

AIFACS TRAINING REPORT FORM

Fetal Alcohol Spectrum Disorder
(Worth 1 hr of training)

Name: _____

Date: _____

Address: _____

Title of Training/Workshop, DVD/Video or Book: Pr%f Alliance: What Foster, Prospective, and Post Adoptive Caregivers Need to Know about FASD

Attended a Training/Workshop DVD/Video Book

Author or Presenter: Pr%f Alliance

Training Source: Pr%f Alliance

Length of training: Webinar 1 hr in length

Summary of DVD: _____

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

How will this training, affect the way you provide foster care? _____

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

Foster Parent Signature

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For Agency Use:

Approved for: 1 hr Subject Area: FASD Training

Comments: One hour per year of FASD Training is required for annual training.

AIFACS Staff Signature: _____

Date: _____