IECA™ INDEPENDENT EDUCATIONAL CONSULTANTS ASSOCIATION

IECA MEMBERSHIP PULSE POLL

Practice Capacities

Analysis of Survey Results — 2026–2027 Cycle

Based on 717 member responses · Fielded August 2026

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1. Executive Summary

In August 2026, IECA fielded a practice-capacity pulse poll to take a real-time reading of the profession at the opening of the 2026–2027 application cycle. **717 members**, or approximately 25% of IECA membership, responded. This report presents the combined results, breakdowns by consultant type, membership category, and years in practice, tests of statistical significance between key groups, and a thematic analysis of the open-ended comments.

Headline findings

- **The field is stable in aggregate.** A plurality describe capacity as unchanged from last year (47%), and 57% remain open to new students while 42% are at or over capacity. On total students supported, growth (32%) and decline (30%) nearly offset.
- **Tenure is the dominant driver.** There is a strong, statistically significant gradient by years in practice ($p < 0.001$): consultants in their first five years are growing quickly (net +59 and +21), while those with 11+ years are flat-to-declining (net −15 and −21), largely because they are already at capacity.
- **Associate members are experiencing strong growth.** Associates report net growth in students (+19) and more open capacity; Professionals are slightly net-negative (−10) and more likely to be at or over capacity. The difference in student counts is highly significant ($p < 0.001$).
- **Practice area shapes capacity level, not its direction.** Consultant type is significantly related to current capacity level ($p < 0.01$) but *not* to the direction of year-over-year change ($p = 0.71$–0.94). Trends are consistent across College, Schools, Therapeutic, and Graduate practices.
- **Five themes dominate open comments:** affordability and ROI; a shifting, mixed market with compressed timelines; heightened anxiety and support needs; testing and application-requirement changes; and AI's expanding role.
- **The membership serves an estimated ~100,000 students.** Respondents (26.6% of members) reported ≈ 26,429 students in service; projected across the full ~2,800-member body by practice area, IECA members are supporting on the order of 100,000+ students currently (see Section 3.5).

The overarching story is a maturing profession in which newer entrants are building caseloads while established practices operate at a full, selective steady state — all against a backdrop of cost-conscious families and a rapidly changing admissions environment.

2. Methodology & Respondent Profile

The pulse poll was distributed to IECA members and collected 717 responses. Respondents answered single- and multi-select questions on membership category, primary practice area, years in practice, current capacity, year-over-year change in capacity and students supported, drivers of change, current caseload by grade level, and two open-ended questions. Item counts vary slightly because a small number of respondents skipped individual questions; each table below reports its own base (n).

Statistical significance is assessed with Pearson chi-square tests of independence on the relevant cross-tabulations. Where a group is small (notably Therapeutic and Graduate School consultants), expected cell counts fall below five; those results are reported but flagged as directional and should be read with caution. For the year-over-year change questions, robustness checks were run excluding the "first cycle / not applicable" responses so that comparisons reflect genuine change rather than differing shares of new entrants.

Who responded

Membership category (n = 714):

Membership category	Respondents	Share
Professional Member	415	58%
Associate Member	296	41%
Student Member	3	<1%

Primary area of practice (n = 715):

Primary practice area	Respondents	Share
College	646	90%
K–12 Schools	36	5%
Other	14	2%
Graduate School	10	1%
Therapeutic	9	1%

The sample is overwhelmingly college-focused (90%), consistent with IECA's membership. Because Therapeutic and Graduate School respondents number in the single digits, breakouts for those groups are indicative only.

Years in practice (n = 714):

Years practicing as an IEC	Respondents	Share
Less than 2 years	57	8%
2–5 years	179	25%
6–10 years	217	30%
11–20 years	209	29%
More than 20 years	52	7%

3. Combined Results (All Respondents)

3.1 Current practice capacity

A plurality of members (45%) have some capacity to take on new students, and another 13% have significant capacity — meaning **57% of the field remains open to new students**. On the other side, 35% are at capacity with a full roster and 7% are over capacity and maintaining a waitlist, for **42% at or beyond capacity**.

