

Name: _____

Date: _____

Resource Parent Self-Paced Training Verification and Evaluation

Please complete all of the items on this questionnaire in order to receive training credit for your efforts – each individual parent should complete a form. For check-boxes, click on the box to put an “X” there – click again to uncheck it.

1. What was the name/title of the training resource you used? _____

2. What was the format? (check one)

Watched a video (DVD, VHS, CD-ROM, etc.) running time of video: _____

Read a book (handbook, non-fiction, journal, etc.)

Completed an on-line course (such as through Foster Parent College) contact time of course: _____

Other, please specify, including length of course: _____

3. What was the main topic? (e.g., discipline, working with birth parents, attachment) _____

4. Please list 3 key ideas or main points that the training covered:

1	
2	
3	

5. Please list 2 things that you will do/change/try/understand in the future as a resource parent:

1	
2	

6. What is 1 thing you got from the training that you are going to do/change/try right now? (If you do not currently have children in your care, list 1 thing for when you get your next placement.)

1	
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7. On a scale of 1 – 4, how would you rate this resource, overall? (check one)

1 – This resource did not meet my needs or give information I could use.

2 – I pulled a few good things from the resource, but overall it could have been better.

3 – I was able to get many good ideas from the resource, although there were also some things I didn't like or couldn't use.

4 – This was a great resource that gave me lots of ideas/suggestions/skills I can use.

8. Would you recommend this resource to other resource parents? Yes No Maybe

9. Please list any other comments you have about this resource: _____

