



**ALTERNATIVE TRAINING VERIFICATION (continued)**

State Form 52643 (R2 / 1-11)

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

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

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

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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)

**To receive training credit, you must mail this form to your licensing worker at the following address:**

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**DISTRIBUTION:** Original – Local DCS office; Copy – Foster parent or licensing agency