

## 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:** 12/15/2023 8:46:23 AM

**Course Ending date:** 12/14/2024 10:33:42 AM

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

Dr. Shelly Thran, LAc  
AZ LAC

**Date of Evaluation:** 12/14/2024

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

Yes, definitely

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

Yes, Dr. Devi is very knowledgeable and explains very well

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**Did the instructor utilize appropriate teaching methods**

Yes, liked the charts

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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 would like to have the ability to review the information

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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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