Iowa Department of Human Services

Foster Parent Training Report

A. Identification of Foster Parent				
Name				
Street	City	State	Zip Code	
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B. Identification of Training

Title and brief description of training content:

Dates	Number of Credit Hours
Location	Training Provider

С.	. Evaluation	
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- 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:

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:

1. Summarize the content of the AV or book that you reviewed:

2. **Describe how** the AV or book relates to your role as a foster parent:

3. **Describe what** skills the AV or book enhanced for you as a foster parent:

4. **Describe how** you intend to apply what you learned from this training as you provide foster care to children:

5. I have the following questions after viewing the AV or reading the book and would like to discuss them with the licensing worker: