

ALTERNATIVE TRAINING VERIFICATION (continued)

State Form 52643 (R / 7-07) / CW 2110

How does this book / tape relate to your role as a foster parent?

What one new thing did you learn as a result of reviewing this book or tape?

What is one thing you would change about the way you foster children as a result of reviewing this book or tape?

I hereby verify that I reviewed the book or tape named above and that I completed this form based upon my personal knowledge of the material reviewed.

Signature	Date (month, day, year)
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To receive training credit, you must mail this form to your licensing worker at the following address:

DISTRIBUTION: Hard copy: White - Local DCS office; Canary - Foster parent or licensing agency
Electronic copy: Copy 1 - Local DCS office; Copy 2 - Foster parent or licensing agency