NIDCAP Training Feedback Letter – Key Ingredients

NFI Lo	go
Trainin	ng Center Stationary,
Traine	r's Name and Address
Date	
Addres	ssees(s) Name(s)
Addres	sses
Dear X	XX,
Introdu	uctory Greeting
Detaile	ed Summary of the NIDCAP Training Steps/Activities Accomplished in the Training Visit
•	Bedside Observations performed and discussed
•	Nursery Accomplishments (NNACP Updates) and Recommendations Discussed Feedback Sessions with the Trainees and with the Leadership
Expect Next V	rations for Independent Work to be Accomplished and/or Transmitted to the Trainer before the fisit
Specifi	c Plans for the Next Visit with Dates and Outline of Training Day Topics and Session Expectations
Signati	ure
Name	
CC:	NICU Leadership of the NICU Receiving Training
	NIDCAP Trainer's Training Center Director and, as indicated, Master Trainer