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**Summative Evaluation**

**Activity Title:**

**Activity Evaluation Date:** **Awarded Contact Hours:**

|  |
| --- |
| **Activity Participation/Comments:** *(i.e. number of participants, was this more or less than expected, demographics, etc.)* |
|  |
| **Total # of Participants:**  |  |  |
| **Activity Schedule/Delivery Comments:** *(i.e. live event comments, online activity, etc.)* |
| Did the time, location, and format of this activity allow for effective learner engagement? Why or why not? |
| **Participant Evaluation Comments:** *(i.e. content, instructors, bias, quality of program, test question revisions, etc.)* |
| **Completed by work study student from participant evals.** |
| **Participant Ratings Summary: (***of all evaluation items***)** |
| **Completed by work study student from participant evals.** |
| **Overall Recommendations/Key Findings for all items reviewed and discussed (supports planning committee action plans)** | **Action Plan** |
| * xxx
 | * *example* *-* continue without changes
* *example* - increase discussion/Q&A time in session 4
 |

**Attach list of participants and indicate the number contact hours awarded each individual**

**Attach a copy of any participant evaluation forms used**