***Summary of Program Evaluation***

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| **PROGRAM INFORMATION** |  |
| Program Name |  |
| Program Approval Number |  |
| Date(s) of Summary Evaluation |  |
| **ATTENDANCE INFORMATION** |  |
| Number of RN Attendees |  |
| Number of LPN Attendees |  |
| Number of Other Attendees |  |
| **QUALITY IMPROVEMENT INFORMATION** | |
| Total # of Evaluations Returned |  |
| Summarize Positive Feedback from Program Evaluation |  |
| Summarize Opportunities for Improvement from Program Evaluation |  |
| List Recommendations for Future Programming |  |
| **LEARNING OUTCOME EVALUTION** | |
| Type Verbiage of Learning Outcome # 1 from Program Details (Section M of Application) |  |
| Summarize Results of Learning Outcome # 1 |  |
| Type Verbiage of Learning Outcome # 2 from Program Details (Section M of Application) |  |
| Summarize Results of Learning Outcome # 2 |  |
| Type Verbiage of Learning Outcome # 3 from Program Details (Section M of Application) |  |
| Summarize Results of Learning Outcome # 3 |  |