

Strengthening families in our community

<u>Parent Engagement Training</u> Registration Form

Dates of Training: December 11 & 12, 2023

Training Location: Online

Registrant Name:			
School/Affiliation:			
Mailing Address:			
City:		State:	Zip:
Telephone:	E-mail:		
Billing Address (if different from above	ve)		
City:		State:	Zip:
Billing Information:			
New Parent Engagement Facilitatio (English and Spanish), Parenting Qu			, PPE Online Curriculum
Total Cost = \$1,000 per Registrant*	•		
*PPE reserves the right to cancel tr	raining if the minimum is not r	net.	
Please Choose One: Registration w	rill not be processed without p	ayment or purchas	se order.
Payment enclosed; make ch Please bill me; Purchase Orc Please charge my (circle one	der number		
Number	Name on Card _		
Expiration Date	VIN (security code on b	ack of card)	
Signature			

Please complete this form and return to PPE via either:

- > Fax: 888-789-3684
- Mail: Mary Schwartzkopf, Practical Parent Education, 2300 W. White Ave., Suite 102, McKinney, TX 75071, or
- > Email: ppe@practicalparent.org

If you have any questions, please call 877-340-6262, ext. 106. Thank You!



TRAINING NEEDS ANALYSIS

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In order for Practical Parent Education Consultant (trainer) to accomplish your team's training objectives, please have each participant complete the following and **email** it to back to **ppe@practicalparent.org**.

1.	Participant Name			
2.	Title			
3.	Email address			
4.	Work phone Number			
5.	Job assignment			
6.	What do you feel are your top 3 objectives for your job and for the training?			
7.	What do you want to get out of the training? You will be asked to answer this question during the 1^{st} part of the training.			

Thank you in advance for your help. If you have questions, feel free to call or email us.

Practical Parent Education

2300 W White Ave. Ste. 102 McKinney, TX 75071 P 877-340-6262 ~ F 888-789-3684 ppe@practicalparent.org www.practicalparent.org