

# 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: Attachment, Developmental, Therapeutic Parenting

Attended a Training/Workshop     DVD/Video     Book     Other

Author or Presenter: Michael A Jones, LCSW

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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**For Agency Use:**

Date Received: \_\_\_\_\_

Approved for: \_\_\_\_\_ hrs

Subject Area: \_\_\_\_\_

Not Approved/Reason: \_\_\_\_\_

AIFACS Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_