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| **Program** |       |
| **Provider**  |       |

**Program Impact**

**DIRECTIONS:** Briefly address the following prompts in the space provided, referencing specific examples in the accompanying evidence sources where appropriate. Bullets or brief text is acceptable. Please limit your responses to about 200 words per response.

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| **Prompt 1:** Provide evidence of how you systematically collect feedback from employers of recent program completers. (4.1) |
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| **Prompt 2:** Give examples of how you have used the data from employers of recent program completers to inform program improvements. (4.1) |
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| **Prompt 3:** Provide evidence of how you systematically collect feedback from recent program completers. (4.1) |
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| **Prompt 4:** Give examples of how you have used the data from program completers to inform program improvements. (4.2) |
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| **Prompt 5:** Provide evidence that you have implemented strategies and systems to track post completion employment and satisfaction for your candidates. (4.2) |
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| **Prompt 6:** Describe your strengths and areas in need of improvement specific to ensuring that candidates experience a high-quality clinical practice within effective partnerships. |
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**REQUIRED EVIDENCE:** The chart below details required on-site evidence that programs should submit to provide the data necessary for the review team to understand the program and to make valid judgments. The chart also details if the required evidence should be submitted via an electronic template provided by RIDE, as an electronic document, or as a hard copy. All evidence must be uploaded to the on-line data collection system (electronic evidence) or provided to RIDE (hard copy) prior to the deadline. For electronic evidence, follow the naming conventions below and upload all evidence as PDF documents.

Note: *If multiple electronic documents are submitted for the same component, then add to the naming convention an additional A, B, C, after the component number for each additional document. For example, S1A\_Candidatename, S1B\_CandidateName, S1C\_CandidateName, etc.*

| **Component** | **Required Evidence**  | **Format**  | **File Name** | **Description** |
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| 4.1 | Employer Satisfaction Survey  | Electronic Document  | S4.1\_Employer\_Survey | A copy of the survey used to assess employer satisfaction |
| 4.1 | Analysis of Employer Satisfaction Survey | Electronic Document | S4.2\_Employer\_Survey\_Analysis | A copy of the summary and analysis of the data |
| 4.2 | Completer Satisfaction Survey | Electronic Document  | S4.3\_Completer\_Survey | A copy of the survey used to assess completer satisfaction |
| 4.2 | Analysis of Completer Satisfaction Survey | Electronic Document | S4.4\_Completer\_Survey\_Anaylsis | A copy of the summary and analysis of the data |