

**Washington WIC Program
Trainee Feedback for Certifier Competency Training**

Agency: _____ Name (Optional): _____ Date: _____

Learning Center (LC)

Was the How to Log into LC tool helpful? Yes No

What are your suggestions for improvement?

Certifier Competency Training Worksheets

Was the information clear and complete? Yes No

Did you receive the information and resources needed to develop the knowledge and skills required for each competency area? Yes No

If no, please list the competency area and specific suggestions.

Certification Observation Tool

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?

Washington WIC Program Trainee Feedback for Certifier Competency Training

Agency: _____ Name (Optional): _____ Date: _____

Assistance

Did you contact the state staff for support during the training? Yes No
If yes, what support was needed? (LC help, competency documentation, etc.)

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

Training Requirements/Additional Training Resources

Did the links work? Yes No
Please share what links weren't working:

Was the content useful for your learning? Yes No
What changes would you suggest?

What other comments would you like to share?

Send to 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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