

4-14 Completion Form: Child Nutrition

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 the *Child Nutrition* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Child Nutrition* online course, you should meet the following competencies:

#	Competency	Yes/No/NA
3.8	Analyzes and compares physical activity practices with published and evidence-based recommendations.	
3.13	Understands the development and nutritional needs of children 1-5 years of age.	
3.14	Educates participants about nutrition related problems experienced by children 1-5 years of age.	
3.15	Makes correct recommendations to participants on feeding practices for children 1-5 years of age.	
3.16	Recognizes factors that may contribute to childhood obesity.	
3.17	Provides appropriate counseling for parents, with the goal of promoting a healthy weight for their child.	

Training Supervisor:

Child Nutrition post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Child Nutrition* online course and the competencies listed above.

Date: _____

Signature: _____