappointment review and tenure and promotion reviews
- Policies and procedures for assigning instructional and governance responsibilities and
- Description of the faculty and university support provided for school or department personnel decisions.

B.5.7   The school or department has procedures for evaluating achievement of its academic goals.

Examples of evidence may include but are not limited to:
- Description or documentation of the school or department's review of: goals, course content, instructional approaches, curriculum, student course evaluations, exit interviews, curriculum questionnaires for students or clinical educators, faculty peer teaching evaluations, faculty participation in instructional growth activities, degree completion rate, performance and pass rate on the SAC clinical certification exam, student and graduate presentations at academic and professional meetings and student publications and awards.

B.5.8   The school or department has procedures in place for disseminating information about the program and the university.

Examples of evidence may include but are not limited to:
- University calendars
- University websites, social media, etc.
- Procedures for handling telephone, email and other inquiries
- Shown support for regional, provincial, national or international organizations, programs, etc., as relevant and
- Presence at regional, provincial, national or international events, as relevant.

C. REFERENCES

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Consultation with:

Accreditation Council for Canadian Physiotherapy Academic Programs (ACCPAC)

American Speech-Language-Hearing Association (ASHA)

Canadian Association of Occupational Therapists (CAOT)

Canadian Association of Schools of Nursing (CASN)

Canadian Council for Accreditation of Pharmacy Programs (CCAPP)

Commission on Dental Accreditation (CSAC)

D. APPENDICES

APPENDIX 1: DOCUMENTATION GUIDE

OVERVIEW

Prior to the site visit:

The program will prepare self-study materials following guidelines described in A.3.4 and submit these materials to the CACUP-ASLP management agency according to current submission procedures as described by the agency.

The self-study materials will be examined by the accreditation board and the site review team. Based on this examination, board and site review team members will assemble a list of questions to be addressed during the site visit.

For accreditation renewal, the accreditation materials (self-study document and appendices) are submitted two months before the scheduled site-review visit (see A.3.3).

For new applications, the self-study document is submitted eight months before a review is desired (see A.3.2).

During the site visit:

The program should also compile a set of supplementary materials (see Form C). These materials are not submitted as part of the self-study document but will be provided on-site to the site review team during the visit. Only current policies and procedures should be included.

Self-study document checklist (Form A)

This checklist must be completed and included with the materials submitted to the accreditation board. It should correspond to information provided and all items on this list must be included. In addition to these minimum requirements, university programs are encouraged to include additional evidence that would support the case for meeting specific accreditation standards as described in Section B (accreditation standards).

B.1 Curriculum (academic and clinical education)	
School or department mission statement and goals	
Description of program(s), including history if relevant	
Complete set of master's level course titles and descriptions	
Outline of course sequence for the total duration of the program	
Demonstration that topics in current version of Assessing and Certifying Clinical Competency: Foundations of Clinical Practice for Audiology and Speech-Language Pathology are covered in the curriculum – Form B may be used	
Description of grading standards and policies or procedures for dealing with students who do not meet standards	
Description of procedures for approving course modifications at the school or department and university levels	
Overview of clinical education component, including duration and frequency of each placement and list of placement sites	
Description of the relationship between clinical training and coursework	
Description of expectations for student performance in practicum placements and methods of mentoring and evaluating students	
Description of interprofessional activities and assessments	
Description of methods of recruiting, training, and evaluating clinical educators	
Description of student exposure to/involvement in research	
Description of process for regular review and updating of curriculum/curricula, both academic and clinical training components	
Information about student performance on SAC clinical certification exams (for each year since the last accreditation review) as well as feedback from regulatory bodies, employers of graduates, and alumni	
Feedback about student performance from regulatory bodies, employers of graduates and alumni	
Statement attesting that unit is abiding by ethical codes and policies	
Self-assessment of program(s) strengths and weaknesses with respect to curriculum/curricula	

