

SITE VISIT REPORT

Sponsoring Institution:

Program Number:

Program Location:

Site Visit Date:

**Names of the Site Visit Team
Members:**

Team Captain: (include credentials)

Team Member: (include credentials)

Team Member or Observer: (include credentials)

INSTRUCTIONS TO SITE VISIT TEAM

1. Red highlighted rows are section headings.
2. For each element of each Standard, based on evidence presented, indicate the degree to which the element meets the Standards as:
 - **Met** – there is sufficient evidence to demonstrate the program meets the minimum requirement of the element of the Standard.
 - **Not Met** – the program has either:
 - not demonstrated to meet the element of the Standard and/or
 - there is evidence to show the program is in violation of the element of the Standard OR
 - a portion of the element of the Standard is adequate, but a portion of the element does not meet the Standard.
 - The team must write a Rationale to document the basis for this finding.
3. Check the evidence presented. (Not all evidence listed for a given Standard is required to consider it “Met”.)
4. Provide a detailed rationale if a *Standard* is marked as Not Met. The team must state the reason(s) as to why the element of the Standard is not in compliance.
5. Examples listed in the evidence column are common ways the Standards may be demonstrated as “Met”. Other mechanisms may be acceptable, and if present, describe in the Rationale/Comments column.
6. Notes to the site visit team to determine if the Standard or which element of the Standard might apply to the program appears in **green**. These notes may be deleted before the Official Site Visit Report is sent to the program.
7. In the section at the end of this report, respond to the questions/comments contained in the Executive Analysis of the self study report.
8. Email Site Visit Report to YMeding@RESNA.org.

For Questions, contact Mary Goldberg 717-314-3684

*This is an **UNOFFICIAL** copy of the report, and the summary of findings pages of the report should be left with the Program Director. The Program will receive an **OFFICIAL** copy of the Site Visit Report and a Findings Letter within 30 days of the site visit. The Findings Letter will be the official document listing the strengths, citations, and recommendations the program must respond to for factual accuracy.*

Unofficial

FINDINGS

Standard Reference	Standard	Not Met	Met	Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
I. Sponsorship					
A. Sponsoring Institution					
I.A.1.	Post-secondary institution accredited by an institutional accreditor			<input type="checkbox"/> Institution website <input type="checkbox"/> Accreditation documents	
I.A.2.	Foreign post-secondary academic institution			<input type="checkbox"/> Institution website <input type="checkbox"/> Accreditation from foreign accreditor	
I.A.3.	Hospital, Clinical or Medical Center			<input type="checkbox"/> Hospital or health centre accreditation	
I.A.4.	Branch of US Armed Forces or Canadian Armed Forces				
B. Consortium Sponsor					
I.B.1.	Entity consisting of 2 or more members with at least one member meets I.A. <i>If program is a consortium, then the site visit team must complete and submit the Consortium Addendum.</i>			<input type="checkbox"/> Verification of I.A eligibility	
I.B.2.	Clearly documented with a formal affiliation agreement or memorandum of understanding, including governance and lines of authority			<input type="checkbox"/> Affiliation agreement or Memorandum of Understanding	
CT. Responsibilities of Sponsor					
I.C.	Assure provisions of <i>Standards</i> are met.				
II. Program Goals					
A. Program Goals and Outcomes					
II.A.	Written statement of program's goals and learning domains; Consistent with and responsive to demonstrated needs and expectations of communities of			<input type="checkbox"/> Reviewed program goals and learning domains <input type="checkbox"/> Reviewed communities of interest (required and additional) considering	

Standard Reference	Standard	Not Met	Met	Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
	interest served by the program. Communities of interest served by the program must include, but are not limited to: students, graduates, faculty, sponsor administration, employers, related healthcare professionals, rehabilitation professionals, engineering and/or education professionals, physicians, and the public.			program goals	
II.A.	Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the substantiated needs of health care providers and other relevant professionals/employers, and the educational needs of the students served by the program.			___ Reviewed process for program planning ___ Reviewed process for engagement of communities of interest	
B. Appropriateness of Goals and Learning Domains					
II.B.	Program regularly assess both goals and learning domains. Program personnel identify and respond to changes in needs and/or expectations of communities of interest.			___ Reviewed process for engagement of communities of interest	
II.B.	Advisory Committee meets at least annually, assists in formulating and revising appropriate goals and learning domains, monitors needs and expectations, and ensures responsiveness to change			___ Reviewed meeting minutes: activities and actions documented ___ Evidence the Advisory Committee reviews program goals and outcomes	
II.B.	Advisory Committee includes representatives of each of communities of interest: students, graduates, faculty, sponsor administration, employers, healthcare/rehabilitation/engineering/education			___ Reviewed membership	

