

# Form 4A: Development and Evaluation of New Diabetes Related Educational Materials and Resources

15 Credits per Resource Developed and Evaluated

Issued: 2018

NAME: \_\_\_\_\_ CTFN No.: \_\_\_\_\_

DATE PROJECT COMPLETED: MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

NOTE: If you need more space for an entry attach a separate sheet with your name, CTFN No. and the additional information.

<b>NAME or TITLE of RESOURCE</b>
<b>Describe the needs assessment which led to the development of the resource</b>
<b>Describe the resource, purpose in diabetes education, development methods</b>
<b>Describe the evaluation design for the new resource</b>
<b>What were the results of the evaluation (provide a concise description)</b>
<b>Who worked on the development and evaluation of the resource?</b>
<b>What was your role in the development and evaluation of the resource?</b>

<b>Manager's Name: (print)</b>	<b>Manager's Signature:</b>
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OR ANOTHER CDE MAY SIGN ONLY IF MANAGER IS UNAVAILABLE TO SIGN

<b>CTFN No.:</b>	<b>Name:(print)</b>	<b>Signature:</b>
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