



Practical Parent Education

*Strengthening families in our community*

**Parent Engagement Training**  
**Registration Form**

Dates of Training: **November 11 & 12, 2021**

Training Location: **ONLINE Training**

Registrant Name: \_\_\_\_\_

School/Affiliation: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

***Billing Information:***

New Parent Engagement Facilitation Package, including Parent Engagement Training, PPE Online Curriculum (English and Spanish), *Parenting Quick Tips* and *Power Point Presentations*

**Total Cost = \$1,000 per Registrant\***

**\*PPE reserves the right to cancel training if the minimum is not met.**

**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; 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 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](mailto:ppe@practicalparent.org)**

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



Practical Parent Education

*Strengthening families in our community*

## **TRAINING NEEDS ANALYSIS**

Dates of Training: **November 11 & 12, 2021**

Training Location: **ONLINE Training**

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<sup>st</sup> 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](mailto:ppe@practicalparent.org)

[www.practicalparent.org](http://www.practicalparent.org)