**MONITORING AND EVALUATION OF ACTIONS TAKEN**

**Instructions: Please fill-out this form and attach this form to your College or Unit’s Form and other forms that require action plan and monitoring (e.g. Counselling Form, Consultation Form, NCAR, CAR and OFI) indicating the ACTIONS TAKEN**

**Name of Concerned Staff or Faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OR**

**College, Unit or Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Description of the Problem at hand or OFI** | **IMPROVEMENT ACTION PLAN** | | | | **Expected Results** | **Actual Results** | **Effectiveness of the Implemented Action** |
| Strategies/  By whom | Resources | Start/End of Implementation | Period of Evaluation | **MONITORING INFORMATION** | | |
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**Conforme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/Signature/Date**

**Unit Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/Signature/Date**

**Legend for Effectiveness of Implemented Actions**

* All expected results are achieved- Highly effective
* Majority of expected results are achieved (more than 50%)- Effective
* Below 50% of expected results are achieved- Partly effective
* None of the expected result is achieved- Not effective

Rev 0

Effective: October 14, 2021