

**Recognition Application for Quality**

**International Respiratory Care Education**

***These Guidelines were developed by International & American Educators and clinicians and approved by the***

***INTERNATIONAL COUNCIL FOR RESPIRATORY CARE.***

# Recognition of a School

The applicant needs only to answer three essential questions for IERS reviewers and the Executive Committee of the IERS to award recognition at the School level. The three questions that need to be answered in the format provided are as follows:

1. What do you intend to teach?
2. How do you intend to teach it?
3. How will you know you taught it?

Definition of School LEVEL 4: Granted to educational programs that meet level III school recognition guidelines. For IERS recognition of RC educational schools, a school is longer than one year in duration and designed to grant a degree in respiratory care at the bachelor’s degree level or higher from a recognized university, in the host country. RC schools must set local evidence-based outcome measures for (graduate) outcome performance. Recognized Schools must meet or exceed the guidelines for a quality educational experience that produces graduate RC practitioners who will be providing RC at the bedside anywhere in the world. For example:

*“A four-year Bachelor’s Degree School with a combination of basic sciences, pre-clinical general courses totaling 60 academic units, and 60 respiratory care academic units consisting of a combination of lecture, lab, and clinical hours in respiratory care. The lab and clinical hours total 800 hours of simulated and actual patient care in acute care hospitals.”*

It would NOT likely have goals that focus on a small set of very specific respiratory care skills (i.e. Program) but as such, Schools would have more specific/complex Respiratory care skills & competencies as their School goals.

IERS approval is granted to a resident sponsor of a program for the one country in which the RC education is delivered and from which the application is submitted. It is not possible at this time to award IERS approval for multi-country applications.

 **School Recognition (Level III**) - Granted to educational institutions that meet level III requirements as specified in the school guidelines and application. In addition, IERS RC schools must set local evidence-based outcome measures for (graduate) outcome performance. Recognized Schools have met or exceeded the guidelines for a quality educational experience that graduates RC practitioners who will be providing RC at the bedside anywhere in the world, as outlined in this **Recognition System & Guidelines.** Graduation from these schools may then be approved by the **country’s\*** credentialing and/or licensure system for RC practice in hospitals, ICUs, and other settings where patients receive respiratory care.

 **\*Recognition is granted to the school for the one country it is delivering RC education in and applying from at the time of application. If it is delivering RC education via online or hybrid courses, the school must obtain permissions\*\* from the established respiratory care community of organizations, universities, and/ or professional societies within each country and apply for each that follows the IERS guidelines.**

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**School Application Process and Guidelines**

**School recognition is obtained by completing the following application process steps:**

**Step1. Provide all information required in the School Application.**

**Step 2. Submit Completed Application to IERS Evaluator.**

**Step 3. Provide a plan for site visit if host school desires, this can occur during step 1 or after step 2 is completed.**

**Step 4. Provisional Approval**

**Step 5. Provide Bi-Annual outcome data as planned in steps 2 & 3.**

**Step 6. Provide evidence of stakeholder’s support or action plans, after review of data provided in step 5 and receive full Recognition as a school from IERS.**

***\* Site visits are currently optional to the applying school. Those schools that elect to have a site visit will receive SPECIAL RECOGNITION indicating that the school met the standards and scrutiny of the site visiting team. The team will also assist the school in meaningful modification & techniques to implement and evaluate effective RC Coursework. Additionally, site visitors can help the school plan and implement stakeholder thresholds for meaningful evaluation of the school’s effectiveness.***

***You must meet or exceed the following guidelines to secure recognition of your RC school by IERS with support and sponsorship from the ICRC and AARC. If the applying school has just started and does not have sufficient outcome data and other resources fully operational, based on the information submitted may be granted PRELIMINARY RECOGNITION until sufficient outcome data is collected and interpreted by IERS. FULL RECOGNITION is granted once outcome data has been collected for three years/cohorts and the school meets or exceeds all thresholds established by the stakeholders in the applying school's country.***

***Once the application is complete, it may be submitted via email, regular mail service, or any other form of digital (cloud links) or hard copy(FedX, UPS, etc.) transfer. The initial application fee is due at the time of submission of the application.***

***School Sponsor/Applicant must fill in all the required (\*) fields below and may type or paste the appropriate information as requested*:**

