

ALTERNATIVE TRAINING VERIFICATION (continued)

State Form 52643 (R2 / 1-11)

How does this book or tape relate to your role as a foster parent?

What one new thing did you learn as a result of reviewing this book or tape?

What is one thing you would change about the way you foster children as a result of reviewing this book or tape?

I hereby verify that I reviewed the book or tape named above and that I completed this form based upon my personal knowledge of the material reviewed.

Signature

Date (month, day, year)

To receive training credit, you must mail this form to your licensing worker at the following address:

DISTRIBUTION: Original – Local DCS office; Copy – Foster parent or licensing agency