



Ongoing Training (Please Circle one): Movie / Book / Training Review

| Movie / /Book / Training: |
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| Author of Movie / Book: |
| Presenter of Training: |
| Length of Book (Pages) / Length of Movie (Minutes) |
| Where You Found Training Source: |
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| Briefly Summarize the Main Point of the Movie/Book/Training |
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| Something New I Learned |
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| How this Movie/Book/Training Reminded Me of Current or Previous Placements: |
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| How I can use this information in My Job as a Treatment Foster Parent: | |
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| **Please Attach Notes Taken During Book/ Movie/Training | |
| **Please Attach Training Syllabus, Agenda and/or Handouts | |
| | |
| TFC Parent Signature | Date |
| ire raient signature | Date |
| | |
| Approval Signature: | Date |
| | |
| Clinical Director Signature: | Date |

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