## Circles of Care Foster/Adopt Parent Training Record

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

Name:	Date:		
Required Training Hours:	For Two (2) parent household each parent must receive –30 hours annually; broken down to 7.5 hours per quarter. Single parents must receive 50 hours annually; broken down to 12 hours quarterly and group homes require 50 hours each provider annually. Your yearly PMAB, and Psychotropic Medication count towards these hours.		
TYPE OF TRAINING RE	CIEVED: check one		
☐ In-service /Focus group/	Pre-Service (COC)	se	
☐ Formal Training/ Educat	tion (Ex College course)		
☐ Book/ Video / Audio Taj	pe *Length of Video or Audio Tape:		
Please note that no more than 25	5% of your annual training hours can be earned from books, tapes and videos. Hours re the length of the video or tape. Books are 1 hour for every 75 pages. (rounded)		
Purpose or Title of above T	Training:		
Presenter and Qualification	ns:		
Location of Training:			
Date(s) and Time(s) of Train	ining:		
Objectives:			
Attach any Certificates and C	Outlines or Curriculum.		
Number of Hours Rece	ived:		
Presenter Signature	Date		
Circles of Care Staff	 Date		

## Circles of Care Training Evaluation

## 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 Tape.	
Purpose or Title of Training:	
1.) Please provide a brief summary of the main idea:	
Describe 2 new ideas that you learned from this tra     a)	ining:
b)	
3.) How will this training or information help you in w	vorking with children?
4.) Overall, how helpful was the content of the training	g/ material:
☐ Very helpful ☐ Fairly help.	ful
Please feel free to provide any additional comments co	ncerning this training:
Foster Parent Signature	