
Submission Form

Name of Sponsoring Organization:

Name of Person Completing Form:

E-mail:

Phone:

Submission Date:

If the event contact name and phone is different than above, please provide this information:

Activity Name:

Activity Type:

Family to Family Connections

List serves

Trainings

Grants

Mentorship & Technical Assistance

Brief Description (maximum length: 200 words):

Audience: check all that apply

Family

Youth

Providers

Additional Audience Specifications:

Participation Requirements: (i.e. application required, homework assignment, community projects, peer mentoring commitment)

Website:

Activity Contact Name:

Phone:

Event Format:

In-person

Telephone

On-Line

Language Supports:

Supports to Family: check all that apply

Free

Stipends

Scholarships

Other:

Skills/Outcomes: check all that apply

Communications Skills

Advocacy Skills

Knowledge of Resources

Knowledge of Policies

Leadership Skills

Peer Mentoring

Other:

Frequency: (Examples: annual, monthly, recurring, etc.)

Timeframe: (Examples: 1 day, 5 weekends, 1 hour)

Location: (Examples: WI Dells, Regional)

Other Information You Want to Share:

THANK YOU FOR SHARING YOUR INFORMATION

Please consider also listing your event on the Wisconsin Statewide Parent Educator Initiative Calendar at this link: <http://calendar.wspei.org/suggestanevent.php>

Please email completed form to leadingtogether@chw.org