

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

Presentation date: _____ Organization: _____

Contact Person: _____ Contact person Email _____

To Be Completed for classroom experience

Instructor/Course Information (to be completed by instructor)

Co-presenting date: _____ Instructor: _____

Instructor Signature _____ Instructor E-mail: _____

College/University: _____ Course # and Name: _____

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.

Check if addressed

Principle

- | | | |
|-------|----------|--|
| _____ | 1 | The overriding purpose of giving family-centered help is family "empowerment," which in turn benefits the well-being and development of the child. |
| _____ | 2 | Mutual trust, respect, honesty, and open communication characterize the family-provider relationship. |
| _____ | 3 | 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. |
| _____ | 4 | 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. |
| _____ | 5 | Efforts are made to build upon and use families' informal community support systems before relying solely on professional, formal, services. |
| _____ | 6 | Providers across all disciplines collaborate with families to provide resources that best match what the family needs. |
| _____ | 7 | Support and resources need to be flexible, individualized and responsive to the changing needs of families. |
| _____ | 8 | Providers are cognizant and respectful of families' culture, beliefs, and attitudes as they plan and carry out interventions. |

*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 Contact Person or Instructor

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 \$40.00 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#015916

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

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting code (if any) <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		

or

Employer identification number									
				-					

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign
 Here**

Signature of

Date ▶

General Instructions

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Section references are to the Internal Revenue Code unless otherwise noted.