



Foster Parent Training Attendance Form

Please complete the following fields to ensure that your training is stored appropriately. Training cannot be stored unless all fields are complete. Upon completion, please submit the form to your site trainer.

All non-Sunrise trainings must include a confirmation (registration email, certificate of completion, etc.) to be counted toward training hours. Please submit this confirmation with your completed form.

Name:	
Location:	Please specify Foster Care Region: _____
Category	<input type="checkbox"/> First Aid/CPR <input type="checkbox"/> Medication Issues <input type="checkbox"/> Policies & Procedures <input type="checkbox"/> Behavior Management <input type="checkbox"/> Abuse/Neglect Issues <input type="checkbox"/> Diagnostic Issues <input type="checkbox"/> Other _____
Course Title:	
Training Site:	<input type="checkbox"/> On site (face to face) <input type="checkbox"/> Web-based <input type="checkbox"/> Off site (face to face) <input type="checkbox"/> Other (please specify) _____
Training Date:	
Time Began:	
Hours Awarded:	
Foster Parent Signature:	

Foster Parent has *has not successfully completed this training program.*

Trainer Signature: _____ Comments:

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To Be Completed by the Training Department

Received By:	
Date Entered:	