|  |  |
| --- | --- |
|

|  |
| --- |
| **TALKING IS TEACHING FAMILY ENGAGEMENT SIGN-IN SHEETS** |

 |
| **Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE/TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |  |
| **Parent or Caregiver's Name(Nombre del padre ó cuidador)** | **# of AdultsPresent(Adultos presentes)** | **# of ChildrenPresent(Niños presentes)** | **Age(s) of Chidren Present(Edad de niños presentes)** | **Phone Number(Numero de telefono)** | **Email** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

Please submit to Abby Lehman at abby.lehman@tulsaeducare.org or Andrea Amaya at andreaa@tulsaeducare.org.