B.2 Faculty and instructional staff

List of number of complement positions (i.e., positions funded through general operating funds of the university and on-going, versus externally funded) and the status of each with respect to FTE and tenure/non-tenure track	
List of current faculty with highest degree, academic rank, expertise area, and joint appointments identified	
Description of processes for recruiting and reviewing faculty	
Overview of results of teaching evaluations for faculty and other instructors	
Expectations of, and opportunities for, ongoing development of teaching expertise, and description of uptake	
List of teaching awards received, if applicable	
Overview of current research activities of faculty members	
Number of grants submitted and held by faculty since last accreditation review	
Number of papers published and presentations made by faculty since last accreditation review	
Targeted and actual percentages for time spent in teaching, research, and administration for faculty	
List of laboratory and research facilities for faculty	
List of clinical educators for current year and their credentials	
Overview of faculty participation on school or department, faculty, and university committees along with other relevant service; list of school or department committees with members (including student members)	
Self-assessment of program(s) strengths and weaknesses with respect to faculty and instructional staff.	

B.3 Students

Admission statistics since last accreditation review, including number of inquiries, number of applications, number of offers and final enrolment	
Number of graduates since last accreditation review	
Admission requirements; description of applicant selection procedures; average entry GPA of students since last accreditation review	

Description of student access to school or department and university procedures and policies; description of student appeal processes	
Description of advisor system	
Information about school or department procedures to promote diversity in student pool and provide necessary accommodation and support to non-mainstream students	
Overview of methods used to handle student records and confidential student information	
Self-assessment of program(s) strengths and weaknesses with respect to students	

B.4 Resources

Description of budget administration	
Number and roles of support staff	
Description of technical resources and equipment available to support teaching/learning	
Map or description of physical plant; evidence that health, safety, and accessibility standards are met	
Description of student and faculty access to library resources	
Self-assessment of program(s) strengths and weaknesses with respect to resources	

B.5 Administrative structure and governance

Overview of school or department's place within university administrative structure (e.g., organization chart)	
Process for evaluating director or chair	
Overview of school or department function with respect to governance shared among school or department head, faculty, and students	
Overview of procedures for administrating research grants	
Description of processes for ethical review of all research	
Self-assessment of program(s) strengths and weaknesses with respect to administrative structure and governance	

Core information – curriculum: coverage of essential topics (Form B)

The program must provide and demonstrate that profession-relevant topics listed in the document, Assessing and Certifying Clinical Competency: Foundations of Clinical Practice for Audiology and Speech-Language Pathology are covered in their curriculum/curricula. Form B must be completed and submitted as part of core evidence.

Topic areas – audiology and speech-language pathology	List courses or other experiences
Unit one: basic requirements	
1.1 Anatomy and physiology	
1.2 Neuroanatomy	
1.3 Genetics and human development	
1.4 Counselling and applied psychology	
1.5 Psycholinguistics and linguistics	
1.6 Speech perception and acoustics	
1.7 Instrumentation	
1.8 Pharmacology and other medical interventions	
1.9 Research methodology	
Topic areas – audiology	**List courses or other experiences**
Unit two: prevention, evaluation and diagnosis	
Unit three: client management	
Unit four: neonatal and infant populations	
Unit five: preschool population	
Unit six: profoundly hearing impaired population	
Unit seven: the aging population	
Unit eight: occupational hearing loss	
Unit nine: professional practices and issues	

Topic areas – speech-language pathology	List courses or other experiences
Unit two: principles of clinical practice and professional practice issues	
Unit three: developmental articulation/ phonological disorders	
Unit four: neurologically based speech disorders	
Unit five: developmental language disorders	
Unit six: acquired language disorders	
Unit seven: voice disorders	
Unit eight: resonance disorders	
Unit nine: fluency disorders	
Unit ten: augmentative and alternative communication	
Unit eleven: hearing disorders and related speech-language disorders	
Unit twelve: dysphagia	

Supplementary materials (Form C)

The program will compile the materials listed below and make them available to the site review team during the site visit. Only documentation that reflects the program's current state of affairs should be submitted.