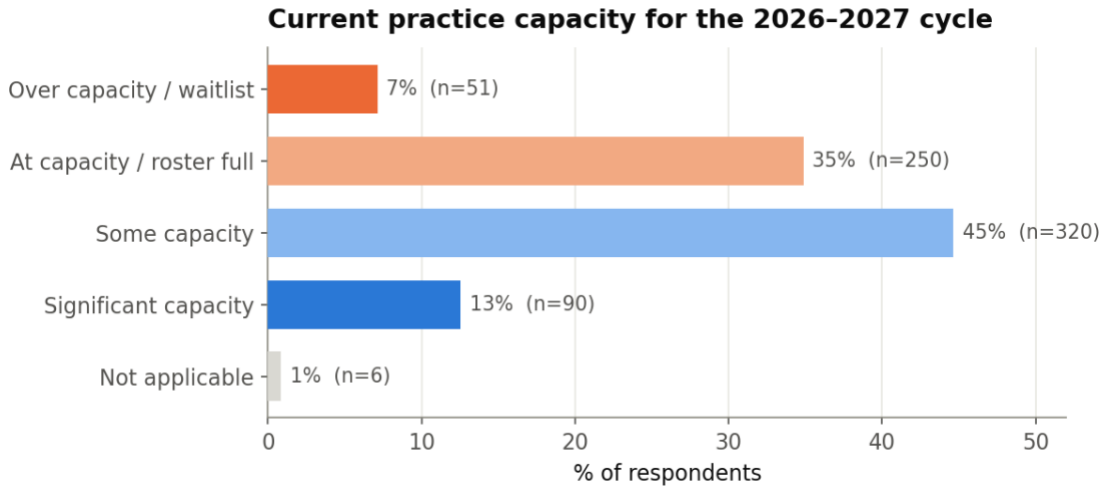


Figure. Current practice capacity for the 2026–2027 cycle (n = 717).

Current capacity	n	Share
Some capacity for new students	320	45%
At capacity / roster full	250	35%
Significant capacity for new students	90	13%
Over capacity / maintaining a waitlist	51	7%
Not applicable	6	1%

3.2 Change versus last year

Stability is the dominant note. On overall capacity, 47% report “about the same,” with more members reporting increases (28%) than decreases (22%). On total students supported, the picture is more evenly split: 32% report an increase and 30% a decrease, with 36% unchanged.

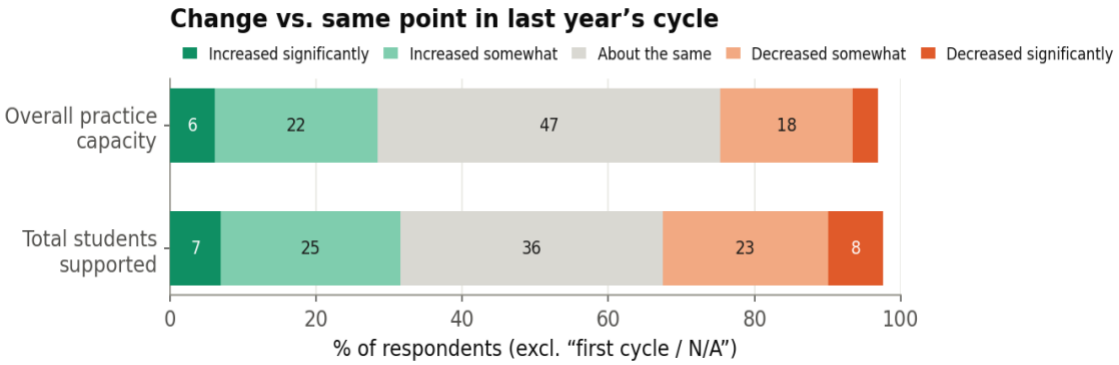


Figure. Direction of change vs. the same point in last year’s cycle (excludes “first cycle / N/A”).

Direction	Overall capacity	Total students
Increased significantly	6%	7%
Increased somewhat	22%	25%
About the same	47%	36%
Decreased somewhat	18%	23%
Decreased significantly	3%	8%
Net (increase – decrease)	**+7**	**+1**

Note: percentages exclude the small share (2–3%) reporting "this is my first cycle / not applicable."

