

**Self-Study Standards Version 12.5**

**Checklist**

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| Standard I: Outcome-Based Education Framework & Environmental Support | | |
| **Yes** | **No** | **Key Element I-A: Outcome-Based Education Framework** |
|  |  | Program mission is aligned with the university mission and focus. |
|  |  | Program goals implement the program’s mission and promote each of the COAMFTE Developmental Competency Components. |
|  |  | Student Learning Outcomes (SLOs) have-selected targets on specific measures of student competencies. Assessment measures are according to the COAMFTE Standards glossary. |
|  |  | Graduate Achievement Data (see COAMFTE standards glossary) are collected and published. |
|  |  | The program has selected Communities of Interest (COIs) that provide formalized feedback into the program’s outcomes, effectiveness, and improvement. |
|  |  | **Key Element I-B: Plan for Assessing Outcome-Based Educational Achievement** |
|  |  | Description of how and by whom assessment data for Student Learning Outcomes and Graduate Achievement is collected and aggregated for review process. |
|  |  | Mechanisms for gathering input from Communities of Interest are included in the review process. |
|  |  | There is an assessment timeline. |
|  |  | Description of how the program data are used to review and revise program. |
|  |  | **Key Element I-C: Plan for Assessing Environmental Supports** |
|  |  | Narrative description of following resources included:   * fiscal and physical resources, * technological resources, * instructional and clinical resources, * academic resources and student support services |
|  |  | Program describes how the program ensures, assesses and reviews the diverse and inclusive learning environment. |
|  |  | Descriptions of formal complaint and grievance process. |
|  |  | Links for policies related to security of technological resources are included. |

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| Standard II: Program Leadership, Program Faculty, and Program Clinical Supervisors | | |
| **Yes** | **No** | **Key Element II-A: Program Leadership Qualifications and Effectiveness** |
|  |  | The program leader is a core faculty member who demonstrates professional identity as a Marriage and Family Therapist. |
|  |  | The program leader has oversight of the outcome-based education framework, assessment activities, curriculum, clinical training program, facilities, services, and the maintenance and enhancement of the program’s quality.   * Master’s degree programs: the program leader has or shares leadership responsibilities for the foundational curriculum and foundational practice component, is an AAMFT Approved Supervisor or AAMFT Supervisor Candidate. * Post-degree programs: the program leader is an AAMFT Approved Supervisor or Supervisor Candidate. * Doctoral degree programs: the program leader is an AAMFT Approved Supervisor unless the program has an AAMFT Approved Supervisor or Supervisor Candidate on the core faculty. |
|  |  | The program leader(s) engages in an established effectiveness review that supports further leadership development. |
|  |  | **Key Element II-B: Qualifications of Program Faculty and Program Clinical Supervisors** |
|  |  | Program faculty members and clinical supervisors are academically, professionally, and experientially qualified to fulfill their specific program responsibilities. |
|  |  | Program faculty and program clinical supervisors have expertise in their area(s) of teaching and/or supervisory responsibility and knowledge of their instructional modality. |
|  |  | Program clinical supervisor roles are distinguished from instructional faculty roles. |
|  |  | Description of how the program data are used to review and revise program. |
|  |  | 50% or more of core faculty, including the program leader(s) are qualified to provide MFT relational/systemic supervision as a program clinical supervisor. |
|  | | **Key Element II-C: Core Faculty and Program Clinical Supervisor Sufficiency** |
|  |  | Core faculty sufficiency is demonstrated by:   * core faculty-to-student FTE ratio of 1:15.   OR   * Alternative method of demonstrating faculty sufficiency is described. |
|  |  | Description of how program determines sufficiency of clinical supervisors. |
|  | | **Key Element II-D: Program Faculty Evaluation and Effectiveness** |
|  |  | Program has an established process for evaluation of faculty. |
|  |  | Evaluation process identifies evaluator, method, timeline, how data used to improve effectiveness if needed. |
|  |  | Faculty evaluations are completed and provided to faculty. |
|  | | **Key Element II-E: Program Clinical Supervisor Evaluation and Effectiveness** |
|  |  | Program has a process for evaluation of clinical supervisors. |
|  |  | Evaluation process identifies evaluator, method, timeline, how data used to improve effectiveness if needed. |
|  |  | Clinical Supervisor evaluations are completed and provided to the clinical supervisors. |

