



WIC Vendor Training Evaluation Form

Store Name: _____ Vendor Number: _____

Training Topic: _____ Training Date: _____

Name(s) of Store Representative(s) Who Attended Training: _____

Thank you for taking the time to attend WIC training. Please provide feedback on the training material and instructor(s). We ask that you submit this completed evaluation form to the WIC Vendor Management Unit by email to wic@alaska.gov, fax to (907) 465-3416, or mail to the address listed above within 7 days of the training.

Rating	Strongly disagree	-	Neutral	-	Strongly Agree
1. The training was relevant to my needs	1	2	3	4	5
2. I have a better understanding of the WIC program	1	2	3	4	5
3. I will be able to apply what I learned to my store	1	2	3	4	5
4. I was able to get my WIC questions answered	1	2	3	4	5

5. Please list one thing you learned that can be applied to your store:

6. Additional feedback or comments:

