



Hillcrest

Behavioral Health Services

FCS PARENT TRAINING FORM

Name _____ Date _____

1. Please check the appropriate category:

- | | |
|-------------------------------------|-----------------------|
| <input type="checkbox"/> Workshop | Length of Time _____ |
| <input type="checkbox"/> Book | Number of Pages _____ |
| <input type="checkbox"/> Audio Tape | Length of Time _____ |
| <input type="checkbox"/> Video Tape | Length of Time _____ |

2. Date of Participation _____

3. Please complete the pertinent identifying information below:

Title _____

Author _____ Publisher _____ Copyright _____

Presentor _____ Source _____

4. Briefly describe the topic covered:

5. How would you rank the usefulness of this training experience? (Circle your response using the scale below.)

Not at all useful

1

2

3

4

Extremely Useful

5

Comments:

6. Do you expect to make practical application of its content on a daily basis in your role as a foster parent? (Circle your response using the scale below.)

No
1 2 3 4 Yes, definitely
5

Comments:

7. Were you satisfied with the material and glad you participated?

Yes No

8. Briefly describe 1 to 3 points that were of benefit to you:

Rev: 7/08