

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 _____

Title of Training Resource: _____

Sponsoring Agency or Organization (if applicable): _____

Number of Hours (see chart below): _____

Spring & Fall Foster Parent Workshops (sponsored by Fox Valley Foster Care Coordinators)	6 hours each
Books	3 hours maximum
Article	½ hour
Video	Hour/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
No – Would not
Recommend at all

1

2

3

4

5

Yes - Would
Highly Recommend

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