

## 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:** 3/13/2024 8:51:21 AM

**Course Ending date:** 5/2/2024 10:54:58 AM

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**Participant's name and License #:**

Darcie Beyer  
Texas

**Date of Evaluation:** 5/2/2024

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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 absolutely

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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

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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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