

## Initial Programs (ITP)

### Measure 2 (Initial): Stakeholder involvement. (R5.3)

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**Standards Alignment:** This compendium, entitled *Stakeholder Involvement*, provides evidence to support:

#### **R5.3 Stakeholder Involvement**

The provider includes relevant internal (e.g., EPP administrators, faculty, staff, candidates) and external (e.g., alumni, practitioners, school and community partners, employers) stakeholders in program design, evaluation, and continuous improvement processes.

**Assurance of Alignment:** The alignment of evaluation measures and assessment tasks with CAEP standards, InTASC, relevant program-specific standards, and ISTE technology standards is overseen by the Director of the Office of Technology, Assessment, and Compliance (TAC), who also serves as the CAEP Coordinator. This process is conducted in close collaboration with Program Chairs and the Chair of Clinical Studies. The TAC Office ensures continued compliance with applicable Delaware state laws and policy regulations, including [Regulation 290](#) and [House Bill 143](#).

All standards and alignments are managed through the Watermark Student Learning & Licensure (SL&L) platform. The platform is maintained by the TAC Data Analyst and Administrative Coordinator, ensuring that updates to standards, program competencies, course content, or assessment tools are efficiently integrated and consistently applied across all programs.

### Evidence Overview

Wilmington University systematically engages both internal and external stakeholders in program design, evaluation, and continuous improvement processes. Stakeholder involvement is embedded within the Quality Assurance System (QAS) and supported through centralized coordination by the Office of Technology, Assessment, and Compliance (TAC). In alignment with Standard R5.2, stakeholder input is derived from multiple, validated data sources and interpreted through structured processes that ensure data are relevant, representative, and actionable.

Stakeholder engagement is not episodic but continuous and integrated across program operations, ensuring that data-driven decisions reflect both internal expertise and external professional expectations.

Evidence of stakeholder involvement is demonstrated through findings and actions documented across CAEP Standards 1–4, which are summarized and synthesized in this standard component to illustrate the EPP’s systematic approach to stakeholder-driven decision-making.

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#### **Internal Stakeholder Involvement**

Internal stakeholders, including Program Chairs, full-time and adjunct faculty, TAC, the Office of Clinical Studies, and candidates, play a central role in the analysis, interpretation, and use of data to inform program decisions.

Program Chairs and faculty engage in the systematic review of candidate performance data across CAEP Standards 1–3, including analysis of candidate proficiency, progression, and clinical performance, to identify trends and inform program improvements (R1.1–R1.4; R3.2–R3.3). These stakeholders use disaggregated data to identify trends, evaluate program effectiveness, and implement targeted improvements.

Candidate performance data are used to inform instructional adjustments, assessment revisions, and targeted support strategies. When candidates do not meet established proficiency thresholds, Program Chairs and faculty collaborate to implement structured intervention plans, ensuring candidate success and program accountability.

TAC provides centralized oversight of data collection, validation, aggregation, and reporting, ensuring consistency and integrity across all programs. TAC facilitates data access and supports stakeholders in translating findings into actionable program decisions, reinforcing alignment with the Quality Assurance System.

The Office of Clinical Studies collaborates with Program Chairs and faculty to ensure alignment between coursework and clinical expectations, supporting coherence across academic and field-based components of the program.

Candidates also serve as internal stakeholders through structured progression checkpoints, advising interactions, and performance-based feedback processes, where candidate data are used to inform individualized support plans and program improvements (R3.2).

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#### External Stakeholder Involvement

External stakeholders, including clinical partners, employers, completers, advisory structures, and the Delaware Department of Education (DDOE), provide critical input that informs program effectiveness and ensures alignment with professional expectations in P–12 settings.

Clinical partners (e.g., cooperating teachers, mentors, school leaders, and clinical supervisors) are actively engaged in the co-construction, implementation, and continuous improvement of clinical experiences, including shared responsibility for candidate evaluation, feedback on candidate performance in practice-based settings, and participation in the co-selection and preparation of clinical educators (R2.1–R2.3). As demonstrated in Standard 2, partnerships are formalized and structured to ensure shared responsibility for candidate preparation.

Employers provide external validation of program effectiveness through the Delaware Department of Education’s Educator/Supervisor Perception Survey, which captures employer perceptions of completer readiness across instructional, professional, and collaborative responsibilities in P–12 settings (R4.2). These data reflect employer perceptions of completer readiness across key domains of professional practice and are analyzed across multiple cycles to inform program improvements.

Completers contribute to program evaluation through the Delaware Department of Education’s Educator Perception Survey, which captures perceptions of preparation relevance and effectiveness and provides insight into how well program experiences translate to professional responsibilities in P–12 settings (R4.3). These data provide insight into how program experiences translate to professional responsibilities and are reviewed annually as part of the QAS.

The Delaware Department of Education serves as a key external partner by administering statewide surveys and providing performance data. While the EPP does not control survey administration, these data are incorporated into the QAS and interpreted alongside internal measures to ensure a comprehensive and triangulated evaluation of program effectiveness.

