Initial Self-Study Report Template
Application for Initial Accreditation
updated Feb 2019

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon recommendation of the Accreditation Council for Art Therapy Education (ACATE). ACATE is sponsored by the American Art Therapy Association (AATA) and manages accreditation processes according to CAAHEP Policies and Procedures.

INTRODUCTION TO TEMPLATE FORMAT

The Initial Self-Study Report (ISSR) is designed to provide programs with a tool by which they can describe the quality of their program and its educational activities in relation to the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Art Therapy*. The program is asked to evaluate itself (as outlined in the *Standards)* by considering the national educational standards, their institution's mission, the program's goals and objectives, the appropriateness of the curriculum and measured outcomes of its' students and graduates. The internal review process of the self-study analysis then culminates in the writing of an Initial Self-Study Report (ISSR). ACATE will use the report, and any additional information submitted during the site visit, to assess the Art Therapy program's degree of compliance with the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Art Therapy*. **The ISSR report must contain a qualitative self-analysis summary based on application of the Standards and conclude with changes anticipated to strengthen the program.**

This Initial Self-Study Report format is designed to provide programs with an opportunity to assess and document qualitative and quantitative educational assets and to demonstrate how students are helped to learn effectively. The ISSR is a tool by which programs assess and record the quality of their program and its educational activities in relation to national standards, their institution's mission, the program's goals and objectives, the appropriateness of the curriculum and measured outcomes. Criteria established by the Standards assure the program is functioning under sound administrative, budgetary, curricular and ethical policies. Each program is asked, in this self-study report, to describe and provide data and documentation as to how they are meeting each area of the Standards.

Two ACATE council members will review the ISSR and any additional documentation for completeness and conduct an analysis of the report prior to scheduling a site visit. Programs will be notified of any missing information and will have the opportunity to complete their submission prior to the site visit.

Resources for conducting a self-study analysis and preparing an Initial Self-Study Report are available in the **ISSR Handbook** which is posted to http://www.caahep.org/ACATE   The submitted ISSR report provides the Program an opportunity to compile materials that will include a narrative description

and to also include pdf documents or url hyperlinks which serve as data to support the narrative description.

SUBMISSION OF THE REPORT: Your responses will be embedded after each question proposed in this template. By way of reminder, this template and the related questions follow the order and exact wording of the Standards. The entire report will then be submitted in pdf format to the Dropbox folder for which you have been provided access. Charts or pdf documents related to a question will be uploaded to the appropriate DropBox sub-folder which has been identified next to the question.

FEES: Upon receipt of your report, you will receive an invoice for the remaining portion of your application fee. By way of reminder, according to ACATE Policies and Procedures, one-half (½) of the application fee was paid with initial submission of your Request for Accreditation Services (RAS) form with the second half of the fee payable upon submission of your ISSR report. Please see the ACATE website http://www.caahep.org/ACATE   for ACATE Policies and Procedures/Fees.

Submission of the ISSR and payment of the remaining fee is considered a formal application for accreditation.

Should you have questions during the Initial Self-Study Report (ISSR) submission process, please contact ACATE for assistance. acatecouncil@gmail.com

INSTRUCTIONS AND REPORT FORMAT: Expectations of each Narrative Description response:

1) Is written on a criterion-by-criterion basis, with both the Standard number and the Standard statement preceding each narrative response. The narrative response is an explanation of how the program meets each Standard.

2) The Self-Study Report need contain only enough documentation to substantiate compliance with the Standards. The report must contain a qualitative and documented self-analysis summary based on application of the Standards and conclude with changes anticipated to strengthen the program.

3) Provides any data/documentation (i.e. url hyperlink or pdf in subfolder) which directly supports the narrative responses to a specific Standard.

4) Remember that a Standard is written in **regular type**, and is a requirement that educational programs must meet to be accredited. *Guidelines are written in **italics*** and are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards. More on this and a wealth of other information can be found on the CAAHEP website www.caahep.org.

5) Other materials are not precluded from being included by the program. The key word is "essential". The Initial Self-Study Report itself should define the program activities as they relate to specific Standards, and be stated clearly, cogently and succinctly. Supportive materials should be included only to the extent that they are needed to provide substantive clarification of program activities. Select only those additional documents which lend support to and/or provide verification for what is being discussed in your narrative responses.

LIST OF TITLES OF SUB-FOLDERS
(Appendix A of this template offers a checklist for organization of sub-folders)

Main Folder: Titled with Program Name
  (includes completed ISSR narrative report)
Sub-Folders (hold related documents as data to support narrative)
  Sub-Folder 1: Introduction and Program Overview
  Sub-Folder 2: Sponsorship
  Sub-Folder 3: Program Goals
  Sub-Folder 4: Resources/Resource Assessment
  (includes surveys and aggregate results)
  Sub-Folder 5: Personnel
  Sub-Folder 6: Curriculum/Clinicals
  Sub-Folder 7: Student/Graduate Evaluation/Assessment
  Sub-Folder 8: Outcomes Assessment
  Sub-Folder 9: Fair Practices
  Sub-Folder 10: Additional Materials

When submitting prior delete pages 1,2,and 3 per these introductory explanations of this template, and formally submit pages 4 onward. Submit as a pdf.

Respond to each question directly into the spaces provided.
Do not delete questions from the template as you move forward

Initial Self-Study Report
Application for Initial Accreditation

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Institution Name:

A. COPY OF CAAHEP REQUEST FOR ACCREDITATION SERVICES

Insert the signed copy of CAAHEP Request for Accreditation Services form. *A copy of this signed form would have been emailed to you at time of RAS submission. If you need your copy again, please contact the ACATE Coordinator.* *(Insert into SUB-FOLDER 1- INTRODUCTION)*

B. TITLE PAGE-VERIFICATION

Insert Title Page - Verification (Form A) on which program officials verify and certify the self-study process through their signature. and the contents of the Self-Study Report. *(Insert into SUB-FOLDER 1-INTRODUCTION)*

C. INTRODUCTION AND PROGRAM OVERVIEW

Embed your responses to EACH of the following questions. DO NOT DELETE THE QUESTIONS BUT RATHER INSERT YOUR NARRATIVE RESPONSES AFTER EACH QUESTION. *Note: This section provides contextual information to reviewers and is not considered the criteria-by-criteria analysis of your sufficiency in meeting each component of the Standards. Section F will begin your analysis of each Standard item. (Include as part of report in MAIN FOLDER- ISSR NARRATIVE REPORT)*

1. **How was the self-study analysis conducted? What was the period of time devoted to the study? Include a list of participants and their committee assignments.**

