

4. TRAINING DATES(S) _____

Training Start Time: _____ End Time: _____ (each day)

Length of Training: _____ Hours _____ Minutes (breaks and lunch do not count as training time)

5. NAME(S) OF TRAINER(S) WHO PRESENTED CLASS OR ON-LINE COURSE:

6. BRIEF DESCRIPTION OF OBJECTIVES OF TRAINING:

7. DESCRIBE HOW THIS TRAINING WILL BE HELPFUL TO THE WORK YOU DO AS A FOSTER PARENT

8. CHECK THE FOSTER/ADOPT PRIDE COMPENTENCIES ADDRESSED IN THIS TRAINING? (CHECK ALL THAT APPLY)

- Protect and Nurture Children
- Meet Developmental Needs/Address Development Delays
- Support Relationships Between Children & Families
- Connect Children to Safe, Nurturing Relationships Intended to Last a Lifetime
- Work as a Member of a Professional Team

9. SIGNATURE OF FOSTER PARENT _____ Date: _____

FOSTER/ADOPTIVE PARENTS – THE FOLLOWING MUST BE ATTACHED TO THIS FORM:

- 1) Detailed outline or agenda of the training including the purpose of the training
- 2) Proof of Attendance
- 3) Table of Contents of the book you read, if not borrowed from the DCFS Lending Library.

PLEASE SUBMIT THE REQUEST FOR TRAINING CREDIT WITHIN 30 DAYS FOLLOWING THE TRAINING. REQUESTS SUBMITTED 6 MONTHS OR MORE AFTER THE TRAINING WILL NOT BE APPROVED.

Note: This section completed by DCFS Office of Training Staff

- Approved for _____ Foster Parent Training Credit Hour(s)
- Disapproved Comments: _____

- More Information Needed Comments: _____

Reviewed By _____ Date: _____
Regional Training Manager