

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: 8/18/2024 12:41:46 PM

Course Ending date: 8/25/2024 2:05:37 PM

Participant's name and License #:

April Kay
NJ

Date of Evaluation: 8/25/2024

Did this course meet its STANDARD OBJECTIVES?

yes

Did the Instructor Demonstrate adequate knowledge about the course subject?

yes

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. I am looking forward to helping children and adults with these conditions in my practice.

Would you recommend this course to other licensed medical professionals?

yes

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

yes