2. **What is the historical development of the program from its inception? Include significant events affecting the program that have had an impact on the goal(s) and/or curriculum of the program.**

3. **In brief, what are the elements of the program's system for ongoing self-evaluation and improvement?**

4. **Comment on ways the program attends to national credentialing requirements and/or state art therapy licensing requirements in terms of admissions, curricular and clinical components.** *Your description of this information will assist with an overall understanding of your program goals.*

5. **What, if any, are additional special considerations which impact your program characteristics?**

6. **What is your overall summary of significant findings from the self-study process, including a brief description of changes anticipated to strengthen the program?**

D. INSTITUTIONAL/PROGRAMMATIC DEMOGRAPHIC INFORMATION

See ISSR Handbook for explanation of and purpose of this area. Provide factual data on the program in order to inform a full program picture. Factual data also supports ACATE analysis of program resources sufficiency to support student learning throughout their involvement in the program.   DO NOT DELETE THE QUESTIONS BUT RATHER INSERT YOUR NARRATIVE RESPONSES AFTER EACH QUESTION. *(Include as part of report in MAIN FOLDER- ISSR NARRATIVE REPORT)   (Provide any relevant documents or explanatory charts in SUB-FOLDER 1-INTRODUCTION)*

1. **Type of Degree awarded and title of program.**
2. **Length of the program (include in semesters). Include options for varying completion lengths.**
3. **Total credit hours for completion.**
4. **Indicate the months of your academic year and month's new students may enter.**
5. **Maximum class size (capacity) per total number of students entering between start and end of academic year. The number of students in the defined time period constitutes a cohort for the purpose of calculations.**
6. **Actual current enrollment per year for which self-study analysis was completed. Please identify by number matriculated during the current year as well as those continuing per the second year or beyond of their enrollment in the program.**
7. **Number of students admitted each academic year for each of the past three years.**
8. **Demographic data on student body.**
9. **Number of full and part-time Art Therapy/Related Professions Faculty for each of the past three years.**
10. **Number of adjunct Art Therapy/Related Professions Faculty for each of the past three years.**
11. **Number of Practicum/Internship sites with which the program has/had a formal signed contract or affiliation agreement for each of the past three years (two years prior to and current year of ISSR submission).**
12. **Year program enrolled first class.**
13. **Year program graduated first class.**

E. PROGRAM MODALITY AND DISTANCE EDUCATION

See ISSR Handbook for explanation of and purpose of this area. **If relevant**, provide information on the program's approach to online learning and teaching, in order to inform a full program picture. Reminder, this section requests descriptive information for any coursework formally defined as online/distance <u>by your institution</u> rather than coursework identified as face-to-face, but which may have some online

component in assignments or teaching practices. (*Include descriptive narrative as part of report in MAIN FOLDER- ISSR NARRATIVE REPORT)   (Provide any relevant documents or explanatory charts in SUB-FOLDER 1-INTRODUCTION.*

Note: *There are no set online/distance teaching and learning practices established by the Standards, but your responses per this area will assist with overall understanding of the program and your approaches to meeting program goals and student learning outcomes whether through distance or seated methods.*

1. **Is any portion of the program or courses offered via distance education/online teaching?** *Note that teaching and learning practices are increasingly including a blend of online and seated learning. For purposes of the Self-Study Report and ACATE review, distance education is identified as such if the university your program is housed in defines the course as a distance education/online course.* If yes, describe what content is offered through distance modality/online learning.

2. **Explain what percentage of the program is offered through distance education.** (Excluding required face-to-face site supervision during Practicum/Internship).

3. **If your program includes distance education/online courses according to the definition given above, describe how interpersonal and relational skill competencies are taught and assessed via online methods.**

4. **Describe what training in online teaching methods and curriculum development your faculty have received. What resources and supports do they participate in on an ongoing basis in order to foster effective online teaching?**

5. **Describe what technology supports and resources are offered to students who participate in distance education/online learning courses.**

F. NARRATIVE ANALYSIS OF COMPLIANCE BY STANDARD

This section begins your criteria-by-criteria verification of compliance with each component of the Standards. This template includes Standards language in **black bold print** and questions/information that programs must address/provide in ***italicized blue print.*** This verification should be supported by information or data and should document how the standard is met at your institution and in your program. Be sure to review ISSR Handbook for explanation of and purpose of Standard areas in order to provide further context for the following areas you will describe in your narrative report. Any ACATE standardized forms required in this self-study report are indicated.

(Include descriptive narrative as part of report in MAIN FOLDER- ISSR NARRATIVE REPORT)

(Provide any relevant documents or explanatory charts in identified sub-folders).

(**Standards** and *Instruction*)

I. **Sponsorship**

   A. **Sponsoring Educational Institution**
   A sponsoring institution must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a master's degree at the completion of the program.

   State the type of sponsor institution, its current institutional accreditation status, dates of the most recent institutional accreditation, dates of the next institutional accreditation review and the name of the institutional accreditor.

   Provide in subfolder 2-Sponsorship:
   A copy of the letter or certificate of institutional accreditation.

   If relevant per distance/online education, provide a listing of state approvals or membership in a consortium covering those states.

   B. **Consortium Sponsor**
   1. **A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.**

   2. **The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.**

   If applicable, briefly describe the members and the role of each institutional member of the consortium.

   If your program is not involved in a consortium, please write "not applicable".

   If applicable, provide a copy of the consortium agreement and organizational chart in subfolder 2-Sponsorship.

   C. **Responsibilities of Sponsor**
   The Sponsor must ensure that the provisions of these Standards and Guidelines are met.

   Comment on how the sponsoring institution/school's President, Chief Executive Officer (CEO), or another individual in a similar capacity is ultimately responsible for assuring that the art therapy program demonstrates compliance with CAAHEP Standards.

Briefly describe the program's position within the institution including governance of the program which demonstrates a clear chain of communication between the President/CEO/other individual of similar capacity, the art therapy program [Program Director and faculty] and other administrative and non- administrative personnel.

Provide in subfolder 2- Sponsorship:
Organizational chart reflecting administrative location of the Art Therapy degree program within the institution.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

Quote the stated mission of the Sponsoring Institution. What is the stated mission of the program? After identifying the Institutional Mission, describe how the program's mission fits with the institutional setting of the program.

Describe the program's goals and learning domains (student learning outcomes), and a brief statement of how they were established. Describe how program goals and their supporting learning domains (student learning outcomes) are consistent with the mission of the institution, provide a rationale for the overall structure of the program and how program goals and learning domains are responsive to the demonstrated needs and expectations of the communities of interest as specified in Standard II.A.

