

Quarterly Summary of Ongoing Monitoring Results Form

Name: _____ Monitoring Timeframe: _____

1. What was monitored (e.g., service, system, goal, or objective)?	
2. What particular element was monitored?	Who monitored it?
3. What did you find?	
a) What strengths did you identify (e.g., exceeding regulations and innovating)?	
b) What areas of concern did you find (e.g., not meeting regulations or ineffective)?	
c) Was course correction needed? <i>If yes, briefly describe the course correction.</i>	
Through your follow-up, did you find the corrective action was effective? <i>If yes, describe what evidence of effectiveness you saw. If no, explain why it was ineffective and describe your next course correction strategy.</i>	
d) What progress did you make on goals or objectives?	
4. Possible referrals to the self-assessment team	