**Program Evaluation Report**

Institutions holding interim designation, a designation certificate, or applying for a designation certificate must provide an evaluator’s opinion of the program submitted to the PTIB for approval.   
(*Private Training Regulation*, s.13 (2)(b)).

**Required Sections for the Program Evaluation Report**The institution must complete PART A and PART B before providing the report document to the program evaluator.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sections to be completed by the institution** | | **Sections to be completed by the program evaluator** | |
|  | **PART A** – Program Information |  | **PART C** – Notices |
|  | **PART B** – Program Evaluator Checklist |  | **PART D –** Records and Resources Reviewed |
|  |  |  | **PART E** – Opinion |

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| --- | --- |
| Once the institution and program evaluator (PE) have completed all the required sections (PART A - PART E), **the complete evaluation report must be sent directly to the PTIB by the program evaluator.** Where appropriate, the PE may choose to include photographs or other documentation with their report. The evaluation must be comprehensive with full explanations. The PTIB will not accept reports that do not meet these requirements.  **The completed report should be emailed as an attachment and sent to** [**PTI@gov.bc.ca**](mailto:PTI@gov.bc.ca)**.**  *Sample email subject line:*[Institution ID number] – [Program Title], Program Evaluation Report, [Report Date] | **Email outline** |

**PART F –** **Institution Response to Recommendations**

A thorough review usually produces at least one or two recommendations by the program evaluator to the institution.

It is highly recommended that the institution provides the PTIB with a response to the recommendations (PART F) along with the program application, explaining what changes (if any) are being made to the program and providing a rationale for any recommendations not followed.

The institution should include PART F as part of the program application – **PART F should not be submitted by the program evaluator.**

**The program application must not be submitted before the evaluation is complete and the recommendations have been considered.** The application must include a response to recommendations, if any, and any resulting changes to the program must be reflected in the application and its supporting materials. PTIB will not hold applications after submission while such work is done.

|  |  |
| --- | --- |
| PART A – Program InformationSection to be completed by the institution | |
| Completed on: | Click or tap to enter a date. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution operating name:** |  | **Institution #:** |  |
| **Institution status/ reason for report:** | Designated  New applicant for designation  Interim Designated  Evaluation requested by the Registrar | | |

*Please ensure that the program information provided here matches program information provided in the application form, program outline, and other program materials.*

|  |  |
| --- | --- |
| **Program title:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hours of instruction** *Includes work experience, if applicable. Excludes homework, recesses, lunch, or other scheduled breaks.* | | | | | | | |
| **Total hours:** |  | | | | | | |
| **Duration in weeks** *Includes work experience, if applicable.**Excludes homework, recesses, lunch, or other scheduled breaks.* | | | | | | | |
| **Full-time duration:** |  | | **Part-time duration:** | | |  | |
| **Maximum number of students.** *For each delivery method to be used, list the maximum number of students admitted to a single offering of the program. The total number of students enrolled at one time must not exceed the institution’s capacity to deliver the program effectively to all students whether they attend in-person or online.* | | | | | | | |
| **In-class:** |  | **Distance:** | |  | **Combined:** | |  |
| **Language(s) of instruction** | | | | | | | |
| **Language(s):** |  | | | | | | |
| **Type of credential issued upon graduation.** *Certificate, Diploma, other…* | | | | | | | |
| **Credential type:** |  | | | | | | |
| **Location(s)** from which the institution will provide the program: | | | | | | | |
|  | | | | | | | |

**Class schedule** (choose one)

Full-time (20 or more hours of instruction/week; 15 hours for flight training programs)

Part-time (less than 20 hours of instruction/week; less than 15 hours for flight training)

