**Materials Provided On-Site Form**

**Listing For Use During SSR On-Site** **(March 2025)**

**Program:** In the PROVIDED column, identify the file name and, if applicable, the location of each document. If not providing an item, indicate in the Program Provided column: **NA** if not applicable for your program.

**Review team:** In TEAM REVIEWED column, indicate with an “**X**” if reviewed, **NR** if not reviewed, **NA** if not applicable or **NF** if not found. For **NF,** include a comment under the applicable element.

**Programs are responsible for ensuring virtual/electronic access to** **required visit materials listed below, at least 14 calendar days prior to the start of the scheduled visit.** **This will allow team members to review documents** **prior to the visit.** **New or additional materials should only be provided if requested by the team. The Materials Required List must be provided when the team is given access to the materials.**

Possible options for sharing documents include, but are not limited to, a learning management system and an online secure document sharing platform.

Confidential documents that cannot be shared virtually, such as student and faculty files, need to be noted on the Materials Provided On-site form and will need to be available during the on-site visit.

Documents that may be too large to share virtually, such as clinical contracts, can have samples included in the virtual submission of documents to the team members. The entire set of confidential files and large documents will then be reviewed during the on-site visit.

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| **Row** | **Element(s)** | **SSR Materials Provided On-site for PT Programs (March 2025)** | **PROGRAM PROVIDED: Indicate file name and, if applicable, folder name, see instructions if not provided** | **TEAM REVIEWED** |
| **1** | **1C2** | FSBPT, or appropriate licensing agency, reports on performance of program graduates on the licensing exam |  |  |
| **2** | **2A** | Minutes of meetings in which program strategic planning is discussed |  |  |
| **3** | **2B, 2C, 2D1, 2D2, 2D3, 2D4, 2D5, 2D6, 2D7, 2D8,** | Meeting minutes where assessment data and subsequent actions discussed  |  |  |
| **4** | **2C, 2D1, 2D2, 2D3, 2D4, 2D5, 2D6, 2D7, 2D8, 2D9, 2E** | Summary of assessment data collected in the last four years |  |  |
| **5** | **2D4** | Data demonstrating each student who completed the program within the last year demonstrated entry-level performance by the end of their last clinical experience |  |  |
| **6** | **2D6** | Job descriptions of secretarial/administrative and technical support staff, if available |  |  |
| **7** | **2D6** | If the program uses rented facilities, provide a copy of the written agreement |  |  |
| **8** | **2D6** | If the program uses loaned equipment or uses equipment at facilities other than at the institution and, if there are written agreements for use of this equipment, provide a copy of the written agreement |  |  |
| **9** | **2D6** | Inventory list of equipment |  |  |
| **10** | **2D6** | List of equipment borrowed/loaned or used off-site |  |  |
| **11** | **2D6, 6D**  | List of the library resources related to program needs for both program faculty and students. |  |  |
| **12** | **2D8, 2D9** | List of clinical education sites that have accepted at least one student annually in the last four years |  |  |
| **13** | **2D8, 6D**  | Compiled data of available sites for current academic year based on annual clinical experience requests |  |  |
| **14** | **2D9** | Provide a current (unexpired) written agreement for all active clinical sites. (Active clinical sites are those sites the program expects to use for students currently enrolled in the program.) |  |  |
| **15** | **2E** | Minutes of meetings in which curriculum evaluation, including clinical education, is addressed |  |  |
| **16** | **3A** | Copy of authorization(s) to provide post-secondary education and the professional physical therapy program (PT Programs) |  |  |
| **17** | **3B** | Copy of cover letter of most recent institutional accreditation action. If the institution’s accreditation status is other than full accreditation, provide a copy of the most recent accrediting agency report on the institutional accreditation status. |  |  |
| **18** | **3C, 3E** | Collective Bargaining Agreement or Union Contract, if applicable |  |  |
| **19** | **3F** | Copy of state authorizations for clinical education experiences that occur out of state |  |  |
