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INDEPENDENT TRAINING SUMMARY & REVIEW

Name of Foster Parent: _____

Type of Training Material: _____

Name of Training Material: _____

Number of Hours: _____

1. Why did this subject matter interest you?

2. What did you like/dislike about this material?

3. Please summarize the content of the training material and what you learned.

4. Would you recommend this training material to others? Why or why not?

5. In what way will you be able to use this information as a treatment foster parent?

6. Was this training discussed with your TFC Specialist?

Yes
 No

Signature of Foster Parent

Date

HOPE TFC Specialist

Date