

# SHEBOYGAN COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES



## *FOSTER PARENT TRAINING EVALUATION*

Name of Foster Parent \_\_\_\_\_

Title/Name of Training or Material \_\_\_\_\_

Date/Time/Place \_\_\_\_\_ Hours \_\_\_\_\_

Presented or Authored By \_\_\_\_\_

Topic \_\_\_\_\_ Type of Media/Presentation \_\_\_\_\_

Explain the **key ideas or concepts** you learned from this training or educational experience:

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Strengths of this learning experience or material:

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The experience or material could have been improved by:

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How will you use the information or techniques in your job as a foster parent? \_\_\_\_\_

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Dept. Use:

Training Hours Entered in Foster Parent File \_\_\_\_\_

Pre-approved By \_\_\_\_\_

Approved By \_\_\_\_\_

For Licensing Period \_\_\_\_\_

