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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 of Program** |
| **Describe the needs assessment used in the development/revision of the program** |
| **Describe the learning objectives of the program as developed/revised** |
| **Describe the program as developed/revised** |
| **Describe the evaluation design for the program as developed/revised.** |
| **What was your role in the development/revision of the program?** |

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