

Program Grievance and Resolution Form – Student Form

This document is completed by any student within or associated with the function of the Physical Therapist Assistant Program. The purpose of this form is to direct individuals to the process of conflict resolution using appropriate lines of communication and roles to best address issues of concern. This document, upon completion, should be used with the *most relevant* individual first and then progressed as needed through levels of hierarchy (see below) and *finally* completed with the Program Chairperson.

1. Name of student submitting form:
  - a. Name: \_\_\_\_\_ Phone contact: \_\_\_\_\_
  - b. Email: \_\_\_\_\_@ivytech.edu
2. Name(s) of other individual(s) involved and role(s):
  - a. Name(s): \_\_\_\_\_
  - b. Role(s) related to PTA Program: \_\_\_\_\_
3. Brief description of current concern:  
\_\_\_\_\_  
\_\_\_\_\_
4. Date of discussion with the original persons involved in this situation: \_\_\_\_\_
5. Brief description of the original discussion:  
\_\_\_\_\_  
\_\_\_\_\_
6. Was an agreed upon, amicable solution achieved: (*circle*) YES or NO
7. Brief description: If YES, what is the solution? If NO, what solution is desired?  
\_\_\_\_\_  
\_\_\_\_\_

At this point, depending upon the outcome this document:

- **Resolved** (*at any level of review*): scan and email this document to Program Chairperson for review and confirmation. [dsinickimeves@ivytech.edu](mailto:dsinickimeves@ivytech.edu) , Dr. Bancsi.
- **Unresolved**: scan and email this document to the next level hierarchy within the program.
  - ✓ Adjunct faculty send to Supervising Full Time Faculty Member (assigned to same class) – [tspratley@ivytech.edu](mailto:tspratley@ivytech.edu), Teri Ann Spratley; [dsinickimeves@ivytech.edu](mailto:dsinickimeves@ivytech.edu) , Dr. Bancsi.
  - ✓ (If clinically related) Full Time Faculty Member send to Academic Coordinator of Clinical Education (ACCE) – [dyagelski@ivytech.edu](mailto:dyagelski@ivytech.edu), Deborah Yagelski .
  - ✓ (If academic or technical course related) Full Time Faculty Member send to Program Chairperson – [dsinickimeves@ivytech.edu](mailto:dsinickimeves@ivytech.edu) , Dr. Bancsi.
  - ✓ ACCE send to Program Chairperson – [dsinickimeves@ivytech.edu](mailto:dsinickimeves@ivytech.edu) , Dr. Bancsi.
  - ✓ Program Chairperson send to ACCE – [dyagelski@ivytech.edu](mailto:dyagelski@ivytech.edu), Deborah Yagelski

Program Grievance and Resolution Form – Faculty, Clinic Representative, Patient, Employer Form

This document is completed by any individual associated with the function of the Physical Therapist Assistant Program. The purpose of this form is to direct individuals to the process of conflict resolution using appropriate lines of communication and roles to best address issues of concern. This document, upon completion, should be used with the *most relevant* individual first and then progressed as needed through levels of hierarchy (see below).

Persons who need to contact the PTA Program may begin by sending an email to Deborah Yagelski Academic Coordinator of Clinical Education (ACCE) at [dyagelski@ivytech.edu](mailto:dyagelski@ivytech.edu) providing a brief description of concern. Mrs. Yagelski will then complete this form and reply with request of confirmation of the details in the form, including a discussion of resolution. This may include suggestions for further communications: e.g. webinar meeting, face-to-face meeting, at clinical site meeting, or phone call.

1. Name of person submitting form:
  - a. Name: \_\_\_\_\_ Phone contact: \_\_\_\_\_
  - b. Email: \_\_\_\_\_
  
2. Name(s) of other individual(s) involved and role(s):
  - c. Name(s): \_\_\_\_\_
  - d. Role(s) related to PTA Program: \_\_\_\_\_
  
3. Brief description of current concern:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Date of discussion with the original persons involved in this situation: \_\_\_\_\_
  
5. Brief description of the original discussion:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Was an agreed upon, amicable solution achieved: (*circle*) YES or NO
  
7. Brief description: If YES, what is the solution? If NO, what solution is desired?  
\_\_\_\_\_  
\_\_\_\_\_

At this point, depending upon the outcome this document:

- **Resolved** (*at any level of review*): scan and email this document to Program Chairperson for review and confirmation. [dsinickimeves@ivytech.edu](mailto:dsinickimeves@ivytech.edu), Dr. Bancsi.
- **Unresolved**: scan and email this document to the next level hierarchy within the program.
  - ✓ Scan and email this document to program Chairperson for review and further discussion. [dsinickimeves@ivytech.edu](mailto:dsinickimeves@ivytech.edu), Dr. Bancsi.

