**FAMILY GUEST SPEAKER FORM**

*For Contact Person or Instructor*

Please ask the family presenter if they have filed a claim with the State of Iowa previously. If they have not, a W-9 must also be completed by the family presenter.

### Information about the Family Presenter:

*Name of family presenter:

*For information to process the stipend, Please attach the family stipend form completed by family co-presenter

### To Be completed for Community Presentation

<table>
<thead>
<tr>
<th>Presentation date:</th>
<th>Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>Contact person Email</td>
</tr>
</tbody>
</table>

### To Be Completed for classroom experience

**Instructor/Course Information** *(to be completed by instructor)*

<table>
<thead>
<tr>
<th>Co-presenting date:</th>
<th>Instructor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor Signature</td>
<td>Instructor E-mail:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College/University:</th>
<th>Course # and Name:</th>
</tr>
</thead>
</table>

**Students in this class are being prepared to work with children:** (check all that apply) 

- Birth to three years
- Three to five years
- Five to eight (K-3 grades)

Please write a one or two sentence statement about the role/purpose of family co-presenter, related to family-centered practices listed below. *(e.g., Participate on parent panel about the grieving process related to raising a child with a disability and what constitutes a “helpful” relationship (checking Family Centered Principles 2 & 3)).*

**Statement:**

Check family-centered principles* that were highlighted during the co-presentation.

<table>
<thead>
<tr>
<th>Check if addressed</th>
<th>Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The overriding purpose of giving family-centered help is family “empowerment,” which in turn benefits the well-being and development of the child.</td>
</tr>
<tr>
<td>2</td>
<td>Mutual trust, respect, honesty, and open communication characterize the family-provider relationship.</td>
</tr>
<tr>
<td>3</td>
<td>Families are active participants in all aspects of service. They are the ultimate decision-makers in the amount, type of assistance and the support they seek to use.</td>
</tr>
<tr>
<td>4</td>
<td>The ongoing “work” between families and providers is about identifying family concerns (hopes, needs, goals or wishes), finding family strengths, and the services and supports that will provide necessary resources to meet those needs.</td>
</tr>
<tr>
<td>5</td>
<td>Efforts are made to build upon and use families’ informal community support systems before relying solely on professional, formal, services.</td>
</tr>
<tr>
<td>6</td>
<td>Providers across all disciplines collaborate with families to provide resources that best match what the family needs.</td>
</tr>
<tr>
<td>7</td>
<td>Support and resources need to be flexible, individualized and responsive to the changing needs of families.</td>
</tr>
<tr>
<td>8</td>
<td>Providers are cognizant and respectful of families’ culture, beliefs, and attitudes as they plan and carry out interventions.</td>
</tr>
</tbody>
</table>

*Family Centered Services: Guiding Principles and Practices for Delivery of Family Centered Services, March, 2004, Early ACCESS*
Parents as Presenters Family Guest Speaker Claim Form
For Parent Presenter

I was a guest speaker/panel member for ______________________________________________________
Class or Organization name

With __________________________________________________________
Contact Person or Instructor Name

in ____________________________________________________________, held on _____/_____/______.
City       Date

Are you an employee of the State of Iowa or a Regent Program? Yes______  No______
Please note, if you answered ‘yes’ to the question above, according to State Board of Regents Rules, the stipend must be paid to your agency

If yes, in which agency do you work?________________________________________

Please pay my stipend of $35.00 for this session.

Name: _______________________________________________________________________________

Address:______________________________________________________________________________
Street
_____________________________________________________________________________________
City    State     Zip Code

Email ________________________________________________________________________________

Phone_________________________________________          _____/_____/_____
Signature             Date

*If you have already filed at W-9 form with the state, an original signature is necessary to process a claim. If you have not previously filed a claim with the State of Iowa, please include a completed W-9 form as well.

Please mail this claim within 30 days of presentation date to:

Kimberly Darr
Iowa Department of Education
Bureau of Learner Strategies and Support
400 E 14th St
Des Moines, IA 50319-0146

Contract#020614

NOTE: Each speaker is limited to six (6) claims/year (July 1 – June 30)