HENNEPIN COUNTY
HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT
CHILD FOSTER CARE LICENSING
PROVIDER RECORD OF TRAINING AND EDUCATION DEVELOPMENT PLAN

Date ________________________  Provider Name ___________________________________________________________  Provider Number ________________________

Case Worker ____________________________________________  Month/Year the Annual Review/Relicensing Is Due ________________________

Training Record for the Last 12 Months

<table>
<thead>
<tr>
<th>Date of Training</th>
<th># of Training Hours</th>
<th>Description/Title of Training</th>
<th>Attendee Name/s</th>
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Was any training provided by an agency other than Hennepin County? If so, which classes and where? ________________________________________________

Did you incur any costs for training? If so, how much and for which training? ________________________________________________

Education Plan for the Upcoming Year  Check below which classes you are interested in for the year ____________ (Specify year)

- Adolescent Development
- Adoption
- Aggression / Acting Out
- Attachment / Separation
- Birth Parents / Visits
- Burn Out / Stress Mgmt
- CPR / First Aid
- Chemical Dependence
- Child Development
- Common Behavior Problems
- Communication
- Cultural Issues
- Developmental Disabilities
- Discipline
- Grief and Loss
- Hair and Skin Care
- Helping Kids Move
- Neglect / Abuse issues
- Self Esteem
- Sexual Abuse
- Teen Program
- Working with the Agency
- Other: ____________________
- Other: ____________________
- Other: ____________________
- Other: ____________________

Signature of Provider ___________________________________________________________  Signature of Provider ___________________________________________________________