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TRAINING REPORT

Foster Parent: _____ Date: _____

Title of Training: _____

Type of Training:

- | | |
|--|------------------------|
| <input type="checkbox"/> Book | Number of Pages: _____ |
| <input type="checkbox"/> Video/DVD | Running Time: _____ |
| <input type="checkbox"/> Audio Tape/CD | Length of Play: _____ |
| <input type="checkbox"/> Webinar | Running Time: _____ |
- (Only if a certificate was not given for completion)

Basic Summary of the material:

What I really liked and plan to use:

What I did not understand:

What I did not agree with and will not use:

Would you recommend this training for other foster/adoptive families? Why?

Print Name

Signature

Date



Strong Families Build Strong Communities

