

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 (2 hrs)

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? _____

Foster Parent Signature

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For Agency Use:

Approved for: 2 hrs

AIFACS Staff Signature: _____

Date: _____