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