Form 5H: Program Evaluation - Design and Implementation
20 credits per program evaluated per Credit Collection Period   Issued: 2018

NAME: _____ CTFN No.: _____

DATE EVALUATION COMPLETED: MONTH: _____ YEAR: _____

NOTE: If you need more space for an entry attach a separate sheet with your name, CTFN No. and the additional information.

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 <u>major</u> 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:

Portfolio Page: