**NAME:**

**CTFN No.:**

**DATE COMPLETED: MONTH****:**       **YEAR**:

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

|  |
| --- |
| **Name of Policy/Procedure** |
| **What needs prompted the development of the policy/procedure?** |
| **Summary of research done to develop the policy/procedure** |
| **Summary of the policy/procedure implementation and evaluation process** |
| **Who worked on the development/implementation/evaluation of the policy/procedure?** |
| **What was your role in the development/implementation/evaluation of the policy/procedure?** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: | |