

**The Salvation Army Children's Services**  
**Training Verification**

Resource Parent Name: \_\_\_\_\_

Training Method (on-line, video, literature, etc.): \_\_\_\_\_

Source of training (organization, website, etc.): \_\_\_\_\_

Hours Spent: \_\_\_\_\_

Please provide a summary of the training content.

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Please list at least three key points that you learned from participating in this training.

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Please list any questions which have arisen since participating in this training.

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How will this information help you as you are a resource parent?

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Has this training impacted your perspective regarding biological families? Permanency?

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Would you recommend this training to other parents? Please explain.

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List something that you plan to directly incorporate into your parenting, family life, schedule, etc.

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Additional comments:

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If you attend an outside training, specialist appointments, therapeutic sessions, etc., this form must be signed by the outside agency training staff/personnel/presenter for verification.

**If applicable, please submit the training certificate.**

Resource Parent Signature(s):

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Agency Staff Member Verification Signature:

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Date: \_\_\_\_\_