**Children’s of Alabama**

**NCPD Program Summative Evaluation**

**Activity Title:**      

**Activity Program Date:** Click here to enter text. **Today’s 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 (HealthStream)  Other Enduring Activity** Click here to enter text.  **Activity Schedule/Delivery:  Satisfactory**       **Unsatisfactory** | |
| **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. |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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. | | |
| **Participant Evaluation Comments:** *(Identify trends in the Comments submitted by participants about the activity content, impact on professional practice, possible bias, 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** | |
| **Bias identified during activity?  Yes  No Describe if bias identified:** Click here to enter text. | |
| **Participant Ratings Summary:** | |
| **Evaluation Summary Report:  Attached  Stored in Learning Management System or Continuing Ed. Drive** | |

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|  | **LEARNING OUTCOME(S):** *(Please evaluate each outcome-add rows as needed)*  **As a result of this activity, I will be able to:** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| **1** | **(Learning outcome)** Click here to enter text. |  |  |  |  |
| **2** | **(Learning outcome)** Click here to enter text. |  |  |  |  |
| **3** | **(Learning outcome)** Click here to enter text. |  |  |  |  |

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| --- | --- |
| **Was the Outcome Measure Met?** *(State in quantitative or qualitative measures)* | **What Professional Development Outcome was met by this activity?** |
| **Yes**        **No** | **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**