



Continuing Education Independent Learning Form

DCA-GAL Form 512J
Revised (March 2024)
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Name: _____ County: _____

E-mail: _____ Completion Date: _____

Please list the title, author and length of the book, movie or documentary below:

How did this relate to your work as a GAL?

How will you use this information in your work as a GAL?

**Upon completion, please email this form to Sarah Schultz, the
Recruitment and Training Coordinator at
Sarah.Schultz@childadvocate.sc.gov and your County Director to
receive training credit.**