



# Community Care Resources, Inc.

## Partnership in Planning

### Verification of Training Hours

Foster Parent Name: \_\_\_\_\_

**(Each parent is required to fill out their own individual form)**

Fill in the specific type of training completed below.

Non-Interactive Training	Date of Training	Title & Presenter	Population Specific	Total hours
<b>Movie</b> 1 training hour per movie.			<input type="checkbox"/>	
<b>Book</b> 1 hour per 100 pages.			<input type="checkbox"/>	
<b>DVD Training</b>			<input type="checkbox"/>	
<b>Internet Training</b>			<input type="checkbox"/>	
<b>Completed written Review (Answers required)</b>				

What was this training about?

How could this information help you in foster parenting today?

Name 3 things in the material presented that you liked or disliked and why?

What were the main themes (the points made) in the training?

What 2 or 3 mental health issues are being dealt with in this training?

What did you learn about relationships in this training?

Material discussed with your CCM or Foster Parent Trainer to make this **interactive**.  
Discussion Time = \_\_\_\_\_

Total Hours \_\_\_\_\_

By signing or typing my name into this form, I acknowledge that I have completed the training as entered above

Foster Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CCM/Foster Parent Trainer Signature\*: \_\_\_\_\_

Date: \_\_\_\_\_

\*Physical Signature required

**24 Hours of Ongoing Training:** Each foster parent must have 24 hours per licensing year; 20 hours must be “interactive” and 8 hours must be child/population specific.

6716 Stone Glen Drive • Middleton, WI 53562 • (608) 827-7100 • FAX (608) 827-7101