

2-9 Completion Form: TWIST Training

What you need to do:

1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed ***TWIST Training*** face-to-face training or on-the-job training and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing *TWIST Training*, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/ NA
9.1	Demonstrates basic computer skills.	
9.2	Records correct participant information in the data system.	
9.3	Uses the data system to document nutrition assessment data including anthropometric measurements, hemoglobin or hematocrit levels, health history and diet assessment information.	
9.4	Uses the data system to record participant contacts, care plans, and nutrition education provided.	
9.5	Makes appropriate food package selections and correctly records them in the data system.	
9.6	Identifies appropriate food benefits to be issued.	
9.7	Coordinates food benefit issuance with nutrition education.	

#	Competency	Yes/No/NA
9.8	Schedules appropriate appointments for participants.	
9.9	Enters data accurately.	
9.10	Locates and utilizes needed reports.	

Training Supervisor:

I have met with or observed _____ and can verify that they have achieved the learning objectives of the ***TWIST Training*** and the competencies listed above.

Date: _____

Signature: _____