



# Foster Parent Individual TN KEY Training Plan

Requesting Region/ Agency: \_\_\_\_\_

Individual TN KEY Trainer: \_\_\_\_\_

Foster Home Name: \_\_\_\_\_

DCS County/Region where Family Resides: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Waiver approval for TN KEY : \_\_\_\_\_

**Please document the dates that the courses below will be delivered or have been completed:**

Informational Meeting		Navigating the Child Welfare System	
Exploring the Impact of Trauma		Roadmap to Resilience	
Rerouting Trauma Behaviors		Mutual Assessment Meeting	
CPR & First Aid		Medication Administration	

**Individual TN KEY Training Plan** for family (should include specific details about how often sessions will be conducted with the family).

**If changes must be made to an already approved Individual TN KEY Training Plan, please provide the following information:**

**Reason for altering the approved Individual TN KEY Training Plan:**

\_\_\_\_\_  
Individual TN KEY Trainer

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCS Central Office Foster Parent Training Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCS Director of Training and Professional Development or Designee  
(Signature required if exception to protocol)

\_\_\_\_\_  
Date