

it's that easy!

A GUIDE TO RAISING SEXUALLY HEALTHY CHILDREN

Parent Educator Training Opportunities

Duluth

June 22-23, 2010

8:45 a.m. – 4:00 p.m.

Building for Women

32 E First Street

Duluth, MN 55802

Winona

July 13-14, 2010

July 13 - 8:45 a.m. - 4:00 p.m.

July 14 - 10:30 a.m. - 4:30 p.m.

Winona County Community Health Services

60 West Third Street

Winona, Minnesota 55987

Cost:

\$50 member / \$85 non-members

Who should attend?

Parent educators and Family Service Professionals, who work with families of children at any stage birth to adolescence.

Why?

Consciously or not, parents/guardians are the first, most important models for relationships in their children's lives.

What?

Highly interactive two day training focused on:

- Foundations in attachment and parent child connectedness (PCC)
- Supporting parents/guardians in recognizing and conveying their values and messages
- Hands on experience with time tested, effective strategies.

Participants will receive *It's That Easy!* (ITE) Resource Manual

Expectations:

Participants will facilitate *It's That Easy!* workshops in their home communities.

Incentives to attend training:

- Cadre of knowledgeable trainers
- Great opportunity for professional development
- Scholarships are available

Partial scholarships are available:

MOAPPP is committed to making this training available to all professionals who wish to attend.

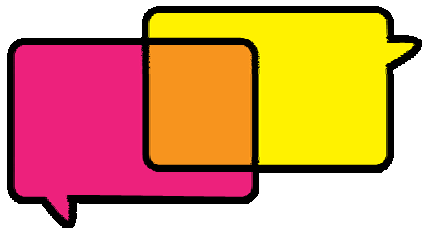
To request a scholarship application, contact moappp@moappp.org.

Certificates of attendance will be distributed at the end of the training event. Participants self-report continuing education credits to their respective state boards. Reasonable accommodations for people with disabilities will be provided but must be requested at least two weeks prior to the training event.

For more information:

Contact Jocelyn Broyles at 651-644-1447x 19, jocelyn@moappp.org





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Name _____

Title _____

Agency _____

Program _____

Work Address _____

City _____ State _____ Zip _____

County/Countries Served _____

Work Phone _____

E-mail _____

Method of payment

Check or credit card number must accompany your registration form (please choose only one).

- Check enclosed made payable to MOAPPP.
- Visa Mastercard American Express Discover

Card #

Expiration Date

Signature _____

Name, billing address & zip for Card _____

- Bill my agency using purchase order # _____
(Choose this option only if your agency needs a purchase order to make payment.)

Registration: (Select ONE Training Choice)

_____ Duluth Training – **Tuesday, June 15, 2010**

_____ Winona Training – **Tuesday, July 6, 2010**

Mail or fax registration form with payment to:

MOAPPP, 1619 Dayton Ave Suite 111, St. Paul, MN 55104

Fax: 651-644-1417

Registration fee:

_____ MOAPPP member \$50

_____ Non-MOAPPP member \$85

_____ I would like to become a MOAPPP member!
\$35 individual; \$100 Organization (if you join today, you may register at the member rate.)

Registration Narrative (please complete this section)

Why are you interested in this training?

Tell us about the parents you work with:

Please give a rough estimate of the percentages of the following populations represented in your parent group:

- | | |
|--------------------------------|-------------------------|
| _____ % African | _____ % Caucasian |
| _____ % African-American | _____ % Hispanic/Latino |
| _____ % American Indian | _____ % Other |
| _____ % Asian/Pacific Islander | |

What percentage are Mothers _____ %

What percentage are Fathers _____ %

What percentage are Adolescent Parents _____ %

What are the ages of their children?

0-3 pre-school elementary middle-school high school

What is your experience teaching sex education?

Participation Criteria:

Participant agrees to:

- Participate in the entire two-day training on June 22-23 or July 13-14, 2010.
- Facilitate two (2) parent trainings by December 31, 2010
- Take part in the follow-up evaluations of *It's That Easy!*.

Six months following this training, you will be asked to complete a survey about your experiences using the information you learned at the *It's That Easy!* training. Please indicate below how you would prefer to receive this survey:

_____ Email _____ Mail

Signature _____ Date _____