***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 |  |