



Advocate Name: _____
Date of Continuing Education: _____
Number of Hours Spent: _____ <i>(do not include travel time)</i>

Continuing Education Tracking Form

Continuing Education Type:

_____ CASA of McHenry County sponsored program:

Seminar Volunteer meeting Class Other: _____

_____ Other agency sponsored program:

Seminar Class Other: _____

**NAME OF SPONSORING AGENCY: _____

_____ Web/Internet Research:

Source, title, author: _____

_____ Review (***circle one***): Book Article Professional Journal Other

Source, Title, author: _____

_____ Media (***circle one***): Movie TV DVD/VHS Other

Source, title: _____

_____ Other (please specify): _____

Please provide a brief summary of the continuing education training and its relevance to your role as a CASA. Please include a critique of the material and briefly explain what knowledge you have gained from this material. If applicable, please indicate if you would recommend this to other volunteers.

Approved by: _____ **Date Approved:** _____

Hours Awarded: _____ **Calendar Year:** _____ **YTD Total Hours Earned** _____
(including this event)

Advocate Notified (only if not accepted as submitted): _____ **COMET/Personnel File Entries:** _____