South Carolina Department of Social Services

ASSESSMENT OF APPLICANT PARTICIPATION IN FOSTER/ADOPTIVE TRAINING

Reset

Dates of Training: _____ Location of Training: _____

Name(s) of Applicant(s): _____

Name of Applicant's Worker: _____

Name(s) of Group Leader(s): _____

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1. Did the applicant(s) attend the full training session? ❑ Yes ❑ No

2. Did the applicant(s) actively participate in the session? ❑ Yes ❑ No

3. Were the applicant's comments appropriate to the discussion? ❑ Yes ❑ No

4. Group Leader's overall impression of family as a prospective foster/adoptive family. Identify any strengths, weaknesses or areas of concern.

_____

Signature of Group Leader Completing Form