| **20** | **3G** | Records of complaints, if any |  |  |
| **21** | **4A, 4E**  | Faculty and course evaluations for core faculty, which may be redacted |  |  |
| **22** | **4A, 4D****6D, 6F, 6G, 6H, & 7D**  | **For each course**, provide: * two different samples of course materials, including but not limited to: assignments, class activities (role playing, group discussions, discussion boards, etc.), lecture outlines, PowerPoint presentations, handouts, lab activities.
* two different examples (excluding those appended to the SSR) of evaluation mechanisms used by the program to measure students’ achievement of course objectives, including but not limited to: skill checks, practical exams, assignments, and the corresponding grading rubrics for each example
 |  |  |
| **23** | **4A, 4G, 4K** | Evidence of an active, unencumbered PT license in any United States jurisdiction and is in compliance with the state practice act in the jurisdiction where the program is located. For CAPTE-accredited programs outside the United States, core faculty who are PTs are licensed or regulated in accordance with their country's regulations. |  |  |
| **24** | **4D, 4F**  | If associated faculty are utilized, faculty and course evaluations for associated faculty, which may be redacted |  |  |
| **25** | **4E**  | At least two examples of completed core faculty development plans, which may be redacted |  |  |
| **26** | **4F** | If applicable, an example of completed associated faculty development plans, which may be redacted |  |  |
| **27** | **4H** | Evaluations of the program director |  |  |
| **28** | **4I**  | Program budget documents |  |  |
| **29** | **4L** | Evaluations of the clinical education coordinator(s) from multiple sources (e.g., students, clinical education faculty) |  |  |
| **30** | **4L**  | List of clinical faculty development that has occurred within the last three years |  |  |
| **31** | **4L** | Sample communications within the last year between the clinical education coordinator(s) and the clinical sites and between the ACCE/DCE and the students |  |  |
| **32** | **4L**  | Sample completed tool(s) used within the last year to assess student performance during clinical experiences |  |  |
| **33** | **4N** | Minutes of meetings at which academic regulations are discussed |  |  |
| **34** | **4O** | Minutes of meetings prior to student engagement in clinical education where the core faculty determine the:• expectations for safety in student performance; and• list of skills in which students are expected to be able to perform safely and competently |  |  |
| **35** | **4O**  | Two sample graded practical exam rubrics for each course that includes the practice of clinical skills |  |  |
| **36** | **4P** | Examples of completed tools used to evaluate clinical teaching effectiveness of CIs |  |  |
| **37** | **4P** | Summary data of clinical education faculty assessments |  |  |
| **38** | **4P** | Summary of data collected about the qualifications of the clinical education faculty (e.g., years of experience, specialist certification, or other characteristics expected by the program) for the clinical education faculty in the active clinical education sites |  |  |
| **39** | **5B** | Financial Aid Brochure, if one exists |  |  |
| **40** | **5E** | If an enrollment agreement is used, provide signed enrollment agreements for ALL enrolled students; provide by cohort in alpha order by last name of student. Provide an alpha list, by cohort, of the last name of all students enrolled in the program. |  |  |
| **41** | **6A** | If there is a state-mandated curriculum plan, provide a copy |  |  |
| **42** | **6D, 7A, 7B, 7C, 7D** | Examples of teaching materials that support instructional methods described in narrative |  |  |
| **43** | **6D**  | Comprehensive exam at end of program or comprehensive exams administered at different points in the program, if given |  |  |
| **44** | **6G** | Sample evaluations of courses and faculty for distance education courses, which may be redacted |  |  |
| **45** | **6H** | Clinical education files for clinical sites used, or planned to be used, by currently enrolled students. At a minimum, clinical education files are expected to include a current Clinical Site Information Form or equivalent data and student evaluations of clinical experiences |  |  |
| Use lines, as needed | **Document Reviewers’ Requests****(INCLUDE THE STANDARD AND REQUIRED ELEMENT** | Brief description of item | File name |  |
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