## **Rock County Human Services Department**

## Substitute Care Unit – Foster Parent Education/Training

## **REPORT ON TRAINING RECEIVED BY OTHER MEANS**

Credit given to foster parents will be the same as the number of hour/partial hours they attended or participated in:

1.	Therapy (credit given if foster parent actively participated in session) for child age		
	Length of time Length of		
	A. Mental health (session length:; foster parent participated	)	
	B. Physical (session length:; foster parent participated;	)	
	C. Occupational (session length:; foster parent participated	)	
	D. Speech/language (session length:; foster parent participated;	)	
2.	I.E.P./school counselor meeting for child age		
	Date of meeting: Length of meeting:		
	Special needs of child:		
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3.	Birth to 3 program session for child age		
	Date of meeting: Length of meeting:		
	Special needs of child:	,	
4.	Early Childhood or Head Start meeting for child age:		
	Date of meeting: Length of meeting:		
	Special needs of child:		
5.	Family Skills session for child age:		
	Date of session: Length of session:		
6.	Other:for child age:		
	Date of meeting: Length of meeting:		
	Special needs of child:		

Training credit will be given for those sessions where actual training occurs, whether formally or as a byproduct of the discussion. Please complete the back of this page to summarize the content of the session and note new information/how session may influence your foster parenting.

Signed:		
Foster Parent	Date	
Training Hours approved:by		
Number Consultant	Date	

Training credit can be given for attending and participating in a number of meetings/services. Please write below an overview of the session, its goals, and specify new information learned, and/or how you may change/improve your parenting as a result of the session.