



## **SPRINGFIELD PARENT ACADEMY COURSE REQUEST FORM**

Thank you for your interest in hosting a Springfield Parent Academy course!

\*For courses not included in the current menu of Springfield Parent Academy offerings, please complete the second page of this form.

COURSE REQUEST (S)
Course Title:
Date & Time (Choice #1): Date & Time (Choice #2):
Language: □□ English □Spanish
Training Location: Number of participants:
Course Title:
Date & Time (Choice #1): Date & Time (Choice #2):
Language: □□ English □Spanish
Course Title:
Date & Time (Choice #1): Date & Time (Choice #2):
Language: □□ English □Spanish
TARGET AUDIENCE (Please check one)  □ School/organization-based participation only □ City-wide participation
CONTACT INFORMATION FOR COURSE REQUEST
Name: School/Organization:
Phone: Email:

## **Return completed form to:**





## SPRINGFIELD PARENT ACADEMY COURSE REQUEST FORM

The Springfield Parent Academy will work with you to identify a course that can be tailored to your needs. Please provide a description of your desired course. Include information about the language of delivery, target audience (city-wide or school/organization based), size of audience, etc.

Course Description:
Target Audience (Please check one)  □ School/organization-based participation only □ City-wide participation
Number of participants: Language: □□ English □Spanish □Somali □□ Other
Other Suggestions:

## **Should you have any questions:**

**SPA Contact:** Springfield Parent Academy

Phone: (413) 787-6941

Email: info@springfieldparentacademy.com