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#### Processes for Stakeholder Engagement

Stakeholder involvement is operationalized through structured, recurring processes that ensure systematic participation in data-driven decision-making across the EPP.

Internal stakeholders engage in program-level and EPP-wide data review processes, including scheduled program meetings, faculty discussions, and structured continuous improvement activities (e.g., Closing the Loop Day). These processes ensure that candidate performance and program outcomes are reviewed consistently across programs, standards, and cycles.

External stakeholder input is incorporated through formal mechanisms, including clinical evaluation systems, partnership agreements, and statewide employer and completer surveys. Clinical partners provide ongoing feedback through their roles in supervision and evaluation, while employer and completer survey data are analyzed across multiple cycles to ensure stability, representativeness, and meaningful interpretation.

These processes ensure that stakeholder engagement is systematic, continuous, and directly connected to program evaluation and improvement efforts, reinforcing alignment with the QAS (R5.1) and data quality expectations (R5.2).

These structured processes ensure that stakeholder input is systematically incorporated into program evaluation and decision-making, rather than considered in isolation.

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#### Evidence of Stakeholder Influence on Continuous Improvement

Evidence across multiple measures and cycles demonstrates that stakeholder input directly informs program decisions and results in measurable improvements.

- Employer feedback, collected through statewide surveys, identified areas where candidates required stronger preparation in key aspects of professional practice, resulting in enhancements to clinical expectations and programmatic adjustments aligned to workforce needs (R4.2).
- Clinical partner input and evaluation data, derived from candidate observations and clinical assessments, revealed variability in scoring practices across evaluators, leading to the implementation of targeted calibration training and strengthened expectations for clinical supervision (R2.2).
- Faculty and Program Chairs used candidate performance data, including assessment results and progression benchmarks, to identify areas of need and implement instructional and assessment modifications, including revisions to key assessments and targeted support strategies for candidates not meeting proficiency benchmarks (R1.1–R1.4; R3.2–R3.3).
- Completer feedback, collected through statewide perception surveys, provided insight into the relevance of program preparation, informing refinements to coursework and clinical experiences to better align with professional responsibilities encountered in P–12 settings (R4.3).

These examples demonstrate that stakeholder input is actively used to inform decisions and drive continuous improvement across programs.

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#### Use of Data for Improvement

Data collected through the Quality Assurance System are systematically analyzed and used to inform decision-making and continuous improvement across all initial licensure programs. Data are not collected for compliance purposes alone; rather, they are actively interpreted and translated into actionable insights that guide program development and refinement.

Findings from multiple measures are synthesized and reviewed through structured governance processes coordinated by TAC. These processes include program-level data analysis, faculty review, and EPP-wide data discussions (e.g., Closing the Loop processes), ensuring that data are consistently examined across programs and over time.

These processes ensure that:

- Data are used to identify strengths and areas for improvement.
- Decisions are grounded in evidence from multiple sources and measures.
- Program changes are implemented based on documented findings.
- Outcomes of changes are monitored across subsequent data cycles.

Examples of data-informed decision-making include program-level modifications to coursework, clinical experiences, and assessment practices based on analysis of candidate performance and stakeholder feedback.

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Below is a high-level view of some of the decisions that resulted in improvements.

**Table 1**  
Stakeholder Engagement and Impact

Stakeholder Group	Data Source / Input	Process / Engagement Point	Action Taken	Evidence of Impact
Employers	DDOE Employer Survey (R4.2)	Annual survey review; program meetings	Enhanced clinical expectations	Improved employer satisfaction trends
Completers	DDOE Completer Survey (R4.3)	Annual data review; QAS processes	Refined coursework and clinical alignment	Positive trends in completer perceptions
Clinical Partners	Clinical evaluations; partnership feedback (R2)	Ongoing supervision; calibration sessions	Implemented evaluator calibration training	Increased inter-rater agreement
Faculty / Program Chairs	Candidate performance data (R1, R3)	Program meetings; Closing the Loop Day	Revised assessments and targeted supports	Improved candidate performance outcomes
Candidates	Progression data; transition points (R3.2)	Advising and intervention processes	Developed individualized support plans	Increased successful progression rates

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#### Summary

Wilmington University demonstrates a comprehensive and systematic approach to stakeholder involvement that integrates internal and external perspectives into all aspects of program design, evaluation, and continuous improvement. Stakeholders are engaged through structured processes, and their input is consistently used to inform program decisions.

Through the coordinated efforts of Program Chairs, faculty, TAC, clinical partners, employers, completers, and state partners, the EPP ensures that data-driven decisions reflect both internal expertise and external professional expectations. Evidence across multiple standards and cycles demonstrates that stakeholder involvement is embedded within the Quality Assurance System and contributes to sustained program improvement.

These processes demonstrate that Wilmington University meets CAEP Standard R5.3 by ensuring that stakeholders are actively involved in meaningful, data-informed decision-making that results in continuous improvement of educator preparation program