3.3 Capacity change drivers

Asked what drove any change (multi-select), the most common answer was simply **no change** (199 members), followed by **a change in demand or inquiries** (148). Deliberate growth (91) modestly outpaced deliberate scaling-back (72), and changes in personal availability (80) were also prominent. Staffing and fee changes were comparatively minor factors.

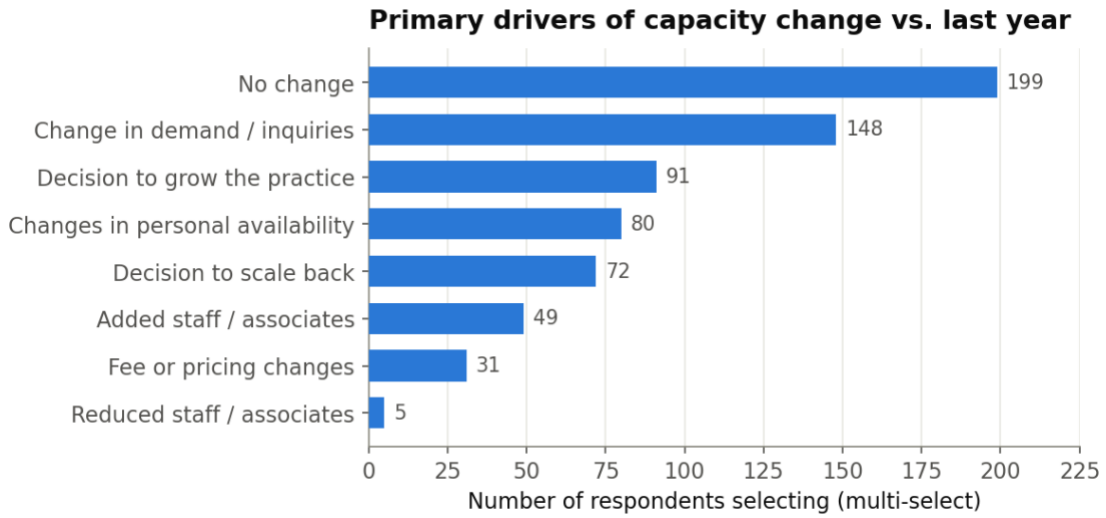


Figure. Primary drivers of capacity change vs. last year (multi-select; count of respondents).

3.4 Caseload by grade level

Reported caseloads are heavily concentrated in the final two years of high school: **Grade 12 (≈12,600 students) and Grade 11 (≈7,100)** together account for roughly three-quarters of all students supported. Volume falls off sharply below Grade 10, though a meaningful minority of members work with middle-school and undergraduate/graduate students — an important base for the "earlier engagement" trend discussed in Section 6.

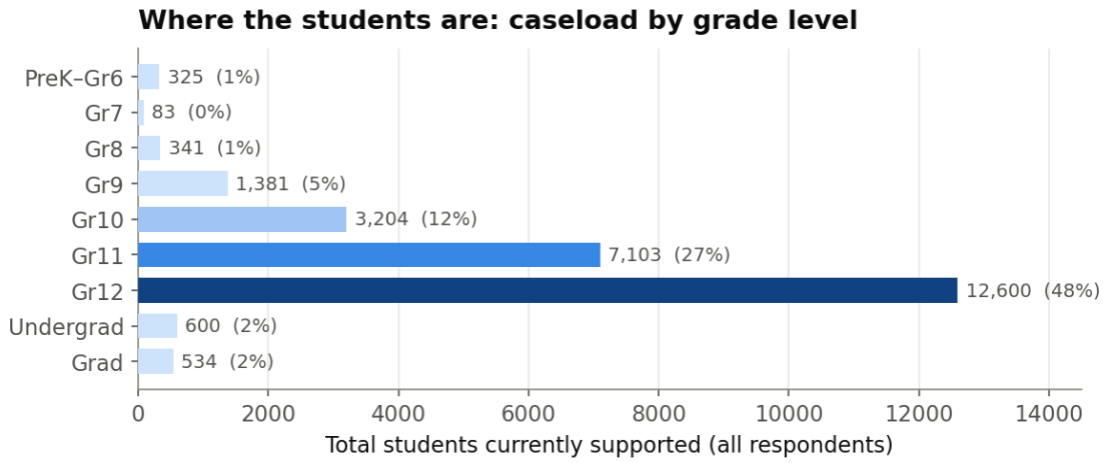


Figure. Total students currently supported by grade level, summed across all respondents.

