**NAME:**       **CTFN No.:**

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

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

|  |
| --- |
| **Name of Program Evaluated** |
| **What method was used for the program evaluation?** Part CCHSA organization accreditation  Participated in the CDA/DES National Recognition Program  Designed our own program evaluation – please list objectives: |
| **Describe the program evaluation process used** |
| **Describe the major findings as a result of the program evaluation** |
| **How does your program plan to use these findings?** |
| **Who worked on the evaluation of the program?** |
| **What was your role in the evaluation of the program?** |

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