

Parent Honorarium Form

(to be completed by faculty and submitted to Waisman Center after the presentation)

Parent Consultant Information:

Parent Consultant's Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone #: _____ E-Mail: _____

Social Security #: _____

(required by the University for money dispensation)

Parent Signature

Date

Is the parent currently in the directory? _____ Yes _____ No

If no, are they interested in being added? _____ Yes _____ No

(If yes, Waisman staff will contact the family and explain how to get involved)

Faculty Information:

Educator's Name: _____

College/University: _____

Department: _____

Campus Address: _____

City: _____ Zip Code: _____

Telephone #: _____ E-Mail: _____

Presentation Information:

Course Name: _____

Date and time of Parent Consultant's presentation: _____

Description of consultant's role (check all that apply):

Large group lecture

Small group lecture

Panel

Mentoring

Age focus of presentation (check all that apply):

Birth-3

4-6

7-12

13-18

19-21

Faculty Signature

Date