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	professionals, and the public.				
C. Minimum Expectations					
II.C.	<p>Following goal(s) defining minimum expectations:</p> <p>To prepare competent entry-level Assistive Technology practitioners who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."</p> <p>If program has adopted educational goals beyond entry-level competence, this is clearly delineated and there is evidence all students achieve basic competencies prior to entry into the field.</p>				
III. Resources					
A. Type and Amount					
1. Program Resources					
III.A.	Faculty			___ Adequate number	
III.A.	Clerical/support staff			___ Adequate amount ___ Evidence program functions are not performed due to lack of clerical support (list) ___ Adequate student support (e.g. admissions, financial aid, academic advising, counseling)	
III.A.	Curriculum			___ Adequate to meet standard ___ Updated and local enhancements	
III.A.	Finances			___ Operating & capital budget adequate	
III.A.	Classroom/laboratory facilities			___ Adequate size & number for enrolled students	
III.A.	Ancillary student facilities			___ Adequate facilities to support	

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				students (e.g. secure storage for coats/books, quiet study area, location for eating)	
III.A.	Hospital/clinical affiliations			<input type="checkbox"/> Adequate number and variety to meet experience requirements	
III.A.	Field internship affiliations			<input type="checkbox"/> Adequate number and variety to meet experience requirements	
III.A.	Equipment/supplies			<input type="checkbox"/> Adequate quantity, quality, & type <input type="checkbox"/> Inspection of labs	
III.A.	Computer resources			<input type="checkbox"/> Adequate access to internet & LMS <input type="checkbox"/> Adequate number of computers accessible to students <input type="checkbox"/> Access to wireless internet	
III.A.	Instructional reference materials			<input type="checkbox"/> Access to program library <input type="checkbox"/> Onsite resources <input type="checkbox"/> Databases (may be online) <input type="checkbox"/> Journals (may be online)	
III.A.	Faculty and staff continuing education			<input type="checkbox"/> Minimum of CE annually for staff <input type="checkbox"/> Sponsor support for participation	
B. Personnel					
III.B.	The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.			Job Descriptions: <input type="checkbox"/> Written Program Director <input type="checkbox"/> Written Medical Director <input type="checkbox"/> Written Faculty	
1. Program Director					
a. Responsibilities					
The Program Director must be responsible for all aspects of the program, including, but not limited to:					
III.B.1.a.1)	Coordination of all aspects of program including organization, administration, continuous review, planning, development and achievement of program's goals and outcomes.			<input type="checkbox"/> Verified by job description <input type="checkbox"/> Confirmed average number of hours per week <input type="checkbox"/> Confirmed adequate time allotted to each aspect of program	

Standard Reference	Standard	Not Met	Met	Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
				___ Evidence Program Director is responsible for: course scheduling, teaching assignments, evaluations, testing, curriculum review & revision, evaluation of faculty & instructors, budgeting, student records, monitoring of program goals and outcomes	
III.B.1.a.2)	Establish criteria for sites which provide clinical experiences for students.			___ Documented criteria for sites which provide clinical experiences	
III.B.1.a.3)	Evaluates all clinical affiliates annually and on planned intervals.			___ Evidence of evaluation documentation completed or planned for all clinical affiliates.	
III.B.1.a.4)	Provides a clinical instructor orientation and evaluation program.			___ Review clinical instructor orientation materiel and evaluation documentation.	
III.B.1.a.5)	Regularly planned communication between program and clinical instructors.			___ Reviewed/discussed communication methods and plans re: clinical instructors	
III.B.1.a.6)	Ensures student clinical experience of students occurs under supervision of an Assistive Technology practitioner.			___ Documented criteria for approved clinical experience supervisors	
III.B.1.a.7)	Manages program budget.			___ Reviewed/discussed role of Program Director in budget process	
b. Qualifications					
III.B.1.b.1)	Minimum of a Bachelor's degree			___ Verified by resume ___ Verified by employer	
III.B.1.b.2)	Minimum of three (3) years of relevant professional experience.			___ Verified by resume	
III.B.1.b.3)	Demonstrated background in education theory and practice.			___ Verified by discussion	
III.B.1.b.4)	Possesses a credential from a related profession. <i>Related professions may include, but are not limited to, public instruction/education, occupational therapy, physical therapy, RESNA ATP, Rehabilitation counselling, speech and</i>			___ Verified by resume ___ Verified by professional certificate or license	

