

**Rock County Human Services Department
Substitute Care Unit - Foster Parent Education/Training**

BOOK/ARTICLE AND WEB-BASED RESOURCES REPORT*

***A maximum of 2 hrs of credit for all non-interactive training is allowed per licensing year.**

Name of book/article/resource(non-interactive):

(For articles, name source and give date published)

Author(s):

Length (number of pages): _____ **Date(s) read:** _____

Please provide an overview of the material. Give specific information as to how the material may influence your parenting/thinking. (Use the back of the page, if needed.)

Would you recommend this material to other foster parents? _____ **To staff?** _____

Signed: _____ **Date:** _____

Foster Parent

Training Hours approved _____ **by** _____
of Hours Specialist Date