Both part-time & full-time, as defined above

**Method(s) of delivery**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Check each delivery option to be offered for this program** | | | | |
| **In-Class** | 100% of the hours of instruction, excluding work experience hours, if applicable, are delivered in a classroom or other setting in BC, where instructors share the same physical space as students. | | | |
| **Distance** | 100% of the hours of instruction, excluding work experience hours, if applicable, are delivered remotely (online) from a BC location.  Select the one option that best describes the program’s mode(s) of online instruction: | | | |
| Synchronous only | Asynchronous only | Synchronous and asynchronous | |
| **Combined** | Instruction provided through a combination of in-class and distance delivery. Program may include a work experience component (in-person).  Select the one option that best describes the program’s mode(s) of online instruction: | | | |
| Synchronous only | Asynchronous only | Synchronous and asynchronous | |
| What percentage of the **combined program’s** total duration will be provided by distance (online) delivery? | | | Enter % |
| *Calculate percentage using total hours of distance delivery divided by total program duration (excluding all work experience) x 100.*  **If the percentage may vary** depending on a student’s choice for each course, enter the minimum and maximum possible distance delivery a student may choose while taking a combined delivery program. | | | |
| What is the minimum percentage of the **combined program’s** total duration that will be provided by distance (online) delivery? | | | Enter % |
| What is the maximum percentage of the **combined program’s** total duration that will be provided by distance (online) delivery? | | | Enter % |

**Intake model (choose one):**

Intermittent (cohort/set starting points)  Continuous (a student may start at any time)

**If intermittent (cohort) intake model,** answer the following:

|  |  |
| --- | --- |
| Number of intakes (entry points) during a single offering of the program: |  |
| Maximum number of students admitted into the program at each entry point: |  |

**Admission requirements (including language proficiency requirements):**

|  |
| --- |
|  |

**Learning objectives of the program:**

|  |
| --- |
|  |

**Career occupations for which the program is intended to prepare its graduates:**

|  |
| --- |
|  |

**Does the program lead to employment in a regulated career occupation?**

No Yes If **yes**, name the regulator:

For **each location** where the program is offered

* Describe the facilities used to provide the program (classrooms, laboratory, etc.)
* List the equipment that will be available to students, including number of each type of equipment (computers, software, specialized equipment in a laboratory or simulated workplace, etc.)

*Please note* ***PTIB requires in-person site visits by program evaluators****.* ***Virtual site visits are accepted only under exceptional circumstances and must be requested and accepted in advance****.*

|  |  |  |
| --- | --- | --- |
| **Location Address:** | **Facilities:** | **Equipment:** |
| *Address 1:* |  |  |
| *Address 2:* |  |  |

If needed, add rows for any additional locations.

Provide a description of the **course materials** provided to students, or that students are required to obtain, including the language of the materials. This may include, but is not limited to e-books, online resources, computer software, textbooks, lab kits, or other supplies.

|  |
| --- |
|  |

**If the program includes a work experience component:**

**Indicate the work experience type(s)** below (choose all that apply and provide duration of each) and provide the evaluator with the list of host organizations that will provide the work experience, including contact information for each.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Practicum** (unpaid work experience that is not more than 20% of the overall hours of a program) | Duration in hours: |  |
|  | **Preceptorship** (work experience where the preceptor to student supervision ratio is 1:1 and that is not more than 10% of the overall hours of a program) | Duration in hours: |  |
|  | **Clinical Placement** (work experience in a program that leads to employment in the health field where no more than 12 students are supervised by one instructor and is not more than 50% of the overall hours of a program) | Duration in hours: |  |
|  | **Cooperative Placement** (paid work experience that is not more than 50% of the overall hours of a program) | Duration in hours: |  |

**Activities to be undertaken by students during their work experience placement:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| PART B – Program Evaluator ChecklistSection to be completed by the institution | |
| Completed on: | Click or tap to enter a date. |

Complete this section to confirm the program evaluator you have chosen meets the PTIB’s criteria. Institutions are required to make their own determination. PTIB may return any application or request a new evaluation form where the program evaluator is a related party or does not have the required expertise. A full resume for the program evaluator must be appended to the report and must demonstrate the education and experience listed below.

