

AIFACS TRAINING REPORT FORM

Complete this form when you are doing training workshops, events, DVD/Videos or Books
(Each video is worth 1 hour of training; Each book is worth 2 hours of training)

Name: _____ Date: _____

Address: _____

Title of Training/Workshop/Event, DVD/Video or Book: Children's Mental Health: Anxiety

☐ Attended a Training/Workshop ☒ DVD/Video ☐ Book ☐ Other

Author or Presenter: Susan Dannen, LICSW, RPT

Training Source: MN Child Welfare Training System

Length of training: 1 hour

Summary of Training/Workshop, DVD/Video or Book: _____

Do you agree or disagree with the main points? Why or Why not? _____

How will this training, DVD/Video or book affect the way you provide foster care? _____

Would you recommend this program or book to other providers? Why or Why not? _____

Foster Parent Signature

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For Agency Use:

Approved for: 1 hrs

AIFACS Staff Signature: _____ Date: _____