DISCOVER PARENTING
TEACHER REGISTRATION FORM

TEACHER REGISTRATION FORM - by April 15
To participate in USEP-OHIO’s Discover Parenting project, please fill out the information requested below as completely as you can. Each entrant must have a registration form. Please choose one or both categories.

Teacher’s Name ____________________________________________________________
Home Address _______________________________________________________________
City _____________________________ State _________ Zip _______________
Home Phone ___________________ E-Mail __________________________
School Name ___________________________ School District _______________________
School Address ____________________________
City _____________________________ State _________ Zip _______________
School Phone ___________________ School Fax __________________________
School Email ____________________________
State Senator ____________________________
State Representative ___________________________ (See Legislative Directory)
Local Newspaper ____________________________
Address ____________________________
City _____________________________ State _________ Zip _______________

I teach: GOALS ☐ GRADS ☐ FCCLA ☐ CHILD DEVELOPMENT ☐
Other, please specify ________________________________
I expect to teach approximately _________ students this year.
I will teach Discover Parenting to _________ classes.
I have taught Discover Parenting for _________ years.
I will submit a lesson plan that may be shared with others Discover Parenting Resources as explained in the Discover Parenting Guidelines 2020.
Other information USEP-OHIO should be aware of:

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________________________________________________________________________
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Return to: USEP-OHIO; 7514 Slate Ridge Blvd; Reynoldsburg, Ohio 43068 or Fax 614-868-9755 or email usepohio@usep-ohio.org