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| **NAME:**       | **CTFN No.:**       |
| **DATE PROJECT COMPLETED:** | **MONTH**:       | **YEAR:**       |

**NOTE**: The information provided should not exceed two pages. Cells will expand as you type.

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| **Name or Title of Resource**      |
| **Describe the needs assessment which led to the development of the resource**      |
| **Describe the resource, purpose in diabetes education, development methods**      |
| **Describe the evaluation design for the new resource**      |
| **What were the results of the evaluation (provide a concise description)**      |
| **Who worked on the development and evaluation of the resource?**      |
| **What was your role in the development and evaluation of the resource?**      |

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| --- | --- | --- | --- |
| Manager’sName: (print) |  | Manager’s Signature:  |  |
| OR ANOTHER CDE MAY SIGN ONLY IF MANAGER IS UNAVAILABLE TO SIGN |
| CTFN No.: | Name:(print) | Signature: |