



ITP Universal Questionnaire

FOR OFFICE USE ONLY:

Assigned Training Credits: _____

ONE PARENT PER FORM

Provider's License#: _____ **Email:** _____

Name: _____
FIRST LAST

Address: _____
MAILING ADDRESS

CITY, STATE and ZIP CODE

Home Phone: _____ **Work Phone:** _____

Please answer all questions that apply to the training you are submitting.

Topic Identified in Your ITP: _____

Type of training: Book Video Audio Online Publication Web Class/Podcast Community Event/Presentation

Other, please explain: _____

Title: _____

Publishing Company or Sponsoring Agency: _____

Web/URL Address: _____

Web/URL address must be accurate to receive training credit

Presenter/Author(s): _____

Date of participation: _____ Video/Audio Hours _____ # Pages of Book: _____

INSTRUCTIONS: Time viewing/listening to books, videos/DVDs, audios, web classes/Podcasts, presentations or attending community events related to fostering, adoption, caring for special needs children, or other topics related to the care of the children in your home can be used toward your Individual Training Plan (ITP)

To receive training credit please complete this questionnaire and **RETURN TO: ACRF, 815 Second AVE, STE 202 Fairbanks, AK 99701 or acrf@nwresource.org.**

- 1. How will this material/training/event help you meet the special needs of children in care as identified in your ITP?

Please see reverse side

ITP Universal Questionnaire continued...

2. Write a short summary of this material/training/event and the main ideas in it that are most relevant to your foster parenting or the children you are caring for in your home.

3. Please list two (2) specific ideas or concepts, which you learned or reaffirmed from this material/training/event that you can use in your family or as a foster parent. (NOTE: If you did not find anything useful, list at least two reasons why this material/training/event was not helpful to you.)

a)

b)