**Child Specific Preadoption Preparation Training for Public Adoption**

Use of form: This form is required for public adoption agencies to document the required child specific training for first time adoptive parents under s. 48.84. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The public adoption agency worker will complete this form for first time preadoptive parents and upload the completed form into the preadoptive parents’ provider record in eWiSACWIS.

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| **GENERAL INFORMATION** | | | | | |
| Public Adoption Agency/Region Name | | | | | |
| Public Adoption Worker Full Name | | | | | Telephone Number |
| Applicant(s) Full Name | | | | eWiSACWIS Provider ID | |
| **CHILD SPECIFIC TRAINING** | | | | | |
| **Child 1** Full Name | | | | eWiSACWIS Case ID | |
| Training(s) taken to address child specific needs | Need(s) addressed | | Number of hours | Format of training(s) | |
| **Child 2** Full Name | | | | eWiSACWIS Case ID | |
| Training(s) taken to address child specific needs | | Need(s) addressed | Number of hours | Format of training(s) | |
| **Child 3** Full Name | | | | eWiSACWIS Case ID | |
| Training(s) taken to address child specific needs | | Need(s) addressed | Number of hours | Format of training(s) | |
| **Child 4** Full Name | | | | eWiSACWIS Case ID | |
| Training(s) taken to address child specific needs | | Need(s) addressed | Number of hours | Format of training(s) | |
| **Child 5** Full Name | | | | eWiSACWIS Case ID | |
| Training(s) taken to address child specific needs | | Need(s) addressed | Number of hours | Format of training(s) | |
| **Child 6** Full Name | | | | eWiSACWIS Case ID | |
| Training(s) taken to address child specific needs: | | Need(s) addressed | Number of hours | Format of training(s) | |