Standard Reference	Standard	Not Met	Met	Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
	language therapy, engineering.				
2. Faculty and/or Instructional Staff					
a. Responsibilities					
III.B.2.a.	Faculty and other instructional staff must provide instruction and assess students' knowledge and practical proficiencies, and where appropriate mentor students in the development of effective assistive technology professional practice competencies.			<input type="checkbox"/> Evidence of adequate number of faculty for the number of enrolled students <input type="checkbox"/> Evidence of adequate faculty assigned to monitor students in clinical & field internship areas <input type="checkbox"/> Review of schedules for assignments / teaching load	
b. Qualifications					
III.B.2.b.1)	Possess a minimum of a Bachelor's Degree;			<input type="checkbox"/> Verified by resume	
III.B.2.b.2)	Knowledgeable in subject matter taught;			<input type="checkbox"/> Verified by resume <input type="checkbox"/> Verified by discussion	
III.B.2.b.3)	Minimum of three (3) years related field experience, including a minimum of one (1) year of providing assistive technology services to clients;			<input type="checkbox"/> Verified by resume <input type="checkbox"/> Verified by discussion	
III.B.2.b.4)	Possess a professional registration, license, or certification			<input type="checkbox"/> Verified by resume <input type="checkbox"/> Verified by clinical & educational credentials	
3. Clinical Instructors					
a. Responsibilities					
III.B.3.a.1)	Supervise students during clinical experiences and be consistently and physically present (face to face supervision and evaluation) and have the ability to intervene on behalf of the student (or client) to provide on-going and consistent education;			<input type="checkbox"/> Review clinical instructor orientation documents <input type="checkbox"/> Review documentation of clinical instruction guidelines if available <input type="checkbox"/> Verified by discussion	
III.B.3.a.2)	Participate in regularly planned communication between the program and the clinical instructor;			<input type="checkbox"/> Review documentation of clinical instruction guidelines <input type="checkbox"/> Verified by discussion	

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III.B.3.a.3)	Provide instruction and experience in relevant practice competencies delineated in the Curriculum in Appendix B of the standard;			<input type="checkbox"/> Verified by job description <input type="checkbox"/> Verified by resume <input type="checkbox"/> Verified by discussion	
III.B.3.a.4)	Evaluate students' performance; and			<input type="checkbox"/> Documentation provide by the program to clinical instructors for documenting student performance	
III.B.3.a.5)	Assure students complete a self-assessment of practice competencies at the completion of the clinical experience.			<input type="checkbox"/> Review clinical instructor orientation documents <input type="checkbox"/> Review student self-assessment documentation provided by the program	
b. Qualifications					
III.B.3.b.1)	Possess a minimum of a Bachelor degree;			<input type="checkbox"/> Verified by resume	
III.B.3.b.2)	Be appropriately credentialed in their field of practice for one (1) or more year(s) and have a minimum of one (1) year of providing assistive technology services to clients.			<input type="checkbox"/> Verified by resume <input type="checkbox"/> Verified by discussion Clinical instructors should have competency in cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains, described in Appendix B, for Assistive Technology practice.	
C. Curriculum					
III.C.1.	Ensures achievement of program goals & teaching domains;			<input type="checkbox"/> Reviewed program goals	
III.C.	Appropriate sequence of classroom, laboratory, clinical, & field internship activities;			<input type="checkbox"/> Reviewed schedule for didactic, lab, clinical, field component <input type="checkbox"/> Verified scheduling of components in appropriate sequence <input type="checkbox"/> Evidence the majority of the field internship occurs following the didactic & clinical phases	
III.C.	Instruction based on clearly written course syllabi describing learning goals, course objectives, & competencies;			<input type="checkbox"/> Reviewed course syllabus <input type="checkbox"/> Evidence of complete lesson plans for the curricula <input type="checkbox"/> Evidence of complete list terminal competencies	

