**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.*