

PARTICIPATION EVALUATION FORM

NAET Advanced 2 A NAET Case Management for Autism and ADD

Provider's Name and Number

Dr. Devi S. Nambudripad, AC 089

Course Beginning date: 5/14/2021 11:08:37 AM

Course Ending date: 7/7/2021 12:58:33 PM

Participant's name and License #:

Kimberly Netling
NCCAOM, AC

Date of Evaluation: 7/7/2021

Did this course meet its STANDARD OBJECTIVES?

Yes, I found this course very informative

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes, the instructor was very knowledgeable about the course subject and this material is helping me with a child I'm treating who is diagnosed with autism

Did the instructor utilize appropriate teaching methods

Yes - I enjoyed the materials and the reviews

Do you feel that you will be able to apply what you have learned from this course to your practice?

Yes, I already am applying with my current patient who is a 3 year old autistic child

Would you recommend this course to other licensed medical professionals?

yes

Do we have your permission to share your views with other practitioners?

yes
