



For Kids' Sake License Renewal

Program Name \_\_\_\_\_

Program Facilitator:

Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Court(s) served (include city and county, e.g. 219th District Court, McKinney, TX, Collin County)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Class Location(s) \_\_\_\_\_

Number of classes offered per month \_\_\_\_\_

Additional Facilitators:

Name \_\_\_\_\_

Qualifications (degrees, certifications, etc.) \_\_\_\_\_

Name \_\_\_\_\_

Qualifications \_\_\_\_\_

Name \_\_\_\_\_

Qualifications \_\_\_\_\_

Name \_\_\_\_\_

Qualifications \_\_\_\_\_

Please copy this form to list additional facilitators.

# *For Kids' Sake*

## SUMMARY OF STATISTICS



Practical Parent Education

Please complete one summary sheet for each court served.

Court # \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

1. Number of seminars conducted for this calendar year: \_\_\_\_\_
2. Number of participants attending seminars for this calendar year: \_\_\_\_\_
3. Summary of totals from **Post** Program Evaluation instrument:
  - 1) a \_\_\_\_\_ b \_\_\_\_\_ c \_\_\_\_\_ d \_\_\_\_\_ e \_\_\_\_\_
  - 2) a \_\_\_\_\_ b \_\_\_\_\_ c \_\_\_\_\_ d \_\_\_\_\_
  - 3) a \_\_\_\_\_ b \_\_\_\_\_ c \_\_\_\_\_
  - 4) a \_\_\_\_\_ b \_\_\_\_\_ c \_\_\_\_\_ d \_\_\_\_\_ e \_\_\_\_\_

4. Please list any comments by participants:

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Please share a few of your successes:

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Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your assistance. If there is anything else that you would like to tell us, please write your remarks on the back of this sheet.

Date: \_\_\_\_\_



Some facilitators have the *For Kids' Sake* Curriculum provided to them at training in the past. We now are providing the material online at our Website (<http://www.practicalparent.org>). If you wish to have access to the material online, please fill out this form and return it back to us. Once everything is processed, we will send you confirmation by email of your access availability to our online website curriculum.

(This information will be used by the PPE home office to provide you with access to the "Members Only" website and to stay connected and keep you informed.)

**Please Print Legibly**

**VERY IMPORTANT!!!** Please provide us with a valid email address which will be your user name and a password of your choosing!

USER NAME (Email address) \_\_\_\_\_

PASSWORD (up to 10 digits) \_\_\_\_\_

(case sensitive)

**PARENT EDUCATOR PROFILE**

NAME (Please Print) \_\_\_\_\_

ORGANIZATION/AFFILIATION \_\_\_\_\_

CURRENT POSITION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

COMMENTS OR SPECIAL REQUESTS \_\_\_\_\_

\_\_\_\_\_