



Pathways Family Services

www.pathwaysfamilyservices.com

Additional Training Opportunities Document

The following is intended to verify any relevant training/ experiences/ education that a foster parent/ staff has participated in during a given year. Foster Parents/ staff are required to participate in on-going yearly training including Indigenous Training

DATE(S): _____

TYPE: Indigenous Supplemental

TOPIC/ MATERIAL: _____ (e.g. FASD, RAD, Pow Wow)

LENGTH OF EVENT: _____ (specify number of hours or days)

MATERIAL PRESENTED BY: _____ (Presenter)

_____ (Agency – if applicable)

_____ (Address)

TRAINING TAKEN BY:

Foster Parent(s) Staff Name(s): _____
(print)

DESCRIPTION/DOCUMENTATION ATTACHED (if applicable): Yes No

Signature of Attendee

Date

Signature of Attendee

Date

Signature of Foster Care Support Worker

Date