

## **Family Preparation Session Transfer of Learning (TOL)**

Name of Individual Family Member:

Date of Preparation Session:

Number of Hours:

Session: (Name and brief description)

Activities Utilized:

### Observations on Impact of Preparation Session

How did this session and the activities influence you?

What did you learn about yourself by participating in this session?

What did you learn about the children who are waiting for permanency?

What questions do you have?

What would you like know more about?

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Worker Observation on Impact of Preparation Session: Based on the affiliate worker's observations regarding the impact of the preparation session on the family, as well as the family members' participation in the session, have you discovered anything that has given you additional insight into the strengths as well as the preparation needs of the family? If so, identify. Develop an action plan to address any unmet preparation needs.