|  |  |
| --- | --- |
| **Name of program evaluator:** |  |
| **Program evaluator is a related party\***  \*A “related party” is an owner, shareholder, director, or individual who is employed by the institution | Yes  No |
| |  | | --- | | **Program evaluator has expertise in a career occupation relevant to the program of instruction** (please describe relevance): | | **Work Experience** (list recent (within the last five years) related industry experience): | | **Education** (list related credentials, licenses, memberships): | | |

|  |  |
| --- | --- |
| PART C – NoticesSection to be completed by the program evaluator | |
| Completed on: | Click or tap to enter a date. |

**Notice to evaluator:** The Private Training Regulation (PTR) requires that a new program evaluation be done by a person with expertise in a career occupation relevant to the program of instruction, is not a related party, and receives no benefit from the institution other than the payment for the evaluation.

**Appropriate expertise is defined as, at minimum:** a credential and two years’ occupational experience in a career for which the program is intended to prepare students, or if no credential then ten years’ occupational experience in a career for which the program is intended to prepare students.

Please complete all required sections of this report and present a comprehensive evaluation of the program. Refer specifically to the proposed program and avoid using general terms. **The completed report and a copy of your current formal résumé/CV should be emailed to PTI@gov.bc.ca.**

PTIB will not accept reports that do not meet the requirements specified in PTR s.13 (2), outlined above, and in the guiding text found throughout the report. PTIB staff may contact the program evaluator with questions about the contents of the report.

If you have any questions about expectations for program evaluations or how to complete this report, please contact the Private Training Institutions Branch at 604-569-0033 or [**PTI@gov.bc.ca**](mailto:PTI@gov.bc.ca).   
  
**For additional information please refer to PTIB’s** [**New Program Evaluation Guide (DOCX)**](https://www.privatetraininginstitutions.gov.bc.ca/sites/www.privatetraininginstitutions.gov.bc.ca/files/files/New%20Program%20Evaluation%20Guide.docx).

**I confirm the following:**

I am not related to the institution in any way such that the institution could have direct or indirect control or influence over me, or I could have direct or indirect control or influence over the institution.

I have not been involved in development of this program (e.g., curriculum, materials, etc.) or any other program on which it is based.

I have received/will receive no benefit from the institution, other than payment for the evaluation.

I have occupational experience specifically in a career for which this program is intended to prepare students, as confirmed by my attached CV/résumé.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of program evaluator |  | Signature of program evaluator |

**PTIB staff may contact the program evaluator with questions about the contents of the report.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Email of program evaluator |  | Telephone of program evaluator |

|  |  |
| --- | --- |
| PART D – Records and Resources Reviewed Section to be completed by the program evaluator | |
| Completed on: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| **Institution name:** |  |
| **Program title:** |  |

**RECORDS & RESOURCES REVIEWED**

What records and resources have you reviewed to evaluate this program and prepare this report? Please check all that apply and list any other records.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PTIB’s new program application form** |  | **Work Experience Policy** |
|  | **Program outline** |  | **Work Experience documents** |
|  | **Course outlines** | List documents reviewed (such as training plans or evaluation plans): |
|  | **Admission requirements evaluation tools** |
|  | **Class schedules/lesson plans** |  | **Resources for students** (library, handouts videos, demonstration material, etc.) |
|  | **Evaluation/assessment tools** |  | **Agreements with any 3rd party partners** to provide the program or part of the program |
|  | **Grading policies/rubrics** |  | **Textbooks, course packs and/or other course materials** |
|  | **Learning Management System** |  | **Other online resources** List online resources reviewed: |

**Other records/resources reviewed:**

|  |
| --- |
|  |

**If applicable, please describe any records/resources that were not available at the time of the review which may have been relevant to the evaluation of the program.**

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| --- | --- |
| PART E – Opinion Section to be completed by the program evaluator | |
| Completed on: | Click or tap to enter a date. |

