**Children’s of Alabama**

**NCPD Program Summative Evaluation**

**Activity Number & Title:** Click here to enter text.

**Activity Program Date:** Click here to enter text. **Activity Evaluation Date:** Click here to enter text.

**Total Contact Hours Awarded:** Click here to enter text. **Nurse Planner:** Click here to enter text.

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| **Activity Participation:** *(i.e., number of participants, was this more or less than expected, demographics, etc.)* | |
| **Total # registered/attended:** Click here to enter text.  **Total # RN Participants:** Click here to enter text. | **Total # receiving full credit:** Click here to enter text. |
| **List of participants receiving partial credit and amount:  No partial credit given**  **Total # receiving partial credit** Click here to enter text. **Total # partial contact hours** Click here to enter text. | |
| **Activity Schedule/Delivery Comments:** *(Live event comments, online activity, etc.:* ***record percentage of participant answers.)*** | |
| **Live/Zoom  Pre-recorded  Online Activity  Other Enduring Activity** Click here to enter text.  **Activity Schedule/Delivery:  Satisfactory**       **Unsatisfactory**        **NA** | |
| **Speaker Evaluation:** *(Record participant ratings of presenters. Evaluate speakers individually: copy/paste extra grids as needed.)* | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Speaker:** | **Excellent (%)** | **Good (%)** | **Fair (%)** | **Poor (%)** | | *Knowledge of Subject:* | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | *Clarity of Content:* | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | *Effective Teaching:* | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | **Bias identified during activity?  Yes  No Describe if bias identified:** Click here to enter text. | | | | | | |
| **Participant Evaluation Comments:** *(Identify trends in the Comments submitted by participants about the activity content, impact on professional practice, quality of program,* ***key points/themes participants learned****.)* | |
| **Participant comments related to learning outcome(s):**        **Comments related to the overall activity, content, instructors, schedule, facility**  **Suggestions for future topics:** | |
| **Participant Ratings Summary:** | |
| **Evaluation Scores Report:  Attached  Stored in:** Click here to enter text. | |
| **Was the Outcome Measure Met?** *(State in quantitative or qualitative measures)* | **What Professional Development Outcome was met by this activity?** |
| **Met**        **Partial Met**        **Not Met** | **Knowledge  Skills  Practice** |
| **Overall Recommendations/Key Findings from the evaluation data received:** | **Action Plan** |
|  | * *example* *-* continue without changes * *example* - increase discussion/Q&A time in session 4 |

**Submit 1 *Summative Evaluation* for each date the activity is presented**

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| **Attach list of participants and indicate the number contact hours awarded each individual**  **Registration stored in:** COA LMS &/or NPD, Primary Nurse Planner or Program Director’s office    **Sign-in Sheet for attendees attached**  **Attach a copy of any participant evaluation forms used**  **Evaluation stored in:** NPD, Primary Nurse Planner or Program Director’s office  **Paper evaluation form *(if applicable)* attached**  **Copy of evaluations stored in: (e.g., evaluations collected)** |

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| **Sections completed by CNE Administrative Staff** | **Sections completed by Activity Nurse Planner** |