**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.

|  |
| --- |
| **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?**      |

|  |  |  |
| --- | --- | --- |
| 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.