B.1 Curriculum (academic and clinical education)
- Syllabi for all master's level courses
- Clinical handbook for students and clinical educators
- Titles of student research projects and theses since last accreditation review
- Samples of student research papers
- Admissions materials or brochure

B.2 Faculty and instructional staff
- Curriculum vitae for all full-time faculty, part-time faculty, and sessional contract lecturers (should include information about clinical certification, and professional memberships)
- Forms used for teaching evaluations

B.3 Students
- Student handbook

B.4 Administrative structure and governance
- Job descriptions of key staff members; description of opportunities for continuing education for staff
- University and/or faculty policies and procedures concerning personnel decisions (hiring, reappointment review, tenure and promotion review)

APPENDIX 2: TYPICAL TIMELINE FOR ACCREDITATION REVIEW

Note: A review will be cancelled if a program is unable to provide the necessary materials by the time indicated below. Programs are strongly encouraged to discuss with the chair of the accreditation board as early as possible if they foresee any anticipated difficulties with meeting the following guidelines.

Review renewal –accredited programs
- **One year** prior to expiration of accreditation, notice of renewal of accreditation is sent to the program by the chair of the accreditation board.
- Within **one month** of notice, the program sends a request for re-accreditation to the chair of the accreditation board and the guidelines for submission for renewal are sent by the management agency.

New applications – eligibility review
- At least **8 months** before a desired review, the program submits self-study document to the chair of the accreditation board.
- Within **2 months**, the accreditation board evaluates documentation and determines eligibility.

All eligible programs
- **6 months** before the visit, a provisionary site review visit date is determined.
- **5 months** before the visit, site reviewers are selected and their names are sent to the program.
- Within **2 weeks**, the program can challenge the appointment of the site reviewers and request new site reviewers.
- **4 months** before the visit, the date of the site-visit is finalized with the site reviewers and program head.
- **2 months** before the visit, the program submits the accreditation materials and fee to the accreditation board.
- **7 weeks** before the visit, the materials are sent to the accreditation board members and site review team. [Note: Electronic templates will be provided. Also, site reviewers will receive the remaining materials either in hard copy, electronically or via an online password-protected area on the CACUP website.]
- **4 weeks** before the visit, the program sends the visit schedule to the chair of the accreditation board.
- **2 weeks** before the visit, the accreditation board prepares an initial review and recommendations for the site review team.
- At the end of the site review visit, the team meets with the head of the program, and other university officials as appropriate, to report initial findings.
- Within **4 weeks** after the visit, the site review team sends its report to the chair of the accreditation board; this report should also address any issues identified by the accreditation board. The accreditation board will forward the report to the head of the program.
- Within **30 business days** of receiving the report, the program can respond to the report to the chair of the accreditation board.
- Within **2 weeks** of receiving the program's response, the report and response is distributed to accreditation board members and a meeting is scheduled to discuss and make an accreditation decision.
- Within **1 week** of the accreditation board meeting, the decision is sent to the secretariat, the program, and the dean of the faculty (**2 weeks** if translation is required).
- Within **30 business days,** the program can launch an appeal of the decision.
- If there is no appeal, the decision is communicated by the secretariat to stakeholders.

Any changes to the timeline must be negotiated with the accreditation board.

Note: Reviewers are to fill out Appendix 6 and the site being visited is to fill out Appendix 7.

Candidate status (new graduate academic programs)

- At least 8 months prior to first graduating students, the program submits their self-study document to the chair of the accreditation board.
- Within 2 months, the accreditation board evaluates documentation and determines eligibility.
- Should further clarification be required before status can be determined, the program has 6 weeks to respond to the chair of the accreditation board.
- Within 4 weeks, the accreditation board will review submitted clarifications and determine eligibility.
- Within 1 week, the decision is sent to the secretariat, the program and the dean of the faculty (2 weeks if translation is required).
- Within 30 business days, the program can launch an appeal of the decision.
- If there is no appeal, the decision is communicated by the secretariat to stakeholders.
- Candidacy status can be granted for a maximum of three years with no renewal.

