



TRINITY
Pregnancy and Adoption

*Serving the adoption triad across South Dakota
in the name of the Father, the Son, and the Holy Spirit.*

CATHOLIC SOCIAL SERVICES
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ADOPTIVE PARENT TRAINING AND SELF INSTRUCTION
VERIFICATION OF ADOPTIVE PARENT EDUCATION

ADOPTIVE PARENT: _____

DATE(S) OF TRAINING: _____

TITLE OF WORKSHOP/TRAINING: _____

TOPIC OF SELF INSTRUCTION: _____

HOURS OF TRAINING: _____

HOURS OF SELF INSTRUCTION: _____

Please attach a copy of the brochure or agenda if this is available.

PLEASE SUMMARIZE THE CONTENT OF THE WORKSHOP/TRAINING SESSION OR SELF
INSTRUCTION MATERIAL: _____

HOW DOES THE INFORMATION RELATE TO ADOPTION/CHILD CARE? _____

APPROVED BY: _____
(Worker)