



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

PARENT TRAINING & MEETING CERTIFICATION

Oct. 1, 20 ____ through Sept. 30, 20 ____

INSTRUCTIONS FOR COMPLETING THE PARENT TRAINING & MEETING CERTIFICATION FORM

1. **PROVIDER NAME:** Type name of organization.
2. **PROVIDER ADDRESS:** Type address where organization receives mail.
3. **PERIOD:** 10/ ____ to 09/ ____ – No additional information is needed.
4. **DIRECTOR/OWNER:** Type appropriate name.
5. **TRAINING DATE(S):** Type in the date of the parent training.
6. **MEETING DATE(S):** Type in the date of each parent meeting.
7. **LIST TRAINING TOPICS:** List the topics/areas in which the parents received training during the period 10/ ____ to 09/ ____
8. **TOTAL NUMBER OF HOURS:** List the total number of training hours completed during the period 10/ ____ to 09/ ____
9. **TRAINER'S NAME/PHONE NUMBER:** Identify the trainer who provided the training during the period 10/ ____ to 09/ ____ including phone number.
10. **CERIFICATION OF PARENT MEETINGS AND TRAINING:** Include the information requested on the two (2) program staff who are certifying that the information is correct and on file. Persons certifying may include the director, owner or assistant director. Each person should sign and date the form. The certification does not have to be notarized.