**ACOTE SITE VISIT PARTICIPANTS
Name of Institution**

**Dates of On-site**

**Administration** *(in order of position (highest to lowest), then alphabetical by last name)*

First and last name, credentials, title

**Occupational Therapy [Assistant] Program Faculty** *(in order of position (highest to lowest), then alphabetical by last name)*

First and last name, credentials, title

**Institutional Faculty** [optional]*(in alphabetical order by last name)*

First and last name, credentials, title

**Fieldwork Educators** *(in alphabetical order by last name)*

First and last name, credentials – Facility name

**Capstone Mentors** *(in alphabetical order by last name)*

First and last name, credentials – Facility name

**Employers of Program Graduates** *(in alphabetical order by last name)*

First and last name, credentials – Facility name

*Use the notations below beside relevant individuals*

\* Indicates also an advisory board member.

(via conference call)

**Recent Graduates** *(in alphabetical order by last name)*

First and last name

**Students** *(in alphabetical order by last name)*

Year or Cohort Year or Cohort

First and last name First and last name

**Other** *(in alphabetical order by last name)*

First and last name, credentials, title