**Where you are asked to summarize your findings, please list the specific information and records on which you base your opinion and provide an explanation. For example, in providing your opinion on the appropriateness of admission requirements, confirm you reviewed the institution’s admission requirements and any assessment tools used in determining they are met and explain why you think the admission requirements are (or are not) appropriate to enable students to meet the objectives of the program.**

**1.** Is the curriculum complete and ready for program delivery? *If not, what remains to be developed?*

|  |  |
| --- | --- |
| Yes | No |

Please summarize your findings regarding curriculum:

|  |
| --- |
|  |

**2.** Does the information provided by the institution in Part A of this report accurately describe the program as it is represented in the materials you have reviewed?

|  |  |
| --- | --- |
| Yes | No |

If no, please list any discrepancies:

|  |
| --- |
|  |

**3**. Are the learning objectives listed in Part A (the knowledge and skills students should acquire by the end of the program) clear, observable, and measurable? Do they match the program outline? *Learning objectives are clear descriptions of what a student is expected to be able to demonstrate knowledge of and/or ability to do after successfully completing the program. They should be clearly expressed using action verbs. A description of the scope of the program or its principal themes, or a list of topics covered, is* ***not*** *sufficient articulation of learning objectives.*

|  |  |
| --- | --- |
| Yes | No |

Please summarize your findings regarding articulation of learning objectives:

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| --- |
|  |

**4.** Are the learning objectives relevant to, and adequate for, all career occupation(s) (*listed in the program outline*) for which the program is intended to prepare a student? If applicable, this includes preparing the student to gain certification, licensure or registration required for employment in the career occupation. *If you believe changes are required to the learning objectives, the career occupations, or both, please provide a brief overview.*

|  |  |
| --- | --- |
| Yes | No |

Please detail your findings regarding appropriateness and sufficiency of learning objectives:

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| --- |
|  |

**5.** Is the title of the program consistent with the learning objectives of the program? *Does the title accurately reflect program content and outcomes?*

|  |  |
| --- | --- |
| Yes | No |

Please summarize your findings regarding program title:

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| --- |
|  |

**5.a** If the title of the program includes terminology which suggests an advanced level of study/qualification (i.e., advanced, graduate, certified), is this use appropriate? *Refer to PTIB’s acceptable use criteria (see* [*Section 2.4 of the PTA Policy Manual*](http://www.privatetraininginstitutions.gov.bc.ca/institutions/policy-manual)*); e.g. admission requirements include prior education and/or experience in this field, program will lead to a higher-than-entry-level job, etc.*

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |

Please detail your findings regarding the program title:

|  |
| --- |
|  |

**6.** Are the admission requirements, including language proficiency requirements, appropriate to enable students to meet the learning objectives of the program? *Admission requirements include any knowledge, skills, qualification, eligibility, a student must have to enter a program that will make it likely that they will meet the learning objectives and be successful in the program. The following are not admission requirements: payment of fees, completion of forms, or the requirement to have steel-toe boots*. *Refer to* [*Section 3.2.6 of the PTA Policy Manual*](http://www.privatetraininginstitutions.gov.bc.ca/institutions/policy-manual) *for more information.*

|  |  |
| --- | --- |
| Yes | No |

Please detail how the admission requirements enable students to meet the learning objectives of the program.

|  |
| --- |
|  |

**7.** Are the evaluation tools used to assess admission requirements appropriate to evaluate whether admission requirements are met? *Institutions must have tools to evaluate whether admission requirements are met. For admission requirements such as interviews, essays, portfolios or references, the admission requirements should specify clearly what the institution is looking for in prospective students and it must develop evaluation tools to ensure evaluations are done consistently.*

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Not available for review | None used |