3.5 Projected total students served across the membership

The 717 respondents represent about **26% of IECA's members**. Together they reported serving **≈ 26,429 students** at the time of the poll (summed across all grade levels), for an average caseload of **about 37 students per member** among the 702 respondents who provided caseload figures. Scaling this to the full membership yields an estimate of roughly **100,000 students currently being served by IECA members**.

Because caseloads differ by practice area, the projection is built up **by consultant type** rather than by a single blanket multiplier — holding each type's share of the sample constant across the full membership. For each area we take the average caseload among responding members, project that area's share of 2,700 members, and multiply; summing across areas gives the total.

Practice area	Share of members	Est. members (of 2,700)	Avg. caseload	Projected students
College	90.3%	2,439	38.7	94,300
K–12 Schools	5.0%	136	26.2	3,560
Graduate School	1.4%	38	33.9	1,280
Therapeutic	1.3%	34	28.3	960
Other	2.0%	53	26.9	1,420
Total	**100%**	**≈ 2,700**	**—**	**≈ 101,500**

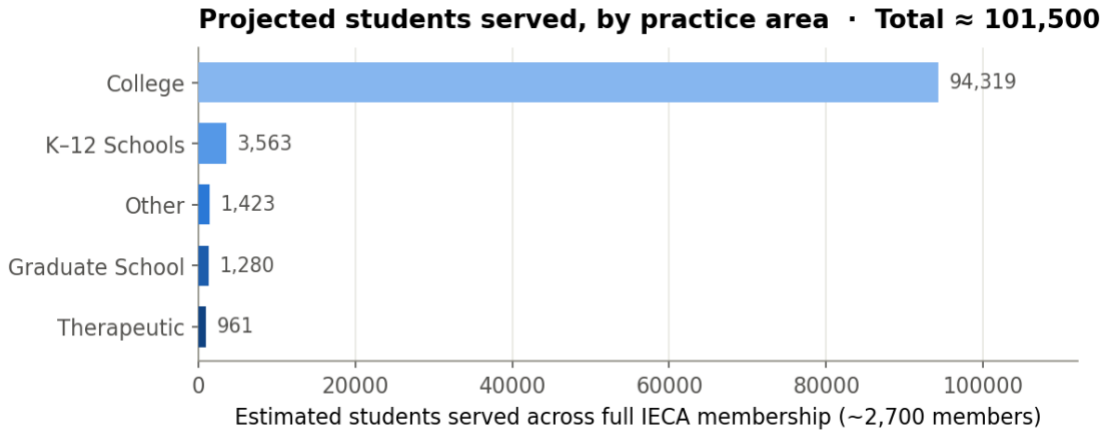


Figure. Projected students served across the full membership, by practice area (stratified estimate).

How to read this estimate. The stratified method gives ≈ 101,500 students; a simpler approach — scaling the sample's 26,429 students up by the same 3.77× factor — gives ≈ 99,500. Both converge on **approximately 100,000 students**, a reassuringly narrow range. Three caveats apply: counts are self-reported approximations; the projection assumes non-responding members resemble responders; and, critically, the poll was taken in August at the *opening* of the cycle, so this is best read as an early-season *floor* that will rise as rosters fill through the fall.

4. Results by Consultant Type

This section breaks the core measures out by primary practice area. **Interpret the Therapeutic (n = 9) and Graduate School (n = 10) columns as directional only**; they are shown for completeness but are too small for reliable estimates. College (n = 646) and, to a lesser degree, K–12 Schools (n = 36) support firmer reading.

4.1 Current capacity by practice area

College consultants are the most likely to be at or over capacity (45% combined). Schools and Therapeutic consultants report notably more open capacity — for example, 28% of Schools consultants and 44% of Therapeutic consultants report significant capacity for new students, versus 11% of College consultants.

