

Initial Programs (ITP) Measure 3 (Initial): Candidate Competency at Completion (R3.3)

Standards Alignment: This compendium, entitled *Competency at Completion*, provides evidence to support:

Component R3.3 Competency at Completion

The provider ensures candidates possess academic competency to teach effectively with positive impacts on diverse P-12 student learning and development through application of content knowledge, foundational pedagogical skills, and technology integration in the field(s) where certification is sought. Multiple measures are provided and data are disaggregated and analyzed based on race, ethnicity, and such other categories as may be relevant for the EPP's mission.

Assurance of Alignment: The alignment of evaluation measures and assessment tasks with CAEP standards, 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

CAEP Standard R3.3 requires the provider to verify that candidates demonstrate the knowledge, skills, professional dispositions, and readiness necessary to enter the education profession upon program completion. Wilmington University addresses this expectation through a systematic, evidence-based approach that confirms candidate competency at completion using multiple, triangulated measures, clearly defined proficiency thresholds, and disaggregated analyses by gender and enrollment status. Evidence presented for this component draws upon validated assessments and clinical evaluations documented across Standards R1, R2, and R3.2 and is interpreted through our Quality Assurance System (Standard R5).

I. Verification of Candidate Readiness at Completion

Wilmington University maintains clearly defined expectations to ensure that candidates are prepared to enter the education profession upon program completion. Candidates are required to demonstrate a minimum level of proficiency of **3.0 on a 4.0 rubric scale** on all key assessments aligned to program outcomes and professional standards. Proficiency is monitored systematically each academic term by the Office of Technology, Assessment, and Compliance (TAC) in collaboration with Program Chairs, including checkpoints prior to entry into student teaching or internship and again at program completion prior to recommendation for licensure.

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Candidates must successfully complete a sequenced set of **three practica and a culminating student teaching experience**, or a **year-long clinical residency**, with satisfactory evaluations from university supervisors and clinical mentors. Clinical experiences occur in diverse P–12 settings and require candidates to demonstrate effective instructional practice, professional dispositions, and readiness to assume full classroom responsibilities. In addition, candidates demonstrate competency through a **clinical portfolio** reflecting developmental progression from Initial (Beginning) to Intermediate (Developing) to Advanced (Mastery) levels and aligned with **CAEP Standards (2022)**, **InTASC Standards (2013)**, **ISTE Standards (2019)**, and **relevant program standards**.

As a condition for entry into student teaching or internship and for recommendation for licensure, candidates in programs leading to Delaware licensure must meet all state-adopted content assessment requirements, including achieving passing scores on applicable content readiness examinations as established by the Professional Standards Board in consultation with the Delaware Department of Education (DDOE) and with concurrence of the State Board. Successful completion of all program requirements, clinical experiences, assessments, and licensure prerequisites is required before Wilmington University formally recommends a candidate for licensure.

II. Evidence of Proficiency at Completion Across Required Domains

Evidence confirming candidate competency at completion is drawn from multiple sources documented under CAEP Standards R1.1–R1.4. Collectively, these measures verify that completers demonstrate proficiency in the following required areas:

- **Content Knowledge** (R1.2)
- **Pedagogical Knowledge and Skills** (R1.1, R1.3)
- **Critical Dispositions and Professional Responsibility** (R1.4)
- **Ability to Integrate Technology Effectively** (R1.1–R1.3; ISTE Standards)

Completion-level results consistently show that candidates meet or exceed the established proficiency benchmark by the Advanced (Mastery) stage of preparation. Performance on student teaching evaluations, summative clinical assessments, and aligned portfolios confirms that candidates can independently plan, implement, assess, and reflect on instruction in authentic classroom contexts.

Completion-stage proficiency is evidenced by Advanced (Mastery) stage results presented in Standard One compendia. In R1.1 The Learner and Learning, Advanced stage means consistently exceed **3.0**, confirming mastery of learner development, learning differences, and learning environments. In R1.2 Content, Advanced-stage results similarly exceed the 3.0 proficiency benchmark, demonstrating strong content mastery across programs. R1.3 Instructional Practice documents Advanced-stage instructional performance in the **mid-3.4 to 3.6 range**, validating candidates' ability to plan, implement, and assess instruction independently. Finally, R1.4 Professional Responsibility reports Advanced-stage outcomes above **3.4**, confirming candidates' readiness in professional dispositions, collaboration, leadership, and ethical practice.