Program Grievance and Resolution Form – Academic Faculty regarding Student Class Performance

This document is completed by faculty associated of the Physical Therapist Assistant Program regarding student professionalism in class. The purpose of this form is to direct individuals to the process of conflict resolution using appropriate lines of communication. This document, upon completion, should be used with the *most relevant* individual first and then progressed as needed through levels of hierarchy (see below). *This document is intended following any verbal in-class communication.*

1. Name of faculty submitting form:
  - a. Name: \_\_\_\_\_ PTAS Course/section: \_\_\_\_\_
  - b. Email: \_\_\_\_\_@ivytech.edu
2. Name of student: (if multiple students, must complete separate/individual forms)
  - a. Name: \_\_\_\_\_
  - b. Email: \_\_\_\_\_@ivytech.edu
3. Brief description of current concern:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Date of discussion with the original persons involved in this situation: \_\_\_\_\_
5. Brief description of the original discussion:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Was an agreed upon, amicable solution achieved: (*circle*) YES or NO
7. Brief description: If YES, what is the solution? If NO, what solution is desired?  
\_\_\_\_\_  
\_\_\_\_\_

At this point, depending upon the outcome this document:

- **Resolved** (*at any level of review*): scan and email this document to Program Chairperson for review and confirmation. [dsinickimeves@ivytech.edu](mailto:dsinickimeves@ivytech.edu) , Dr. Bancsi.
- **Unresolved**:
  - ✓ First written review: Schedule a meeting to complete this document and review with the student directly.
  - ✓ Second written review:
    - Provide documentation in Ivy Advising for the student, “Raise Flag” and choose “Attendance/Participation Concern” and document any continued issues.
    - Complete a “Course Action Plan” or a “Clinical Action Plan” according to the class in question (*See additional PTA Program forms*)
    - Clinical courses: Scan and email form to Deborah Yagelski, ACCE, [dyagelski@ivytech.edu](mailto:dyagelski@ivytech.edu)
    - All other courses: Scan and email form to Dr. Bancsi, Program Chairperson, [dsinickimeves@ivytech.edu](mailto:dsinickimeves@ivytech.edu)
  - ✓ Third written review: Complete an “Incident Report” via [www.ivytech.edu/incident](http://www.ivytech.edu/incident)
    - Complete the online form and be sure to CHECK “Email me a copy of this report”
    - Forward this report to Dr. Bancsi, Program Chairperson, [dsinickimeves@ivytech.edu](mailto:dsinickimeves@ivytech.edu)

### Course Action Plan

This document is used during the faculty review of student performance in academic or technical classes completed on campus. Concerns related to clinical performance should use the Clinical Action Plan found in the PTAS 115, 205, and 215, Clinical I, II, III courses respectively. This form is used as the *second written review*. The purpose of this form is to provide detailed examples, required behavioral changes, recognize participants, and provide timelines for improvements.

Date of Preparation of Action Plan: \_\_\_\_\_ Course/section: \_\_\_\_\_

Student Name: \_\_\_\_\_ Faculty name(s): \_\_\_\_\_

Behavioral Concern: \_\_\_\_\_

Specific Examples:

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Action Plan – In Class: (give specific requirements for the student to complete in class):

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Action Plan – Out of Class: (give specific requirements for the student to complete out of class):

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Action Plan – Faculty Role: (give specific interventions intended to help student meet above plans):

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Date of next review of plan: (this date must be the earliest date possible to meet the above plan, allow student to demonstrate improvement, and addresses the nature of the concerns at hand):

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Student Name, Signature, and Date: \_\_\_\_\_

Faculty Name, Signature, and Date: \_\_\_\_\_

Program Chairperson Name, Signature, and Date: \_\_\_\_\_

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Calendar invite from Program Chairperson provided to all individuals: \_\_\_\_ (check for completion)

Document filed in student PTA File with Program Chairperson: \_\_\_\_ (check for completion)