

Nebraska Department of Health and Human Services
Foster Parent Education Program and Learning Summary

Name (Foster Parent)		Social Security #
Address (Street)		Phone #
City	State	Zip

In order to receive training credit hours, please complete and return the form to:
DHHSFosterCareRD@nebraska.gov

Title

Date Completed	Credit Hours
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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, agency, 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.

Please attach an additional sheet to complete your answers, if needed.