



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 COMPETENCIES 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