Current capacity	College	K–12 Schools	Therapeutic	Grad	Other
Over capacity / waitlist	8%	3%	0%	0%	0%
At capacity / full	37%	11%	22%	20%	29%
Some capacity	43%	58%	33%	60%	57%
Significant capacity	11%	28%	44%	20%	14%
Base (n)	**646**	**36**	**9**	**10**	**14**

4.2 Change in total students by practice area

The direction of year-over-year change is broadly similar across practice areas — a point confirmed statistically in Section 5.3. Using a net index (% increased minus % decreased, excluding first-cycle respondents), College sits near flat (+1) and K–12 Schools slightly positive (+29), while the very small Therapeutic, Graduate, and Other groups skew negative. Given their bases, the latter should not be over-read.

Practice area	Increased	About same	Decreased	Net index	Base (n)
College	32%	37%	31%	**+1**	629
K–12 Schools	44%	41%	15%	**+29**	34
Therapeutic	22%	33%	44%	**–22**	9
Graduate School	20%	30%	50%	**–30**	10
Other	21%	36%	43%	**–21**	14

Values exclude "first cycle / not applicable." Net index = % reporting any increase − % reporting any decrease.

5. Statistical Analysis of Group Differences

This section formally tests whether responses differ by membership category, years in practice, and consultant type. Each subsection reports the chi-square statistic, degrees of freedom, and p-value; $p < 0.05$ indicates a statistically significant difference. A summary table appears at the end of the section.

5.1 Associate vs. Professional members

Membership category is significantly associated with both current capacity and the change in total students supported.

Current capacity

Professional members are more likely to be at or over capacity (46% combined vs. 36% of Associates), while Associates are twice as likely to report significant open capacity (18% vs. 9%). The difference is significant: **$\chi^2(4) = 22.7$, $p = 0.0001$**.

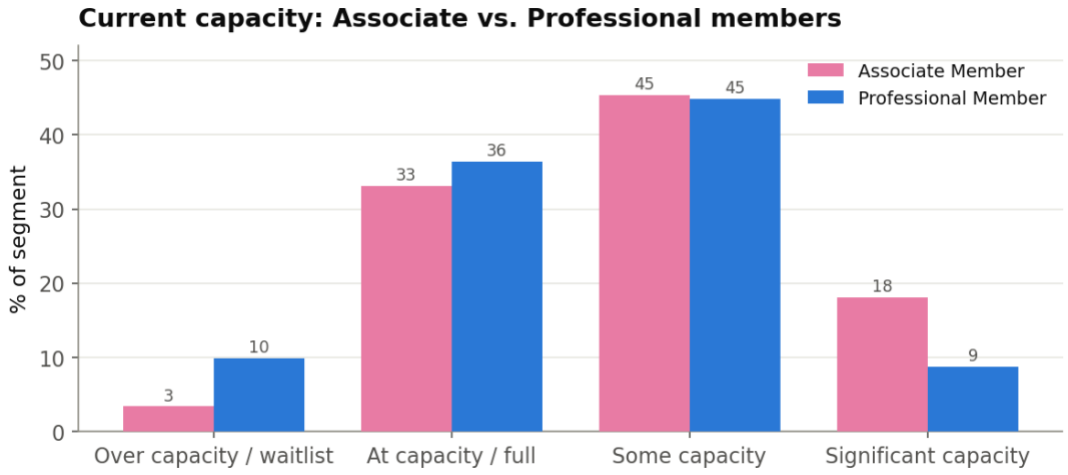


Figure. Current capacity distribution, Associate vs. Professional members.

Total students vs. last year

This is the sharpest membership difference. Associates report net growth (+19), Professionals a net decline (−10). The gap is large and robust — it holds even after excluding first-cycle respondents: **$\chi^2(4) = 27.9$, $p < 0.0001$**.

