

**IFNA FOUNDATION CONTINUING EDUCATION PROGRAM  
EVALUATION FORM**

**Title of Program** \_\_\_\_\_

Please score the application by check the column which best describes each element:

0 = much less than adequate  
1 = less than adequate  
2 = adequate

3 = more than adequate  
4 = much more than adequate  
N/A = Not applicable

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/A</b>
Purpose of Program						
Needs Assessment						
Program Outline						
• Time Frame						
• Content						
• Faculty						
• Outcomes						
• Teaching Methods						
Budget Justification						
Program Outcomes						
Relevance to IFNA Mission						

Rank and justify your interpretation of Tier designation:

<b>Tier I</b>	
<b>Tier II</b>	

Explain any score 0-1 and others if you feel so inclined:

Item Number	Explanation

Recommendations:      \_\_\_\_\_ Accept      \_\_\_\_\_ Accept with revisions      \_\_\_\_\_ Reject

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_