

Parent Professional Learning Teachback Request



Must mail, email or fax request 3 weeks in advance in order to schedule a Teachback

Fax: King – (425) 917-7766; Pierce – (253) 778-7766 or email to Quincy Stone at gstone@psed.org

Check the teachback opportunity you are requesting (one request per form)

- Peer Literacy**
- Peer Health**
- Hallway Happening (flyers only)
- Full teachback (1 hour minimum)
- English # of families _____
- Spanish # of families _____
(not all teachback opportunities are available in Spanish; requires 5+ Spanish speaking families attending)

Teachback date: _____ Teachback time: _____

Program: Early Head Start Head Start ECEAP

Center/Site Name: _____

Address: _____

Contact person: _____ Email: _____

Phone: _____ Cell: _____

Do you have a trained parent at your center? Yes No

If yes, name(s): _____

For Use by PSESD Peer Leadership Staff

Supplies: _____ Data Entry: _____

Confirmed: _____ Follow up: _____

Teachback Date: _____ Teachback Time: _____

Peer Leader (Eng): _____ Phone Number: _____

Mentor: _____ Phone Number: _____

Peer Leader (Sp): _____ Phone Number: _____

Mentor: _____ Phone Number: _____