Program Sponsor(s):

|  |
| --- |
| **Paste or type here: (Sponsor, e.g. Name of the institution or organization(s)):** |

 Contact information of the individual who completed the application(s):

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| **Paste or type here: (Name & contact information of the individual who completed the application: full name & email address):** |

Exact name (Title) of the offering:

|  |
| --- |
| **Paste or type here: (e.g. "New Concepts in Mechanical Ventilation"):** |

Country, City, Province:

|  |
| --- |
| **Paste or type here: (Type or Paste the exact name of the city or Province and country location):** |

Venue:

|  |
| --- |
| **Paste or type here: (Type or Paste the exact name of the Hotel/Convention Center/College or University/Facility):** |

Exact Dates:

|  |
| --- |
| **Paste or type here: (Type or Paste exact dates; day, month, year ):** |

***You must meet or exceed the following guidelines to secure Preliminary or full recognition of your RC school by IERS:***

1. **What Do You Intent to teach?**
2. **School Description:** Describe the length of the school & degree awarded. Give the number & name of courses and hours of RC instruction in classroom lab and/or evaluation activities. As an example, it may say:

*“The four-year Bachelor’s Degree school will require a combination of basic sciences, pre-clinical general courses totaling 60 academic units, and 60 respiratory care academic units consisting of a combination of lecture, lab, and clinical hours. The lab and clinical hours total 800 hours of simulated and actual patient care in 2 acute care hospitals.”*

 *Or*

 *" The three-year Bachelor’s Degree school will require a combination of online, hybrid & physical attendance courses in basic sciences, pre-clinical general courses totaling 60 academic units, and 60 respiratory care academic units consisting of a combination of lecture, lab and clinical hours. The lab and clinical hours total 1500 hours of simulated and actual patient care in 2 acute care hospitals.”*

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| --- |
| **Paste or type the school description here (the box will expand to accommodate text):**  |

1. **School Goal:** Describe the single most important, school goal, comprehensive competency, or general behavioral objective that best describes the overall educational goal of the school. It can be fairly specific, e.g. :

***“Graduates will be able to practice respiratory care at the advanced registered therapist level demonstrating the ability to collect information, interpret all respiratory information reaching the correct assessment, and recommend/perform appropriate therapy.”***

 *Or*

The school goal may be more general, e.g. :

*“The* ***school will produce graduates possessing cognitive and, psychomotor skills of a competent, professional respiratory care practitioner capable of performing all of the ICU level RC procedures required in the country of application.”***

In either of the above cases, you must then provide the following additional outcome and measurable information about your planned instruction.

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| **Paste or type the school goal here(the box will expand to accommodate text):**  |

1. **Supporting Instructional Objectives:** Describe the specific objectives that you intend to achieve, matched to the overriding goal described above for each course, lab, or other educational activities you have planned. These objectives must be written in a criterion-referenced manner describing the level of outcome achievement expected.

e.g. The graduate will be able to:

 *“Manage ventilators on patients in respiratory failure with 80% accuracy on all techniques, modifications in mode, and addition of PEEP, oxygen, and other techniques to improve ventilation and oxygenation.”*

 *Or*

 *“Provide assessment and RC plans for the management of Asthma competently for greater than 70% of the patient simulations and or actual patients encountered during the lab and clinical training.”*

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| **Paste or type Supporting instructional objectives here:**  |

* 1. **School Courses**

Describe the length and type of each course in the school. Give the number of days, and hours of RC instruction, lab, and/or evaluation activities. As an example, it may list the following columns/fields:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Course Title* | *Units or Hours of Instruction* | *Content or objectives* | *Activity* | *Evaluation**Tool Description* | *Instructor* |

* 1. **School Curriculum needs assessment.**

The school curriculum must be planned to be likely to achieve the stated goals and learning objectives. Instruction must be an appropriate sequence of did active and/or clinical activities. Instruction must be based on clearly written learning goals, objectives, and competencies expected to be achieved by the completion of school. There must be a written statement of the school’s goals and learning objectives. The school’s goals and learning objectives **should be based on surveys or other needs assessment data** to show the school will meet a need for respiratory care education in the community for which it is planned. School personnel should design instructions to respond to the needs and/or expectations of the target community.

