**ACTIVITY SUMMARY SHEET**

**ONE POINT  TWO POINTS**

DIRECTIONS: Complete one sheet for every activity. Entries must be typed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PPM Domain: | | **Care Delivery** | | |
| Activity: | | Choose an item. | | |
| Support: | |  | | |
| Mentor Signature: | |  | | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Print Signature: |  | Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Lead/Supervisory Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Print Signature: |  | Title: |  |

*This is the person(s) who directly observed or verified this activity.*