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III.C.	Includes clinical experience with opportunities for students to perform all components of Assistive technology practice and be evaluated by a clinical instructor on their performance; <i>Clinical experience may be provided via many avenues. Program should strive to use realistic and simulated and actual clinical AT fieldwork opportunities. Use of audio/visual recording of student work, documented realistic simulation activities, or comprehensive interactive case study scenarios may be considered as alternatives.</i>			<input type="checkbox"/> Reviewed clinical experience guidelines and documentation <input type="checkbox"/> Reviewed clinical experience evaluation	
III.C.	Curriculum must meet or exceed content specified in Appendix B.			<input type="checkbox"/> Reviewed curriculum map <input type="checkbox"/> Reviewed course syllabi	
D. Resource Assessment					
<i>Note for programs seeking initial accreditation: programs are required to complete only columns A-D of the Resource Assessment Matrix.</i>					
III.D.	Annually assess appropriateness & effectiveness of required resources;			<input type="checkbox"/> Completed Resource Assessment Matrix <input type="checkbox"/> Raw surveys administered to all students at least annually	
III.D.	Assessment results are the basis for planning & change;			<input type="checkbox"/> Evidence of documentation of implemented changes	
III.D.	Action plan developed when deficiencies identified			<input type="checkbox"/> Evidence of action plans	
III.D.	Documentation of action plan and measurement of results			<input type="checkbox"/> Evidence of review of the results from the action plans	
IV. Student and Graduate Evaluation/Assessment					
A. Student Evaluation					
1. Frequency & Purpose					
IV.A.1.	Evaluation conducted on a recurrent basis, sufficient frequency to provide students & faculty with valid & timely indications of progress toward achievement of competencies & learning domains			<input type="checkbox"/> Validity and reliability assessments of program exams <input type="checkbox"/> Feedback mechanisms by program to students indicating progress toward achievement of competencies	

Standard Reference	Standard	Not Met	Met	Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
				___ Evidence of demonstration of skill mastery prior to entering clinical areas ___ Reviewed a sample of exams for content validity, quality ___ Evidence of summative program evaluation at the end of the course of study (at a minimum cognitive & skill, scenario evaluation) ___ Documentation of summative competency assessment for cognitive, clinical, & field components ___ Evidence of adequate clinical & field internship supervision by faculty ___ Reviewed process for grading, remediation	
2. Documentation					
IV.A.2.	Records maintained in sufficient detail to document learning progress & achievements			___ Reviewed student records (attendance, grade book) ___ Reviewed attendance policy	
IV.A.2	Student records secured in accordance with existing privacy acts and statutes.			___ Reviewed privacy policies and records securement processes	
B. Outcomes <i>Note for programs seeking INITIAL accreditation: Standards IV.B.1. and IV.B.2. should be listed as N/A – not available.</i> <i>Note for programs seeking CONTINUING accreditation: outcomes are reported as of the date the program was granted accreditation.</i>					
1. Outcomes Assessment					
IV.B.1.	Periodically assesses effectiveness in achieving stated goals & learning domains;			___ Retention meets threshold ___ Data from graduates on progress towards credentialing examination	
IV.B.1.	Results reflected in the review & timely revision of program			___ Positive placement meets threshold ___ Reviewed completed graduate and employer surveys	
IV.B.1.	Assessments must include: graduates' progress towards credentialing examination(s), retention/attrition, graduate satisfaction, employer satisfaction, job (positive)placement and programmatic summative measures. "Positive placement" means the graduate is			___ Graduate and employer surveys meet thresholds	

Standard Reference	Standard	Not Met	Met	Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
	employed full or part-time in Assistive Technology or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program. Credentials may include ATP, SMS, or other credentials related to AT.				
2. Outcomes Reporting					
IV.B.2.	Periodically submits goals, learning domains, evaluations systems, outcomes, analysis of outcomes & appropriate action plans to CoA-RATE.			___ Evidence of implemented changes, if they were needed	
V. Fair Practices					
A. Publications & Disclosure					
V.A.1.	Announcements, catalogs, advertising are accurate			___ Reviewed school catalog	
V.A.2.	Make known to applicants and students: accreditation status			___ Reviewed student handbook, course syllabi for required content	
V.A.2.	accrediting agency contact information			___ Reviewed web site	
V.A.2.	admissions policies & practices			___ Verified with students & graduates	
V.A.2.	technical standards of functional job analysis				
V.A.2.	policies on advanced placement				
V.A.2.	transfer of credits				
V.A.2.	credits for experiential learning				
V.A.2.	number of credits for completion				
V.A.2.	tuition/fees required				
V.A.2.	policies & processes for withdrawal & refunds				
V.A.3.	Make known to students: Academic calendar			___ Reviewed student handbook, college catalog	

