

**Practical Parent Education**  
2300 W. White Ave., Suite 102  
McKinney, Texas 75071  
877.340.6262  
ppe@practicalparent.org  
***Initial Parent Educator Training***  
**Registration Form**

Selected Training Location: \_\_\_\_\_ Dates of Training: \_\_\_\_\_

PPE Subscriber Name: \_\_\_\_\_

Affiliation : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Billing Information: Choose one:**

\_\_\_\_\_ I am a current PPE Subscriber, my fees have been paid

\_\_\_\_\_ New Subscription Package, including Initial Parent Educator Training, PPE Curriculum  
(English and Spanish), *Parenting Quick Tips* and *Connections* newsletter subscription: **\$1,000.00**

**Please Choose One: Registration will not be processed without payment or purchase order.**

\_\_\_\_\_ Payment enclosed; make check payable to Practical Parent Education

\_\_\_\_\_ Please bill me for Subscription registration fees, purchase order number \_\_\_\_\_

\_\_\_\_\_ Please charge my (circle one) Visa or Mastercard:

Number \_\_\_\_\_ Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ VIN (security code on back of card) \_\_\_\_\_

Signature \_\_\_\_\_

**Please FAX this form to: 888.789.3684; or mail to: Ellen Rusch, Practical Parent Education,  
2300 W. White Ave., Suite 102, McKinney, TX 75071. If you have any questions, please call  
877.340.6262.**



**Practical Parent Education**

**TRAINING NEEDS ANALYSIS**

Training Date and Location: \_\_\_\_\_

In order for Practical Parent Educational Consultant (trainer) to accomplish your training objectives, please have each participant complete the following and email to [ppe@practicalparent.org](mailto:ppe@practicalparent.org) or fax to 888.789.3684.

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<sup>st</sup> part of the training.  
\_\_\_\_\_  
\_\_\_\_\_  
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