



Foster Parent Annual Training Form

Child Placement Agency Name: _____

Address: _____

Contact Person: _____ **Phone Number:** _____

Email Address: _____ **Website:** _____

Expected Number of Participants: _____ **Desired Date(s) of Training(s):** _____

We are interested in the following trainings:

- RCCL Minimum Standards (agency specific areas of concern)
- Psychotropic Medication Training (including completing medication and psychiatric visitations)
- Home Compliance (Reporting changes in the foster home, frequent visitors, back-up caregivers, and corrective action plans)
- Promoting Healthy Relationships
- Medical, Dental, Vision, and Hearing Appointments; Communicable Diseases; Psychological Evaluations; and Reporting Serious Incidents
- Prevention, Recognition & Reporting Child Abuse and Neglect (Allegations and Investigations)
- Trauma Informed Care
- Getting Ready for School (Education Portfolio, Extra Curriculum Activities, Tutorials, and Parent Involvement)
- Transportation Safety Training (Care/Booster Seats, Transportation Compliance, and Require Paperwork)
- Supervision & Safety Practices – Alternative Caregivers-Respite
- Foster Home and Child File Documentation
- Holiday Blues – Supporting Foster Children during the holiday season
- Systematic Training for Effective Parenting (STEP)
- Other trainings: _____

MFS Administrative Staff Only

Price of training(s): _____ **Assigned Trainer:** _____

Date(s) of Training(s): _____

Administrative Staff Signature: _____

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