



Quarterly Summary of Ongoing Monitoring Results

Name: _____

Monitoring Timeframe: _____

1. What was monitored? (service, system, goal/objective)	
2. What particular element was monitored?	Who monitored it?
3. What did you find?	
a) What strengths did you identify? (<i>Exceeding regulations and innovating</i>)	
b) What areas of concern did you find? (<i>Not meeting regulations/not effective</i>)	
c) Was course correction needed? Yes <input type="checkbox"/> (if yes, briefly describe the course correction)	
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)	
e) Progress on goals/objectives	
4. Possible referrals to the Self-Assessment team	