



COMPLETION OF CONTINUING EDUCATION FORM

Your Full Name Acts as your Signature

First Name _____

Last Name _____

Email (example@example.com) _____

Title of Webinar/Training _____

Number of In-Service Hours _____

Date Training Completed _____

Please summarize, comment on, and/or write a statement about the training opportunity that you completed. Your comment should be specific to this particular experience.

This webinar helped enhance my skill sets to properly advocate in the best interest of a child that has experienced abuse or neglect:

Yes No Neutral

Overall, how would you rate the event?

Excellent Above Ave Average Below Ave Fair

Position

CASA Volunteer CASA Staff Partner No Affiliation with IL CASA