



Kids Count Too, Inc.
TRAINING DOCUMENTATION FORM

Foster Parent Name: _____

Title of Training: _____

Date of Training: _____

Location of Session: _____

Number of Hours: _____

Name of Trainer: _____

SECTION 1: *Please list three skills/ideas you learned from the training class that will improve your skills as a foster parent.*

- 1.
- 2.
- 3.

SECTION 2: *Please describe how you will apply what you learned to your foster child(ren).*

Foster Parent Signature: _____

Date: _____

You must complete and return this form for training credit.