Provide in subfolder 3- Program Goals:
The Institutional Mission, program goals and student learning outcomes from program publications if not provided as url hyperlink in narrative. Include Form D "Mapping Your SLO Assessment Plan" chart or your self-designed mapping chart with this material.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

Describe the review and revision process planned for the program's outcome-based education framework and which indicate the program will regularly assess program goals. In the plan, describe how feedback from identified communities of interest will be utilized to continuously improve program goals and learning outcomes.

An advisory committee, which is representative of at least each of the communities of interest named in these Standards, must be designated and charged with the responsibility of meeting at least annually to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

Advisory committee meetings may include participation by synchronous electronic means.

Describe the frequency and role of advisory committee meetings and how it assists with program review, monitors needs and expectations of the communities listed, and ensures appropriate change as part of a feedback loop. If the advisory committee has not met during the period of your self-study analysis, list the planned dates and frequency of advisory committee meetings for the next year. Ensure that a list of confirmed advisory committee members, with all required stakeholder areas that must be represented, is included in your narrative report along with the list being provided in any companion documents in a subfolder.

Provide in subfolder 3- Program Goals:
A list of advisory committee members, including the community of interest that each represents must be included in narrative section of ISSR and is also provided as a separate document which is submitted. You may use the Form G "Advisory Committee Agenda and Checklist" chart for this information.

Provide in subfolder 3- Program Goals:
A copy of the advisory committee meeting agenda and minutes from the past 2 meetings evidencing this process took place (or) completed Form G "Advisory Committee Agenda and Checklist" for the past two meetings. If the advisory committee has not yet met, provide a sample of the agenda you will use along with the list of members.

C. **Minimum Expectations**
The program must have the following goal defining minimum expectations: "To prepare competent entry-level Art Therapists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Indicate the link or document for where the minimum expectations goal, using this specific wording in the standards, is in writing in official program materials. (It will not be sufficient to just include in the narrative of your ISSR report) Briefly describe it's relevance to your program as a goal informing statement.

Provide in subfolder 3- Program Goals: if not provided in narrative as hyperlink to official program materials, provide program document such as program handbook, university catalogue or department document.

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

If the program does not have goals beyond entry level, simply indicate "not applicable".

If the program adopted educational goals beyond entry-level, summarize the intent and identify how the students have achieved the advanced competencies, along with entry-level

competencies, prior to entry into the profession.

III. Resources

   A. Type and Amount
   Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory and ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

   Laboratory should include art studios.

   Continuing education may consist of professional development which may involve programs attended; continuing education credits earned; in-service programs; academic coursework pursued; creative pursuits; papers published; research conducted and/or other activities identified as scholarship activities by the sponsoring institution.

   Programs should also provide continuing education opportunities for practicum/internship site supervisors.

Describe each resource listed in the standard (they are listed out below) and the process used to determine sufficiency of each to support the number of students enrolled and to support program outcomes. How has adequacy of each resource been assessed and ensured? How does the data you provide in the form of survey results and other direct and indirect measures you have developed support your analysis?

Summarize plans to correct any deficiencies.

a. *Provide narrative description of the type and amount of faculty (full-time, part-time, adjunct) and adequacy of faculty resources to support the number of students enrolled. Describe the ongoing process for identifying that faculty resources are sufficient in number to ensure achievement of the program's goals and outcomes and which ensures an adequate number of personnel.*

b. *Provide narrative description of the role/function of staff (clerical and other administrative support) available to the program. Briefly discuss the extent to which staff are available to the director, faculty and students of the art therapy program in order to support achievement of the program's stated goals and outcomes. Describe how the program determines clerical and support staff sufficiency.*

c. *Provide narrative descriptive analysis of the overall curriculum, the type and amount offered and length of course of study. Include description of key teaching/learning practices used to accomplish program goals and student learning outcomes. Explain sufficiency to provide sequential and effective learning experiences through which students are impacted in the three domains of learning (knowledge/skills/attitudes) essential to current practices in the discipline. Include the rationale for the sequencing and amount of courses and how the program uses formative and summative assessments as a factor in determining sufficiency of curriculum.*

d. *Provide narrative description of institutional commitment and fiscal support for the development of the program. Provide evidence of fiscal resources of program budget for last, year of self- study analysis and projected budget for next year and sufficiency in supporting program needs and achievement of goals and outcomes.*

e. *Provide narrative description of the program's office spaces and technological resources available to faculty and staff and explain how these are sufficient to support achievement of program goals and student learning.*

f. *Provide narrative description of the program's learning spaces, equipment and supplies (e.g., classroom space, computers, studio space, technology) which supports didactic and experiential learning of students. Discuss sufficiency of learning spaces, technology and art media supplies to support student learning outcomes and mastery of competencies in face-to-face and/or distance format.*

g. *Describe academic and support services (ancillary student facilities) available to students, how they are accessed and how they are sufficient to support students Delineate support offered per students who attend program in person along with technology support available per online instruction (such as IT support, online academic advising and secure testing formats).*

h. *Provide narrative description of instructional reference materials (library, online and other) available to support student learning and assignments. Describe how the program determines sufficiency of instructional materials.*

i. *Provide narrative description of the type and amount of clinical practicum/internship sites available to students. Explain criteria and procedures for selecting settings and supervisors; placing and monitoring students; maintaining contact with settings and evaluating student learning and site effectiveness. Describe how these clinical experience resources both in number and performance are reviewed and revised as needed specifically to support program outcomes.*

j. *Provide narrative description of how the program environment, resources and policies encourage faculty and clinical instructors to engage in continuing education/professional development/scholarly pursuits.*

Provide in Subfolder 4- Resource/Resource Assessment:
a) *Form C "Resource Assessment Matrix" in order to provide stated process for evaluation of sufficiency of resources.*
b) *Aggregated data from "Student Survey of Program Resources" and also "Student Survey of Program Effectiveness".*
c) *Aggregated data from "Faculty and Advisory Committee Survey on Program Effectiveness" and also "Personnel Survey of Program Resources".*
d) *Aggregated data from "Graduate Survey" and also, if able to obtain, "Employer Survey" (if able to obtain but not required for ISSR).*
e) *Program budget from last, current and next projected year. Programs may use Form I "Program Budget" if they prefer.*
f) *Instructional Reference Materials (library/online) report on holdings.*
g) *Evidence faculty and clinical instructors show involvement in continuing education, professional development and/or scholarly pursuits or have opportunity to do so by way of policy. Faculty CV's may suffice for this item.*
h) *Clinical education/practicum and clinical internships/field placements for the past three academic years.*
i) *Practicum/Internship Handbook/Manual, indicating criteria for student placements and resources of program to support site supervisor understanding of program goals and student learning outcomes.*
j) *If not provided in narrative statement, document indicating stated policies providing an annual process for review and revision of resources listed in the Standards. Reminder that the two resource surveys and chart per Form C "Resource Assessment Matrix" must be used for ISSR Report though may, but are not required, to be used for each year of annual review processes. (See ISSR Handbook for further explanation)*

B. **Personnel**
The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

The sponsor should be able to document that faculty and staff have sufficient time from other responsibilities to accomplish the day-to-day teaching, education, and administrative duties of their positions. That time may be documented through detailed job descriptions, mutual agreements written and signed by program officials, or other comparable documents.

