**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following statements relate to the targets of the CIP Foundational Services training/workshop session Continuous Improvement Planning. Please indicate your level of agreement with the following statements:

*4= Fully Agree*

*3= Agree*

*2= Somewhat Agree*

*1= Disagree*

|  |  |  |
| --- | --- | --- |
| Continuous Improvement Planning | Pre | Post |
| I can describe the characteristics of a quality continuous improvement plan |  |  |
| I can identify the cycle of the continuous improvement process |  |  |
| I can identify state level expectations and regional support available for continuous improvement planning |  |  |

**Reflection Questions following post survey:**

1. In what areas did you grow the most?
2. In what areas do you need further development?
3. What next steps do you plan to take to further develop your knowledge and skills related to Continuous Improvement Planning?