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| --- |
| **Paste or type needs assessment data here:**  |

1. **Sponsoring Educational Entities**

***A sponsor must be an individual organizational entity that is recognized by the appropriate office, agency, or ministry from the applicant country to grant college credit and a bachelor’s level degree. The sponsor may be an individual entity or a consortium sponsor that consists of two or more entities that exist to prepare individuals to provide respiratory care. The sponsor must ensure that the curriculum planners and faculty adhere to the guidelines in conducting their educational school. The sponsor agrees to support school faculty and staff to fulfill their job responsibilities and promote the goals of the school.***

|  |
| --- |
| **Paste or type sponsoring information here: (Name, addresses, email, phone number)** |

1. **Non-Personnel**

School resources must be sufficient to ensure the achievement of the school’s goals and objectives. Resources may include as appropriate: faculty, clerical/support staff, curriculum, finances, offices, classroom/laboratory facilities, ancillary student facilities, clinical affiliations, equipment/supplies, computer resources, and instructional reference materials.

|  |
| --- |
| **Paste or type non-personnel resources here: (List of resources)**  |

1. **Personnel**

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions required to achieve the school’s stated goals and objectives.

1. **Faculty, Staff, and administrative Personnel**
	* + - 1. **Administrative Personnel**

An individual must be designated as the primary administrator for the operations of the school. This individual may be a member of the school faculty or staff.

|  |
| --- |
| **Paste or type here: (List name, email, phone, address, titles, and credentials)** |

* + - * 1. **Faculty**

Individuals appointed to the faculty must have appropriate credentials and expert knowledge in the content area being taught. Faculty must also maintain high ethical standards and professional behavior at all times.

|  |
| --- |
| **Paste or type here: (List name, email, phone, address, titles and credentials)** |

* + - * 1. **Staff**

School staff must be professionally qualified to fulfill their designated school responsibilities.

|  |
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| **Paste or type here: (List name, email, phone, address, titles and credentials)** |

1. **How do you intend to teach it?**
2. **Instructional Strategies:** Describe the teaching strategies you intend to use to teach the objectives described in 1. c. above. e.g. lecture, lab, clinical observation, practice, etc.

The strategy might be described as:

***Teaching Strategy:****” An 18-week course meeting every week for 50 minutes of lecture, 2 hours of hands-on lab, and 12 hours of clinical practice, conducted by Dr. Smith and two assistants (BS, RRT, practitioners) to provide experience applying the information on simulated and actual patients being supported and monitored using the contemporary ventilators.”*

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| --- |
| **Paste or type a short description of your overall school instructional strategy here:**  |

Use a course outline table and describe the instructional strategy for each topic, i.e. lecture, lab, HPS, standardized patients, clinical experience, manikin simulation, etc.

1. **Strategies matched to topics & objectives:** Describe the teaching strategies you intend to use to teach the objectives described in 1. c. above. i.e. lecture, lab, HPS, standardized patients, clinical experience, manikin simulation, clinical observation, practice, etc.

The strategy might be described as:

***Teaching Strategy:****” An 18-week course meeting every week for 50 minutes of lecture, 2 hours of hands-on lab, and 12 hours of clinical practice, conducted by Dr. Smith and two assistants (BS, RRT, practitioners) to provide experience applying the information on simulated and actual patients being supported and monitored using contemporary ventilators.”*

|  |
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| **Paste or type the strategies matched to the course objective here: (List course title, objectives, and matching strategies)** |

1. **Special instructional tools.**

**Describe special instructional tools you are using i.e. Ventilator test lung simulators, HPS model and manufacturer, IPADS, etc. (The box will expand to accommodate all text.\*):**

|  |
| --- |
| **Paste or type a description of special instructional tools and techniques here:**  |

1. **Publications and Disclosure**

1. Advertisements, brochures, announcements, catalogs, publications, and internet web pages must accurately reflect the school offered. Name, statement, logo, and any statements referenced to the AARC must have prior approval before they may be used.

