Name:_____ **Date: _____**

ChildcareAlive! Training Objective Evaluation

Please answer each of the following questions and submit to your trainer.
You must answer each question correctly to receive credit for this training.

1. Write at least one NUTRITION best practice that was discussed in the ChildcareAlive! Training and Provider Assessment.

2. Write at least one BREASTFEEDING SUPPORT best practice that was discussed in the ChildcareAlive! Training and Provider Assessment.

3. Write at least one PHYSICAL ACTIVITY best practice that was discussed in the ChildcareAlive! Training and Provider Assessment.

Please write your 2 SMART Goals below. (Do NOT write your action plans here.)

1.

2.