

## **OUTSIDE TRAINING PRE-APPROVAL REQUEST FORM**

Today's Date: Your Name: Region:	
Type of Training— Book:	check ONE:  Number of Pages Author  Title
Videotape/Aud	diotape/DVD: Run Time: Hours Minutes Title
Online training	course : Title of Online Course: Internet Address:
Classroom Train	ning Course: Title:Location:Date: Presenter:Location:Date:
Brief description o	<u>f material:</u>
Why is this training	g needed?
It is needed for	or my training plan.
This topic is r due to their specific Explain:	not covered by Adriel and the education provided will directly impact my foster child need(s).
I have been u Explain:	inable to attend training at Adriel due to unforeseen circumstances.

\*Please e-mail to <a href="mailto:training@adriel.org">training@adriel.org</a>