



FAMILY DEVELOPMENT TRAINING AND CREDENTIALING PROGRAM

SKILLS PRACTICE PLAN

Name _____ Chapter _____

SKILLS PRACTICE PLAN:

Skill you plan to practice: (topic number and complete description):

Setting: (family's home, your home, your workplace, meeting, etc.) _____

Participants: (those who will be present as you practice this skill, e.g., family members, co-workers, supervisors, etc. Please do not give names.) _____

Learning objective to be addressed (write as stated in handbook)

Based on discussion related to the above Skills Practice, it is appropriate for the family development worker's learning for this chapter.

Advisor's signature _____ Date _____