Benchmark Family Services

# BOOK AND VIDEO TRAINING EVALUATION

Name:_____ Date:_____

Title of Book or Video:_____

Length of Book or Video:_____

Summary of Book or Video (please use additional paper if extra space is needed):

How do you feel this book or video will help you in your role as a foster parent?

**Therapuetic Support Specialist** Approval:_____ Date:_____

Regional Director Approval: _____

Training Hours Credited:_____

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