

House of New Hope

STATEMENT OF KNOWLEDGE GAINED

Training Title/Topic: _____ Date of Training: _____

Instructor: _____ Location: _____

Training Hours: _____

How would you rate your knowledge of the topic BEFORE this training?

4	3	2	1
Expert	Somewhat Knowledgeable	Little Knowledge	No Knowledge

How would you rate your knowledge of the topic AFTER this training?

4	3	2	1
Expert	Somewhat Knowledgeable	Little Knowledge	No Knowledge

List the three most important points you learned from this training:

1. _____

2. _____

3. _____

List three ways the training material will help you as a Treatment Foster Caregiver:

1. _____

2. _____

3. _____

Foster Parent Signature: _____ Date: _____

HONH Representative: _____ Date: _____