Describe the teaching, advising and administrative loads of each art therapy faculty member and each related professions faculty member. Indicate how the program ensures faculty are qualified and trained to teach their identified courses. Provide brief narrative description of the extent to which faculty qualifications, the number of faculty appointed and faculty teaching/advising/administrative loads impact the program's ability to achieve its goals and learning outcomes.
Summarize plans to correct any deficiencies.

If applicable, indicate how the program ensures personnel are qualified, trained and experienced to provide distance education/online learning. What learning management system does the program use for online instruction and how are faculty trained to utilize the system?

Provide in subfolder 5- Personnel:
A copy of Form B-Chart indicating courses taught and which faculty, with their credentials, teach the content.

Provide in subfolder 4- Resources/Resource Assessment:
Form C "Resource Assessment Matrix" and available aggregated results from "Personnel Survey of Program Resources" and "Student Survey of Program Resources". Also include "Faculty and Advisory Committee Survey on Program Effectiveness" and "Student Survey on Program Effectiveness" data in aggregate to support your analysis of sufficiency of personnel resources. (Note: Student evaluations of site supervisors, while not required for this report, may be requested by site visitors.)

1. **Program Director**

    a. **Responsibilities**
    The Program Director must:

    1) **ensure program effectiveness, including outcomes, organization, administration, continuous review, and curriculum planning and development;**

        Attention should be given to the number of practicum/internship students in each supervision group assigned to Art Therapy faculty to assure that each student receives sufficient guidance and support to attain mastery of the competencies needed for entry-level clinical proficiency.

    2) **develop criteria for selection of and evaluate appropriate clinical and/or experiential settings to provide practicum/internship experience for students;**

    3) **advise students; and**

    4) **ensure achievement of the program's goals and outcomes.**

> *Administrative and coordination responsibilities of the Program Director should be recognized as a department assignment.*

Describe the processes and procedures the Program Director is tasked in regards to program organization and effectiveness, as listed in the standard. Comment on how the program determines the Program Director is able to provide effective oversight.

Provide in subfolder 5- Personnel:
A copy of the detailed job description, mutual agreement written and signed by program officials, or other comparable documents indicating responsibilities of the program director.

    b. **Qualifications**
       The Program Director must:

       1) **possess a minimum of a master's degree; and**

          A doctoral degree is preferred.

       2) **possess national certification in the field of Art Therapy by an organization accredited by the National Commission for Certifying Agencies (NCCA).**

State whether the Program Director meets the requirements, noting any deviations.

Provide in subfolder 5- Personnel:
A copy of the CV for the program director, indicating required program director qualifications.
A copy of the current certificate of ATR-BC Board certification, indicating credential is current.

    2. **Art Therapy Faculty**

      a. **Responsibilities**
         Art Therapy faculty must:

         1) **provide instruction in Art Therapy curriculum content and competencies as described in Appendix B;**

         2) **supervise and make timely assessments of students' progress in achieving acceptable program requirements;**

         3) **evaluate and develop program curriculum, policies and procedures; and**

         4) **when providing supervision of students during practicum/internship experiences, document and assess student performance and competency throughout any internship experience and upon completion of the practicum/internship experience.**

Comment on the extent to which qualifications and responsibilities of Art Therapy faculty (full-time, part-time, and adjunct) fulfill the requirements stated in this Standard. Describe how the program determines Art Therapy Faculty are able to provide effective instruction in the content required to be taught by credentialed faculty and provide effective assessment of student progress. Include relevant mention of any art therapy faculty involvement in clinical internship experiences in your narrative. Describe how Art Therapy Faculty are made familiar with the curriculum Standards for Educational Programs in Art Therapy and are included in ongoing program development and achievement of program goals.

Summarize plans to correct any deficiencies.

Provide in subfolder 5- Personnel:
Faculty CV for each art therapy faculty member
Include detailed job descriptions, mutual agreements written and signed by program officials, or other comparable documents indicating responsibilities of art therapy faculty.
Provide Form B- Chart indicating which faculty teach which specific content areas listed in the Standards.

Provide in subfolder 3- Program Goals:
Include material, such as faculty meeting minutes, evidencing art therapy faculty involvement in program development and evaluation.

Provide in subfolder 7- Student and Graduate Evaluation/Assessment:
As relevant to art therapy faculty assessment of students, provide examples of a sampling of assessment tools/rubrics used by art therapy faculty in assessment of students during curricular and clinical experiences.

      b. **Qualifications**
          Art Therapy faculty must:

          1) **possess a minimum of a master's degree;**

          2) **be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned; and**

          3) **possess national certification in the field of Art Therapy by an organization accredited by the National Commission for Certifying Agencies (NCCA).**

             Art therapy doctoral students who possess national certification in the field of Art Therapy and who are under supervision by Art Therapy Faculty may provide supervision of students during Practicum/Internship.

             At least half of Art Therapy faculty should have engaged in professional practice of Art Therapy within the most recent five (5) year period.

             Art Therapy Faculty should have competency in the cognitive (knowledge), psychomotor (skills), and affective (attitudes and behaviors) learning domains of the content areas taught, as described in Appendix B.

Comment as to how the program meets the requirements. State whether all art therapy faculty (full-time, part-time and adjunct) meet the requirements, noting any deviations. Describe how art therapy faculty qualifications, training and experience are considered in teaching assignments. Briefly describe the <u>*process*</u> *by which the qualifications, knowledge expertise and performance of instructional faculty is evaluated. Reference relevant aggregate survey data, compiled in subfolder 4, to support narrative.*

Provide in subfolder 5- Personnel:
A copy of the CV for each art therapy faculty member.
A copy of the current certificate of ATR-BC Board certification, indicating credential is current.
Also include related documentation and other materials which offer data to support to your narrative description of how the program determines teaching effectiveness of art therapy faculty. Include documentation of training for effectiveness in distance education as applicable if not detailed in narrative.

      3. **Related Professions Faculty**

a. **Responsibilities**
   Related professions faculty must:

   1) provide instruction in curriculum content and competencies as described in Appendix B; and

   2) supervise and make timely assessments of students' progress in achieving acceptable program requirements.

