



Quarterly Summary of Ongoing Monitoring Results

Name: _____

Monitoring Timeframe: _____

1. What was monitored? (service, system, goal/objective)	
Click here to enter text.	
2. What particular element was monitored?	Who monitored it?
Click here to enter text.	Click here to enter text.
3. What did you find?	
a) What strengths did you identify? (<i>Exceeding regulations and innovating</i>) Click here to enter text.	
b) What areas of concern did you find? (<i>Not meeting regulations/not effective</i>) Click here to enter text.	
c) Was course correction needed? Yes <input type="checkbox"/> (if yes, briefly describe the course correction) Click here to enter text.	
d) Through your follow up, did you find that the corrective action was effective? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, explain why it was ineffective and describe your next course correction strategy) Click here to enter text.	
e) Progress on goals/objectives Click here to enter text.	
4. Possible referrals to the Self-Assessment team	
Click here to enter text.	