

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: \_\_\_\_\_