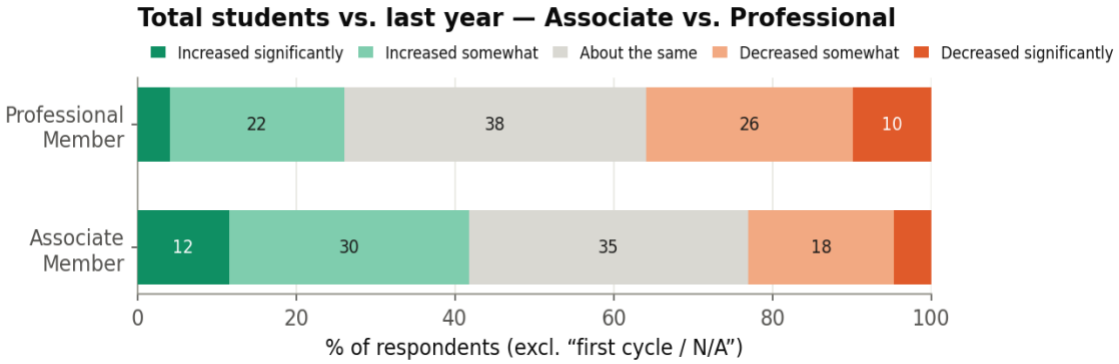


Figure. Change in total students supported, Associate vs. Professional (excl. first-cycle).

Overall capacity vs. last year

The unadjusted comparison is significant, but much of that difference is driven by the higher share of first-cycle newcomers among Associates. After excluding first-cycle respondents the difference narrows to non-significance (**$\chi^2(4) = 8.1$, $p = 0.090$**). We therefore treat the robust membership effect as being on *students actually supported*, not on members' subjective sense of capacity.

5.2 By years in practice

Years in practice produces the strongest and most consistent differences in the entire survey. Every capacity measure varies significantly by tenure, in a clear monotonic gradient.

- **Current capacity:** newer consultants have far more open capacity (37% of those under 2 years report significant capacity vs. 6% at 6–10 years), while mid-career consultants are the most likely to be at or over capacity. $\chi^2(16) = 81.2$, $p < 0.0001$.
- **Overall capacity change:** $\chi^2(16) = 37.7$, $p = 0.0017$ (excluding first-cycle).
- **Total students change:** $\chi^2(16) = 64.3$, $p < 0.0001$ (excluding first-cycle).

The net-growth gradient is striking: from **+59 for consultants under two years to −21 for those over twenty** — a 80-point swing. Newer members are actively building caseloads; established members, already full, are holding steady or becoming more selective.

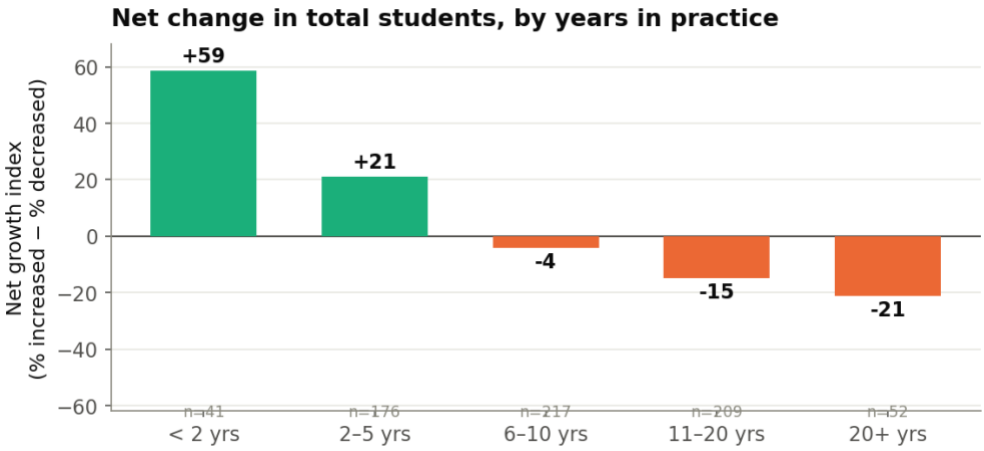


Figure. Net change in total students supported, by years in practice (excl. first-cycle).

5.3 By consultant type (College, Schools, Therapeutic)

Comparing the three named practice types, the results split cleanly:

- **Current capacity level differs significantly.** Schools and Therapeutic consultants report more open capacity than College consultants: $\chi^2(8) = 26.5$, $p = 0.0009$ (small-cell caution applies).
- **The direction of change does not differ significantly.** Neither year-over-year capacity change ($p = 0.58$) nor change in total students ($p = 0.77$) varies significantly by practice type. Across all five areas the pattern is the same ($p = 0.71$ and $p = 0.94$ respectively).

Interpretation: what a member's practice area predicts is their *baseline capacity posture* — how full they tend to run — not whether they are growing or shrinking this year. The growth/consolidation story is driven by tenure and membership stage, and cuts across practice areas.

