Parent Project® Kern County Parent Project Facilitator Materials Request Form

	and email it to <u>saarias@kern.</u> : Sal Arias or Kerri Sherwoo	org or <u>kesherwood@kern.org</u> od at (661) 852-5694					
Name:	E-Mail:						
School District/Agency:	Work Address:						
	City:	Zip:					
Phone (work):	Target Audience descri service area, geographic	ption: (school, community, agency area, church)					
Fax:							

Please use the attached sign in sheet for your classes and FAX a copy after your last unit to Attention: Sal Arias or Kerri Sherwood at (661) 852-5694.

PARENT PROJE NOTE: Because of our limited supply, please order ONLY the appro	
Parent Project Facilitator Kit (English) group role table 10-12 week period to maximize use by community partners	top labels, overheads, overhead pens, videos, timer
Parent Project Facilitator Kit (Spanish) group role table 10-12 week period to maximize use by community partners	e top labels, overheads, overhead pens, videos, timer
Qty: Parent Project Parent Workbooks-Changing De	structive Adolescent Behavior-English
Qty: Parent Project Parent Workbooks-Changing De	structive Adolescent Behavior-Spanish
☐ Loving Solutions Facilitator Binder (for Parents/Guard	dians with younger Children ages 5-10)
Qty: Loving Solutions Workbooks - English	
Qty: Loving Solutions Workbooks – Spanish	
 Teen Component - Personal and Social Responsibility booklets 	ty Kit with copyright permission to reproduce student
~~~~~*~~REQUIRED CLASS II	NFORMATION~~~*~~~*~~*
Contact Name:	Contact Telephone:
Class Start Date: Start Time:	Class Location:
Name of Curriculum: ☐ Parent Project Sr○ English ☐ Spanish ☐ Loving Solutions○ English ☐ Spanish ☐ Teen Component	Street Address
Teen component	City Zip Code
Class Cost \$ Child Care A	vailable? 🛘 Yes 🕒 No

Training Agency:						N	Loving S	Project Sr	O Eng		Spanish Spanish
	Parer	<u>.</u>	SIGN IN	I SHEE	<u>T</u>] lasse					
Name (Please Print)	Signature	Unit 1 Date:	Unit 2 Date:	Unit 3 Date:	Unit 4 Date:	Unit 5 Date:	Vnit 6 Date:	Unit 7 Date:	Unit 8 Date:	Unit 9 Date:	Unit 10 Date:

5.

6.

7.

Parent Project – Parent Classes

SIGN IN SHEET

(Note: Please indicate the **DATE** of each Unit in the appropriate column)

Please initial each day of training

Name (Please Print)	Signature	Unit 1 Date:	Unit 2 Date:	Unit 3 Date:	Unit 4 Date:	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10
_					Date.	Date:	Date:	Date:	Date:	Date:	Date:
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											

Parent Project – Parent Classes

SIGN IN SHEET

(Note: Please indicate the **DATE** of each Unit in the appropriate column)

Please initial each day of training

	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit
Signature	Date:	Date:	3 Date:	4 Date:	5 Date:	6 Date:	7 Date:	8 Date:	9 Date:	10 Date:
	Signature									

*****DUE AFTER THE LAST UNIT*****

PLEASE RETURN TO:

Kern County Superintendent of Schools Office
Attn: Sal Arias, School Community Partnerships –
Blanton Ed Center Suite B
1300 17th Street - CITY CENTRE
Bakersfield, CA 93301-4533

OR fax a copy to Attn: Sal Arias or Kerri Sherwood
(661) 852-5694

