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.