BNATP ON SITE MONITORING EVALUATION FORM
CLASSROOM/THEORY, LAB OR CLINICALS

PROGRAM: _____ BNATP # _____ DATE: _____

ADDRESS: _____

PROGRAM COORDINATOR EMAIL: _____

PROGRAM COORDINATOR PHONE: _____

THEORY/CLINICAL INSTRUCTOR: _____

ADDITIONAL INSTRUCTOR(S) PRESENT: _____

PROGRAM DATES: _____ TO: _____ # OF STUDENTS PRESENT: _____

| INSPECTION FOCUS AREA | MEETS STANDARD | DOES NOT MEET STANDARD | NOT PRESENT OR NOT APPLICABLE | COMMENTS (REQUIRED IF DOES NOT MEET STANDARD) |
|---|---|---|---|---|
| **CLASSROOM SET-UP** Location as stated on M.S. | ☐ | ☐ | ☐ | |
| Space | ☐ | ☐ | ☐ | |
| Lighting | ☐ | ☐ | ☐ | |
| Seating/Desk Area(s) | ☐ | ☐ | ☐ | |
| Accomodations for Special Needs Students | ☐ | ☐ | ☐ | |
| **AV Equipment:** List type(s) present | | | | |
| Appropriate for content delivery | ☐ | ☐ | ☐ | |
| Instructor versed in operation of equipment | ☐ | ☐ | ☐ | |
| **Lab Set-Up:** # of units _____ | Lab units consists of: | | | |
| On-Site Evaluation: Procedures observed during visit | | | | |
| Condition/Working order of equipment | ☐ | ☐ | ☐ | |
| Availability of supplies | ☐ | ☐ | ☐ | |
| Supervision of students | ☐ | ☐ | ☐ | |
| Instructor's ability to use lab equipment & supplies | ☐ | ☐ | ☐ | |
| Other lab observations | | | | |
| **Textbook information** (Name and Publisher) | | | | |
| Up-to-date publication | ☐ | ☐ | ☐ | |
| Each student has a textbook | ☐ | ☐ | ☐ | |
| **Instructor:** | | | | |
| Per Master Schedule & IDPH approved | ☐ | ☐ | ☐ | |
| Instructor Present | ☐ | ☐ | ☐ | |
| Knowledge of Program's Policies (absence, make-up, etc.) | ☐ | ☐ | ☐ | |
| Knowledge of IPDH guidelines | ☐ | ☐ | ☐ | |
| Use of English language in classroom setting | ☐ | ☐ | ☐ | |

IDPH/SIUC INITIALS: _____ BNATP REPRESENTATIVE INITIALS: _____

PROGRAM: _____ BNATP # _____ DATE: _____

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|---|---|---|---|---|
| **Classroom Activities (Curriculum Topic Observed)** | ☐ | ☐ | ☐ | |
| Start/End Time of Class As Stated on MS | ☐ | ☐ | ☐ | |
| Break Times | ☐ | ☐ | ☐ | |
| BNATP Content | ☐ | ☐ | ☐ | |
| Objectives Met | ☐ | ☐ | ☐ | |
| Methodology | ☐ | ☐ | ☐ | |
| Testing/Evaluation Method(s) | ☐ | ☐ | ☐ | |
| IDPH Master Schedule Used | ☐ | ☐ | ☐ | |

| Item Viewed | Yes | No | Item | Yes | No |
|---|---|---|---|---|---|
| Syllabus | ☐ | ☐ | Course Catalog/Handbook | ☐ | ☐ |
| Attendance Policy | ☐ | ☐ | Textbook | ☐ | ☐ |
| Exam or Final Exam | ☐ | ☐ | Cluster Score | ☐ | ☐ |
| Corrective Action Plan ☐ Not Applicable | ☐ | ☐ | P.C. RN License | ☐ | ☐ |
| Affiliation Agreement | ☐ | ☐ | Allocation of Hours | ☐ | ☐ |
| Class Roster | ☐ | ☐ | Master Schedule | ☐ | ☐ |
| Instructors and Codes | ☐ | ☐ | CPR Card | ☐ | ☐ |
| IHBE Approval (if applicable) | ☐ | ☐ | Background Check Policy | ☐ | ☐ |

**Comments:**

IDPH/SIUC NAME: _____ SIGNATURE: _____
(Print)

BNATP REPRESENTATIVE NAME: _____
(Print)

BNATP REPRESENTATIVE SIGNATURE/INITIALS: _____

Note to Program Representative: Your signature does not signify that you agree with the information contained herein. It signifies that the document was reviewed.

PROGRAM: _____ BNATP # _____ DATE: _____

| **Comments Continued:** |
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IDPH/SIUC INITIALS: _____ BNATP REPRESENTATIVE INITIALS: _____