

# AIFACS TRAINING REPORT FORM

Complete this form when you complete all the SUID and AHT Videos.  
(Completed training is worth 2 hours of training)

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

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

Title of Training: SUID and AHT Training

Summary of Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will this training effect 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: 2 hrs

Subject Area: SUID/AHT Training

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

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

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