Rock County Human Services Department

Substitute Care Unit - Foster Parent Education/Training

CLASS/WORKSHOP REPORT

Note: Credit given foster parents will be the same as the number of hours attending the class or workshop.

Name of Class/Workshop: _____

Teacher/Instructor: _____

Date(s), Time(s) of Class/Workshop: _____
Date(s) Time(s)

Total Number of Hours of Class/Workshop: _____

Number of Credits Given for Class: _____ **Institution Sponsoring Class:** _____

Verification of Attendance: _____
(Copy of report card, transcript, copy of Certificate, etc.)

_____

Final Grade for Class: _____

Please provide an overview of the material; and give some specifics as to how the material may influence your parenting/thinking. May use the back of page to write more, if needed.

_____

_____

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Signed: _____ **Date:** _____
Foster Parent

Training Hours approved: _____ **by** _____
# of Hours **Consultant** **Date**