

9-3 Completion Form: Providing Participant Centered Groups

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: _____

Certifier:

I have completed the *Providing Participant Centered Groups* module, completed the post-test, and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Providing Participant Centered Groups* module, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/NA
10.14	Develops and prepares session guides, activities, and materials based on adult learning theory, participants' needs, interests, age, and abilities.	
10.15	Effectively facilitates group nutrition education sessions.	
10.16	Engages participants in hands-on learning to achieve positive health outcomes.	

#	Competency	Yes/No/NA
10.17	Uses creative facilitation strategies that build on participants learning styles (ways of learning), strengths, prior knowledge, and skills.	
10.18	Creates a respectful learning environment in which participants in a group feel comfortable participating.	
10.19	Provides positive reinforcement in a group setting	
10.20	Improve group offerings and facilitation skills/techniques using evaluation results.	
10.21	Appropriately uses audiovisual equipment and materials.	
10.22	Organizes and maintains education materials, supplies, and equipment.	

Training Supervisor:

Providing Participant Centered Groups post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Providing Participant Centered Groups* module and the competencies listed above.

Date: _____

Signature: _____