Please describe your findings regarding evaluation tools used to assess admission requirements:

|  |
| --- |
|  |

**8.** Are the methods of evaluation described in the course and program outline (if any included in the program outline) appropriate to enable students to meet learning objectives? *Evaluation methods and tools must effectively measure student progress and achievement. They should measure different aspects (e.g., theoretical, practical) of the area of study in ways that are appropriate to each.*

|  |  |
| --- | --- |
| Yes | No |

Please describe, in detail, how the methods of evaluation are appropriate:

|  |
| --- |
|  |

**9.** Are the required course materials listed in the course outlines appropriate to enable students to meet the learning objectives of the program? (Course material includes textbooks, supplies, and uniforms.) Written course materials must be in the language in which the program is provided. *Course materials should be current and appropriate to the level of the program.*

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Not available for review | None used |

Please summarize your findings regarding course materials:

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| --- |
|  |

**10.** Are the requirements that a student must meet to complete the program, as listed in the program outline, appropriate to enable students to meet the learning objectives?

|  |  |
| --- | --- |
| Yes | No |

Please summarize your findings regarding completion requirements:

|  |
| --- |
|  |

**11.** Are the instructional materials (including technology, resources, and instructional books) currently available to instructors appropriate to enable students to meet the learning objectives of the program? *Instructional materials must be current, relevant, and adequate to enable students to meet the learning objectives. The instructional materials must also support the instructor(s) in developing any parts of the curriculum and course materials they may be expected to create or update.*

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Not available for review | None used |

Please describe your findings regarding instructional materials:

|  |
| --- |
|  |

**12.** Is the student intake model (including the maximum number of students admitted per intake, if the intake model is intermittent) appropriate to enable students to meet the learning objectives of the program? *The student intake model indicates at which point(s) students may join the program. They may join at one or more specified points in the program (intermittent intake) or at any point in the program (continuous intake). To enable students to meet learning objectives, the intake model must take into consideration factors such as course order, whether any courses have prerequisites, whether students need to do group work (on short- or long-term projects), and whether class size (large or small) or group dynamics are important to achieving learning objectives.*

|  |  |
| --- | --- |
| Yes | No |

Please summarize your findings regarding student intake model:

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| --- |
|  |

**13.** From your review of the curriculum, facilities and equipment provided, and your site visit, is the maximum number of students that may be admitted into the program appropriate to enable students to meet the learning objectives of the program? *This refers to the maximum class size at any time. If the program is delivered by distance education, does the institution have adequate technical and instructional resources to support the stated maximum number of students in the program all at once? If the program is delivered by a combination of in-class and distance education, can the institution accommodate all students in each portion of the program? If a program with combined delivery has more students in the distance part than can be accommodated on-site, how will the institution handle the transition to ensure all students can complete the program within its approved duration?*

|  |  |
| --- | --- |
| Yes | No |

Please detail how the curriculum, facilities and equipment are appropriate given the institution’s proposed maximums. Provide a description of the facilities and equipment observed during the site visit to confirm the institution the capacity to deliver the program as proposed.:

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| --- |
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**14.** Is the order in which courses will be provided, as described in the program outline, appropriate to enable students to meet the learning objectives of the program? *Course order should present subjects in appropriate progression and in relation to each other.*

|  |  |
| --- | --- |
| Yes | No |

Please describe your findings regarding course order:

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| --- |
|  |

**15.** Are the teaching methods (for example lecture, laboratory, etc.), as described in the course outline, appropriate to enable students to meet the learning objectives of the program?

|  |  |
| --- | --- |
| Yes | No |

Please describe the proposed teaching methods and how they enable students to meet learning objectives:

|  |
| --- |
|  |

**16.** Are the number of hours of instruction appropriate to enable students to meet the learning objectives of the program? Are all the courses included in the program necessary/relevant to meet the learning objectives? *Hours of instruction include time during which students are required to be in attendance and when the instructor is present (for asynchronous distance education, it includes time students spend completing activities using the learning platform). It includes exams but does not include homework or other unsupervised/non-contact time. The hours of instruction must enable students to learn and practice theoretical and practical aspects of the material with instructor support.*