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| Standard III: Curriculum | | |
| **Yes** | **No** | **Key Element III-A - Curriculum Alignment and Monitoring** |
|  |  | Curriculum map aligns required program courses with COAMFTE Developmental Competency Components and student learning outcomes. |
|  |  | Course sequence is written out. |
|  |  | Tracking system is in place for monitoring student progress across the curriculum and practice components. |
|  |  | Governance process and procedures are written for designing, approving, implementing, reviewing, and changing the curriculum. |
|  | | **Key Element III-B - Foundational and Advanced Curricula** |
|  |  | Each foundational curriculum area or advanced curriculum area is addressed/mapped in the curriculum. |
|  |  | Post-degree programs can demonstrate student competence in foundational curriculum areas. |
|  |  | Doctoral degree programs can demonstrate student competence in the COAMFTE Developmental Competency Components. |
|  |  | Programs offering the foundational curriculum have an integrative/capstone experience. |
|  | | **Key Element III-C - Foundational Application Component** |
|  |  | Minimum of 300 direct clinical contact hours with individuals, couples, families, or other systems are accrued with at least 100 relational hours. |
|  |  | Description of how program determines sufficiency of clinical supervisors. |
|  |  | Minimum of 100 hours of MFT relational/systemic supervision from a program clinical supervisor on a regular and consistent basis while seeing clients. |
|  |  | Clinical supervision is compliant with relevant federal, state, and provincial regulatory requirements. |
|  |  | Program has formal agreements with practice sites that meet the standard. |
|  |  | Master's degree and post-degree meet the foundational practice component (FPC) for direct clinical contact hours. |
|  |  | Program’s curriculum, duration, focus, and intensity is consistent with its mission, goals, and student learning outcomes. |
|  | | **Key Element III-C - Advanced Application Component** |
|  |  | Doctoral programs have at least two areas of the advanced application component over a minimum of 9 months. |
|  |  | Post Degree Institutes have at least one area of the advanced application component over a minimum of 6 months. |
|  |  | Mentoring is provided in the advanced application component. |
|  | | **Key Element III-D - Experience with Diverse, Marginalized, and/or Underserved Communities** |
|  |  | Program provides experiences for students with diverse, marginalized, and/or underserved communities. |
|  | | **Key Element III-E - Program Transparency and Informed Acknowledgement** |
|  |  | Program has a student acknowledgement form of regulatory variance. |
|  |  | Program’s teletherapy and virtual supervision policies are compliant with relevant federal, state, or provincial regulatory requirements. |
|  | | **Key Element III-F - Curriculum/Practice Alignment with Communities of Interest** |
|  |  | Program is able to identify communities of interest (COI). |
|  |  | Program has a written timeline and procedure for requesting feedback from its COI. |
|  |  | Program can provide examples of how the COI review process has led to curriculum/practice improvement. |

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| Standard IV: Program Achievement and Improvement | | |
| **Yes** | **No** | **Key Element IV-A – Demonstrated Graduate Achievement and Improvement** |
|  |  | Graduate achievement data is collected and reviewed annually to guide maintenance of program effectiveness and/or program improvement. |
|  |  | Program’s GAD Table is displayed on their Program’s website. |
|  | | **Key Element IV-B: Demonstrated Achievement of Program Goals and Improvement** |
|  |  | Aggregated Student Learning Outcome data is presented and reviewed for meeting targets to guide maintenance of program effectiveness and/or program improvement. |
|  | | **Key Element IV-C – Review and Improvement of Environmental Supports** |
|  |  | Program has an assessment mechanism for collecting data and reviewing its physical, technology, telehealth and teletherapy (if applicable), instructional, clinical, student academic resources, student support services, and inclusive and diverse environment. |
|  |  | Program records and maintains meeting minutes/evidence that resource data were reviewed with COI and action items were determined as a result. |
|  | | **Key Element IV-D – Communication with Communities of Interest** |
|  |  | Program records and saves meeting minutes, emails, or other records of communication as evidence that COIs were involved the reviewing of assessment data and actions. |
|  |  | Communities of Interest have been informed of the results of changes and program improvements resulting from the assessment data. |