MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
RESOURCE PARENT TRAINING ATTENDANCE RECORD

Course Title	Course Code
Instructor (Last Name Only)	Course Date
Instructor (Last Name Only)	Number of Hours
Instructor (Last Name Only)	

Print Name (Last, First)	Parent Indicator 1 – Parent #1 2 – Parent #2 3 – Other Adult	Social Security Number	County of Residence (FIPS Code)	DVN (9- Digits)

SS-60B
(08/15)