

# AIFACS TRAINING REPORT FORM

Fetal Alcohol Spectrum Disorder  
(Worth 1 hr of training)

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

**Title of Training/Workshop, DVD/Video or Book:** FASD: A Hidden Disability

Attended a Training/Workshop     DVD/Video     Book

Author or Presenter: Eileen Bisgard, J.D. and Dawnmarie Bisgard

Training Source: The Arc: National Center on Criminal Justice and Disability

Length of training: DVD 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Foster Parent Signature**

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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: \_\_\_\_\_