APPENDIX 3: SAMPLE ACCREDITATION TIMELINE FOR REVIEW

March 15:
New (non-accredited or candidate) program requests accreditation review and submits materials to the accreditation board.

April 30:
Accreditation board determines eligibility after evaluating the application.

May 15:
Site visit date determined by program head and chair of accreditation board.

June 15:
Accreditation board notifies program of names of site reviewers.

June 29:
Deadline for program to challenge names of reviewers.

July 1:
Reviewers finalized and onsite review dates confirmed.

September 1:
Program submits accreditation materials and fee.

September 7:
Accreditation materials (including electronic templates) distributed to accreditation board and site review team.

October 1:
Deadline for program to send schedule to chair of accreditation board.

October 15:
AB prepares initial review of documentation and recommendations to Site-Review Team

November 1-2:
Site review visit takes place; site review team meets with head of program for initial discussion of findings and recommendations at end of visit.

December 1:
Site review team submits report to accreditation board and program.

January 15:
Deadline for program to respond to accreditation board regarding report.

January 16:
Chair of accreditation board distributes report and program's response to the accreditation board members.

January 30:
Teleconference with accreditation board members to discuss report and response and make accreditation decision; decision sent to accreditation secretariat and program.

March 5:
Deadline for appeal of non-accreditation decision; if no appeal, decision communicated to stakeholders.

Notice for renewal of accreditation:
Notice to be sent one year prior to expiration.

Within the next month:
Program submits request for re-accreditation and management agency mails pertinent materials.

APPENDIX 4: SAMPLE SITE REVIEW VISIT SCHEDULE

Day 1

8:30	Interview with the head of the program
10:00	Interview with the dean of the faculty
11:00	Tour of facilities and library
12:00	Lunch
1:00	Interviews with full-time faculty representatives
2:00	Interviews with office staff representatives
3:00	Interviews with the academic coordinator(s) of clinical education
4:00	Interviews with alumnae of the program
5:00	Interviews with clinical educators

Day 2

9:00	Interviews with part-time or sessional contract faculty
10:00	Interviews with current students: representatives of all years
11:00	Interviews with faculty
12:00	Lunch
1:00	Team meeting
3:00	Meeting with dean for feedback
4:00	Meeting with head and faculty for feedback

Note: Time needs to be allotted for site reviewers to look at any supplementary materials that are supplied.

Interim Report

The university program is required to complete and submit an interim report during the third year of the accreditation timeline.

Please review each standard (see section B and Form A), and indicate whether or not the status of your program with regard to this standard has changed. If it has not, please indicate so. If it has, please give further details, additional information can be provided in the space below, or as an appendix.

Name of Program:

Date:

Completed by:

Contact Information:

B.1 Curriculum (academic and clinical education)

Have there been any significant changes to the curriculum standard since the last accreditation review? If yes, please explain.

B.2 Faculty and instructional staff

Have there been any significant changes to the Faculty and Instructional Staff standard since the last accreditation review? If yes, please explain.

B.3 Students

Have there been any significant changes to the students standard since the last accreditation review? If yes, please explain.

B.4 Resources

Have there been any significant changes to the resources standard since the last accreditation review? If yes, please explain.

B.5 Administrative structure and governance

Have there been any significant changes to the administrative structure and governance standard since the last accreditation review? If yes, please explain.

CACUP-ASLP
CAPUC-AO

Evaluation form for the site visitors of the CACUP-ASLP:

Thank you for agreeing to be a site reviewer for the Council of Accreditation of Canadian University Programs in Audiology and Speech-Language Pathology. Your participation has been very valuable and your feedback on this survey will assist us in improving our process.