Comment as to how the program meets the requirements. Describe the process used to determine Related Profession Faculty provide effective instruction in content able to be taught by related professions. Describe how Related Professions Faculty are made familiar with the curriculum Standards for Art Therapy Education as well as program goals and outcomes in order to effectively be engaged with the program and to assure their assessment processes are linked to the program's goals and student learning outcomes.

Summarize plans to correct any deficiencies.

Provide in subfolder 5- Personnel:
Include detailed job descriptions, mutual agreements written and signed by program officials, or other comparable documents indicating responsibilities of Related Professions faculty.
Provide Form B- Chart indicating which faculty teach which specific content areas listed in the Standards.

Provide in subfolder 7- Student and Graduate Evaluation/Assessment: examples of a sampling of assessment tools/rubrics used by Related Professions faculty in assessment of students during curricular experiences.

b. **Qualifications**
   Related professions faculty must:

   1) possess a minimum of a master's degree in a field related or complementary to Art Therapy; and

      A field related or complementary to Art Therapy may include Creative Arts Therapy, Counseling, Psychology, Psychiatry, Social Work, and Marriage and Family Therapy.

   2) be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned.

      Related Professions Faculty should have competency in the cognitive (knowledge), psychomotor (skills), and affective (attitudes and behaviors) learning domains of the content areas taught, as described in Appendix B.

Comment as to how the program meets the requirements. Describe how related professions faculty qualifications, training and experience are considered in teaching assignments. Briefly describe the <u>process</u> by which the knowledge, content expertise and performance of instructional faculty is evaluated. Include training for effectiveness in distance education as applicable.

Provide in subfolder 5- Personnel:
A copy of the CV for each related professions faculty member.
Also include related documentation, aggregate survey data, and materials which offer data

support to your narrative description of how the program determines teaching effectiveness of related professions faculty.

4. **Practicum/Internship Coordinator**
   a. **Responsibilities**
      The practicum/internship coordinator must:

      1) provide oversight of the practicum/internship experience;

      2) establish practicum/internship affiliations with appropriate clinical and/or experiential settings;

      3) assure that supervision agreements are prepared for each student to define the roles and responsibilities of on-site supervisors, individual and group supervisors, and students during the practicum/internship; and

      4) facilitate student placements for practicum/internship experiences.

Comment on the extent to which responsibilities of the Practicum/Internship Coordinator fulfill the requirements stated in this Standard. Describe how practicums/internships are established, the processes the Practicum/Internship Coordinator uses to determine the adequacy of practicum/internship site settings, selects appropriate sites and site supervisors in consultation with the Program Director, verifies credentials of site supervisors, provides orientation of the clinical experience to ensure roles are clearly defined and understood during the clinical experience and ensures clinical supervision group types and structure are being addressed. Indicate processes used to establish formal affiliation agreements or written contracts with clinical sites.

Summarize plans to correct any deficiencies.

Provide in subfolder 5- Personnel:
Practicum/Internship Coordinator job description, mutual agreements written and signed by program officials, or other comparable documents indicating responsibilities of Practicum/Internship Coordinator.

Provide in subfolder 6- Curriculum/Clinicals:
Practicum/Internship Handbook or Manual, examples of training or orientation materials that may not be included in handbook or manual. Also provide listing of all clinical practicum/internship placements for each of the last three years and examples of placement agreement forms, Memorandum of Understanding and/or Affiliation Agreements that evidence this process is taking place. (Note: examples of forms are requested in this section. Completed forms may be requested by site visitors.)

   b. **Qualifications**
      The practicum/Internship coordinator must possess knowledge of the program's expectations, requirements and evaluation procedures for students.

      The practicum/internship coordinator position may be fulfilled by the program director, faculty member(s) or other qualified designee.

Comment on the extent to which qualifications of the Practicum/Internship Coordinator fulfill the requirements stated in this Standard. Describe how the Practicum/Internship Coordinator is made familiar with program goals, learning outcomes and student assessments.

5. **Practicum/Internship Site Supervisors**
   a. **Responsibilities**

Practicum/Internship site supervisors must:

1) supervise and make timely assessments of students' progress in meeting program requirements and outcomes in cooperation and regular consultation with a program faculty member; and

2) provide for individual and/or two student (triadic) supervision.

Comment on the extent to which responsibilities of Practicum/Internship Site Supervisors fulfill the requirements stated in this Standard. Describe how each Practicum/Internship Site Supervisor is made familiar with program goals, learning outcomes and student assessments. Describe structure of site supervision being provided and how site supervisor- student ratio is a factor in supporting the program's outcomes.

Provide in subfolder 7 – Student and Graduate Evaluation/Assessment:
Examples of student assessment tools being used by site supervisors in order to evidence ways site supervisor roles, responsibilities and assessment opportunities are being delineated and policies on how students are evaluated throughout their clinical experience.

b. Qualifications
Practicum/internship site supervisors must:

1) possess knowledge of the program's expectations, requirements, and evaluation procedures for students, and have received training in supervision; and

2) possess registration or national certification in the field of Art Therapy by an organization accredited by the National Commission for Certifying Agencies (NCCA) or possess a master's level professional license or certification in a related mental health field.

A related mental health field may include Creative Arts Therapy, Counseling, Psychology, Psychiatry, Social Work, and Marriage and Family Therapy

Comment on the extent to which qualifications of Practicum/Internship Site Supervisors fulfill the requirements stated in this Standards. Describe how Practicum/Internship Site Supervisors are made familiar with program goals, learning outcomes and student assessments. Indicate ways site supervisors receive ongoing support and are provided feedback loops, such as regular communication or training, to connect with faculty supervisors in the expected and actual achievement of student learning outcomes. Provide brief narrative on how site supervisor performance is reviewed, whether in a nearby site or distance location.

Provide in subfolder 6- Curriculum/Clinicals:
Ensure that your list indicating clinical sites from the last three academic years includes name, degree and credentials of site supervisors, along with agency name.
Provide copy of license or credentialing certificate for site supervisors who are current at time of ISSR submission.

(Note: Evidence of site supervisory expertise such as student site evaluations of site supervisors or dates of faculty/supervisor meeting may be requested by site visitors).

C. Curriculum
1. The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include

course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

Laboratory should include art studios.

Comment as to how the program meets the requirements. Explain how the curriculum and clinical components are logically sequenced and of sufficient length to allow for progressive learning through preparatory classroom material, application experiences in the studio (lab) and a practice component (clinical activities). Describe how clinical and lab (studio) activities are integrated with the didactic classroom portion of the program. State how course syllabi assist students in understanding key teaching and learning methods of each course and assessment opportunities as they progress through the program.

