



Circles of Care Foster/Adopt Parent Training Record/Evaluation

For all training, please complete the following forms and return it to Circles of Care.

ALL AREAS MUST BE COMPLETE

Name: _____

Date: _____

Required Training Hours: Every foster and/or adopt parent must obtain thirty (30) hours of training annually (7.5 hours quarterly). All training received must be relevant to the population of children served or cared for. Care Providers must have pre-approval for any training in which they may be requesting funds reimbursement.

TYPE OF TRAINING RECIEVED: *check one*

In-service /Focus group/ Pre-Service (COC) Conference, Workshop, or Correspondence Course

Formal Training/ Education (Ex. – College course)

Book/Video/Audio *Length of Video or Audio; # of pages: _____

§749.935(d) No more than one-half of the required annual training hours may come from self-instructional training. No more than three of those self-instructional hours may come from self-study training.

Purpose or Title of Training: _____

Presenter and Qualifications: _____

Location of Training: _____

Date(s) and Time(s) of Training: _____

Objectives:

- _____
- _____

Attach any Certificates and Outlines or Curriculum.

Number of Hours Received: _____

Presenter Signature

Date

Circles of Care Staff

Date

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(Note: Training form will not be accepted unless responses are in complete sentences and reflect what you specifically learned from this training).

Purpose or Title of Training: * _____

1. Please provide a brief summary of the main idea:*

2. Describe 2 new ideas that you learned from this training:*

a. _____

b. _____

3. How will this training or information help you in working with children?*

4. Overall, how helpful was the content of the training/ material:

Very helpful

Fairly helpful

Not helpful

Please feel free to provide any additional comments concerning this training:

Foster Parent

Date