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