

# AIFACS TRAINING REPORT FORM

Fetal Alcohol Spectrum Disorder  
(Worth 1 hr of training)

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

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

**Title of Training/Workshop, DVD/Video or Book:** The Invisible Havoc of Prenatal Alcohol Damage

Attended a Training/Workshop     DVD/Video     Book     Other

Author or Presenter: Kathryn Page, Ph.D; Fetal Alcohol and Drug Spectrum Task Force, Santa Clara County, California

Training Source: 24 Page article from the Journal of the Center for Families, Children & Courts 2002

Length of training: 2 hrs

Summary: \_\_\_\_\_

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

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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**For Agency Use:**

Approved for: 2 hrs      Subject Area: FASD Training

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

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