

DEPARTMENT OF CHILD SERVICES

MS 47

402 West Washington Street, Room W392 Indianapolis, IN 46204-2739

INSTRUCTIONS: This form is to be completed and signed by a foster parent seeking credit for alternative training. Complete one form per foster parent for each book, video, or audio tape reviewed and return it to the licensing worker. The completed form will be placed in the foster parent's licensing file.

Name of feets accept	Tolonhono number	
Name of foster parent	Telephone number	
Address (number and street, city, state, and ZIP code)	Local DCS or child placing agency	
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BOOK, VIDEO, OR AUDIO TAPE INFORMATION		
Title	N	
Tide		
	T	
Author / presenter	Length of book or tape	Credit hours
	•	
What was the book or tape you reviewed about? (Add extra sheets, if necessary.)		
What was the book of tape you reviewed about? (Add extra sheets, if hecessary.)		
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ALTERNATIVE TRAINING VERIFICATION (continued) State Form 52643 (R2 / 1-11)

How does this book or tape relate to your role as a foster parent?			
What one new thing did you learn as a result of reviewing this book or tape?			
What is one thing you would change about the way you foster children as a result of reviewing this bo	ok or tape?		
L			
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)		
Signature	Date (Montin, 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