2. Participants should be informed in writing of the following: schedule of instruction dates, cost, criteria for successful completion, location, faculty, and any policies and processes required of participants during or after school.

|  |
| --- |
| **Paste or type advertisements, brochures, announcements, catalogs, publications, and internet web pages here. (The box will expand to accommodate all text.\*):**   |

1. **Lawful and Non-discriminatory Practices**

All activities associated with the school must comply with the applicant country’s rules and regulations. In the box below paste your letters of recommendation from the universities, organizations, and societies of RC in the applicant country that support the establishment of your school:

**Paste or type School any documentation of such rules and compliance if applicable here:**

1. **Safeguards**

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

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| --- |
|  **Paste or type school any documentation of such safeguards and compliance/insurance if applicable here:**  |

1. **Participant Records**

Satisfactory records must be maintained for student attendance, admission, advisement, counseling, and evaluation. Grades and/or continuing education credits for courses must be recorded and permanently maintained by the sponsor in a safe and accessible location.

|  |
| --- |
| **Paste or type any school documentation of such records and methods being used to store records and protect the privacy of participants here:**  |

1. **Substantive Change**

If the school is changing curriculum each year, the sponsor must re-apply for recognition. If at any time during the bi-annual reporting period there is a substantive change(s) in the school the sponsor must report this to the recognition agency to retain its recognition status. **Send to IERS Director, Dr. Arzu Ari**

1. **Clinical Agreements**

All clinical experience required as part of the school, documentation must be provided and maintained by the sponsor.

|  |
| --- |
| **Paste or type information on clinical affiliations here. (The box will expand to accommodate all text.):**  |

1. **How will you know you taught it?**

**Evaluation Strategy:** Describe the evaluation strategy you intend to use to survey, test, or certify students’ attendance and/or knowledge and/or skills (see Guidelines for more).

*“Comprehensive written, computerized, and performance-based observational testing instruments will be administered after each respiratory care course, lab, and clinical rotation in the 4-year school. In addition, a comprehensive day-long summative evaluation will be performed at the end of the 4-year school and completion of all 800 clinical hours to certify competence on all skills required to practice as a respiratory therapist in the country of application.”*

## Provide an evaluation strategy for the school using the form below as an example of the fields you may report (Paste or type, each box will expand to accommodate the text:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date school started:**   | 1st Formative Test Date:  | 2nd Formative Test Date:  | 3rd Formative Test Date:  | Summative Final Date  |
| **Type or paste objectives here(boxes will expand):**    | Type of evaluation: | Type of evaluation:   | Type of evaluation:   | Type of evaluation:   |

*Formative Evaluation of students and or the school curriculum may be accomplished using various testing techniques matched to the instruction and designed to give specific course-related feedback. Summative evaluations should focus on comprehensive surveys of student’s cognitive ability in the course completed. The school may also use comprehensive exams to judge progress from one year to another within the curriculum as well as a graduation-required comprehensive exam.*

*If evaluation techniques are used, faculty should demonstrate that the testing methods chosen are consistent with the objectives and competencies being tested.*

1. **Evaluation Instruments:** Provide an example of each of the types of evaluation instruments you intend to use in your evaluation strategy. It may be the written tests, computerized tests, simulations, observational, survey, or attendance instruments. You must provide actual examples not just descriptions. All tests etc., will be kept confidential and not shared or used for any other purpose by IERS reviewers except for the evaluation of the school.

|  |
| --- |
| **Paste or type a description of evaluation instruments and/or examples of those used in the school here:**   |

1. **Additional Tests, observational tools, surveys, etc.**

Provide examples of test questions, whole tests, surveys, observational tools, and any other evaluation, testing, or measurement instrument the school uses to evaluate its students and graduates:

|  |
| --- |
| (type or paste examples of your tests, surveys, observation tools, and competency certification instruments, the box will expand) |

1. **Student Attendance**

Provide a sample of the attendance forms used to document attendance by students at all the school components and activities. Post-seminar attendance data attendance data should be sent within 60 days of the seminar delivery. Include at minimum the following fields of data:

**Participant name, profession (physician, Respiratory care practitioner, Physical Therapist, Nurse, etc.) credentials (MD, RRT, RN, PT, etc.), and AARC member number if applicable.**

|  |
| --- |
| **Paste or type the School attendance form here. (The box will expand to accommodate all text.):**   |

1. A post-graduation survey of students/graduates and all stakeholders should be conducted bi-annually to measure satisfaction with stated and achieved goals and objectives. Until adequate outcome data, the school will receive **Preliminary Recognition**, provided all other planning and resource data is submitted to IERS for review.