|  |  |
| --- | --- |
| Yes | No |

Please describe your findings regarding duration of the program:

|  |
| --- |
|  |

**17.** Is the balance of theory and practice appropriate to enable students to meet the learning objectives of the program? *Program design should provide adequate opportunities for students to apply skills and knowledge they have learned.*

|  |  |  |
| --- | --- | --- |
| Yes | No |  |

Please summarize your findings regarding balance of theory and practice:

|  |
| --- |
|  |

**18.** Is the method of delivery (in-class, distance, combined) appropriate to the program’s subject and curriculum? Will all methods used enable students to meet learning objectives of the program? For programs with more than one delivery option, are all options appropriate? *For programs using distance delivery for all or part of the program, complete Questions 19a and 19b.*

|  |  |
| --- | --- |
| Yes | No |

Please summarize your findings regarding method(s) of delivery:

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| --- |
|  |

**Distance and/or combined delivery**:

**19a.** If the program is delivered, in whole or in part, via distance (online) delivery, the way in which it is delivered, including the type of instruction (e.g., synchronous, asynchronous), technical support and suitability of the platform must be appropriate to enable students to meet the learning objectives of the program. *Review and provide an assessment of the materials and any online Learning Management System and other interface(s) students will use, from both an instructor’s and a student’s perspective. Refer to* [*Section 3.2.7 of the PTA Policy Manual*](http://www.privatetraininginstitutions.gov.bc.ca/institutions/policy-manual) *for more information related to program delivery standards.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Based on your review of the distance delivery plan including the Learning Management System (LMS), please answer each of the following:** | Yes | No | Not available for review | Not applicable |
| 1. LMS is available 24/7 (subject to maintenance requirements) |  |  |  |  |
| 1. LMS has technical support available to students at any time during business hours |  |  |  |  |
| 1. LMS has security features to protect personal information |  |  |  |  |
| 1. LMS has a system to verify student identity |  |  |  |  |
| 1. LMS has a system to record attendance (for asynchronous delivery, PTIB will accept a record of hours logged into an LMS as a copy of the attendance record) |  |  |  |  |
| 1. LMS has a system to ensure integrity of assessments |  |  |  |  |
| 1. LMS makes equipment, software, and materials (i.e., books, supplies) – in good working order – available to students prior to the start of the course for which they are required |  |  |  |  |
| 1. For asynchronous delivery, LMS has a system that enables the institution to confirm a student’s progress at any time |  |  |  |  |
| 1. For asynchronous delivery, students have scheduled access to qualified instructors |  |  |  |  |

**19b.** Are the plans, tools and resources for distance delivery appropriate to enable students to meet the learning objectives of the program?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Not enough information available to determine | Not applicable |

Please detail your findings regarding specifics of the method of distance delivery. Provide your observations on the suitability of the method of delivery, student supports available and the appropriateness of the learning management system.

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**20.** Facilities and equipment are planned, constructed, and maintained to protect students and staff from any danger while undertaking the program of instruction.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Not available for review | Not applicable |

Please summarize your findings regarding facilities and equipment:

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| --- |
|  |

|  |  |
| --- | --- |
| **21**. **If the program includes work experience,** please confirm that the *Work Experience Policy* includes all the following information, and is appropriate to enable students to meet learning objectives:  Yes  No   1. Identification of work experience by type: clinical placement, co-operative placement, practicum, or preceptorship (or combination of these) 2. The process by which a student is placed in a work experience 3. The process by which a student in work experience is evaluated 4. The intervals at which a student in work experience is monitored 5. Requirements for participation in a work experience 6. Duration of the work experience in hours   **22.** Are the activities to be undertaken by students during their work experience placement (listed in the Work Experience Training Plan or Agreement), directly related to the learning objectives of the program?  Yes  No  If the program is regulated, does the work experience meet the requirements of the regulator?  Yes  No  Please summarize your findings regarding the work experience activities:   |  | | --- | |  | |

