

# The 2009 New Food Package Training Regional Training Evaluation

Agency name: \_\_\_\_\_ Agency #: \_\_\_\_\_ Training date: \_\_\_\_\_

Job title: \_\_\_\_\_

Are you a local agency trainer who plans to provide this training for your staff?    **Yes**    **No**

**If yes:**

We would like your feedback after you've conducted your trainings. Please provide us with the following contact information so we can send you a link to an online survey:

Email address: \_\_\_\_\_ Name (optional): \_\_\_\_\_

1) Please check  the response that most closely describes how you feel:

<b><u>New Foods:</u></b> How comfortable do you think you will be in educating participants about the following new foods?						
<b><u>New Foods</u></b>	Very comfortable	Comfortable	Not very comfortable	Not comfortable at all	Not sure	Didn't do
a) Fruits and Vegetables						
b) Milk, Soy Milk, Cheese, and Tofu						
c) Whole Grains						
d) Juice						
e) Peanut Butter, Peas, Beans, and Lentils						
f) Fish						
g) Baby Foods & Infant Formula						

<b><u>New Food Packages:</u></b> With more practice and with job aids, how comfortable do you think you will be in determining which new food package your WIC participants should receive?						
<b><u>New Food Packages</u></b>	Very comfortable	Comfortable	Not very comfortable	Not comfortable at all	Not sure	Didn't do
a) Breastfeeding						
b) Non-Breastfeeding						
c) Pregnant						
d) Infant						
e) Child						

(over)

1) (cont'd): Please check  the response that most closely describes how you feel:

<b><u>New ISIS codes:</u></b> How comfortable are you that you can explain the information represented in the 1 <sup>st</sup> and 3 <sup>rd</sup> spaces of the new ISIS codes?						
<u>New ISIS codes</u>	Very comfortable	Comfortable	Not very comfortable	Not comfortable at all	Not sure	Didn't do

2) What information from the training will you remember the best?

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3) What additional support or education about the new food package and the ISIS codes would most help you?

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4) Were the handouts helpful?      *Circle one:*    Yes    No  
Please explain why or why not:

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5) What would make this training better?

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***Please give this form back to your trainer.  
THANK YOU FOR YOUR FEEDBACK!!***