5.4 Summary of significance tests

Comparison	Measure	Test	p-value	Significant?
Assoc. vs Prof.	Current capacity	$\chi^2(4)=22.7$	0.0001	**Yes**
Assoc. vs Prof.	Students vs last yr	$\chi^2(4)=27.9$	<0.0001	**Yes**
Assoc. vs Prof.	Capacity vs last yr	$\chi^2(4)=8.1$	0.090	**No**
Years in practice	Current capacity	$\chi^2(16)=81.2$	<0.0001	**Yes**
Years in practice	Capacity vs last yr	$\chi^2(16)=37.7$	0.0017	**Yes**
Years in practice	Students vs last yr	$\chi^2(16)=64.3$	<0.0001	**Yes**
Consultant type	Current capacity	$\chi^2(8)=26.5$	0.0009	**Yes**
Consultant type	Capacity vs last yr	$\chi^2(10)=8.5$	0.58	**No**
Consultant type	Students vs last yr	$\chi^2(10)=6.5$	0.77	**No**

Change-question tests exclude "first cycle / not applicable." Consultant-type tests compare College, K–12 Schools, and Therapeutic; small expected counts in the latter two warrant caution.

6. Themes in Members' Open-Ended Comments

Two open-ended questions invited members to describe trends they are observing (437 comments) and to share anything else for IECA to consider (176 comments). Comments were categorized by recurring topic; because a single comment often touches several topics, the counts below overlap. Five themes account for the large majority of substantive remarks.

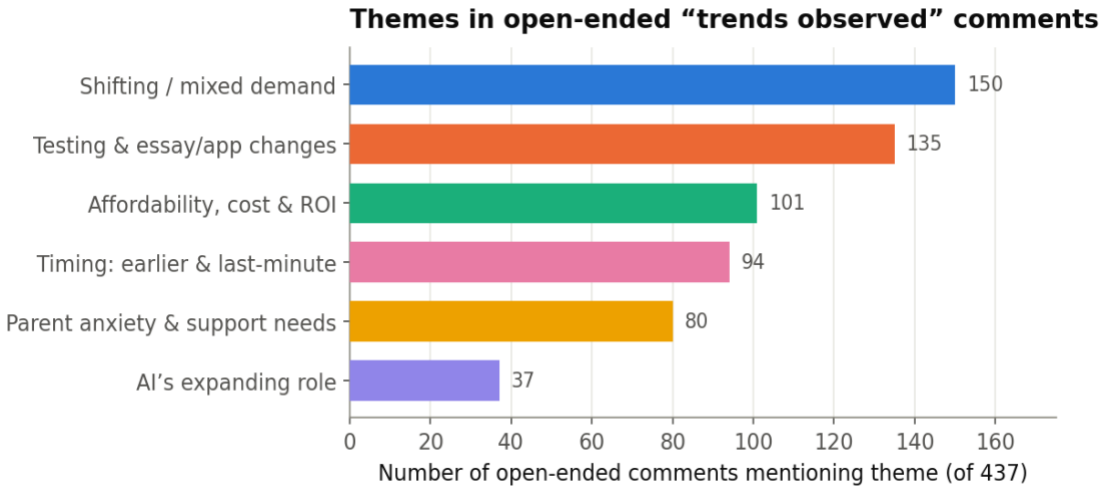


Figure. Frequency of themes across 437 "trends observed" comments (comments may touch multiple themes).

Theme 1 — Affordability, cost, and return on investment

The most frequently raised theme (roughly one in four comments). Families are increasingly cost-conscious, bringing merit- and financial-aid questions into the conversation earlier and weighing the value of both a college degree and consulting services. Several members note pushback on fees and rising interest in à la carte or hourly engagements over comprehensive packages.

> *"Most families in my area are increasingly concerned about affordability and the overall return on investment of a college education. Cost is becoming an important part of the college-list conversation much earlier in the process."*
>
> *"Fewer families are committing to college advising. Many cite cost concerns, and want the flexibility of à la carte."*

Theme 2 — A shifting, mixed market and compressed timelines

Demand signals point in both directions: many members report more inquiries and growth, while others describe fewer inquiries and slower sign-ons. Alongside this, timelines are compressing at both ends — families reaching out earlier (middle school, 9th–10th grade) even as senior inquiries arrive later and more last-minute. Earlier Early Action/Decision and rolling deadlines are cited as intensifying the August–October crunch.

