**Training Summary**

Workforce Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date submitted to coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of training \_\_\_\_\_\_\_\_

**Question 1: (Answer before submitted to coach)**

**How do you feel this training will enhance your skills in your HFW role?**

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**Workforce member’s signature, role and date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coach signature and date**

**Question 2:**

1. **Did this training meet your expectations? (please explain)**

**Question 3:**

1. **How do you plan on incorporating skills learned in the work you do with youth and families?**

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**Workforce member’s signature, role and date**

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**Coach signature and date**