Where you answer 'no' or 'partly', please comment
1.   Did you receive sufficient materials and guidance in preparing to be a site reviewer?
☐ Yes   ☐ Partly   ☐ No
Comments:

2.   Did you find the online course helpful as a generic training tool?
☐ Yes   ☐ Partly   ☐ No
Comments:

3.   Did you receive enough direction from the accreditation board to conduct the site visit?
☐ Yes   ☐ Partly   ☐ No
Comments:

4.   Did you understand your roles and responsibilities?
☐ Yes   ☐ Partly   ☐ No
Comments:

5.   Was the length of the site visit adequate?
☐ Yes   ☐ Partly   ☐ No
Comments:

6. Did you find the program well prepared for your site visit?

☐ Yes ☐ Partly ☐ No

Comments:

_____

_____

_____

_____

7. Was the agenda realistic?

☐ Yes ☐ Partly ☐ No

Comments:

_____

_____

_____

_____

8. Were there any groups that you feel should have been included in the interviews?

☐ Yes ☐ Partly ☐ No

Comments:

_____

_____

_____

_____

9. Did the chair of the site review team provide direction?

☐ Yes ☐ Partly ☐ No

Comments:

_____

_____

_____

_____

10. Do you feel that you have had the opportunity to provide input to the accreditation process?

☐ Yes ☐ Partly ☐ No

Comments:

_____

_____

_____

_____

11. Would you be interested in participating in future site visits?

☐ Yes ☐ Partly ☐ No

Comments:

_____

_____

_____

_____

Logistics:

12. How would you rate the following? Please circle one number.

Travel Arrangements:

1	2	3	4	5
Poor				Excellent

Hotel:

1	2	3	4	5
Poor				Excellent

Honorarium provided:

1	2	3	4	5
Poor				Excellent

Comments: _____
_____
_____
_____

13. Did you find the administrative support services helpful?

☐ Yes   ☐ Partly   ☐ No
Comments: _____
_____
_____
_____
_____

14. What two things did you like about being a site reviewer?

1) _____

2) _____

15. What two things could have been done to improve the accreditation process?

1) _____

2) _____

Name _____   Date _____

Thank you for completing this form and returning it promptly to:
>   CACUP-ASLP
>   P.O. Box 370
>   Renfrew, Ontario
>   K7V 4A6
>   Fax: 1-613-432-6840

APPENDIX 7: EVALUATION FORM FOR SITE

CACUP-ASLP
CAPUC-AO

EVALUATION FORM for the program being accredited by CACUP-ASLP

Thank you for participating in this important evaluation process designed to support the growth and development of our Canadian programs in CSD and ultimately our professions. Your feedback on the process will be helpful in our continuous improvement.

Preparation for accreditation
Where you answer 'no' or 'partly', please comment

1.   Did you receive sufficient materials and guidance in applying for accreditation?
☐ Yes   ☐ Partly   ☐ No
Comments:
_____
_____
_____
_____

2.   Was the manual clear and helpful in preparing you for the process?

☐ Yes   ☐ Partly   ☐ No
Comments:
_____
_____
_____
_____

3.   Was the feedback you received from the Accreditation Board prior to the site review visit helpful and timely?

☐ Yes   ☐ Partly   ☐ No
Comments:
_____
_____
_____
_____

4.   Please rate by circling one number:

Content of the manual

1	2	3	4	5
Poor				Excellent

Length of the site review visit?

1	2	3	4	5
Poor				Excellent

Preparation and knowledge of the site reviewers?

1	2	3	4	5
Poor				Excellent

Attitude and objectivity of the site reviewers?

1	2	3	4	5
Poor				Excellent

Opportunities for the interviewees to offer frank opinions?

1	2	3	4	5
Poor				Excellent

Site reviewers as good candidates for future site review visits?

1	2	3	4	5
Poor				Excellent

Comments:

5. **Please rate the value of the accreditation process to your program**

    1. significantly negative impact
    2. moderately negative impact
    3. no impact
    4. moderately positive impact
    5. significantly positive impact

Comments:

6. What two things did you like about the accreditation process and visit?

1) _____

2) _____

7. What two things could be done to improve the accreditation process?

1) _____

2) _____

Name   Date
_____

Thank you for completing this form and returning it promptly to:

CACUP-ASLP
P.O. Box 370
Renfrew, Ontario
K7V 4A6
Fax: 1-613-432-6840