



**Vermont Child Welfare Training Partnership**

**Foundations (Classroom) Part 2 - ALTERNATIVE TRAINING RECORD**

Participants Name \_\_\_\_\_

Resource Coordinator \_\_\_\_\_

District \_\_\_\_\_

Training Season:    Fall \_\_\_\_\_    Spring \_\_\_\_\_    Year \_\_\_\_\_

<b>Class Missed (Title/Week)</b> (i.e.: Attachment Week 2)	
<b>Did they complete <i>CWTP Alternative Training</i> for this missed class?</b> (yes or no)	
<b>If not – what did they do instead? Please describe here:</b>  (i.e.: Participant read Dan Hughes book on attachment and met with me to summarize the book)	
<b>Do they need to attend this class next training season in order to graduate?</b> (yes or no)	
<b>Date completed</b>	

\_\_\_\_\_  
 Resource Coordinator Signature and Date

**Note:** The purpose of this form is to have a record of training provided for participants that miss a single session of training. This is NOT the same as a VARIANCE (for missing the entire 18 hour Foundations Part 2 course) – A Variance is processed through RLSI.

**Please submit this form to your CWTP Training Coordinator or to Emma Baird  
 (CWTP ~ Mann Hall ~ 208 Colchester Ave ~ Burlington ~ 05405)**