South Carolina Department of Social Services ASSESSMENT OF APPLICANT PARTICIPATION IN FOSTER/ADOPTIVE TRAINING

Dates of Training:	Location of Training:
Name(s) of Applicant(s):	
Name of Applicant's Worker:	
Name(s) of Group Leader(s):	
1. Did the applicant(s) attend the full training session?	□ No
2. Did the applicant(s) actively participate in the session? \Box Yes \Box No	
3. Were the applicant's comments appropriate to the discussion?	
 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