**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.)* |
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| **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. |

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| **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
*
*
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**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**  [x]  **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**[x]  **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** |