Provide in subfolder 6- Curriculum/Clinicals:
A copy of the program course requirements along with chart of the logical program course sequencing
Course syllabi for all named courses in the program, with all areas required on syllabi in evidence (see ISSR Handbook for further explanation

2. **The program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competencies of the Curriculum Competency Requirements for Educational Programs in Art Therapy (Appendix B).**

    Program length and number of credits should be sufficient to ensure achievement of the cognitive (knowledge), psychomotor (skills), and affective (attitudes and behaviors) competencies described in Appendix B.

    CAAHEP is committed to the inclusion of emergency preparedness (EP) content in the curriculum as appropriate to the profession. See relevant curriculum competency requirements relating to emergency management, risk assessment, crisis intervention, trauma-focused care, community wellness, inter-organizational collaboration, and cultural and social diversity in Appendix B for guidance on how the curriculum should address this content.

State how the courses (including clinical experiences) assure that the program's curriculum addresses the components identified in the Curriculum Competency Requirements for Educational Programs in Art Therapy (Appendix B).

Describe how the program's agreements with clinical sites in conjunction with faculty supervision accomplish the required clinical education experiences of the standards in order to meet educational clinical experience requirements for credentialing. (*Note- refer to the ATCB website and current ATR handbook for educational requirements in terms of types of clinical practice opportunities, adequate mentoring of students through direct observation, types of supervision structure (individual/group), student-supervisor ratios for individual supervision, overall duration of clinical experiences and amount of supervision per individual/group supervision formats as relates to direct client contact oversight.)

Describe how supervisory resources both in number and performance are evaluated on an ongoing basis and revised as needed specifically to support program outcomes

Provide in subfolder 6- Curriculum/Clinicals:
Form E "Curriculum Content Assessment" chart, Form F "Competencies Matrix" chart, Program student manual/handbook, link to Program website as relevant to supporting for narrative description.

Include examples or sampling of student time sheet logs for Internship and other indicators from handbook or agreements with sites indicating clinical experiences meet requirements in terms of type of supervision structure and duration.

Include indication of ways assessment of readiness to begin clinical work will occur if not provided in narrative (example: link to program website, program student handbook/ manual, internship handbook/manual).

Provide in subfolder 4- Resources/Resource Assessment:
Reference and provide related aggregated survey data from student, faculty, graduate (if available) and employer (if available) surveys in order to support analysis of program sufficiency in meeting or exceeding minimum curricular content and competencies requirements.

    D. Resource Assessment
        The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these Standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

Describe the processes and procedures for reviewing and revising program resources on an ongoing basis and how the program takes action and/or advocates for institutional change based on annual review. How will the program review and revise its resources annually? How will this review be documented? What is the process to determine the corrective actions necessary when deficiencies in resources are identified? Provide examples, if available, of how resources have already been revised as a result of the assessment process.

Provide in subfolder 4- Resources/Resource Assessment:
Stated plan for annual resource assessment. Programs may use ACATE survey instruments but may also develop their own resource assessment tools associated with each area to be assessed. While not required during each year of reporting once accredited, programs must use the two surveys on program resources, the "Student Survey of Program Resources" and the "Personnel Survey of Program Resources" to collect data on resources during year four of accreditation which is then analyzed and reported on as part of the next comprehensive review at year five of Continuing Accreditation review.

A copy of Form C "Resource Assessment Matrix" with stated intent to complete during year four once accredited and in preparation for reporting during year five next comprehensive review. Include all samples of resource survey tools which will be utilized as assessment mechanisms at such time, along with any mechanisms which may have been developed by the program for use on an annual basis.

Provide in subfolder 3 – Program Goals:
Include minutes from Advisory Committee meetings and related faculty meeting minutes evidencing this process of analysis is taking place or, in your narrative, delineate plan to utilize advisory committee/faculty discussions on an annual basis at minimum in order to review sufficiency of resources annually.

IV. Student and Graduate Evaluation/Assessment

    A. Student Evaluation
        1. Frequency and Purpose
            Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

2. **Documentation**
   Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

Describe the type and frequency of evaluations of students that are conducted at benchmarks across the curriculum in order to fairly determine student progress. What is the process for student evaluation, how often are the evaluations conducted and what is the process to use evaluation data as indicators for student competencies and achievement of learning outcomes?

Describe how student progress is tracked and how students are regularly informed of their academic status throughout the program. What is the document retention policy for student evaluations?

Briefly describe how, for both seated and/or distance/online education, student advising and/or instructor meeting time is scheduled and how students who are struggling in courses and progression through the program are counseled. In the case of clinical sites that are located at a distance from the campus, comment as to how the program meets the requirement to adequately evaluate and document student progress.

Provide in subfolder 7 – Student and Graduate Evaluation/Assessment:
As relevant to narrative, provide samples of rubrics, evaluation tools or methods used to evaluate student progress at benchmark points across the program. Also provide a blank copy of each Internship clinical evaluation form used by the program, and the related rubric or other feedback mechanism utilized to assess clinical performance. In addition, provide the related rubric or other feedback mechanism used to assess the integrative culminating project.
(Note: Individual student product/completed assignments on a sampling of students may be requested by site visitors. Further information will be included in materials provided in preparation for site visit.)

Provide in subfolder 6 – Curriculum/Clinicals:
Form F "Competencies Matrix" chart, Program manual/student handbook, link to Program website as data relevant to narrative.

Provide in subfolder 3- Program Goals:
Form D "Mapping Your SLO Assessment Plan" or program developed mapping.

(Note: - Examples of tracking mechanisms for each student per ongoing student advisement may be requested by site visitors).

B. **Outcomes**
   1. **Outcomes Assessment**
      The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

      Outcomes assessments must include, but are not limited to: programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

      "Positive placement" means that the graduate is employed full or part-time in Art Therapy or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

2. **Outcomes Reporting**
The program must periodically submit to the Accreditation Council for Art Therapy Education (ACATE) the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the Accreditation Council for Art Therapy Education (ACATE) to develop an appropriate plan of action to respond to the identified shortcomings.

- *Describe the process the program will use to track Student Retention for each entering cohort*
- *Describe how the program will survey its graduates within 6-12 months after graduation in order to track Positive Placement and Graduate Satisfaction*
- *Describe how employers of graduates will be contacted and surveyed, when permission given by graduates, in order to track Employer Satisfaction*
- *Describe how individual students will be assessed at formative and summative points in time per student learning outcomes as Summative Measures and how all student learning outcomes will be reviewed on a three year cycle (see handbook for more information)*

Your Formal Outcomes Assessment Plan must describe and depict a)each of the above mentioned variables that will be measured, b) mechanisms and tools to be used to collect the data, c) timeline for collection, d) ways scores will be used as indicators for program improvement, e) how/when/ to whom the data will be reported to include review by advisory committee and submission to ACATE with Annual Report.