**23**.Based on your review of the program outline, course outlines, and curriculum, are all career occupations listed in the program outline and Part A of this form appropriate? *Would the program prepare students adequately to access all listed occupations? Are all the occupations listed appropriate for program graduates – e.g. within the educational or legal scope of the program?*

|  |  |
| --- | --- |
| Yes | No |

*If you answer “no”, provide a summary of your concerns and list the job titles that are inappropriate.*

|  |
| --- |
|  |

**24.** Based on your review of the program outline, course outlines, and curriculum, is the proposed program appropriate to enable students to meet the learning objectives? *Overall, is it your assessment that the program, as currently designed, allows the student to meet the learning objectives? If you answer “no”, provide a summary of your concerns.*

|  |  |
| --- | --- |
| Yes | No |

Please summarize your findings regarding overall appropriateness of proposed program to enable students to meet the learning objectives:

|  |
| --- |
|  |

**25.** **Using the table below, identify each of the institution’s locations visited\*** and the date of each visit. Provide the name of an institution representative with whom you met at each location, and brief comments on facilities and equipment you reviewed during your visit.

For each location listed, indicate whether the location (as you saw it on the day of the visit) is appropriate to enable students to meet the learning objectives of the program. If no, please explain.   
*Note, if the program has a work experience component, there is no requirement to visit work experience host locations.*

*\* ‘Virtual site visits are only accepted under exceptional circumstances and must be approved in advance by the PTIB.*

|  |  |
| --- | --- |
| Full location (1) address: | **Date of visit**: Click or tap to enter a date. |
| Name of institution representative met: | **Virtual\* visit:** Yes  No  If **yes**, preapproved by the PTIB? Yes  No |
| Is the location appropriate to enable students to meet the learning objectives of the program?  Yes  No  If **no**, include specifics below. | |
| **Please comment briefly on the facilities and equipment you reviewed at this site:** | |
| Classroom/classroom resources: | |
| Lab/lab resources: | |
| Instructional materials: | |
| Equipment (or lists): | |
| Were all aspects of the facilities and/or equipment ready for program delivery?  Yes  No  If **no**, what remains to be completed? | |

*If applicable:*

|  |  |
| --- | --- |
| Full location (2) address: | **Date of visit**: Click or tap to enter a date. |
| Name of institution representative met: | **Virtual\* visit:** Yes  No  If **yes**, preapproved by the PTIB? Yes  No |
| Is the location appropriate to enable students to meet the learning objectives of the program?  Yes  No  If **no**, include specifics below. | |
| **Please comment briefly on facilities and equipment you reviewed at this site:** | |
| Classroom/classroom resources: | |
| Lab/lab resources: | |
| Instructional materials: | |
| Equipment (or lists): | |
| Were all aspects of the facilities and/or equipment ready for program delivery?  Yes  No  If **no**, what remains to be completed? | |

26. **Recommendations** **to institution\*** for program improvement, to the PTIB for consideration:

|  |
| --- |
|  |

\* Space is provided in **PART F** of this report for the institution’s response to these recommendations.

27. **Recommendations** **to the PTIB** for consideration in decision whether to approve the program:

|  |
| --- |
|  |

**Program Evaluator’s Declaration**

This evaluation is based on my thorough review of the listed materials and facilities relating to the program named on this form.

The information I provided in this evaluation is true, complete, and accurate.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of program evaluator |  | Signature of program evaluator |

|  |  |
| --- | --- |
| PART F – Response to RecommendationsSection to be completed by the institution | |
| Completed on: | Click or tap to enter a date. |

*The institution should include PART F as part of the program application.*

*PART F should not be submitted by the program evaluator.*

Have the program evaluator’s recommendations been implemented?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Partially |  |

Please provide a response to the recommendations, and explain what changes have been made, if any, or if no changes, why not.

|  |
| --- |
|  |