

## Program Summary Report

**Program Site:**

**Course Start Date:**

**Course Name:**

**Date of Completion:**

**Course Number:**

**Program Director:**

**Lead Instructor:**

Number of students enrolled:

Number of students completing:

Number of students unsuccessful:

Number of course evaluations completed:

**Summary of reasons for drops:**

**Top 3-5 positive student comments:**

**Top 3-5 negative student comments/concerns:**

**Strategies to address concerns:**

**Program Director comments:**

<b>Course evaluations reviewed with:</b>			
Faculty	Y	N	<b>Date:</b>
Medical Director	Y	N	<b>Date:</b>
Management team	Y	N	<b>Date:</b>
Advisory Committee	Y	N	<b>Date:</b>

**Program Director:**

**Date:**