



**Parent Partner Training Verification and Approval**

Parent Partner Name:	Date Applying to be Parent Partner:
Email	HHS Service Area: <input type="checkbox"/> WSA <input type="checkbox"/> DMSA <input type="checkbox"/> CRSA <input type="checkbox"/> ESA <input type="checkbox"/> NSA
Experienced Parent Partner	Counties Serving:

The Parent Partner meets **eligibility requirements** as outlined in the Iowa Parent Partner Approach Governing Philosophy, Policy & Protocol.

**Trainings**

The following trainings <b>MUST</b> be completed <b>BEFORE</b> any one on one mentoring takes place:	<b>Date Completed</b>	The following trainings <b>MUST</b> be completed <b>WITHIN ONE YEAR</b> of committing to as a Parent Partner:	<b>Date Completed</b>
<input type="checkbox"/> Building a Better Future (BABF)		<input type="checkbox"/> Domestic Violence (DV) 101	
<input type="checkbox"/> Mandatory Reporting		<input type="checkbox"/> Mental Health Overview	
<input type="checkbox"/> Confidentiality		<input type="checkbox"/> Family Focused Meetings (FFM)	
<input type="checkbox"/> Boundaries and Safety Issues		<input type="checkbox"/> Cultural Responsiveness	
<input type="checkbox"/> HHS 101		<input type="checkbox"/> Substance Use Overview	
<input type="checkbox"/> Family Interaction Overview			
<input type="checkbox"/> Child Safety Conferences (CSC)			

<b>Shadowed Experienced Parent Partner mentoring parent</b>	<b>Demonstrated skills providing mentoring with Experienced Parent Partner observing:</b>
<input type="checkbox"/> Juvenile/CINA court process	<input type="checkbox"/> Juvenile/CINA court process
<input type="checkbox"/> Family Focused Meeting (FFM)	<input type="checkbox"/> Family Focused Meeting (FFM)
<input type="checkbox"/> Face to Face visit	<input type="checkbox"/> Face to Face visit

Shadowed Experienced Parent Partner mentoring parent	Demonstrated skills providing mentoring with Experienced Parent Partner observing:
<input type="checkbox"/> Specialty Courts such as Family Treatment Court (if applicable) <input type="checkbox"/> Child Safety Conference (CSC)	<input type="checkbox"/> Specialty Courts such as Family Treatment Court (if applicable) <input type="checkbox"/> Child Safety Conference (CSC)

Successfully shadowed and demonstrated skills necessary to be matched with a family.

I recommend that the individual mentioned above be approved as a Parent Partner.

Signature of Parent Partner	Date
Signature of Local Coordinator	Date
Signature of Service Area Coordinator	Date