|  |
| --- |
| (Provide data collected thus far or plans for collection of data to include groups and dates to be surveyed): |

***All data will be subject to posting on the IERS website before and after the delivery of the school data.***

Online & Hybrid Courses

**Online courses can only be used for cognitive certification of skills and competencies. Hybrid courses that have online and physical attendance/evaluations may be used like physical attendance-only courses to teach to all three levels of blooms taxonomy, cognitive, psychomotor & and attitude, for example:**

**Course. Physical attendance. Online. Hybrid. Cog. PM/Perf. Attitude**

**RC222. Yes. No. No. X. X. X**

**RC223. No. Yes. No. X. N/a. N/A**

**RC224. Yes. Yes. Yes. X. X. X**

**In the following table list/paste all courses in school and provide information in the table for each course, add rows as needed:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Physical attendance.**  | **Online.** | **Hybrid.** | **Cognitive** | **Psychomotor** | **Attitude** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# Appendix A: Approved School Recognition Process Continued

#  Optional Site visit & Report by Site Visitors

**The site visit has THREE primary objectives & is optional at this time:**

**1. To evaluate the school of respiratory care & its clinical affiliates.**

**2. To assist the school in establishing its stakeholders, outcomes, and criteria for curriculum monitoring & improvement.**

**3. To perform/complete inquiries regarding the quality and effectiveness of the resources available to the students and its faculty.**

**Evidence-based Outcome Measures Establishing Performance Criterion**

 **The establishment of Criterion Evidence-based outcome measures is the responsibility of the applying school in partnership with IERS. The procedure recommended to accomplish this is found in Appendix B.**

**Evidence-Based Outcome Measurements**

The school may have the following outcome goal expectations:

 “To prepare Respiratory Care providers competent in the delivery of safe, effective respiratory modalities to patients with acute and chronic pulmonary conditions”.

Schools may adopt educational goals that are modeled after entry-level, advanced, or specialty-level practice as defined in the United States or by the applicant’s own country’s stakeholders and/or national standards. The applicant must identify the level of practice graduates will be expected to achieve upon graduation, this level of practice must correspond with evidence-based outcome measurements collected to show that students have acquired the general knowledge base and can demonstrate the comprehensive competencies expected as a result of the instruction and evaluation provided by the school during the course of study.

Ultimately school graduates must demonstrate a level of preparation and practice adequate to ensure the safe and effective provision of respiratory care as determined by the school’s stakeholders. A school’s educational outcomes must correspond to curriculum elements based on measurable goals, and general and specific behavioral objectives.  The evidence-based outcome measurements should document the attainment of competencies corresponding with the appropriate cognitive, psychomotor, and affective learning domains.  The school’s curriculum, its goals, learning objectives, and the periodic review and revision of the curriculum shall be based on the attainment of identified competencies.

### Evaluation of Evidence-Based Outcome Measurements

###### The school is required to bi-annually evaluate and report to IERS its success in meeting or exceeding the expressed evidence-based outcomes, goals, and learning objectives of the curriculum. Results of the school’s assessment of its outcome data shall form the basis for the review and potential revision of the instructional plan. Changes in curriculum design and budget support to improve the school’s achievement of its educational outcomes must be included in the bi-annual report to IERS.

###### Evaluation of Evidence-based Outcome Measurements will include at minimum: pass rates on national/international credentialing examinations where applicable, meeting of standards set by the Minister of Health or other appropriate government entity, school admission, retention, graduation rates, level of support by the government, employers, and graduates; as well as job achievement in respiratory care, and other school summative measures in the cognitive, psychomotor, and affective learning domains deemed appropriate by the school’s stakeholders. The school is required to set and meet Criterion Levels for each of the outcome measurement evaluations.

The School Evaluation of Evidence-based Outcome Measurements should be a strategic planning process with a built-in feedback mechanism for curriculum improvement. The evaluation process is formal and consultative and must involve the internal and external participants forming the school’s community of interest.

Schools not meeting Criterion Levels set by their stakeholders will develop appropriate action plans to improve outcome success.

