

# it's that easy!

## A GUIDE TO RAISING SEXUALLY HEALTHY CHILDREN

### Parent Educator Training Opportunity

September 27-28, 2010

8:45 a.m. – 4:00 p.m.

Center for Families  
3333 North Fourth Street  
Minneapolis, MN 55411

Cost:  
\$50 members  
\$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) 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:

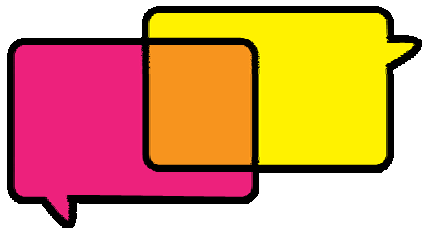
MOAPPP is committed to making this training available to all professionals who wish to attend. To request a scholarship application, contact [moappp@moappp.org](mailto:moappp@moappp.org).

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](mailto:jocelyn@moappp.org)





# it's that easy!

## A GUIDE TO RAISING SEXUALLY HEALTHY CHILDREN

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.)

**Cancellation Policy:** MOAPPP reserves the right to cancel any training with insufficient registration. Register early to avoid cancellation! Full refunds will be provided to registrants who provide at least one week's notice prior to training. No refunds will be given after that time. To cancel, contact MOAPPP at 651.644.1447 x 10, 1.800.657.3697, fax 651.644.1417 or email moappp@moappp.org.

### Registration due: Friday, September 17, 2010

Mail or fax registration form with payment to:  
 MOAPPP, 1619 Dayton Ave Suite 111, St. Paul, MN 55104  
 Fax: 651-644-1417

### Registration fees:

- \_\_\_\_\_ 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 September 27-28, 2010.
- Facilitate two (2) parent trainings by March 31, 2011
- 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 \_\_\_\_\_