

OTTER TAIL COUNTY WORKSHEET FOR INDEPENDENT CHILD FOSTER CARE TRAINING

Complete this form when you are doing training or independent study via DVD, videos, TV programs, or books.

Provider's Name: _____ Date: _____

Address: _____

Title of Training: _____

Author or Presenter: _____

Training Source: _____

Length (For DVD's/videos/TV only): _____

Summary of Program or Book: _____

Do you agree or disagree with the main points? Why? _____

How will this program or book affect the way you provide foster care? _____

Would you recommend this program or book to other providers? Why or why not? _____

FOR AGENCY USE:

Date Received: _____

Approved for: _____ hours. Subject area: _____

Not Approved: _____ Reason: _____

Comments: _____

Licenser Signature: _____ Date: _____