

## The Learning Contract

### Child Welfare Caseworker Training Plan

Name:

County:

Phone:

Date of Hire:

Fax:

Email :

Supervisor :

The PA Child Welfare Training Program  
Telephone Number: 717-795-9048

**Goal:** In order to ensure child safety, well-being and permanency in a timely manner, participants will acquire the attitude, knowledge and skills necessary to provide services related to and protection of abused and neglected children.

**INITIAL Participant STRENGTHS: Completed by the caseworker and his/her supervisor**

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Who:	Will Do What:
Child Welfare Training Program	Provide a safe, trusting learning environment
Child Welfare Training Program	Be available to provide support to trainee and his/her supervisors throughout the training process
Child Welfare Training Program	Provide clear feedback to trainee and his/her supervisor regarding performance and continued learning needs
Practitioner Trainer	Provide child welfare expertise in the training room
Supervisor	Provide this caseworker with the time he/she needs to attend all scheduled training
Supervisor	Provide work load coverage while worker is attending training
Supervisor	Provide support, guidance and assistance throughout the training process
Supervisor	Assist worker in completing Transfer of Learning Assignments or assign an experienced staff member who can provide assistance
Participant	Attend every scheduled day of training on-time
Participant	Commit to participate in the learning process
Participant	Complete Transfer of Learning assignments
Participant	Provide honest supportive feedback to colleagues
Participant	
Participant	

Caseworker:	Signature:	Date:
<p>I understand I am being paid for attending child welfare certification training. Therefore, it is expected that I will display professional behavior at all times. I understand that this training is a critical component to assist me in developing the knowledge and skills I need to perform my duties as a child welfare caseworker responsible for achieving child safety, well-being, and permanency. By signing this contract, I agree to be an active member in the "Learning Partnership."</p>		/ /

Supervisor:	Signature:	Date:
<p>I understand it is critical that newly hired casework staff receive foundation level training so that they can perform their responsibilities. As such, I will support and guide them throughout the training process. By signing this contract, I agree to be an active member in the "Learning Partnership."</p>		/ /