

PARTICIPATION EVALUATION FORM

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

Provider's Name and Number

Dr. Devi S. Nambudripad, AC 089

Course Beginning date: 2/7/2024 1:04:05 PM

Course Ending date: 2/12/2024 7:15:48 PM

Participant's name and License #:

Jacob Moore

Ontario, Canada. Registered Massage Therapist

Date of Evaluation: 2/12/2024

Did this course meet its STANDARD OBJECTIVES?

Yes It was very detailed. I feel confident in treating and managing ADD and Autism symptoms after completing this course

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes

Did the instructor utilize appropriate teaching methods

Yes. Images were used to show positioning of the practitioner and patient.

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

Yes. With everything I learned from this course I feel confident to follow the Autism and ADD/ADHD NAET protocol

Would you recommend this course to other licensed medical professionals?

Yes, absolutely. I have seen NAET change so many peoples lives

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

Yes
