

6-2 Completion Form: Food Package

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 *Food Package* module, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Food Package* module, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/ NA
2.8	Correctly issues food benefits to participants.	
7.2	Evaluates socio-cultural practices for their potential to influence the participants' health or nutritional status.	
8.11	Assigns the food package most appropriate to the participants' category, risk, and personal preference.	
9.6	Identifies appropriate food benefits to be issued.	

Training Supervisor:

Food Package post-test score: _____

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

Date: _____

Signature: _____