

# EVALUATION FORM FOR FOSTER PARENT TRAINING

Please submit this form to your Foster Care Coordinator as soon as training is completed.

Foster Parent Name: \_\_\_\_\_

Date(s) Attended/Completed: \_\_\_\_\_

Type of Resource:  BOOK  ARTICLE  VIDEO  WORKSHOP

OTHER (specify): \_\_\_\_\_

Title of Training Resource:

\_\_\_\_\_

Sponsoring Agency or Organization (if applicable):

\_\_\_\_\_

Number of Hours Earned (see chart below): \_\_\_\_\_

Books	3 hours maximum
Article	1/2 hour
Video	Round time to nearest half hour
Workshops/Seminars	Round time to nearest half hour

1. Give a brief summary of the training:

2. Describe any new ideas or concepts which were presented and discuss how you would use them:

3. Would you recommend this resource/training?

0

1

2

3

4

5

*Would not  
recommend*

*Would highly  
recommend*

4. List any other resources that you would recommend for foster parents: