

Chapter 5 Answer Sheet

Spanish for Breastfeeding Support

Name: _____

EXERCISE 1

1. _____
2. _____
3. _____
4. _____
5. _____

EXERCISE 2

1. _____
2. _____
3. _____
4. _____
5. _____

EXERCISE 3

1. _____
2. _____
3. _____
4. _____
5. _____

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Spanish for Breastfeeding Support

EXERCISE 4

1. _____
2. _____
3. _____
4. _____
5. _____

EXERCISE 5

1. _____
2. _____
3. _____
4. _____
5. _____

EXERCISE 6

1. _____
2. _____
3. _____
4. _____
5. _____

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EXERCISE 7

1. _____
2. _____
3. _____
4. _____

EXERCISE 8

Breastfeeding Intake Form

1. Mother's name _____
2. Baby's name _____
3. Phone number _____
4. Pediatrician _____
5. Baby's birthdate _____
6. Baby's birth weight _____
7. Current weight _____
8. Number of feedings in 24 hours _____
9. Formula use (yes/no) _____
10. Pacifier use (yes/no) _____

Self Directed Evaluation

Spanish for Breastfeeding Support

Title: Chapter 5

L-CERPs: 1.3

Location:

Date:

Purpose of the activity: To help breastfeeding support professionals effectively support breastfeeding mothers in Spanish

Please complete this evaluation questionnaire. Your anonymous responses will be used to revise this activity and to plan for future educational activities. Circle the number that best fits your evaluation of this activity.

1= Not at all

2 = Somewhat

3 = Almost completely

4 = Completely

| | | | | |
|--|---|---|---|---|
| 1. Rate your achievement of these objectives: | | | | |
| a) Understand and use vocabulary and phrases related to milk supply | 1 | 2 | 3 | 4 |
| b) Describe things happening in the immediate present | 1 | 2 | 3 | 4 |
| c) Use <i>saber</i> and <i>conocer</i> and understand the difference | 1 | 2 | 3 | 4 |
| d) Make polite recommendations and suggestions | 1 | 2 | 3 | 4 |
| 2. Rate the effectiveness of teaching/learning resources. | 1 | 2 | 3 | 4 |
| 3. Were the objectives relevant to the overall purpose? | 1 | 2 | 3 | 4 |
| 4. Was the material new to you? | 1 | 2 | 3 | 4 |
| 5. Will you be able to use this information in your work setting? | 1 | 2 | 3 | 4 |

6. How many independent study modules have you completed? _____

7. Are you interested in completing more ISMs? __ yes __ no

8. How long did it take you to complete this module? _____ hours _____ minutes

9. Comments on the module. If you answered 1 to any of the above, please comment: