



Parent Education Session

Background Information - Strictly Confidential

116 Parry Street, Perth WA 6000, Australia • Tel: 9227 0846 • Fax: 9227 0865 • www.pld-literacy.org • mail@pld-literacy.org

Contact Information

Name of School/Service: _____

Address: _____

Key PD contact person(s): _____

Mobile number of contact(s): _____

Email address of contact(s): _____

Audience Of The Presentation

Estimated number attending: _____

Parents attending are from:

- 3 year old Kindy Kindergarten Pre-Primary Year 1 Year 2
 Other _____

The Proposed Presentation

Length of the presentation: _____ hours **Start time:** _____ **Finish time:** _____

Equipment requirements:

- Data projector or electronic whiteboard - with speakers/sound function.
- White board - large.
- Presenters table at the front.

List proposed date(s) for the presentation: _____



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Desired Outcomes Of The Presentation

What message do you want parents to leave with?

Desired Outcomes *(List in priority with number one being most desired.)*

1.

2.

3.

Other relevant information:

What programs/practices have been implemented in the school that are relevant to this presentation?

Form was completed by: _____