

# Ariel Clinical Services

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## INDEPENDENT TRAINING FORM

\_\_\_\_\_ has completed the following independent study.  
(Foster Parent Name)

Title: \_\_\_\_\_

Author/Presenter \_\_\_\_\_

Number of Pages or length of time: \_\_\_\_\_

Book     Video/DVD     Other \_\_\_\_\_

In the space below please give a summary of how this training has educated you in your position of Therapeutic Foster Parent:

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What skill did I gain from this training?

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Give example of how you might implement this in your home:

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\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ariel Staff Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY

\_\_\_\_\_ Training Hours