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III. Clinical Validation of Effective Teaching and Positive Impact

Candidate readiness at completion is further validated through **culminating clinical experiences**, including student teaching and year-long residencies. During these experiences, candidates are evaluated using standardized, validated rubrics aligned to InTASC standards and state expectations. These evaluations require candidates to demonstrate effective instructional delivery, classroom management, assessment-informed decision-making, and responsiveness to diverse P–12 learners.

Evidence from summative clinical evaluations confirms that candidates consistently demonstrate effective teaching practices and positive impact on P–12 student learning and development **during preparation**, as evidenced by observed instructional effectiveness, student engagement, and professional conduct in clinical settings.

Specifically, summative student teaching and year-long residency evaluations show that candidates achieve mean [Delaware Teacher Growth and Support System \(DTGSS\)](#) rubric scores ranging from approximately 3.4 to 3.8, exceeding Wilmington University’s 3.0 proficiency benchmark. DTGSS is Delaware’s statewide educator evaluation framework used to assess instructional practice, classroom environment, and professional responsibilities during clinical teaching. These outcomes align with [PPAT Task 2–4 indicators](#) evaluate candidates’ planning, instruction, assessment, and reflective practice during student teaching.

IV. Triangulation of Evidence at Completion

Wilmington University verifies candidate competency at completion through triangulation of multiple evidence sources, including:

- **Wilmington University-created, validated rubric-based assessments** embedded in coursework and clinical experiences;
- **Student teaching and internship evaluations** completed by university supervisors and clinical mentors using state-aligned instruments;
- **State-adopted licensure and content readiness assessments** required for recommendation for licensure;
- **Dispositions and professional responsibility instruments** aligned to professional standards and assessed at completion; and
- **Technology integration measures** aligned with ISTE Standards and embedded across instructional practice and clinical assessments.

These measures are collected across multiple data cycles and evaluated collectively to ensure consistency, validity, and reliability. Triangulation across assessment types and settings provides strong confirmation that candidates are prepared for certification and entry into the profession.

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Together, these measures provide converging evidence that candidate performance at completion reflects consistent proficiency across content, pedagogy, professional responsibility, technology integration, and clinical effectiveness.

V. Disaggregation and Equity Review

Consistent with CAEP expectations, completion-level performance data are **disaggregated by gender and enrollment status** and reviewed annually as part of Wilmington University's Quality Assurance System. Analyses across programs indicate that candidates demonstrate **equitable outcomes at completion**, with no meaningful performance disparities identified between demographic subgroups.

Where minor variations occur, they are attributable to cohort size or assessment timing rather than systemic differences in preparation or support. Ongoing monitoring ensures that equity remains a focal point of program review and continuous improvement.

Disaggregated completion-level analyses by gender and enrollment status show consistent performance patterns across demographic subgroups. Advanced-stage mean rubric scores for all gender and enrollment groups fall above 3.0 proficiency benchmark, indicating equitable outcomes at program completion.

VI. Actions Taken When Concerns Are Identified

When individual candidates do not meet established progression or proficiency expectations at completion checkpoints, Wilmington University implements targeted, structured supports consistent with policies documented under CAEP Standard R3.2. These actions may include formal remediation plans developed collaboratively by program leadership and university stakeholders, additional clinical supervision, extended field experiences, or delayed recommendation for licensure until required competencies are demonstrated. In some cases, candidates may be placed on improvement plans addressing concerns such as academic performance, communication, or adherence to required program sequencing.

The Office of Technology, Assessment, and Compliance (TAC) oversees remediation monitoring through a centralized dashboard that captures candidate-level documentation submitted by faculty. Once a [remediation record](#) is initiated, faculty and program leadership update the record to document meetings, interventions, follow-up actions, and outcomes. This centralized system allows for consistent documentation, longitudinal tracking, and cross-program monitoring of remediation patterns and effectiveness.

This organized method, which has a plan for improvement, makes sure that help is purposeful, recorded, and tracked over time, allowing candidates to tackle their needs and reach important goals before moving on to advanced clinical practice.

Despite these supports, if a candidate fails to meet the required thresholds for progression into advanced clinical experiences, a recommendation for licensure may appropriately be delayed or denied in accordance with established policy. This demonstrates Wilmington University's use of evidence-based

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decision-making, documented intervention, and consistent enforcement of progression and completion standards to ensure candidate readiness and protect program integrity.

