

# AIFACS TRAINING REPORT FORM

Complete this form when you are doing training workshops, events, DVD/Videos or Books  
(Each video is worth 1 hour of training; Each book is worth 2 hours of training)

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

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

Title of Training/Workshop/Event, DVD/Video or Book: Mandated Reporting

Attended a Training/Workshop       DVD/Video       Book       Other

Author or Presenter: DHS

Training Source: DHS

Length of training: 1

Summary of Training/Workshop, DVD/Video or Book: \_\_\_\_\_

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

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How will this training, DVD/Video or book affect the way you provide foster care? \_\_\_\_\_

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Would you recommend this program or book to other providers? Why or Why not? \_\_\_\_\_

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**Foster Parent Signature**

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**For Agency Use:**

Approved for: 1 hrs

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