Form 5J: Program Evaluation - Design and Implementation

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

NAME: **CTFNno:**

DATE EVALUATION COMPLETED:

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 <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:	Date:
Phone #	Email:		CFTNno. (signing CDE only)

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

Portfolio Page: