

**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.