**S.A.F.E. Home Study Training Participants**

**Agency Name \_\_\_ \_\_\_\_\_\_**

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| **SAFE Home Study Pilot Participants** | **ROLE***Must be persons responsible for completing or approving foster home assessments* ***only****!* | **SAFE 2 Day Training** | **SAFE Supervisor Training** |
| **STAFF NAME** | **Place an X to identify those who need this training** | **Place an X to identify those who need this training** |
| *Jane Doe* | *Reviewer/Approver* | *X* | *X* |
| *John Doe* | *Assessor* | *X* |  |
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*\*Supervisors must attend both the 2-day and Supervisor Training*