## Iowa Department of Human Services

## **Foster Parent Training Report**

A. Identification of Foster Parent				
Name				
Stre	et	City	State	Zip Code
B. Identification of Training				
Title and brief description of training content:				
Dates		Number of Credit Hours		
Location		Training Provider		
C	Evaluation			
1.	What were the key things you learned from this training?			
2.	How will you apply what you learned from the training?			
3.	Other training needs:			

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## D. Audio-Visual (DVD, VCR, Movie, Cassette, Web-Based) or Book Reviews

Use another sheet of paper if necessary. Name of audio-visual (AV) training **OR** name of book: Length of audio-visual (AV) training **OR** number of pages in book: **Summarize** the content of the AV or book that you reviewed: 1. 2. **Describe how** the AV or book relates to your role as a foster parent: Describe what skills the AV or book enhanced for you as a foster parent: 3. **Describe how** you intend to apply what you learned from this training as you provide foster care to children: I have the following questions after viewing the AV or reading the book and would like to discuss them with the licensing worker:

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