

## PARTICIPATION EVALUATION FORM

NAET Advanced 2 A Case Management for Autism and ADD and ADHD

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**Provider's Name and Number**  
Dr. Devi S. Nambudripad, AC 089

**Course Beginning date:** 6/24/2023 2:11:08 PM  
**Course Ending date:** 8/11/2023 5:34:38 PM

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**Participant's name and License #:**  
Janet Fakhouri  
KY ND,MS

**Date of Evaluation:** 8/11/2023

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

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

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

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**Do you feel that you will be able to apply what you have learned from this course to your practice?**  
Yes but i will need more kits

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

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

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