

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

**VIDEO/ARCHIVED WEBINARS-VIEWING
AUDIO/TV/RADIO-LISTENING REPORT***
(Please circle either VIDEO or AUDIO)

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

Title of Video/Audio Presentation:

Author(s)/Speaker(s): _____

Date(s) of viewing/listening: _____

Length: _____ hour(s); _____ minutes.

Please provide a general overview of the material and give specific information as to how the material may influence your parenting/thinking. (Use the back of page to write more, if needed.)

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

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

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