Also describe how the program plans to make revisions based on the outcomes assessments in order to demonstrate a system of continuous quality improvement and how the program will consider required thresholds established by ACATE (described in ISSR handbook)

Provide in subfolder 8 – Outcomes Assessment:
Examples of ACATE provided survey tools the program will use to collect outcomes data along with examples of program developed tools that link to data collection and direct/indirect measurement of the variables.

Include flow chart or program developed material to depict and provide visual evidence of your Formal Outcomes Assessment Plan to be instituted and reported annually once accredited, with the above delineated areas of a Formal Outcomes Assessment Plan clearly laid out.

V. **Fair Practices**

A. **Publications and Disclosure**
1. **Announcements, catalogs, publications, and advertising must accurately reflect the program offered.**

2. **At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.**

3.   At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

4.   The sponsor must maintain, and make available to the public current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these Standards.

The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g. through a website or electronic or printed documents).

How does the program distribute information about the program, its policies, processes and its requirements?

Provide in subfolder 9 – Fair Practices:
As relevant to narrative –Form H "Publications & Disclosure" or links to online materials to support evidence that all required areas are provided. Documents may include University catalog, student manuals/handbook indicating overall Student Learning Outcomes along with criteria for successful graduation and clinical readiness policies and processes, program website, announcements, publications or advertisement pertaining to the art therapy program, a copy of the student grievance policy. (*Note that publicly available information about student/graduate achievement will be provided by the program by way of posting of employment statistics once accredited and as part of the annual reporting process.)

B.   **Lawful and Non-discriminatory Practices**
All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

Describe the non-discriminatory policies and procedures in place and how they are made known to applicants, students and faculty. Describe the faculty grievance procedure and how it is made known to faculty.

Provide in sub-folder 9-Fair Practices or as url link in narrative:
Location(s) of non-discrimination policies and processes in program materials such as university website, student/faculty handbook, and other relevant materials to include: student recruitment and admission policies, published university/ program non-discrimination statement for faculty and students, faculty grievance procedure policy.

C.   **Safeguards**
The health and safety of patients, clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

Describe how the health and safety of patients, students, and faculty are adequately safeguarded. Describe how the sponsor ensures all program activities are educational and students are not substituted for staff.

Provide in sub-folder 9-Fair Practices or as url link in narrative:

Policy statement on health safeguards the program requires, such as liability insurance for students during their clinical experiences at practicum/internship and proper venting of kilns used by students in program classroom spaces. Vaccinations schedules and criminal check clearances may be required by sites prior to starting clinical experiences but since this is variable, is not required by ACATE. Reference Practicum/Internship manual/handbook or program student manual/handbook indicating health safeguards.

Reference Practicum/Internship manual/handbook or program student manual/handbook indicating the written policy on student employment which clearly indicates that activities must be educational and students must not be substituted for staff. See ISSR Handbook for further information.

D. **Student Records**
   Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

What is the process for document retention for student admission, advisement, counseling and evaluation? How are records permanently maintained? How are the records ensured against destruction, modification or misuse? Are student records accessible?   Also include how transcript records are maintained and for how long.
(Note: location and method of storage of individual student records such as transcripts and advising worksheets must be available to site visitors for review upon request.)

E. **Substantive Change**
   The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/ACATE in a timely manner. Additional substantive changes to be reported to ACATE within the time limits prescribed include:
   1. **educational institution's mission or objectives, if these will affect the program;**
   2. **degree awarded upon completion of the program; and**
   3. **addition or deletion of courses that represent a significant departure in curriculum content or method of delivery.**

Briefly describe a commitment of the sponsor to report substantive changes described in Appendix A along with the additional substantive changes listed above. By way of example, these changes include:
1. *educational institution's mission or objectives, if these will affect the program;*
2. *degree awarded upon completion of the program;*
3. *addition or deletion of courses that represent a significant departure in curriculum content or method of delivery;*
4. *changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.);*
5. *intent to transfer program sponsorship; and*
6. *any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).*

F. **Agreements**
   There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

In narrative, reference if there are affiliation agreements, contracts, or Memorandum Of Understanding (MOU) between the sponsor and any other entities that participate in the program

(such as internship sites) . How are agreements reviewed and changed? How is this documented? Do agreements or MOU describe all relationships, roles and responsibilities of all parties?

Provide in subfolder 6- Curriculum/Clinicals:
Example placement agreement forms or an example of a Memorandum of Understanding or Affiliation Agreement that describes the relationship, roles, and responsibilities of the program and related entities.

(Note: Complete, signed copies of all clinical affiliation agreements/memorandum of understanding for the last three year (in alphabetical order) must be available to site visitors upon request.)

APPENDIX A: CHECKLIST FOR ORGANIZATION OF SUB-FOLDERS

Main Folder: Narrative ISSR Report
  (includes complete ISSR narrative report to include Introduction /Program Overview narrative, Institutional/Programmatic Demographic Information narrative, Program Modality and Distance Education narrative, Analysis of Compliance by Standard narrative)

Sub-Folders (hold related documents as data to support narrative)
  Sub-Folder 1: Introduction
    a) Signed copy of CAAHEP RAS. Please make sure all names and contact info are current and if not, update prior to submission.
    b) Form A – Title Page - Verification
    c) Any relevant explanatory charts per institutional/programmatic demographics data. May be provided in chart, list or in narrative format.
    d) Any relevant explanatory documents per Program Modality and Distance Education /Online Learning practices

  Sub-Folder 2: Sponsorship
    a) Copy of letter or certificate of institutional accreditation
    b) If applicable, copy of consortium agreement
    c) Organizational chart reflecting administrative location of art therapy program. Institutional Organizational Chart demonstrates a clear chain of communication between the President/CEO/other individual of similar capacity, the program [Program Director and faculty] and other administrative and non-administrative personnel. If your institution does not provide a single chart indicating this information, you will need to either create your own, select several relevant charts available, or develop a way to convey the information without use of a chart.

