



GREATER HOPES

a belonging place

A Child Placing Agency Licensed by the State of Michigan
Department of Health and Human Services
Division of Child Welfare Licensing
License CB410252631

TRAINING LOG

Applicant Name: _____

(Each applicant creates their own worksheet)

Please record your training activities below. After completing all training, please write a short summary of your own about what you learned and how it is going to help you be a better parent. ALL of the below areas must be covered.

Training Area Requirements from R 400.12606. Please note which area of training you covered:

- A. Separation
- B. Attachment and bonding
- C. Child development, including safe sleep practices for children under 1 year of age
- D. Behavioral and emotional needs of adoptive children
- E. Impact of adoption on the family
- F. Post-adoption service availability
- G. Preferred method of appropriate discipline that is free from physical or corporal punishment

Name of Training	Training Area(s)

Location	Trainer / Source

Date(s) of Training	Hours

Key Takeaway(s) From Training and Notes

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