

# Healthy Families New York – Site Training Record

Complete this form to register a training in the HFNY Worker Training Record (used to track trainings)

<b>1. Training Date</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		<b>2. Program Name</b>	
<b>3. Training Title</b> <b>FSU Curriculum Training</b>			
<b>4. Training Description</b> <b>Detailed information and practice using the FSU curriculum in home visiting with families.</b>			
<i>In items 5 and 6, enter either the trainer name and organization or the training method name and type.</i>			
<b>5a. Trainer First Name</b>		<b>5b. Trainer Last Name</b>	<b>5c. Trainer Organization</b> <b>Prevent Child Abuse</b> <b>New York</b>
or			
<b>6a. Training Method Type</b> (check only one) <input type="checkbox"/> book <input type="checkbox"/> course <input type="checkbox"/> pamphlet <input type="checkbox"/> video <input type="checkbox"/> audio <input type="checkbox"/> Teleconference <input type="checkbox"/> Computer Assisted Instruction <input type="checkbox"/> other			
<b>6b. Training Method Name</b>			
Enter Topic and/or Subtopic codes that are associated with this training. Make a check mark if the topic/subtopic addresses culturally sensitive issues of your service population as outlined in CSST 5.3. Enter the amount of time spent on each topic in quarter hour increments. Total time listed below should add up to total length of this training. Use multiple pages if necessary.			
<b>Topic</b>	<b>Subtopic</b>	<b>Culturally Sensitive Topic</b>	<b>Time spent on Topic/Subtopic</b>
<b>14</b> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>2</b> <input type="text"/> <input type="text"/> 15 30 45 hours                      minutes
<b>15</b> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>2</b> <input type="text"/> <input type="text"/> 15 30 45 hours                      minutes
<b>16</b> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>2</b> <input type="text"/> <input type="text"/> 15 30 45 hours                      minutes
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> 15 30 45 hours                      minutes
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> 15 30 45 hours                      minutes
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> 15 30 45 hours                      minutes
Date Form Submitted	Reviewer's Initials	Date of Data Entry	Data Entry Initials

## Healthy Families New York – Site Training Record

Use multiple pages if necessary

<b>Training Date</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<b>Program Name</b>
<b>Training Title</b>	
<b>Trainer Name/Training Method Name</b>	
<b>Worker Name</b> (please print)	<b>Worker Signature</b>
1.	
2.	
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15.	

**I verify that these workers attended this training**

Supervisory Approval Signature
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