**SSR Check-in Sheet**

This **required 2-page form** identifies all the requirements that must be in provided in order for an SSR to be eligible for Program Review. The program completes this form and attaches it as an **appendix to the Preface** **AS A WORD DOCUMENT** (do NOT change to a PDF).

Programs are to use an “X” in the first column to confirm that the format and information are present and correctly identified or place an “NA” when it is not applicable. Screening to determine eligibility for Program Review is performed by Accreditation Staff and they will confirm the inclusion of each document in the downloaded bundle. As noted in the beginning of this document, should it be necessary for staff to reject the AFC as submitted, notification will be sent to the program director and the dean/person to whom the program director reports. Programs will be given **24 hours to correct the AFC.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Self-Study Report Check- In Form (March 2025)** | | | | |
| **Institution /Program Name** | |  | **Date** |  |
| **Prog** | **Staff** | **Format** | **Comment** | |
|  |  | Narrative has paragraph & line breaks |  | |
|  |  | **Program Information** | **Comment** | |
|  |  | Allocations and Expenses form (2D6)   * Correct years: AY of review, previous AY, next AY * Data provided each category; Allocations SHOULD NOT indicate 0 dollars |  | |
|  |  | Description of program's required clinical experiences (6D) |  | |
|  |  | **Narrative description** of where and how content is taught for each 7D practice expectation; list of learning activities is insufficient |  | |
|  |  | A sample (2-5) of course objectives for each 7D practice expectation (if a curricular thread, may provide up to 10); objectives should show a progression: introduction to expected level of performance |  | |

|  |  | **Required Appendices & Required Naming Conventions** | **Comment** |
| --- | --- | --- | --- |
|  |  | 7A PT Content Chart.pdf |  |
|  |  | 7B PT Content Chart.pdf |  |
|  |  | 7C PT Content Chart.pdf |  |
|  |  | Catalog Undergraduate.pdf (if applicable) |  |
|  |  | Catalog Graduate.pdf |  |
|  |  | \*CE Analysis of Student Performance.pdf | **\* Initial Accred ONLY: provided 30 days before CAPTE review** |
|  |  | CE Sites Available.pdf |  |
|  |  | CE Student Experiences.pdf |  |
|  |  | \*CE Student Experiences.pdf | **\* for Initial Accred this document is provided 30 days before CAPTE review** |
|  |  | \*CE Student Performance Summary.pdf | **\* Initial Accred ONLY: provided 30 days before CAPTE review** |
|  |  | CE Written Agreement.pdf |  |
|  |  | Curriculum Assessment Matrix.pdf |  |
|  |  | Curriculum Map.pdf |  |
|  |  | CV‐Last Name First Name.pdf |  |
|  |  | Exam‐Course Prefix & Number.pdf |  |
|  |  | Enrollment agreement.pdf |  |
|  |  | Handbook Clinical Education.pdf |  |
|  |  | Handbook Institution Faculty.pdf |  |
|  |  | Handbook Institution Student.pdf |  |
|  |  | Handbook Program Faculty.pdf |  |
|  |  | Handbook Program Student .pdf |  |
|  |  | Job Description Program Director.pdf |  |
|  |  | Organizational Chart.pdf |  |
|  |  | Other Policies.pdf |  |
|  |  | Plan of Study.pdf |  |
|  |  | Policies and Procedures Program.pdf |  |
|  |  | Policy Location Chart.pdf |  |
|  |  | Program Assessment Matrix.pdf |  |
|  |  | Program Director Position Description.pdf |  |
|  |  | \*Retention Rate.pdf | **\* Initial Accred ONLY** |
|  |  | Scholarship-Last Name First Name.pdf |  |
|  |  | Syllabus‐Course Prefix & Number.pdf |  |
|  |  | Signature Page.pdf |  |
|  |  | Skill List-Expected To Be Competent.pdf |  |
|  |  | Strategic Planning Document.pdf |  |
|  |  | Student Recruitment Materials.pdf |  |
|  |  | Survey Forms.pdf |  |
|  |  | URL Listing Table |  |
|  |  | Workload Form – Core Faculty.pdf |  |
|  |  | Workload Form – Associate Faculty.pdf |  |

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