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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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