

4-18 Completion Form: Baby Behaviors

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

Date: _____

Signature: _____

After completing the *Baby Behaviors* online course, you should meet the following competencies:

#	Competency	Yes/No/NA
3.4	Evaluates the impact of the parent/child relationship and feeding dynamics on nutritional status, growth and development.	
3.8	Analyzes and compares physical activity practices with published and evidence-based recommendations.	
3.9	Identifies the impact of infant development on feeding.	
3.28	Demonstrates and assesses effective practices that support breastfeeding.	
3.30	Analyzes common breastfeeding problems and identifies solutions using evidence-based information.	
3.35	Makes correct recommendations to parents and caregivers regarding parent-child feeding relationships and behaviors.	

Training Supervisor:

Baby Behaviors post-test score: _____

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

Date: _____

Signature: _____