**Outcomes Measurement – Summary & Analysis**

|  |
| --- |
| **Activity Title:** |
| **Date(s):** |
| **Activity Director:** |

***Instructions: Answer all questions in relation to the Regularly Scheduled Series listed above.***

Please describe what you planned to do with this series, include purpose, practice gaps, and learning objectives:

|  |
| --- |
|  |

Briefly describe what you have done to date, include content and data collection methods:

|  |
| --- |
|  |

Provide a summary of the evaluation/outcomes data you have collected:

|  |
| --- |
|  |

Based on this data, explain how the goals and practice gap objectives have or have not been met:

|  |
| --- |
|  |

Describe your plans going forward:

|  |
| --- |
|  |