

WORKSHEET FOR INDEPENDENT STUDY DAY CARE TRAINING

Provider's Name: _____ Date: _____

Title of Training: _____

Author or Presenter: _____

Training Source: _____

Length (For videos only): _____

Training Subject (MN Rule 9502.0385 Subp 4) – Please specify letter A – N _____

Summary of Program:

Do you agree or disagree with the main points? Why?

How will this program affect the way you provide child care?

Would you recommend this program to other providers? Why or why not?

FOR AGENCY USE

Date Received: _____

Approved for _____ hours Subject Area: _____

Not Approved: _____ Reason: _____

Comments:

Licensor Signature: _____