Department of Health & Human Services
DHHS
NEBRASKA

Division of Children and Family Services

State of Nebraska
Pete Ricketts, Governor

FOSTER PARENT EDUCATION PROGRAM
LEARNING SUMMARY

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Name _____ Social Security # _____

Address _____ Phone# _____

_____
Street

_____
City State Zip

In order to receive training credits, you must complete and return to your agency/sponsor:

Title _____ **Date Completed** _____

Credit Hours _____

Type of Material

____	Video Material	Length (minutes)	_____	
____	Audio Material	Length (minutes)	_____	
____	Book	Length (pages read)	_____	Author _____
____	Course *	Length (hours/minutes)	_____	Sponsor _____
____	Workshop *	Length (hours/minutes)	_____	Sponsor _____

*Course/Workshop – please attach flyer, agenda, or course outline

1. Why did you choose to study this topic?

2. What knowledge, skills or values did you learn or further develop from this material?

3. How can you use what you have learned from this material in your foster home? List at least (3) things you can try.

Please use space on back of form to complete your answers, if needed.