# Washington State WIC Nutrition Program
## Trainer Feedback for Certifier Competency Training

<table>
<thead>
<tr>
<th>Agency: __________________________</th>
<th>Name (Optional): __________________________</th>
<th>Date: ____________</th>
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## Learning Management System (LMS) – Create LMS User Account Form
What are your suggestions for improvement?

## Email – Beginning Certifier Competency Training
Was the information clear and complete?  [ ] Yes  [ ] No

What are your suggestions for improvement?

## Webpages – (LMS, Certifier Competency Training)
Was the information clear and complete?  [ ] Yes  [ ] No

What are your suggestions for improvement?

## Trainer’s Guide
Was the information clear and complete?  [ ] Yes  [ ] No

What are your suggestions for improvement?

## Certifier Competency Training Worksheets
Was the information clear and complete?  [ ] Yes  [ ] No

What are your suggestions for improvement? (Please list the competency area and be specific in your suggestions.)
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### Certification Observation Tool

Was the information clear and complete?  □ Yes  □ No

What are your suggestions for improvement?

### Certifier Competency Training Documentation Form

Was the information clear and complete?  □ Yes  □ No

What are your suggestions for improvement?

### Email – Confirmation: We received Certifier Competency Training Documentation Form

Was the information clear and complete?  □ Yes  □ No

What are your suggestions for improvement?

### Email – Certifier Competency Training has been approved

Was the information clear and complete?  □ Yes  □ No

What are your suggestions for improvement?
## Overall process
How did this process work for you?

What are your suggestions for improvement?

## Assistance
Did you contact the state office for support during this training?  
☐ Yes  ☐ No
If yes, what support was needed? (LMS help, competency documentation, etc.)

Did you receive the support needed?  ☐ Yes  ☐ No
If no, what was needed?

## Any other comments?

Send to [WAWICTraining@doh.wa.gov](mailto:WAWICTraining@doh.wa.gov)

For persons with disabilities, this document is available on request in other formats.
To submit a request, please call 1-800-841-1410 (TDD/TYY 711).
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