**Form 5J: Program Evaluation - Design and Implementation**

Credit Value: 5 credits per program evaluated per CCP Issued: 2019

**NAME:** Name. **CTFNno:** CTFNno.

**DATE EVALUATION COMPLETED:** Click or tap to enter a date.

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| **Name of Program Evaluated.** |
| **What method was used for the program evaluation?**  Part CCHSA organization accreditation  Participated in the DC National Recognition Program |
| **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?** |

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| --- | --- | --- | --- | --- |
| Manager’s Name: (print)  Manager’s Name. | | Manager’s Signature: | | Date:  Date. |
| Phone #  Phone | Email:  Email. | | CFTNno. (signing CDE only)  CTFNno. | |

Another CDE® may sign **only** if the Manager is unavailable to sign. Signing CDE® must also indicate their CFTNno.