VII. Conclusions and Use of Evidence

Collectively, the evidence presented confirms that Wilmington University candidates demonstrate the required competencies at program completion and are prepared to enter the education profession. Completion-level assessments, summative clinical evaluations, and state-adopted licensure requirements are coherently aligned, systematically monitored at defined checkpoints, and equitably applied across programs.

Oversight through the Quality Assurance System (Standard R5) ensures that data used to verify candidate competency are valid, reliable, and reviewed across multiple cycles, with documented actions taken when candidates do not meet established expectations. Together, these findings provide compelling evidence that Wilmington University meets **CAEP Standard R3.3 – Competency at Completion**.

Data Analysis, Key Findings, and Continuous Improvement

Data used to verify candidate competency at completion are drawn from multiple, validated sources and analyzed across programs and cycles to ensure accuracy, consistency, and equity. Analyses focus specifically on **completion-level performance**, including Advanced (Mastery) stage rubric results, summative clinical evaluations, and licensure readiness checkpoints.

Candidate performance data from CAEP Standards R1.1–R1.4 demonstrate that candidates consistently meet or exceed the established **3.0 proficiency benchmark on a 4.0 rubric scale** at the point of program completion. These findings are corroborated by summative student teaching and residency evaluations documented under Standard R2.3, which confirm candidates' ability to independently plan, deliver, assess, and reflect on instruction in authentic P–12 classroom settings.

To examine equity, completion-level data are disaggregated by **gender and enrollment status** and reviewed annually through Wilmington University's Quality Assurance System. Across programs and cycles, analyses indicate comparable performance patterns across demographic subgroups, with no evidence of systemic disparities at completion. Minor variations in mean scores are attributable to cohort size or assessment timing rather than differences in preparation quality or access to supports.

Triangulation across Wilmington University-created assessments, clinical evaluations, dispositions instruments, and state-adopted licensure requirements provides converging evidence that candidates demonstrate consistent proficiency across content knowledge, pedagogical skills, professional responsibility, and technology integration at program completion.

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Key Findings

Analysis of completion-level data yields the following key findings:

- **Candidates consistently demonstrate competency at completion:** Across all initial licensure programs, candidates meet or exceed Wilmington University's established proficiency threshold at the Advanced (Mastery) stage, confirming readiness to enter the profession.
- **Clinical evaluations validate instructional effectiveness:** Summative student teaching and residency evaluations confirm that candidates demonstrate effective instructional practice, professional dispositions, and positive impact on P-12 student learning during preparation.
- **Multiple measures confirm readiness for licensure:** Converging evidence from rubric-based assessments, clinical evaluations, portfolios, and licensure requirements provides strong triangulation of candidate competency at completion.
- **Equitable outcomes are evident across demographic groups:** Disaggregated analyses by gender and enrollment status reveal no meaningful disparities in completion-level performance, indicating that program structures and supports promote equitable candidate outcomes.
- **Completion decisions are systematically monitored and verified:** Defined checkpoints prior to advanced clinical entry and at program completion ensure that only candidates who meet all academic, clinical, and licensure requirements are recommended for certification, with documented interventions implemented when expectations are not met.

Continuous Improvement

Findings from completion-level analyses are used intentionally to inform continuous improvement efforts across programs. Although results indicate strong and equitable candidate outcomes, Wilmington University has identified targeted areas for refinement to further strengthen preparation, monitoring, and support.

- Strengthening early-stage supports to ensure candidates enter clinical experiences with stronger foundational proficiency, thereby narrowing the performance gap between Initial and Advanced stages.
- Sustaining and expanding calibration efforts for faculty supervisors and clinical mentors to maintain consistency in scoring and shared understanding of proficiency expectations.
- Enhancing completion-level monitoring dashboards within the Quality Assurance System to allow for more rapid identification of individual candidate needs prior to licensure recommendation.
- Ongoing review of disaggregated outcomes by gender and enrollment status to ensure equity is maintained as program enrollments and delivery modalities evolve.

These actions are reviewed annually by the Office of Technology, Assessment, and Compliance in collaboration with Program Chairs and clinical leadership. Adjustments are documented and tracked through the Quality Assurance System to ensure that evidence from R3.3 directly informs program refinement and decision-making.