**Individualized Training Plan**

**Use of form:** Use of this form is voluntary. DCF 56.14(8)(a) requires that each licensee have a completed training plan documented in their case file. This plan is to be completed by the licensing agency and the foster parent at the time of renewal of licensure to outline the plan for training for the duration of the license. Ongoing training requirements must be met on a yearly basis commensurate with a foster parent’s level of certification. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Today’s Date: | | | | | | |
| Foster Parent 1 Full Name | | | Foster Parent 2 Full Name | | | |
| Type of License  Initial  Subsequent | | | | | | |
| Identify the foster parent(s) strengths and areas in need of improvement with regard to parenting skills and meeting the needs of the children in their home, including the ability to address items identified on the child’s CANS. | | | | | | |
| Based on foster parent performance and ideas generated from the attached list of foster care training objectives and topics, identify the foster parent(s) training needs. | | | | | | |
| Identify areas in which the foster parent wishes to receive additional training. | | | | | | |
| **Initial Licensing Training** | | | | | | |
| The following are the topics that must be covered to satisfy the requirement for Initial Licensing Training for foster parents certified at Level 2 – 5. Identify any areas in which the foster parent wishes to attain additional training. | | | | | | |
| **Topic Area** | | **Explanation of Training Need** | | | | |
| Partners in Permanency | |  | | | | |
| Cultural Dynamics in Placement | |  | | | | |
| Maintaining Family Connections | |  | | | | |
| Dynamics of Abuse and Neglect | |  | | | | |
| The Impact of Trauma on Child Development | |  | | | | |
| Attachment | |  | | | | |
| Separation and Placement | |  | | | | |
| Guidance and Positive Discipline | |  | | | | |
| The Effects of Fostering on Your Family | |  | | | | |
| **Additional Requirements for Level 3 – 5 Foster Parents** | | | | | | |
| Crisis Management | |  | | | | |
| Sexuality and Sexual Boundaries | |  | | | | |
| Sexual Abuse | |  | | | | |
| Effects of Maltreatment and Trauma on Child Development | |  | | | | |
| Building Life Skills | |  | | | | |
| Building Birth Family and Cultural Connections | |  | | | | |
| Other Topics Required by the Agency | |  | | | | |
| Explain how you will assist the foster parent(s) in increasing their skills and abilities in the identified areas. | | | | | | |
| **Ongoing Training** | | | | | | |
| This should not be considered an exhaustive list of ongoing training topics but should be used to discuss ideas for foster parent development. Ongoing training should address the population served by the foster parent and the skills and knowledge needed to meet the needs of the children in their home. | | | | | | |
| **Topic Area** | | **Explanation of Training Need** | | | | |
| Crisis Management | |  | | | | |
| Sexual Abuse, Sexual Boundaries, and Sexuality | |  | | | | |
| Shared Parenting | |  | | | | |
| Developing and Maintaining a Healthy Cultural Identity | |  | | | | |
| Importance of Sibling Relationships | |  | | | | |
| Trauma | |  | | | | |
| Adolescent Issues | |  | | | | |
| Developmental Disabilities | |  | | | | |
| Mental Health | |  | | | | |
| Dynamics of Addiction in Families | |  | | | | |
| Effects of Fostering on the Foster Family | |  | | | | |
| Advocating for Foster Children in Schools or Other Educational Settings | |  | | | | |
| **Topic Area** | | **Explanation of Training Need** | | | | |
| Independent Living Skills | |  | | | | |
| Learning Disabilities | |  | | | | |
| Child Development | |  | | | | |
| Adoption and TPR | |  | | | | |
| Technology / Internet Safety | |  | | | | |
| Self-Care | |  | | | | |
| Delinquency Issues | |  | | | | |
| Other: | |  | | | | |
| Other: | |  | | | | |
| Explain how you will assist the foster parent(s) in increasing their skills and abilities in the identified areas. | | | | | | |
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|  |  | | |  |  | |
|  | Foster Parent 1 Full Name | | |  |  | |
|  | | | | | | |
|  |  | | |  |  |  |
|  | Foster Parent 1 **SIGNATURE** | | |  | Date Signed |  |
|  | | | | | | |
|  |  | | |  |  | |
|  | Foster Parent 2 Full Name | | |  |  | |
|  | | | | | | |
|  |  | | |  |  |  |
|  | Foster Parent 2 **SIGNATURE** | | |  | Date Signed |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  | | |  |  |  |  | | |  | Foster Home Licensing Professional Full Name |  |  | | |  | | | | | |  |  |  |  |  | |  | Foster Home Licensing Professional **SIGNATURE** |  | Date Signed |  | | | | | | | |