

COMPLETION ROSTER (CHECK THE APPROPRIATE BOX)

CONFERENCE SPECIAL CERTIFICATION (SC) WORK RELATED EDUCATION (WRE)

ATTENDEE NAME:	
ATTENDEE AGENCY:	
CONFERENCE/COURSE TITLE:	Elevating the Future of Foster Youth and Families in California
STC CERTIFICATION #:	01123324
TOTAL CERTIFIED HOURS:	10
TOTAL HOURS ATTENDED:	
COMPLETION DATE:	
PROVIDER NAME:	Chief Probation Officers of California

I ATTEST THAT I HAVE ATTENDED THE ABOVE COURSE:

PARTICIPANT'S SIGNATURE:	DATE:
TRAINING MANAGER'S SIGNATURE:	DATE:

EVALUATION (OPTIONAL)

1. Were you able to obtain any ideas from the conference/course that may help you do your current job better?

Click or tap here to enter text.

2. Please give an example of how you might use the information from this conference/course in a practical situation in the future.

Click or tap here to enter text.

3. In what direct or indirect way did this training enhance or expand your contribution to your agency?

Click or tap here to enter text.

4. Please provide any general comments you feel may be helpful in evaluating this conference/course for future use.

Click or tap here to enter text.