



# MORRISON COUNTY

*Morrison County will provide cost effective, high quality services to county residents in a friendly and respectful manner.*

## Health & Human Services

Nathan Bertram

## Health & Human Services Director

## *Government Center*

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[www.co.morrison.mn.us](http://www.co.morrison.mn.us)

**Children's Mental Health (CMH) – Training Questionnaire**

Family/program name:

[View the approved video found here:](#)

<https://www.youtube.com/watch?v=WUephhoUB9g&feature=youtu.be>

Complete the following questionnaire (you may type responses to the items below if preferred – send to licensor along with this signed form). Programs with multiple license holders may complete this together on one form – just make sure both license holders view the video, sign and date the form. By signing the form, you are acknowledging this to be true. Return the completed form(s) to the licensor to verify completion – additional certification is not required.

1. Provide a summary of key concepts from the video, highlighting any particular areas of interest to you.

2. Describe anything specific you learned/gained from the training, and how you intend on utilizing this information as a foster care provider.

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Date of completion: \_\_\_\_\_

License Holder: (print) \_\_\_\_\_ (signature) \_\_\_\_\_

License Holder: (print) \_\_\_\_\_ (signature) \_\_\_\_\_

Updated 06/2020

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