Standard Reference	Standard	Not Met	Met	Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
V.A.3.	Student grievance procedure			___ Reviewed web site	
V.A.3.	Criteria for successful completion of each program segment & graduation			___ Reviewed course syllabi ___ Reviewed clinical orientation process ___ Verified with students & graduates	
V.A.3.	Policies regarding performing clinical work				
V.A.4.	Maintains and makes available current and consistent summary information about student/graduate achievement including results of one or more outcomes assessment required in standards.			___ Reviewed summary information made available to the public	
V.A.5.	Applicant and student materials are designed to be readily accessible to students with disabilities.			___ Reviewed procedures for creating student documentation to ensure accessibility	
B. Lawful and Non-discriminatory Practices:					
V.B.	Student & Faculty recruitment, student admission, and Faculty employment practices are non-discriminatory & in accordance with jurisdictional statutes, rules, and regulations;			___ Reviewed student handbook ___ Reviewed college catalog ___ Reviewed web site ___ Reviewed Faculty handbook	
V.B.	Faculty grievance procedure known to all paid faculty, with similar procedure for non-remunerated adjunct personnel.			___ Interview with paid Faculty ___ Written Faculty grievance policy ___ Reviewed web site	
C. Safeguards					
V.C.	Health & safety of patients, students, & Faculty is safeguarded;			___ Evidence of preventative health screening, appropriate immunizations ___ Evidence of post exposure plan	
	Students are not substituted for paid staff			___ Evidence students are always in student capacity	
D. Student Records					
V.D.	Satisfactory records must be maintained for Student admission			___ Review of the sponsoring institution's student records	
V.D.	Advisement			___ Reviewed a sample of student records (e.g. enrolled, graduated, attrition) for: content, organization, completeness, transcript	
V.D.	Counseling				
V.D.	Evaluation				

Standard Reference	Standard	Not Met	Met	Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
V.D.	Grades & credits are recorded on a transcript & permanently maintained			___ Reviewed grade book or other records ___ Interview regarding permanent storage	
E. Substantive Change					
V.E.	Reports substantive changes in a timely manner: change in program status; sponsorship, or administrative personnel			___ Change in approval status since submission of self study report ___ Change in sponsorship since submission of self study report ___ Change in President, Dean, Program Director since submission of self-study report	
F. Agreements					
V.F.	Formal affiliation agreements or MOU's exist between the sponsor and all entities participating in education of students describing relationship, role, and responsibilities of sponsor and entity			___ Reviewed all agreements for currency, appropriate content, & appropriate signatures	

RESPONSE TO THE EXECUTIVE ANALYSIS (EA)

Please respond to ALL of the questions asked and the comments made in the Executive Analysis (EA), including what has changed in the program since the submission of the Self Study Report.

SITE VISITORS: You may copy and paste text from the EA onto this page and CoA-RATE staff will format it. You may also respond directly to the comments within the EA itself.

Standard	Executive Analysis Question/Comment	Site Visit Team Response

Unofficial

SUMMARY OF FINDINGS

DISCLAIMER FOR EXIT SUMMATION

Site Visitors, you must read the following disclaimer statement at the beginning of the Exit Summation:

“Site visitors do not make an accreditation recommendation nor do they imply what CoA-RATE’s recommendation might be. The program will be required to respond to the accuracy of the findings of the site visit at a later date. The CoA-RATE Board may add, delete, modify or request clarification to the site visit summation in its Findings Letter, which is sent to the program following this site visit. CoA-RATE bases its recommendation to CAAHEP on the accreditation record of the program compiled during this review, which includes the Self Study Report, the Site Visit Report, the Findings Letter, and the program’s response to the Findings Letter. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) determines the final status of public recognition. These are our [site visitors’] impressions of the strengths and potential Standards violations of the program...”

STRENGTHS, POTENTIAL *STANDARDS* VIOLATIONS & RECOMMENDATIONS

List all strengths and potential *Standards* violations. Potential *Standards* violations include any areas listed as “Not Met”. All potential *Standards* violations must be identified by the appropriate *Standard*. Include all potential *Standards* violations identified in the body of the report.

1. List the **STRENGTHS** of the program:

-

2. List all **POTENTIAL *STANDARDS* VIOLATIONS** noted in this report, stating the Standard heading (i.e., III.B.1.a.1) and a rationale why it is not met.

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3. **RECOMMENDATIONS** which may not reflect *Standards* violations, but the program is encouraged to consider.

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PRESENT AT EXIT SUMMATION

4. List the names and their titles of those present at the summation conference.

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SIGNATURES OF SITE VISIT TEAM MEMBERS

Site Visit Report prepared by: _____

Team Captain

Signature _____ Date _____

Print name _____

Phone number _____ Email _____

Team Member

Signature _____ Date _____

Print name _____

Phone number _____ Email _____

Additional Team Member or Observer

Signature _____ Date _____

Print name _____

Phone number _____ Email _____

Additional Team Member or Observer

Signature _____ Date _____

Print name _____

Phone number _____ Email _____