### Reporting of Evidence-Based Outcome Measurements

###### The school is required to bi-annually report to IERS its success in meeting or exceeding the expressed evidence-based outcomes, goals, and learning objectives of the curriculum. The report must also include an analysis of its evaluation instruments (including written and computerized examinations, clinical simulations and practicums, observational, survey, or attendance instruments. The validity and reliability of the instruments must be statistically analyzed and included in the bi-annual report. Results of the school’s assessment of its outcome data shall form the basis for the review and potential revision of the instructional plan. Based on the evaluation, changes in curriculum design, addition of resources, and budget support to improve the school’s achievement of educational outcomes must be included in the bi-annual report to IERS. Documentation of the effectiveness of changes in the school’s curriculum to improve outcomes must be monitored, evaluated, and reported to IERS.

Once the school meets the required outcome data requirements for areas of assessment and Criterion evidence-based outcome measures it may submit data for review and **FULL RECOGNITION**.

 All of the schools' outcome data will be published on the IERS website under the link for information about the school.

### 3. Example Outcome data:

e.g. 70% of graduates rate the school adequate to provide 4-year RC education.

 75% of graduates pass a comprehensive exam on all respiratory care skills required to practice respiratory care in the country of application.

 80% of graduates will be rated high on professionalism by their employers six months after graduation and obtaining employment as a full-time respiratory care practitioner.

 90% of graduates employed six months after graduation will be rated as having highly developed, smooth respiratory care psychomotor skills when performing patient care.

 After using the procedures suggested in Appendix B & by the site visit team, the sponsor will use the table below to list the outcomes selected to monitor and data collected thus far or dates planned for data collection.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Outcomes  | Thresholds set by Faculty  | Thresholds set by advisory committee  | Thresholds set by other stakeholders  | Achieved by all graduates and/or dates  | Percent +/- average thresholds  |
| **Type or paste outcomes here:**  | **Type or paste % of graduates:**   | **Type or paste % of graduates:**   | **Type or paste % of graduates:**   | **Type or paste % achieved by graduates:**   | **Type or paste % difference +/- :**   |

***Some of the data required in sections I, II, and III will be reviewed by the site visitors during their onsite visit, all data available before the site visit should be put into the above boxes as requested and sent as part of the application/recognition process. Those schools not requesting***



##  Selection Of Evidence Based Outcome Measurements

At some point in planning the curriculum, the school must establish a list of summative evidence-based outcome measurements to monitor as described above in the guidelines. These are the terminal or summative outcomes and competencies expected to be displayed by graduates of the school. In addition, the school in consultation with its stakeholders may wish to suggest examination performance, clinical evaluations from employers, and other appropriate data sources. The schools must monitor these outcomes on an annual basis (reporting bi-annually) and compare graduate performance to performance standards (referred to as criterion evidence-based outcome measures) set for each of the outcomes by the stakeholders.

## Procedure for Selecting the Evidence-Based Outcome Measurements

Develop a list of all the goals, objectives, competencies, and other outcomes as indicated above for school graduates. Configure the list into a survey and request the stakeholders to rank them by importance to establish the most important in each of the learning domains. If needed, have faculty modify the list to make sure they are measurable and appropriate for school graduates.

Resend the final list to all the stakeholders and allow them to modify, with deletions or additions to the final list. Do another round of ranking if needed to select the most important in each domain to monitor every year. Repeat the process until consensus is reached on the outcomes to measure.

## Criterion Evidence-based outcome measures Setting

After the above list is developed, the school must then determine the level of performance that will be required by graduates for each of the outcomes. It is this level of performance that the local stakeholders should establish to determine if the school is meeting community needs. These criterion evidence-based outcome measures, once established, will be monitored and the data revealed to the IERS Recognition Board, the stakeholders, and the public.

## Selection Of Evidence Based Outcome Measurement Performance Levels

The sponsor should take the final list of outcomes and criterion evidence-based outcome measures from above and resend it to faculty, advisory committee members, and others representing the stakeholders. These stakeholders should vote on the level of performance that should be demanded of graduates of the school to retain continued community support.

This list can then be averaged and grouped by each community of interest and presented to all for final debate and voting on the performance criterion evidence-based outcome measures the school will be evaluated on annually. Repeat the process until consensus is reached on the criterion evidence-based outcome measures to set for each outcome as a minimum standard for school and graduate performance.

**>>>>>>>>> End of School Recognition Application <<<<<<<<<**