

**FOSTER PARENT EDUCATION PROGRAM
LEARNING SUMMARY
NEBRASKA HEALTH AND HUMAN SERVICES**

Name: _____

Social Security #: _____

Address: _____

Phone#: _____

In order to receive the training credits, you must complete this form and return to:

Name:

Office Address:

Title: _____

Date Completed: _____

Credit Hours: _____

Type of Material (X the type):

_____ Videotape/DVD	Length (minutes) _____	
_____ Audiocassette	Length (minutes) _____	Author _____
_____ Book	Length (minutes) _____	Author _____
_____ Course	Length (minutes) _____	Author _____
_____ Workshop	Length (minutes) _____	Author _____

1. Why did you choose to study this topic?

2. What knowledge, skills or values did you learn or further develop from this material?

3. How can you use what you have learned from this material in your foster home?
List at least three (3) things you plan to try.

*List other topics you would like to see offered for foster parent training: