Iowa Department of Human Services

**Foster Parent Training Report**

**A. Identification of Foster Parent**

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| --- |
| Name |
| Street | City | State | Zip |

**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:

**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. Summarizethe content of the AV or book that you reviewed:

2. Describe howthe AV or book relates to your roles as a foster parent:

3. Describe whatskills the AV or book enhanced for you as a foster parent:

4. Describe howyou 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: