Higher Education Provider Response to the AASW Accreditation Assessment Panel Draft Final Report

Please complete this template reflecting the Provider response to the draft final report.

Social Work Program Title

Higher Education Provider Name

Date of Site Visit by Accreditation Panel

Name and position of person submitting the Provider response

Date of Provider response

Please note this is a confidential report which will only be shared with the AASW Accreditation team and AASW Accreditation Assessment Panel who conducted the assessment.

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Note any errors of fact identified in the AASW Accreditation Assessment Draft Final Report

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Please respond to the AASW Accreditation Assessment Draft Panel Report