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

Course Beginning date: 3/6/2025 9:47:12 PM
Course Ending date: 9/23/2025 6:44:46 PM

Participant's name and License #:
Merav Krispil
ISRAEL

Date of Evaluation: 9/23/2025

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

Would you recommend this course to other licensed medical professionals?
YES

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