TITLE:

AGENCY & CONTACT:

DATE: Date form submitted.

Please complete as summary of all self-evaluation supporting evidence.

|  |
| --- |
| SUMMARY/OUTLINE OF PROJECT/ACTIVITY including Aims/Objectives |
| PLEASE INDICATE WHICH OF THE CARE INSPECTORATE QUALITY INDICATOR(S) THE EVIDENCE RELATES TO:  | PLEASE INDICATE WHICH METHODS OF SELF-EVALUATION WERE USED:  |
| HOW GOOD ARE WE NOW? |
|  |
| HOW DO WE KNOW? |
|  |
| HOW GOOD CAN WE BE? |
|  |
| WHAT DID THE FINDINGS OF YOUR SELF-EVALUATION TELL YOU?  |
|  |
| 6 Point Scale – **please tick one** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Level 6** | **Excellent** | Outstanding or sector leading |  |
| **Level 5** | **Very Good** | Major strengths |  |
| **Level 4** | **Good** | Important strengths with areas for improvement |  |
| **Level 3** | **Adequate** | Strengths just outweigh weaknesses |  |
| **Level 2** | **Weak** | Important weaknesses |  |
| **Level 1** | **Unsatisfactory** | Major weaknesses |  |

 |
| EVIDENCE OF SELF EVALUATION ACTIVITY CAN BE FOUND: |

Please return completed Briefs to: QAPPCYP@Moray.gov.uk.