## FOLLOW-UP: ND QUALITY STANDARDS GOAL REPORT

Date of Completion: \_\_\_\_\_

Report on progress of the 2 quality indicators submitted with your initial self-assessment.

	Indicator #1:	Indicator #2:
Briefly describe the actions your program took to increase quality on selected indicators.		
What challenges did you encounter when working on these indicators?		
What actions does your program still need to take to increase quality on these indicators?		
What resources or support would be helpful?		