

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

Dates of Training: March 4 & 5,	, 2024		
Training Location: Online			
Registrant Name:			
School/Affiliation:			
Mailing Address:			
City:		State:	Zip:
Telephone:	E-mail:		
Billing Address (if different from above)			
City:		State:	Zip:
Billing Information:			
(English and Spanish), Parenting Quick Total Cost = \$1,000 per Registrant* *PPE reserves the right to cancel train			
Please Choose One: Registration will r	not be processed without payr	nent or purcha	se order.
Payment enclosed; make check Please bill me; Purchase Order Please charge my (circle one) Vi	number		
Number	Name on Card		
Expiration Date	VIN (security code on back	of card)	
Signature			
 Please complete this form and return Fax: 888-789-3684 Mail: Mary Schwartzkopf, Pra 75071, or Email: ppe@practicalparent.com 	actical Parent Education, 2300	W. White Ave.	., Suite 102, McKinney, TX

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



TRAINING NEEDS ANALYSIS

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Training Location: Online

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**.

Participant Name
Title
Email address
Work phone Number
Job assignment
What do you feel are your top 3 objectives for your job and for the training?
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