> *"Families want to apply earlier … Younger families, reaching out 9th or 10th grade versus 11th."*
>
> *"Quiet rolling decision timelines and earlier EA deadlines … The collapsed timelines absolutely impact my availability to serve students (huge crunch Aug–Oct that used to be spread into later months)."*

Theme 3 — Heightened anxiety and greater student-support needs

Members describe more anxious families, more highly involved parents, and students needing additional support with executive functioning, deadlines, and realistic expectations. A number flag acute student mental-health concerns as an emerging pressure on their work.

> *"Students needing more support with meeting deadlines / executive functioning, and parents who … appear to be intimately involved in their academics overall, including the college essay process."*
>
> *"Extreme mental health concerns for students and their families that need immediate attention."*

Theme 4 — Testing rebound and evolving application requirements

A substantial share of comments reference the return of standardized testing and test prep, continued movement around test-optional policies, and shifting supplemental-essay requirements — including colleges dropping supplements, adding EA/ED/rolling options, and rumored post-portal essays. For some, this means more test-prep demand; for others, less essay work.

> *"Many colleges not requiring supplements; more colleges offering EA and ED or Rolling."*

Theme 5 — AI's expanding role

Members increasingly see AI shaping the landscape — from families using AI to build college lists and draft essays, to AI self-help tools competing with consultants for DIY families, to broader questions about how AI affects the value of a degree. While cited in a smaller share of comments today, it is clearly a rising concern.

> *"I think AI has eaten into my business. I work with many DIY families … We are competing with AI self-help."*

Also worth noting: what members asked of IECA

The second open-ended question surfaced three recurring requests that are useful signals for IECA: interest in **peer benchmarking** (how do my numbers and my hourly-vs-comprehensive model compare to others?); candid mentions of **consultant burnout** and a wish to know whether colleagues feel the same; and observations about **international and boarding-school trends**, including softening demand from international families amid visa and policy uncertainty.

> *"Maybe a poll on burnout after the pandemic. I'm definitely feeling it … Is anyone else?"*

7. Key Takeaways for IECA Members

- **Benchmark against your stage.** If you are newer, rapid growth and open capacity are the norm. If you are established, running at or over capacity and seeing flat or slightly lower numbers is typical and healthy.
- **A softer or later start is common this year.** Many members report later inquiries and mixed demand. A slow August does not necessarily signal a down year; several noted rosters that filled later than usual.
- **Lead with value on cost conversations.** Families are more price-sensitive and ROI-focused. Being ready to discuss merit and financial aid early, and to offer flexible (hourly/à la carte) options, meets a clearly expressed market need.
- **Plan for a compressed fall.** Earlier EA/ED deadlines and last-minute seniors concentrate work into August–October. Building capacity buffers and clear onboarding cutoffs protects both service quality and your own well-being.
- **Develop an AI stance.** DIY families are using AI tools. Clarifying what an experienced consultant adds beyond AI is becoming part of the value proposition.
- **Watch your own capacity and well-being.** Burnout surfaced repeatedly among established members. Waitlists, referrals, rate adjustments, and associate support are legitimate tools for running a sustainable practice.

Appendix. Notes on Method

- **Base:** 717 total responses; item-level bases vary and are reported per table. Two responses were flagged in the source data (rq_flag); results are essentially unchanged whether or not they are included.
- **Tests:** Pearson chi-square tests of independence on the full response distribution for each cross-tabulation. For change questions, the "first cycle / not applicable" category is excluded so comparisons reflect change among established practices.
- **Small groups:** Therapeutic (n = 9), Graduate School (n = 10), and Other (n = 14) fall below the threshold for reliable inference; their figures are directional. K–12 Schools (n = 36) supports cautious reading. College (n = 646) is robust.
- **Net index:** a descriptive summary equal to the percentage reporting any increase minus the percentage reporting any decrease, useful for comparing direction across segments independent of the "about the same" share.
- **Open-ended coding:** comments were categorized by keyword and topic into recurring themes; a comment may contribute to multiple themes, so theme counts sum to more than the number of comments.