

😊 *Pre-Training Paperwork* 😊

Questions

Training for Child (Day) Care Health Consultants

Name: _____

Please:

- Register on the Sign-in Sheet each day (To register for your **Training Certificate**)
- Answer the **Questions** below and give this sheet to the Instructor
(To help the instructor know what you need from the training)
- Make a **Large Lettered Name Tag** (To help the Facilitators call you by your name.)

Thank you.

1. Visits to Child (Day) Care Facilities a. Have you ever visited a child care facility? b. Did you visit in the role of a health consultant? c. How many different child care facilities have you visited?	Yes No Yes No 1-2 3-5 6 or more
2. Previous Training On This Topic How many times before this have you had training on how to be a child (day) care health consultant?	0 1 2 3 4 more than 4
3. Confidence How confident are you about your skills and knowledge to be a child (day) care health consultant?	Very confident Somewhat confident Not confident