  Sub-Folder 3: Program Goals
    a) Program publications or hyperlinks indicating Institutional Mission, Program Goals and Student Learning Outcomes. Include hyperlink to program website.
    b) Program document indicating "minimum expectations goal" in writing .
    c) Form D "Mapping Your SLO Assessment Plan" chart or program developed mapping chart. Must ensure Student Learning Outcomes that are connected to the required curriculum and that program faculty have chosen, along with consideration of ACATE a-o learning outcomes in Appendix B, to represent student knowledge, skills and values related to program goals.
    d) Form G "Advisory Committee Agenda and Checklist" or own documents with the required information (including member list and stakeholder area each represents, meeting minutes or planned agenda) . If submitting as own program preferred format, all required areas shown on sample agenda must be included, being sure to indicate each required stakeholder area and the individual who will represent the area.

e) List of confirmed Advisory Committee members, including required stakeholder area they represent, must be submitted in list form within narrative, along with inclusion on sample agenda.

e) Faculty meeting minutes or other material evidencing art therapy faculty involvement in program development and evaluation and as relevant to support narrative info. If none available, begin keeping once accredited as a way of confirming faculty involvement in program development.

Sub-Folder 4: Resources/Resource Assessment

a) Form C completed "Resource Assessment Matrix" in order to provide stated process for evaluation of sufficiency of resources

b) Aggregate summary report results for Student Survey on Program Effectiveness (ACATE staff sends)

c) Aggregate results for Faculty and Advisory Committee Survey on Program Effectiveness

d) Aggregate results for Personnel Survey of Program Resources

e) Aggregate results for Student Survey of Program Resources

f) Aggregated data from "Graduate Survey" and "Employer Survey" if able to obtain (not required for ISSR)

g) Program budget from last, current and next projected year. Programs may use Form I "Program Budget" if they prefer. Information on individual faculty salaries is not required. Budget information is requested to offer data on sufficiency of program resources to meet student learning needs year of study and two-to-three years hence while current cohorts move through program.

h) Instructional Reference Materials (library/online) report on holdings

i) Evidence faculty and clinical instructors show involvement in continuing education, professional development and/or scholarly pursuits or have opportunity to do so by way of policy (Faculty CV may suffice)

j) Clinical education/practicum and clinical internships/field placements for the past three academic years

k) Practicum/Internship Handbook/Manual, indicating criteria for student placements and resources of program to support site supervisor understanding of program goals and student learning outcomes

l) If not provided in narrative statement, document or narrative indicating stated policies and processes providing an annual process for review and revision of resources listed in the standards

Sub-Folder 5: Personnel

a) A copy of the detailed job description, mutual agreement written and signed by program officials, or other comparable documents indicating responsibilities of the program director, art therapy faculty members, related professions faculty members and the practicum/internship coordinator

b) Copies of CV's for Program Director, each art therapy faculty member and each related professions faculty member for year of self-study analysis

c) Copies of current art therapy faculty certificates of ATCB Board Certification, indicating ATR-BC credential is current .

d) Chart indicating which faculty, with their related credentials, teach specific content areas listed in the standards.

e) Materials documenting training for effectiveness in distance education if not detailed in narrative portion

f) Related documentation and other materials which offer data on processes of program to determine teaching effectiveness . Evaluations of individual faculty are not submitted.

g) Note that updated information per faculty CV and assignments will be requested to be provided at time of site visit, if changes have occurred since submission of ISSR.

Sub-Folder 6: Curriculum/Clinicals

a) A copy of or url link to program course requirements
b) Chart of the logical program course sequencing
c) All syllabi for all courses in the program. Ensure they include all required areas.
d) Form E – "Curriculum Content Assessment" chart
e) Form F – "Competencies Matrix"
f) Program Student manual/handbook
g) Indication of ways assessment of readiness to begin clinical work occurs if not provided in narrative
h) Practicum/Internship Handbook or Manual evidencing site supervisors, students and faculty supervisors are being oriented to their roles and responsibilities
i) Examples of clinical training or orientation materials that may not be provided in the handbook
j) Listing of all clinical practicum/internship placements for each of the last three years, including name, degree and credentials of site supervisors along with site name.
k) Copy of license or credentialing certificate must be submitted for site supervisors current at time of ISSR submission and Site Visit.
l) Examples of unsigned affiliation agreements, memorandum of understanding or placement agreement forms (signed, completed forms for last three years may be requested for review by site visitors)
m) Examples or sampling of student time sheet logs if not referenced in related documents, indicating structure and duration of internship
n) Note that evidence of site supervisory expertise such as student evaluations of site supervisors or dates of faculty/supervisor meetings may be requested by site visit evaluators.

Sub-Folder 7: Student/Graduate Evaluation/Assessment
 * Individual student assessments with student names are **not** requested with submission of report. May be requested for review by site evaluators as assurance of process.
a) Examples of a sampling of assessments tools/rubrics used by art therapy faculty and related professions faculty in assessment of students at benchmark formative and summative points across the curriculum
b) Examples of assessment tools/rubrics used by art therapy faculty supervisors and site supervisors in assessment of students during clinical experiences
c) Example of assessment tools and related rubrics used to assess students during their integrative culminating project
d) Note: examples of tracking mechanisms for each student in attendance during time of self-study analysis, in order to indicate ongoing student advising and individual student records per admission, advisement, counseling and evaluation may be requested by site visit evaluators. Site visit evaluators may request to be able to view location and storage of individual student records such as transcripts and advising worksheets.

Sub-Folder 8: Outcomes Assessment
a) Examples of each ACATE provided survey tools the program will use to collect outcomes data along with examples of any program developed tools that link to data collection and direct/indirect measurement of the variables.
b) Provide flow chart or program developed material to depict and provide evidence for a Formal Outcomes Assessment Plan annually once accredited. The Formal Outcomes Assessment Plan must depict the required outcomes that will be measured, mechanisms used to collect data, timeline for collection, ways scores will be used as indicators for program improvement, how/when/ to whom the data will be reported to include review by advisory committee and submission to ACATE with Annual Report.   Per Standard IV. B. Outcomes Assessment includes Student Retention, Positive Placement, Graduate Satisfaction, Employer Satisfaction, Summative measures (SLO analysis). See ISSR Handbook for further information.

Sub-Folder 9: Fair Practices

a) Form H "Publications and Disclosure Chart" if information not provided in other program developed format or within hyperlink in narrative
b) If not using Form H, provide url links with p. # to the following in your narrative or actual documents: University Catalogue, student handbook indicating overall student learning outcomes and criteria for successful graduation and clinical readiness, health safeguards the program requires, policy on student employment, program website, announcements, grievance policies, non-discrimination statements, program application and admissions process
c) Links or examples of program marketing announcements, publications, handbooks and advertising

Sub-Folder 10: Additional Materials
Program may have updated materials to provide prior to site visit, or other essential materials the program has developed and which do not fit logically into specific subfolders. Material may include Annual Report of program is relevant to narrative, Institutional policy regarding data management of confidential student information, etc.