

## 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:** 6/2/2021 2:23:36 PM  
**Course Ending date:** 9/1/2021 11:54:47 AM

---

**Participant's name and License #:**  
Adrienne Ortega  
TX

**Date of Evaluation:** 9/1/2021

---

**Did this course meet its STANDARD OBJECTIVES?**  
yes it did

---

**Did the Instructor Demonstrate adequate knowledge about the course subject?**  
absolutely

---

**Did the instructor utilize appropriate teaching methods**  
yes

---

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

---

**Would you recommend this course to other licensed medical professionals?**  
yes

---

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

---