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