

# Video Lending Library Training Verification Form

\*PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

\_\_\_\_\_  
First Name                      M.I.                      Last Name                      \_\_\_\_\_  
Last 5 Digits SS#

\_\_\_\_\_  
Home Address                      \_\_\_\_\_  
OK Registry ID#

\_\_\_\_\_  
City/State                      Zip Code                      County  
(\_\_\_\_\_) \_\_\_\_\_ K8 

--	--	--	--	--	--	--	--

  
Phone Number                      Email Address                      K-8 (OKDHS License) Number

Facility Name: \_\_\_\_\_ Other: (Explain): \_\_\_\_\_

\_\_\_\_\_  
Address (if different than above)                      City/State                      Zip Code                      County

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

**Please complete the following questions once you have viewed the video.  
Each question must be answered completely to receive credit. (One form per video.)**

Video Title \_\_\_\_\_ Viewing Date \_\_\_\_\_

Length of Video \_\_\_\_\_ Video I.D. Number \_\_\_\_\_

**1. What is the main theme of this video?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. How will you change or improve the way you work with your children after viewing this video?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Video Checked Out from:  CECPD Video Library     Other (Explain) \_\_\_\_\_