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|  | **Children’s Division** **Resource Family In-Service Training Request** |
|  | - Each individual must complete a separate training request form- Only one training request per form- CD staff will return signed form to the resource provider after approval signatures are obtained - The resource provider completes the Section C describing what was learned and submits it to the worker  |
| **Section A** |
| Name      | County / Circuit      /    | Vendor #      |
| **Type of Training (indicate below):** |
| [ ]  **Group / Conference Training** |
|  Title of Training: |       |
|  | Training Content Information attached: [ ] Training Syllabus [ ] Brochure [ ] Other |       |
|  | Training Verification attached: [ ] Signed Certificate [ ] Letter of Completion [ ] Other  |       |
|  |
| Date(S) **and** Time(S) of Training       | Location Where Attended       |
| Training Instructor(S)        | Number of Actual Hours In Training.(Time Required for Travel and Meals Will Not Be Included.)     |
| [ ]  **Self-Trainings / Special Trainings**  | Indicate Type:       |
| [ ]  Book  | Title      | Author      | No. of Pages   |
| [ ]  Video  | Title      | Length (time)      |
| [ ]  Web-based | Title      | Length of training      | Web Address [ ] Certificate of completion attached      |
| **\*There is no reimbursement available for expenses incurred for non-agency trainings, including book, video, or website trainings. Mileage and baby sitting reimbursements may not be approved by the Supervisor without prior approval for the training.** |
| **Section B** |
| **This section is to be completed by Agency Staff.** **Prior approval not required, however,****All signatures indicated are required for training credit to be applied and any monetary reimbursement approval.**  |
|  Will this area of training assist the provider in meeting their Professional Family Development Plan goals? [ ]  Yes [ ]  No |
|  Training hours requested:  |     |  | This provider has met his/her PFDP goals? [ ]  Yes [ ]  No |
|  Training credit code:       |
|  |  |  |       | Approved | [ ]  Yes [ ]  No |  |  |
|  | CSW |  | Date |  |  |  |  |
|  |  |  |       | Approved | [ ]  Yes [ ]  No |       hours |  |
|  | CSW Supervisor |  | Date |  |  |  |  |  |
| **Section C** |
| Describe what you learned from this training; include any new parenting skills that you plan to use in your home or with a specific child. (Attach additional sheets as needed. Each individual must submit a form, including this section.) |
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