

**CHESTERFIELD COUNTY PUBLIC SCHOOLS
PARENT / TEACHER RESOURCE CENTER
REQUEST FOR INFORMATION**

Mark the appropriate box:

Date: _____

Name: _____

Address: _____

Telephone: home(____) _____ work(____) _____

cell(____) _____

Email: _____

Child's Name: _____

Child's School: _____

Child's Program: _____ Grade: _____

How did you hear about us?

Additional Specific Comments or Interests:

Was the Website helpful? Yes _____

No _____

Any suggestions? _____

(Examples: Website, workshop topics, library resources)

	Parent
	Teacher/Staff
	Community
	New to Chesterfield Co.

I would be interested in learning more about:

	Special Education Procedures
	Specific Disability _____ _____
	Attention Deficit Disorder/ADHD
	Transition – birth to adulthood
	Parent/School Communication
	Parenting Resources
	Academic Resources Homework/Study Strategies
	Behavior/Discipline
	Teacher Recertification Points
	Specific Workshop (See website for descriptions) _____ _____ _____