

# ALASKA CENTER FOR RESOURCE FAMILIES MICRO TRAINING QUESTIONNAIRE

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

*Only one person per questionnaire. Feel free to make additional copies if needed.*

**ADDRESS:** \_\_\_\_\_

*Street or Post Office*

*City/State*

*Zip*

**EMAIL:** \_\_\_\_\_

**Yes! I would like to receive ACRF's upcoming training and the quarterly newsletter by email.**

Are you a foster parent?  YES  NO If YES, what is your Foster Home License #: \_\_\_\_\_

If NO, please check one:  Pending Foster Parent  OCS  Birth Parent  Adoptive Parent

Residential Treatment Facility (License #: \_\_\_\_\_)  Agency: \_\_\_\_\_

Other (*please specify*): \_\_\_\_\_

*"Micro-Training" Videos are short videos under 15 minutes that are eligible for .5 hour (30 minutes) of training credit when you answer the questions below. To be considered for credit, this program should present concepts and ideas that are helpful to Resource Families. You need to make the case that this training is relevant to providing care to the children in your home or to improving your skills as a licensed foster parent for children and youth with special needs.*

**INSTRUCTIONS:** *Please view this micro-training then fill out the following questions. You may use this form to report up to three trainings. RETURN TO: ACRF, 815 Second AVE, Suite 202, Fairbanks, AK 99701.*

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**Name of Micro-Training Video #1:** \_\_\_\_\_

**Date of Participation:** \_\_\_\_\_

**Web Address or Site Where Program is Located:** \_\_\_\_\_

**After watching this video, think about how this information can be useful to your foster parenting experience. Please list at two (2) specific ideas that you learned from viewing this short training.**

a)

b)

# MICRO TRAINING QUESTIONNAIRE cont.

Name of Micro-Training Video #2: \_\_\_\_\_

Date of Participation: \_\_\_\_\_

Web Address or Site Where Program is Located: \_\_\_\_\_

**After watching this video, think about how this information can be useful to your foster parenting experience. Please list at two (2) specific ideas that you learned from viewing this short training.**

a)

b)

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Name of Micro-Training Video #3: \_\_\_\_\_

Date of Participation: \_\_\_\_\_

Web Address or Site Where Program is Located: \_\_\_\_\_

**After watching this video, think about how this information can be useful to your foster parenting experience. Please list at two (2) specific ideas that you learned from viewing this short training.**

a)

b)